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MARYLAND  
MEDICAL JOURNAL  
A WEEKLY JOURNAL OF  
MEDICINE AND SURGERY

The title is presented in a highly decorative, ornate font. 'MARYLAND' is at the top in a smaller, arched font. 'MEDICAL JOURNAL' is the largest, in a bold, serif font with intricate flourishes. Below it, 'A WEEKLY JOURNAL OF' is in a smaller, simpler font. At the bottom, 'MEDICINE AND SURGERY' is written in a bold, sans-serif font, with 'AND' in a smaller font between two dark, ribbon-like banners. The entire title is set against a background of fine, repeating patterns.

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# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### PARANOIA.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, MARCH 6, 1896.

*By Henry M. Hurd, M. D.,*

Professor of Psychiatry, Johns Hopkins Medical School, Baltimore.

PRELIMINARY to the consideration of this form of mental disease it is my purpose to give a short history of a case which I have seen within the past month and to follow it by a few brief remarks on the general characteristics of the disease.

J. D., aged 35, male, Russian, married, printer. The patient is of medium size and is seemingly free from abnormalities of development. His facial bones are normal and he has no paralysis, inequality of palpebral fissures or evidence of degeneracy. His father and mother are said to be living and in good health. His family history is negative. He had typhoid fever about 25 years ago, but no rheumatism or other serious bodily disease. He has been in America several years and speaks English readily. He has been a heavy drinker for some time and has also been a masturbator. He denies gonorrhoea or syphilis. His domestic relations have been unpleasant and he has had frequent quarrels with his wife.

The patient seems to have led an unsettled life for a number of years and has attempted many forms of occupation, but without much success. He has recently been engaged in printing, which he thinks is better suited to a man of his talents than any other form of man-

ual occupation. He has also applied himself recently to the strict religious observances of his faith (Jewish) and has derived considerable satisfaction from this performance of religious duty. He believes himself to have a superior mind. He applies to be relieved of a "sweet" smell which has troubled him for a week past. It is a smell as of rose-water and is apparent at all times. He ascribes it to the administration of drugs by his wife and by other unknown enemies. These drugs are administered with his food and their presence is known to him by the sweet odor above referred to. He believes that this drugging is a part of the "policy" of his enemies to ruin him by thus exciting his sexual system and causing him exhausting seminal emissions.

As a proof of his persecution he brings little homeopathic vials containing what he denominates semen, which he declares to have been obtained when he last went to stool. He does not fully know the motive of this persecution but he believes it to be largely due to envy of his superior talents and part of a general policy to ruin him. He believes himself to be followed about by enemies and has hallucinations of hearing. He knows he is followed but cannot see who they are. I saw the patient but

once. I have made an effort to secure his presence here tonight, but have failed to find him, as he has moved since he visited the dispensary. I regret my failure to secure his presence, as his case illustrated many interesting phenomena of this disease.

In paranoia we have systematized delusions, generally of persecution, developing without preceding attacks of active insanity. The presence of systematized delusions arising in this manner was for a long time a serious obstacle to the proper understanding of this condition, as it was theoretically supposed that their presence indicated a degree of mental impairment which could only come from a preceding attack of excitement or depression. To use the graphic language of Krafft-Ebing, these delusions were thought to remain like a precipitate after the violence of the mental manifestations had subsided. We now believe that these delusions are the result of brain irritations in the form of imperative ideas, unconscious impressions and hallucinations of the special senses of smelling, taste, sight and hearing.

In the earlier stages of the disease the delusions are essentially of the same character and relate to encroachments upon the life, health, honor or property of the patient. Such patients are usually self-centered and from childhood have been reserved, suspicious and often hypochondriacal. They are generally badly developed and have the more common stigmata of degeneracy as a want of symmetry of both sides of the face, a lack of development of the facial bones giving rise to the protruding chin and "whopper" jaw so characteristic of the descendants of the Emperor Charles V, or unsymmetrical palpebral fissures. They are usually of dwarfish or delicate physique. They are frequently quick in mental operations but lacking in endurance. They are generally unduly responsive to all external disturbing influences, whether physical, moral or mental, and are apt to be creatures of circumstances in its worse sense in common with all other persons of neurotic organization.

The development of morbid characteristics accordingly may follow comparatively slight disturbing causes, as gastric catarrhs, alcoholic excesses, cerebro-spinal irritation from masturbation, or sexual excesses, or even hypochondriacal or hysterical fancies. Such patients frequently, as children, have night terrors, sudden and apparently causeless elevations of temperature and convulsive seizures as the result of digestive derangements or exposure to heat or cold. On the psychical side they may suffer from insistent or fixed ideas or imperative mental conceptions arising from morbid cortical irritation. They are prone to introspection and are unduly sensitive as to their relations to the world at large. From a feeling that they are not understood, or more generally from the egotistic feeling that they are not appreciated by their fellow men, they become shy, reserved and seclusive.

Paranoia develops as an unmistakable disease when hallucinations of the special senses give rise to actual delusions. As the faculty of logical reasoning is not destroyed, their delusions usually arise from attempts on the part of these unfortunate patients to explain satisfactorily their hallucinations. A slight illness or a succession of wakeful nights often accompanies the full development of actual mental symptoms. The delusions are at first and often for many years those of persecution, and their character is determined by their habits of life, their systems of beliefs and, above all, by their antecedent mental development or education. They believe themselves to be victims of Jesuits or Free Masons or, if foreigners or criminals, that they are followed by the police. If hallucinations of general sensation are present they fancy themselves to be electrified or mesmerized.

Hallucinations sometimes develop from conscious thoughts. They hear voices which originate from their own consciousness, smell poisonous fumes, taste arsenic or chloroform, or fancy their food to be mixed with excrement or urine. As these encroachments upon their personal rights seem to be due to the general unfriendliness of the world

around them, they lock their doors, bar their windows and seclude themselves from their fellows. Many paranoiacs endure thus in silence and seclusion what they believe to be unmerited wrong for months, and even years. Delusions of poison are very common and many in consequence confine themselves to a very restricted diet. They do their own cooking often and take nothing but eggs which are cooked in the shell, potatoes boiled in their "jackets," or milk, which the world over is believed to be directly antagonistic to all forms of poison.

Sooner or later, however, they are forced by the vividness of their hallucinations or the compulsion of their delusions to defy their enemies. They then protest boldly and vehemently against the wrong which they believe to be done them and often in so doing develop dangerous tendencies. Most of the crimes committed by paranoiacs are done at this stage of their disease.

The terminal stage of paranoia is what has been happily termed by one writer the stage of transformation, by which through a further elaboration of his delusions the patient finally believes he has solved the terrible secret which has heretofore clouded his whole life. He begins to understand why he has been persecuted and tormented when the fact dawns upon him that he is a superior personage, possibly the son of a King or an Emperor, or a Saviour, or, if a woman, a Queen, a Virgin Mary or a Joan of Arc. Delusions of grandeur, power and importance replace his delusions of persecution, or if the latter do not disappear altogether compensate him for the sufferings he has endured or may still endure. This stage of transformation generally marks the period of confirmed incurable disease. From this time on during the remainder of life the paranoiac is essentially unchanged. He may suffer still but he rejoices more than he suffers. The tendency to mental enfeeblement seems less than in most forms of active mental disease.

It will be seen from the above hurried and necessarily incomplete sketch that in paranoia we have to deal with an

original abnormal personality, developing badly and deviating more widely each year from a normal type until finally the departure from health becomes so wide that a dangerous lunatic is developed who requires confinement and seclusion to ensure the safety of society and the welfare of the community.

Writers upon paranoia have made many different forms of this disease, and some of the subdivisions seem to be unnecessarily refined. We have, for example, religious paranoia, where the delusions are wholly of a religious character; erotic or sexual paranoia, where the delusions relate to sexual matters; paranoia of quarrelsome and litigious persons, and the like. The essential elements of the disease, however, are the same in all instances, being systematized delusions arising primarily without antecedent excitement or depression, developing finally into delusions of grandeur and importance in a logical and systematic way without a termination in terminal dementia.

Whatever the forms of the disease may be they all lead to the development of dangerous impulses and threaten the peace and good order of the community where such patients dwell. The majority of crimes, especially deeds of violence, which are committed by insane men are committed by the victims of this form of disease. As medical men, we cannot sufficiently insist upon the dangerous character of such delusions and the menace which such patients are to the community. Personally I have little patience with medical men, who, when called upon to give evidence in cases of this character, belittle the gravity of delusions of persecution. It is common to call them harmless delusions, and to speak of these patients as "peculiar," "queer," "unbalanced," but as not insane. As a matter of fact the delusions of the paranoiac are next to the impulsive, blind, unreasoning fury of the epileptic, most apt to result in homicide, deeds of violence and outrageous crimes. Every case of developed paranoia should be under custody and control until such time as the stage of transformation occurs.

Many of these patients in the stage of mental exaltation which succeeds the persecutory stage become harmless, and under proper safeguards may be permitted to go to the custody of kind, indulgent and watchful friends. All cases of paranoia in the persecutory stage need that constant control and watchful care which can only be found in an organized institution for the insane. The safety of the community and the welfare of the innocent members of their families demand it.

*Treatment.* — Perhaps a few words should be added as to the treatment. It is most important that peculiar children possessing a neurotic organization and an unbalanced mind, such organizations as are likely to grow up to develop paranoia, should receive careful, discriminating and judicious training. Such patients should not be urged and hurried in school nor subjected to the competition of more stable and healthy organizations. Special pains should be taken with such neurotic personages to retard the time when their education begins. Such children should live in the open air. They should become accustomed to hard physical exercise. Their brain circulation should not be stimulated by luxurious food, idleness, luxurious surroundings or artistic aspirations. An effort should be made to correct the physical vice of their constitutions and to train them to systematic, routine habits of thought and occupation.

The time to treat the paranoiac is largely in childhood and youth. All

patients who possess a neurotic precocity which is likely to terminate in paranoia should be carefully trained and educated with the hope that the inherent physical and mental defect may be removed by healthy habits of living and thinking. An effort should equally be made later when hallucinations are developing and delusions are likely to follow them, to break up morbid habits of introspection by putting a stop to the devices which these patients employ to seclude themselves from the world and to cherish their morbid fancies. In my experience, patients at this stage are much benefited by regular systematic administration of liberal doses of bromide of potassium. It seems to allay the morbid susceptibility of the patient to external stimulation and prevents frequently the development of distressing delusions. When self-control is lost and the patient becomes the victim of systematized delusions, little can be done except to place him under strict control and guardianship. The fallacy that he is harmless at this stage has cost the lives of many excellent people, and will continue to do so unless the profession takes a more serious view of the urgency of this class of cases.

In the final stage, or stage of transformation, little medical care is required. Such patients are usually cheerful, industrious, and, when under proper control and guidance, are able to contribute somewhat to their own support. Many of the useful laborers in the institutions for the insane are of this class.

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ALCOHOL AND DIGESTION.— Chittenden and Mendel conclude, in the April number of the *American Journal of Medical Sciences*, a very elaborate and thorough article on the influence of alcohol and alcoholic drinks upon the chemical processes of digestion. It is a scientific study by scientific men. They find that in general, a small amount of alcohol or an alcoholic such as spirits, wine, beer, etc., has no appreciable inhibitory effect on the digestive power of the gastric

juice, but may even aid the process, while a large amount is inhibitory. It is still more inhibitory in pancreatic digestion.

These conclusions apply solely to the influence of the various liquors studied upon the purely chemical processes of digestion, and the question of the influence of alcoholic drinks upon digestion or alimentation is not regarded, nor is the question of so-called "temperance" in its moral aspect.



# THE SURGICAL TREATMENT OF UTERINE FLEXIONS.

*By Augustin H. Goelet, M. D.,*

Professor of Gynecology in the New York School of Clinical Medicine, etc,

THOUGH anteflexion of the uterus may not always constitute an abnormal condition or give rise to sufficient inconvenience to warrant vigorous measures for its rectification, it is generally conceded that retroflexion is always an abnormal condition, and will ultimately produce considerable inconvenience. It is true that some women go through life with a displacement of the uterus unremedied and appear to enjoy a fair degree of health, but they are never well, and it is reasonable to assume that sooner or later they will suffer serious inconvenience. On the other hand, in the majority of cases the symptoms produced by these malpositions of the uterus are very distressing and should not be disregarded because the usual methods of treatment are unsatisfactory. To dismiss these cases with the insertion of a pessary, which in many instances will do more harm than good, is an error unfortunately too often committed. When the flexion has existed for any length of time structural changes have occurred in the walls of the organ, and there is a chronic endometritis which demands attention.

Many of these cases cannot be cured, except by resort to a surgical procedure, which, though insignificant from the point of view of its gravity, is nevertheless important in its execution since its success depends upon proper attention to details, especially in the subsequent management of the case.

The method of procedure which has always proven satisfactory in my hands consists in careful dilatation of the canal, thorough curettage of the endometrium, and the maintenance of the uterus in a correct position until the normal tone of the walls of the organ and its support can be restored.

To secure this latter point a splint in the form of a straight glass drainage tube is introduced into the canal and

the cavity is repeatedly irrigated and kept clean until a healthy endometrium has been reproduced. Subsequently a vaginal pessary is utilized to support the uterus in a correct position until the normal tone of its supports can be restored, and they can be relied upon to sustain the organ without artificial aid. Where exudations are found in the pelvis complicating the displacement, some previous effort must be made to cause their absorption, and the surrounding structures must be gotten into the best possible condition to insure the ultimate success of the procedure. Systematic faradization will be the most effective remedy for this purpose. Iodine applied to the vaginal vault and glycerine tampons will also prove valuable.

When old laceration of the cervix complicates, it must be repaired at the same time and the subsequent treatment of the case will not interfere with union if care is taken not to narrow the canal too much and not draw the sutures too tight. The drainage tube can be used if it is carefully introduced, without fear of preventing union.

## TECHNIQUE OF THE OPERATION.

The patient is prepared as carefully as for a vaginal hysterectomy; the vulva is shaved, the vagina is washed out with a hot one per cent. solution of lysol and the bladder is emptied. She is then anesthetized and placed in either dorsal or Sims' positions as is most convenient for the operator.

The cervix is then seized with the angular tenaculum forceps and the dilator is introduced up to its shoulder.

The dilatation should be accomplished as carefully and gradually as possible to prevent injury, which may occur if the force is applied too suddenly or if the instrument is allowed to slip out.

If proper precautions are observed, however, this will never occur.

The necessary degree of dilatation being secured, the irrigator (figure 4) is inserted to the fundus and the cavity of the uterus is thoroughly washed out with a hot one per cent. solution of lysol.

Then the cavity is thoroughly curetted with the dull curette, taking care to go well up into both cornua with the

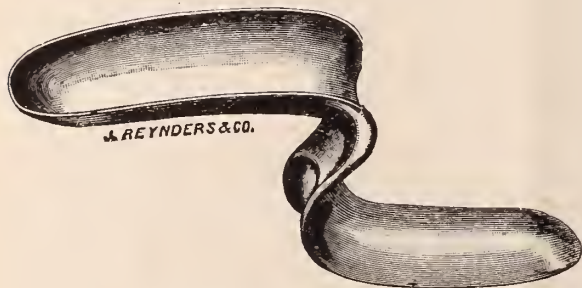


FIG. 1.—AUTHOR'S SPECULUM.

smallest size curette, so as to free the tubal entrance, and to remove with the sharp curette the hypertrophied mucous membrane at the internal os. The cavity is again irrigated with the hot lysol solution and the glass drainage tube (figure 5) is inserted up to the shoulder.

The angular tenaculum forceps fastened in the right side of the vaginal portion of the cervix and held in the left hand of the operator will steady the cervix and greatly facilitate the introduction of the stem, since in this position it is entirely out of the way of the flange or shoulder, which should be pushed up close against the cervix.

To retain the stem in the canal a tampon of moist iodoform gauze is placed against and around it. Then the vagina is tamponed with additional gauze so as to brace the uterus in a corrected position. This is an easy matter when the uterus is held rigidly by the stem.

If the deformity is a retroflexion the gauze is packed plentifully in front of the cervix and necessarily the fundus is thrown forward.

If it is an anteflexion the cervix is brought forward by placing the tampon behind the cervix. The fundus is thus lifted up and maintained in an upright position in the pelvis.

The presence of the gauze in the vagina facilitates drainage by capillary attraction; but it will drain only until it becomes saturated. It should, therefore, be removed every twenty-four hours and fresh gauze replaced. The stem is also removed at the same time, cleaned and after the cavity has been irrigated with hot lysol solution it is replaced. This is repeated every day for a week and the patient is confined to bed, both for the purpose of insuring the success of the operation and to avoid all possible source of irritation and pressure upon the pelvic organs. About the fifth or sixth day, a vaginal pessary, fitted so as to overcome the malposition, is inserted to replace the gauze packing in the vagina and a small piece of gauze only is placed against the stem to

prevent its slipping out. At the end of a week the stem is removed permanently and the vaginal pessary is retained to support the uterus. If it is found that it will maintain the uterus in a correct position without the aid of the stem the patient is allowed to get up and the subsequent treatment will consist of occasional irrigation of the cavity until a healthy endometrium is reproduced and faradization as a tonic for the uterine supports. If it is found that the flexion recurs, the stem must be immediately reinserted and allowed to remain for a few days longer, but it must be removed



FIG. 2.—AUTHOR'S ANGULAR TENACULUM FORCEPS.

and the cavity irrigated every twenty-four hours as before.

This method of procedure will suffice to permanently cure the majority of flexions that are not fixed by adhesions or exudations. When the uterus is bound down by adhesions and the fundus is fixed in Douglas' pouch the only satisfactory and successful treatment will be to open the abdomen, separate it from its attachments and bring it for-

ward and suspend it from the anterior abdominal wall by the method described by Howard Kelly and designated suspensio-uteri.

TECHNIQUE OF SUSPENSIO-UTERI.

The patient is put upon a restricted diet for several days prior to the operation and the bowels are cleared out with calomel and bicarbonate of soda to remove intestinal distension. The vulva should be shaved and otherwise rendered aseptic. The patient is then anesthetized, the bladder emptied and an incision is made through the abdomi-

face of the fundus of the uterus and then into the peritoneum and subperitoneal fascia of the abdominal wall on the other side near the lower angle of the wound. A second suture is inserted near the other on the abdominal wall and just below the other on the posterior face of the uterus. When these sutures are tied, the posterior face of the uterus is brought up against the anterior abdominal wall in a position of slightly exaggerated anteflexion. The abdominal wound is closed in the usual manner, preferably uniting the different layers

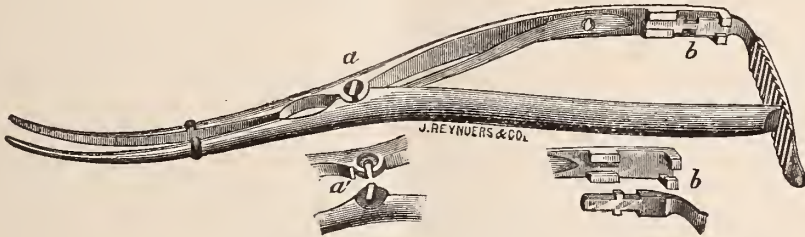


FIG. 3—AUTHOR'S UTERINE DILATOR.

nal wall in the median line just above the pubis, about three and a half inches long, opening the peritoneal cavity. The edge of the peritoneum on each side is caught with pressure forceps and drawn out. Two fingers are inserted and the uterus is loosened from the attachments by carefully breaking up the adhesions and the fundus is caught with the angular tenaculum forceps and drawn upwards into view. A curved needle carrying a medium-sized silk lig-

separately by means of continuous catgut sutures.

In this operation it is not intended that the uterus should be fixed permanently against the anterior abdominal wall as in ventro-fixation. Eventually it recedes to the distance of about an inch and remains suspended by two firm fibrous bands in a position of nearly normal anteflexion and is moderately movable. Thus this operation is a decided improvement upon the usual ven-

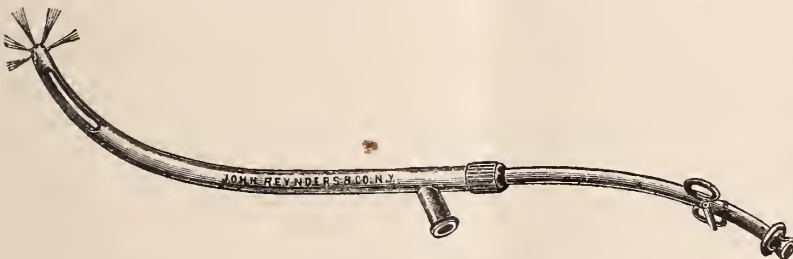


FIG. 4.—AUTHOR'S UTERINE IRRIGATOR.

ature is inserted upon the peritoneal surface of the abdominal wall near the lower angle of the wound, including the peritoneum and subperitoneal fascia. It is next inserted into the posterior

tro-fixation where the uterus remains fixed in an abnormal position.

In properly selected cases this operation is perfectly safe and the results are eminently satisfactory.



FIG. 5.—AUTHOR'S GLASS DRAINAGE TUBE.

## Society Reports.

### CLINICAL SOCIETY OF MARYLAND.

MEETING HELD MARCH 6, 1896.

The 320th regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. J. M. Hundley.

*Dr. Henry M. Hurd* read a paper on PARANOIA. (See page 1.)

*Dr. Charles G. Hill:* I am sorry that I did not arrive in time to hear all of *Dr. Hurd's* paper. There are a number of points in connection with paranoia that make it of interest not only to physicians but to the general public. The first of these is its diagnosis. The term may be so extended as to embrace a great deal and as we all have some delusions some have classed the greater part of the human race as paranoiacs. We are generally speaking of special cases, however, where these delusions are of such character as to render the patient unfit to be at large. Another point is the disposition of paranoiacs. No doubt many of them are innocent and I have known some the subjects of such delusions all their lives, but notwithstanding which they were able to fill their places in society. Some of those, however, suddenly become dangerous. I remember one case, a man of fifty-one, or two, years of age, who from what he considered a coolness on the part of his wife, accused her of unfaithfulness and purchasing a pistol, went gunning for his most intimate friend. It was found necessary then to confine him, and I had him under my care for five or six months, when against my advice he was removed from the institution. His delusions had somewhat abated, or he at least concealed them, and he has lived in good relations with his wife ever since. On inquiry of his friends I found that throughout his life he had some delusions and had been the cause of various ruptures with his friends. Without any cause he would suppose that some business friend was trying to injure him. The friend would usually try to explain and give him up as a

crank. Finally the occurrence mentioned above resulted, probably due to the subsidence of sexual activity on the part of his wife. Under such circumstances as these a paranoiac is always dangerous. I have a case under treatment now of a young man who thought that a prominent man in this city wanted to force him to marry his daughter. He was a man of rather low station in life and the idea was ridiculous. He was kept at home because he talked of trying to kill the man, but he escaped from his friends and when found was parading before the gentleman's door with a pistol in hand, and the only thing that had prevented a possible murder was that he was unacquainted with the gentleman he was gunning for. The man came out of his house while he was watching it. This goes to illustrate the danger of paranoiacs. It was the only delusion this man had. The best thing to do would be to confine all parnoiacs in asylums where the regime and regular life would guard them from danger to others, if it did not benefit themselves.

*Dr. George H. Rohé:* There has been such a dearth of accurate description of this class of cases in the English literature that I have been in the habit of recommending to my classes the reading of a novel, which describes it pretty accurately—I mean Peter Ibbetsen. There is no record which better describes a case of paranoia from the initial trouble to the delusions and ultimate result, the crime. *Dr. Hurd*, so far as I am aware, gives the first classical description of paranoia in English. I am glad that *Dr. Hurd* laid such stress upon the dangers of this disease, for indeed it is like the old description of a gun, "dangerous without lock, stock or barrel." The non-dangerous one, in my opinion, does not exist. When he passes the first stages and arrives at that of grandeur he may be, if under observation no longer, a serious menace to others, but so long as he is under the force of delusions he is a menace to society and should be confined. I appreciate very thoroughly the disgust that *Dr. Hurd* feels for the physician that deliberately

talks of the harmless crank as if because a man is not a maniac he can be allowed to go about his business, particularly if he shows some good business sense. These individuals may be the most dangerous kind of insane persons. I am a little skeptical as to the value of treatment even in the early stages. The difficulty is that the abnormally developed and eccentric child, and usually the precocious child, is not brought to the doctor for treatment but is held up as a good example to others, and the doctor's advice, if it be to repress this precocity, is not usually followed; still such advice should be given where the opportunity offers.

*Dr. E. N. Brush:* I agree most thoroughly with Dr. Rohé that the Society is to be congratulated on having heard this paper, but I would like to add that this is not the first of Dr. Hurd's publications on this subject. I am glad to hear Dr. Rohé speak of this novel, for I know of no better description of this disease in any text-book. Tonight I passed a man on the street breathing out talk of fire and murder and saying "If I catch him I'll kill him." I turned to a shop-keeper in the neighborhood and was informed that he was a harmless crank. I inquired further and found that for several years this man had labored under the delusion that people were putting bugs in his bed and that they crawled up his spine and disturbed his brain. Judge Harlan told me that I would be justified in arresting such a man on the street, but I did not feel like picking this man up tonight.

*Dr. A. K. Bond:* The part of this subject that most interests me is its cause and possible prevention. I do not suppose that particular forms of insanity are inherited, but judge that it is simply some underlying brain weakness that produces one or the other of the forms of brain trouble. If that is so, then the securing of healthier infants is the way to do good, and that might be done by promoting the nutrition of the mother during pregnancy. It is known that a woman who produces an idiot at one birth may produce a perfectly

healthy child at the next, if her nutrition is kept up to a high mark, so I think in these neurotic families the doctor should take more care in that direction. As to the treatment by confinement, probably one of the best things we could do for the State would be the building of a sanitarium for nervous diseases where the patient who goes in is not branded forever afterwards as insane, as is the case with a patient to either of the present State institutions. We want the benefit of hospital treatment without the usual stigma. One thing I would like to know is whether there is any particular symptom that will direct your attention to paranoia, and I would like to ask also whether in the early stages nutrition of the brain would do good towards preventing the disease, or whether it is a disease certain to advance.

*Dr. H. M. Hurd:* I think it may be said that no child is born insane, but all neurotic children are born with a predisposition to insanity and this tendency may be eradicated by surrounding the child with good and proper influences and by sensible systematic education. Many neurotic children escape diseases because they are educated and cared for by judicious people. In the case of the paranoiac there is beginning in intra-uterine life some defect, it may be in the nutrition in the brain cells themselves, but more likely in the symmetrical and harmonious development of the brain. This may be due to pressure of the bones of the skull through premature ossification, or to an unequal development of the bones of the skull or face, as a result of which the brain nutrition is interfered with and it fails to develop properly. It is to be borne in mind that while this may be so it does not necessarily follow that such a child will inevitably become a paranoiac. I am sure that these inherited tendencies can be overcome by proper efforts made to nourish, strengthen and develop a congenitally weak brain. As to the appearances which suggest paranoia to the physician I would say that he must rely upon the usual stigmata of degeneration: the lack of symmetry in the skull or

about the face, the inequality of the palpebral fissures, the character of the ear and the general shape of the lower part of the face.

The Society then adjourned.

H. O. REIK, M. D.,  
Secretary.

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### Medical Progress.

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**ANTERIOR COLPOTOMY.**—The revival of the old method of vaginal drainage for pus accumulations in the pelvis has greatly popularized the vaginal route in dealing with intra-pelvic conditions. Vaginal hysterectomy has been adopted by many abdominal surgeons in preference to abdominal section. The results of abdominal section, such as faulty union of the abdominal wound, the tendency to abdominal hernia and the mortality of this procedure have brought about this change of opinion in favor of the vaginal operation. Just at the present time the vaginal route seems to have the preference over the abdominal section, yet it must be remembered that the latter procedure still has its zealous defenders, and it is not at all probable that it will be superceded by the vaginal operation. There can be no doubt of the fact, however, that the vaginal route presents many advantages, and that many of the conditions formerly treated by abdominal section can be approached through the vagina with less danger and with equally good results. The advocates of the vaginal route have claimed that the uterus was useless and often harmful after the removal of the tubes and ovaries, that its removal was to be desired, and hence the chief end in view is a total ablation of the uterus with its diseased appendages. Vaginal hysterectomy is, therefore, an operation attended with much mutilation, even though apparently attended with a lower mortality rate.

Those who advocate the abdominal section protest against this wholesale mutilation on the one hand and against the incompleteness of the procedure on the other hand when the uterus is not removed and only drainage of pus sacs

is sought. Unfortunately many men are too partisan in their opinions as well as methods and do not exercise that discrimination in the selection of an operative procedure, which experience goes to show is an essential factor in good surgical work. We believe that both of these routes have their advantages and disadvantages and that in carefully selected cases each will be found to present merits the one over the other. The peculiar conditions observed in a given case first claim study and consideration, and when these have been determined the surgeon is in a position to select that procedure which promises the best results with the minimum degree of mortality or of mutilation. The operation of anterior colpotomy may be considered as a compromise between vaginal hysterectomy and abdominal section since its aim is to enter the abdomen through the vagina without removing the uterus. Dr. A. Martin of Berlin is one of the most pronounced advocates of this operation, having now practiced it in a large number of cases with such results as seem to entitle it to most careful consideration. The operation as practiced by Dr. Martin consists in dissecting away the bladder from the cervix uteri and entering the peritoneal cavity in front of the uterus. Dr. Martin describes the operation as follows: The patient is placed in the dorsal position, with the legs raised on either side. A speculum being introduced into the vagina, the uterus is fixed with a pair of forceps, a combination of a uterine probe and volsella, which grasps the anterior lip of the cervix, so that one can draw down the cervical portion of the uterus to the vaginal introitus. Fasten another pair of volsella forceps just under the orifice of the urethra, about three inches from the cervical opening. The anterior vaginal wall is pulled upwards, a fold is raised, which is to be incised vertically and peeled off laterally from the surface of the bladder and cervical body. Hard fibers will be seen above the vaginal insertion, which are to be divided. The upper border is then pushed upwards with the finger, separating the loose tissue between the blad-

der and uterus, thus carrying the former up out of the way behind the symphysis pubis.

Occasionally the bladder is distinctly made out and at other times it is never seen. The peritoneum is found in the form of a fold between the bladder and uterus, recognizable by its pellucid appearance; this is to be opened, when the abdominal cavity and contents are exposed to view. A remarkable point about the operation is the small loss of blood. My 109 cases have never required ligatures or pressure forceps until the abdominal cavity was opened. Further operative procedures are to be carried out according to the requirements of the case; these being completed, the wound is closed in the following manner with juniper catgut:

The uterus and adnexa are to be replaced in the abdominal cavity by pressing on the anterior uterine surface. A strong catgut suture is to be carried with a curved needle through the upper end of vaginal wound, the cellular tissue at the base of the bladder, the peritoneum and the uterine wall, near the fundus, taking a good hold of it, and out again on the opposite side in the same manner, and tied. Two other sutures close the vaginal wound, connecting it with the anterior surface of the corpus uteri, a fourth the cervix. A running catgut suture is used to close the vaginal wound more exactly between these deep sutures.

I will draw your attention to the different operations which may be performed either in the interior of the uterus or in the abdominal cavity, through this opening.

1. Take first the cases of myomatous tumors. These can be removed, wherever they are situated—subserous ones simply by excision after ligating the pedicle; intramural ones through an incision in the anterior uterine wall, which has been exposed, even if we have to enter the cavity itself. By morcellment we can in time remove very large tumors, but should avoid those which extend too near the umbilicus. The special advantage of this method is to fix the anterior surface of the uterus to the vaginal wall, and so control the

bleeding, if any. Should all the uterine tissue capable of function be removed, total extirpation can be carried out at once.

2. Movable retroflexed uteri can be easily replaced, and retained by vaginal fixation.

3. Peritoneal adhesions fixing the uterus are broken up with the finger, even when covering the entire surface of that organ. Any bleeding that occurs can be checked by a few sutures.

4. Cases of proclivita. In these we excise a part of the vaginal wall to make it of proper length, fix the uterus to the upper part of the vaginal wall, which is very little disturbed, and so take the weight of the uterus from the remaining portion, retaining it in its normal position.

5. When the uterus is drawn downwards and forwards, both ovaries and tubes follow on the posterior surface as soon as they are freed from the adhesions. The adhesions are easily broken up unless when fixed to the posterior surface of the Douglas' pouch. Such cases I exclude from this operation, and believe to belong to the dominion of abdominal surgery.

6. Cystic ovarian tumors can be brought outside, so as to expose the pedicle for proper ligation. In different instances I have emptied follicular cysts; no bleeding following, I returned the ovaries. In some I excised the diseased part, and retained the healthy, performing what is called "ovarian resection."

7. Anterior colpotomy offers great advantages in treating diseases of the tubes. In cases of salpingitis chronica we can generally free and remove them when degenerated. In the same manner I have removed pyosalpinx (sactosalpinx purulenta) and hematosalpinx (sactosalpinx hemorrhagia). Dührssen has removed already two cases of tubal pregnancy, Kossman another, while I have also had one. We know that many a case of tubal atresia does not require removal, as hydrosalpinx can be opened and the opening made permanent, uniting the mucous and peritoneal edges. I have done this in eight

cases after colpotomy. All these different operations having been performed according to the case, the uterus is replaced and fixed as above described. The wound takes from 8 to 10 days to heal, so that about the twelfth day the patient may be allowed to leave bed. No local treatment is required. Feverish reaction is unknown in my cases. In the majority urine was passed spontaneously from the first, the minority required catheterization, including no more than is frequently seen from the recumbent position in the other cases.

In four cases I had to perform total extirpation, as there was not a sufficient quantity of functional uterine tissue. I have done this vaginal operation in 17 cases of uterine myomata, but wish to repeat that I prefer abdominal section in all cases where the tumor is larger than two fists.

\* \* \*

THE BATTLE OF CLUBS.—A very interesting conflict, says *The Charlotte Medical Journal*, is occurring in England just at present between the medical men and the beneficial societies, or medical clubs. "The Battle of Clubs" it is called by the journals. It seems that these societies agree to furnish medical attendance to the members at a very low rate per annum and not only to the members but to their wives and children likewise. The consequence is that in some towns more than half of the inhabitants obtained medical care for almost nothing, and the private doctors are obliged to leave or suffer greatly in pocket. The London *Lancet* has appointed a commission to investigate the subject, and the result of his studies are published from time to time. The agents of the beneficial companies have it in their power to ruin the business of the doctors engaged by the company by directing the would-be patients to others. The rates charged are often not more than 20 cents per month, and persons well able to afford the regular doctor's services make use of the company's doctor. On the other hand it must be admitted that doctors have charged high rates to people unable to pay, and have been responsible in

a measure for bringing on these medical clubs.

In this country there are several beneficial organizations that provide medical attendance for the members, but not for their families; one large organization paying its physicians 25 cents per month for each member. No doubt the ideal state of things would be when all physicians are paid by the year, and when they will endeavor to prevent disease rather than give their whole time to curing it.

This medical club business is only the beginning of what seems to us an important movement, and one which will have its chief support in England where so much that is socialistic in tendency is in practical operation.

We refer to the governmental treatment of the sick, through physicians employed by the government.

More and more are our cities undertaking the work of caring for the sick. Such contagious diseases as diphtheria, scarlatina and small pox, are treated in municipal or city hospitals; consumption and typhoid fever are under city control; vaccination is performed by city officers. The insane are cared for by the State; the epileptic are in some States also provided for in State hospitals. Bacteriological laboratories manufacture remedies and make chemical and biologic analysis; and, of course, the physician finds his sphere of action constantly growing more limited. We will not say anything of the numerous private hospitals and dispensaries which rely largely on the appropriations furnished by the State and which, in some of our cities, treat more than one-half of the population. One large hospital in a metropolis we know of advertises to furnish medical treatment and hospital attendance to any adult whenever he is in need of it if he becomes a member and pay 50 cents a month. This hospital receives State aid and is well endowed. Its physicians, of course, serve gratuitously, and for every vacancy on the staff a dozen applicants are in waiting.

These big professors would not think of treating the public at 50 cents per



month, yet that is what they are in reality offering to do.

The physicians of this country must soon come to some understanding on these subjects. Either the number entering the profession must be limited, or the men serving in hospitals must demand a return for their work or the hours of work must be shortened so as to give more employment to others.

We are members of a trade union, one of the oldest trade unions in existence. We have been able to get strong laws enacted against scabs — Quacks, we call them — and now in England they are using the "boycott" against those who employ "club doctors," who can afford to employ the regular men. And so we might work for shorter hours and restriction of apprentices just as the other labor organizations do. The subject is one that takes on an increasing importance with each year, and it would be well to invite discussion on it.

\* \* \*

MILK AS A DISEASE CARRIER.—Dr. Rowland Godfrey Freeman contributes to the *Medical Record* an article on milk as an agency in the conveyance of disease, in which he speaks of the magnitude of the milk traffic, the consumers of milk and the sources of the contamination of milk and the diseases conveyed by milk. After summing up the diseases spread by infected milk and the epidemics, he draws the following conclusions from the study of these epidemics which occurred from the use of this milk:

1. Whenever a case of communicable infectious disease is reported inquiry into the source of the milk supply should be made.

2. Milk traffic should be separated from houses where people live. The dairy building should be at least one hundred feet from either the house, barn, or privy, and should be on a higher level than any of these, and should have a pure water supply of its own. At this dairy building all the dairy work should be done, including the cleansing of pails and cans.

3. It should be unlawful for any one

who has come in contact with a sick person (when this sickness is not positively known to be non-contagious) to enter the dairy building or barn or to handle the milk.

4. All men connected with the milk traffic should be compelled to notify the authorities on the outbreak of any disease in their respective abodes and to abstain from their work until permission to resume is given them by the authorities notified.

5. Cities should accept milk only from dairies which are regularly inspected and where all the cows have been tested with tuberculin and those giving the characteristic reaction have been killed and the premises disinfected.

6. The tuberculin test should be applied to all cattle and those which react should be killed, the owner being reimbursed from State funds. The premises on which such tuberculous cattle have been kept should be thoroughly disinfected. All cattle which are brought into the State should be quarantined until the tuberculin test has been applied.

7. The use of one long trough for the purpose of feeding many cattle should be avoided, since it is a ready means for the conveyance of pathogenic germs from one animal to another.

From the excellent regulations of the New York City Board of Health for the sale and care of milk I take the following important rule: "Milk shall not be kept for sale or stored in any room used for sleeping or domestic purposes or opening into the same."

Undoubtedly the adoption of the above regulations would do much in reducing the amount of sickness due to the conveyance of pathogenic organisms by milk. It does not seem probable, however, that any regulations can entirely eliminate this danger.

I would, therefore, add one word of caution for the physicians who order milk diet. Use some sufficient sterilizing process, so that in case the milk supplied contains pathogenic organisms, they may be destroyed before the milk is used by the patient.

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BALTIMORE, APRIL 18, 1896.

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In the *Medical and Surgical Reporter* of February 8, 1896, Dr. Theophilus Parvin calls attention to Schleich's local *Local Anesthesia*. anesthesia in surgery. Dr.

Parvin had witnessed the results obtained by Schleich, and was a warm advocate of the method. He says, "My belief is strong that some in this room will see the day when more than fifty per cent. of all operative surgery will be done under the infiltration anesthesia of Schleich."

The advantages claimed are an avoidance of the dangers of general anesthesia (as well as of those of cocaine by the usual method of administration), the quickness with which the patient can be rendered insensitve, the absence of the disagreeable after-effects of chloroform or ether narcosis, and the absolute freedom from pain during the operation.

Dr. Parvin permitted a practical vivisection to be made on himself in the presence of the society. Having prepared his arm antiseptically he allowed a free incision to be made after receiving four injections of Schleich's

solution. There was no pain experienced at the time or subsequently, and the wound healed without an unpleasant feature.

There are three solutions employed, a strong, a medium and a weak one. The medium solution is the one most used, in perhaps ninety-five per cent. of all cases. The solutions consist of 1000 parts of sterilized water, and two parts of chloride of sodium, and one quarter part of muriate of morphia, to which is added two parts of muriate of cocaine in the strong, one part in the medium and one-tenth part in the weak solution. Of the strong solution twenty-five grammes may be used, one hundred of the medium and five hundred of the weak.

In using these solutions, the skin is first anesthetized by a jet of ethyl chloride, and then the injections are made. A large hypodermic syringe is used, and a sufficient amount of the solution injected to produce a white wheal as large as a ten cent piece, near the circumference of this another puncture is made, and a new injection, and this is repeated until the part to be cut has been anesthetized, when the incision can be made without the slightest pain.

The method is applicable, not only for superficial incisions and minor operations, but the muscles and periosteum may also be infiltrated to such an extent as to permit grave operations to be performed. Dr. Parvin saw a boy trephined for a depressed fracture, under local anesthesia, without any appearance of suffering. Dr. Schleich employs this method also in laparotomies, for the removal of ovarian tumors, and other causes, and finds it perfectly satisfactory. He also performs resections of bones, amputations of the breast, herniotomies, removal of the toe nails, and in fact almost all operations, under infiltration anesthesia, with perfect success.

The material for the solutions is put up in sealed glass tubes, each of which contains cocaine one and a half grains, morphia one-third grain and common salt three grains. The tube is to be broken and the contents dissolved in 100 cc. of sterilized water. Dr. Keen has also used this method with satisfaction in several cases, but does not think any local anesthesia can supplant general narcosis for most grave operations. He thinks it will prove very valuable in a limited field.

Dr. Ashhurst and others took the same view as that expressed by Dr. Keen, to which

Dr. Parvin replied, "If those who are skeptical as to its great value were to spend, as I did, some weeks witnessing his work, my belief is that they would become as enthusiastic as I am."

Schleich's method, as stated before in these columns, shows wonderful results and has the advantage of not causing any unpleasant after-effects. In minor operations it is to be preferred to the powerful anesthetics.

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THIS disease, remarkable in its pandemic visitations, is, if possible, even more remarkable in its tendency to change its type with every epidemic great or small which goes to make up the pandemic or straggles in its train. The grip (clutch throat) type has not been seen by the present generation. The bronchitic type, with persistent fever and astonishing rales; the headache type, with a thousand little pincer-armed demons twitching at each sensory nerve; the rheumatic type, with its loads of lead dragging on every muscle; the cardiac type, with its alarming disturbance of rhythm and sudden fatal collapses; the nauseant type, overlying an old nephritis; the hyper-esthetic variety, with its hysteroid spots of exquisite sensitiveness; all these forms have been well known in the past six years since the great pandemic struck us like a tidal-wave. The intestinal disorder, which was so often the true cause of many of the above phenomena, will not be soon forgotten by those who labored under such difficulties to secure evacuation of offensive retained feces, or to overcome the rolling flatulence, which made life a burden to their lady patients and was often the sole prominent feature of the disease.

And what shall be said of its convulsive types; its mental disturbances, which populated the insane asylums; and its melancholy which oppressed even the healthiest minds and disputes with the tariff struggle and the silver question the honor of originating this era of business depression and financial distrust which began in the "memorable year of the pandemic" and still persists. For influenza maketh cowards of us all; and enterprises of great pith and moment beneath its sway their currents turn away and lose the name of action.

To end in the middle, a most peculiar

pneumonia marked the epidemics of influenza. It was a wandering lung inflammation which moved from place to place, involving but little tissue at each point and producing only moderate dyspnea, but associated with depression of the nervous system, often fatal and always out of proportion, in its severity, to the extent of the pneumonitis.

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THIS valuable drug, though appreciated by many is yet incompletely understood by perhaps the great majority of the profession. Overshadowed by that other alkaloid of opium, its big brother, so to speak, morphine, little codeine has yet a number of rare virtues which entitle it to consideration. Like morphine, it is trusty. In its sphere it can be relied upon to produce its usual effects. In this, being an alkaloid, it has the advantage of most of the vegetable sedatives which contain an unknown and variable quantity of active ingredients. It does not, like morphine, disorder the digestive functions and produce constipation; nor does it, like morphine, so enslave the will or lose its effect that increasing and more frequent doses are demanded.

Codeine produces most excellent results in the consumptive, sleepless from cough, finds that from one-half to one grain at bedtime in pill secures him sleep, or at least pleasant rest. The pneumonic patient, sore from thoracic neuralgia and from cough-jarring, is relieved by the addition of a quarter-grain to his cough medicine. The pelvic martyr finds in it a harmless sedative for her milder womb-aches. In nausea from stomach nervousness it often gives permanent relief. The diarrhea and belly-ache (old Saxon term), which sometimes follow immediately after meals in dyspeptics, are heard from no more when a half-grain codeine pill is ordered ten minutes before eating. Finally, it is more and more used as an agent to "let down easily" the opium eater who is trying to break the habit.

The drug should be bought of a first-class firm if good effects are desired. Manufactured pills should be gelatin-coated, made to order; aromatic sulphuric acid, q. s., should always be added. For coughs it goes well in syrups with the carbonate of ammonia. The sulphate of codeine is preferable to the alkaloid codeine.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 11, 1896.

Diseases.	Cases Reported	Death.
Smallpox.....		
Pneumonia.....		28
Phthisis Pulmonalis.....		19
Measles.....	15	
Whooping Cough.....	5	
Pseudo-membranous Croup and Diphtheria. }	8	4
Mumps.....	2	
Scarlet fever.....	10	
Varioloid.....		
Varicella.....		
Typhoid fever.....	6	3

The Provident Hospital, which is controlled by colored physicians, has been moved to 413 West Biddle Street.

The last number of the *Johns Hopkins Hospital Bulletin* contains an exceptionally fine set of articles, all profusely illustrated.

The *New York State Medical Reporter*, under the editorship of Dr. Charles Wilson Ingraham, is much enlarged and improved.

The eleventh annual meeting of the Association of American Physicians will be held in Washington, D. C., on April 29, 30 and May 1.

The physician who recently exploited an alleged photograph of his own brain in the daily newspapers will soon be disciplined by the institution with which he is connected.

Dr. Augustus A. Eshner, Professor of Clinical Medicine in the Philadelphia Polyclinic, has been elected as one of the visiting physicians of the Philadelphia Hospital.

The *Medical Fortnightly* now sends out with each exchange a duplicate sheet printed on one side only, so that one copy may be kept intact on file and the other cut.

Professor Brouardel, who occupies the Chair of Medical Jurisprudence in the Paris Medical Faculty, has been elected Dean of the Faculty for a period of three years.

American students in France will in the near future be put on the same equality with

French students and will have the same opportunities to study, graduate and practice in France.

The *Clinical Recorder* is a new quarterly published in New York and edited by Dr. William S. Gottheil. It seems to be the organ of the New York School of Clinical Medicine.

The Hospital for Consumptives of Maryland held its donation day, Tuesday, April 7. In the evening the hospital was dedicated. Three rooms have been furnished and it is open to receive patients.

The *Journal of Mechanical Surgery*, edited by Dr. Edward A. Tracy, Boston, who modestly announces himself as a member of the American Medical Association, is the name of a new monthly.

Dr. A. L. Benedict of Buffalo has been appointed associate editor of the *Philadelphia Medical and Surgical Reporter*. In addition to editorial work he will prepare the review of foreign progress in digestive diseases.

The death of Professor Sappey, the distinguished anatomist, at the age of 86, took place on March 14. In 1868 he succeeded to the chair in the Medical Faculty left vacant by the death of Jarjavay. At the Academy of Sciences he succeeded Professor Milne-Edwards in the Anatomy and Zoology section. In 1887 he was promoted to the rank of Commander in the Legion d'Honneur.

It may be interesting, says an exchange, to the profession to learn that Chicago goes on record as having organized the first "Women's Medical Club." The club is in a flourishing condition, was incorporated last month, and has a membership of thirty. The new society proposes to build a handsome city hospital in one of the crowded districts, which shall be a monument to the women members of the medical profession.

The advocates of water filtration are waging an earnest battle in Philadelphia, and although the Common Council has given the subject a temporary set-back it will be still vigorously pushed. The city needs good water. Jersey City is also considering the same question, and the report of the well known expert, Mr. Allen Hazen of Boston, is strong enough to convince any corporation which has the good of the city at heart.

## WASHINGTON NOTES.

From the Health Department we learn the report for week ending Saturday, April 4, 1896. Temperature, mean, 47; barometer, mean, 29.88; humidity, mean relative, 71. Causes of death, apoplexy 3, bronchitis 6, congestion of lungs 1, consumption 17, convulsions 2, diarrheal diseases 2, diseases of brain 4, diseases of heart 7, diseases of kidneys 3, malignant growths 4, measles 3, meningitis 3, pneumonia 12, suicides 1, miscellaneous 25, la grippe 5, total 98. During the preceding week, it was 115, showing a decrease of over 14 per cent., and a corresponding fall in the death rate from 21.7 to 18.5. This decrease was chiefly due to the falling off in the number of deaths of persons between one and five years of age. Among contagious diseases, 3 deaths were due to measles and 17 to consumption. No fatal cases of scarlet fever, diphtheria or typhoid fever occurred. Grippe, which probably belongs to this class, resulted fatally in five instances. Fatal cases of diseases of the lungs (not included in the preceding enumeration) increased from 29 to 36, of diseases of the heart decreased from 12 to 7, of diseases of the kidneys from 7 to 3. During the week, 8 new cases of diphtheria were reported, 7 houses relieved of quarantine and 9 remained placarded. Of scarlet fever, 1 new case was reported, quarantine raised from 7 houses and 12 remained in quarantine. Of total deaths, 8 were in hospitals and the coroner certified to 5. Marriages reported 15 and birth returns received were 68.

The regular semi-annual meeting of the Medical Association of the District of Columbia was held on April 7, 1896. The following officers were elected for the ensuing year: President, W. P. Carr; Vice-Presidents, W. H. Hawkes and J. Foster Scott; Secretary, J. R. Wellington; Treasurer, H. M. Deeble; Board of Censors, Wm. C. Woodward, S. Ruffin and Clifton Warfield; Board of Counselors, G. Wythe Cook, Chairman, John S. McLain, G. C. Ober, R. T. Holden, D. Olin Leech, G. N. Acker, G. M. Kober, T. R. Stone and J. H. Yarnall. The delegates to Atlanta are as follows: J. Taber Johnson, C. H. A. Kleinschmidt, E. O. Belt, J. T. Sothoron, Ida J. Heilberger, C. W. Franzoin, Llewellyn Eliot, F. R. Rich, W. C. Woodward, Sofie A. Nordhoff, I. S. Stone, S. Muncaster,

G. L. Magruder, G. N. Acker, G. M. Kober, W. S. Bowen, F. S. Nash, J. F. Scott, J. R. Wellington, C. G. Stone, G. W. Cook, H. D. Fry, E. L. Morgan, W. W. Johnston, John Van Rensselaer, S. C. Busey, Frank Leech, J. Ford Thompson, S. S. Adams, T. C. Smith, P. C. Hunt, T. M. McLaughlin, J. D. Morgan, Clifton Warfield, Armistead Peter, H. Suter, Jr., and W. P. Carr. The following applicants were elected to membership in the Association: Fred. M. Bogan, Columbian University, '93; T. B. Crittenden, Georgetown University, '95; J. R. Devereaux, University of Pennsylvania, '92; Chas. W. Filler, University of Maryland, '76; Edwin Gladman, National University, '90; F. R. Hagner, Columbian University, '94; F. M. Hillyer, Bellevue Hospital Medical College, '87; J. S. Hough, Georgetown University, '93; V. B. Jackson, Columbian University, '94; R. E. L. Johnston, University of Maryland, '85; Chas. W. Keyes, Howard University, '90; J. H. Metzertott, Columbian University, '91; F. H. Miner, Georgetown University, '95; E. M. Parker, University of City of New York, '84; Phoebe R. Norris, Columbian University, '91; Adeline E. Portman, State University of Iowa, '87; F. F. Repetti, Georgetown University, '95; Irving C. Rosse, University of Maryland, '66; O. W. Schelksohn, Jefferson Medical College, '91; E. P. Simpson, Jefferson Medical College, '95; John C. Simpson, University of Pennsylvania, '82; John D. Thomas, University of Virginia, '92; Walter A. Wells, Georgetown University, '91; Geo. W. Wood, Georgetown University, '94.

The regular meeting of the Board of Directors of the Central Dispensary and Emergency Hospital was held on April 10. Miss Eva Simonton of Blockley Hospital, Philadelphia, was appointed Superintendent, vice Miss Roberta M. West, resigned. Miss West has filled the position of Superintendent with credit, but leaves to accept a more lucrative position in Philadelphia, as Superintendent of a large training school for nurses.

The regular meeting of the Medical Society of the District of Columbia was held on Wednesday, April 8, the President, Dr. Samuel C. Busey, in the chair. Dr. Taliaferro Clark read the paper of the evening, entitled, "Infantile Paralysis." It was discussed at length by Drs. S. S. Adams, J. T. Sothoron, J. Ford Thompson and Rupert Norton. Dr. D. S. Lamb presented case and specimen of rup-

ture of the aorta. Dr. Forwood, of the Soldiers' Home, presented some aseptic sponges that had been in the dead-house and rendered aseptic by formaline. He also showed some instruments that were tarnished by formaline, controverting the statement made previously by others that formaline would not tarnish instruments. The Society then adjourned.

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### Book Reviews.

**TWENTIETH CENTURY PRACTICE.** An International Encyclopedia of Modern Medical Science. By leading authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York City. In twenty volumes. Volume VI: Diseases of the Respiratory Organs. New York: William Wood & Co. 1895.

The publishers of this encyclopedia state that it has been found necessary to issue Volume VI before Volume V. While this volume on diseases of the respiratory organs is an excellent one in some ways, it is hardly up to some of the others. The opening section on diseases of the nose is not up to date. The best sections are those by Drs. Bosworth, Buck, Anderson and Grainger Stewart, although the latter writer has probably done little more than lend his name while Dr. Gibson has done the work; Dr. Bosworth's section, which is, of course, much like his book on diseases of the nose and throat, is very fully and aptly illustrated, but the other sections are but meagerly illustrated. The bulky prescriptions of the English writers will hardly appeal to the American profession. While this volume is not quite equal to others it is a very valuable work.

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### REPRINTS, ETC., RECEIVED.

Sexual Perversion. By William Lee Howard, M. D. Reprint from the *Alienist and Neurologist*.

Annual Address of the President of the Medical Society of the District of Columbia. By Samuel C. Busey, M. D.

The *Alumni Register* is a new monthly published by the General Alumni Society of the University of Pennsylvania.

The Operative Treatment of Fistula in Ano. By Lewis H. Adler, Jr., M. D. Reprint from the *International Medical Magazine*.

### Current Editorial Comment.

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#### MEDICAL FEES.

*Columbus Medical Journal.*

WITH the advance in medical knowledge and requirements which has taken place in the last quarter of a century there has been an advance perhaps not commensurate, however, in medical compensation.

#### MEDICAL MEN TO AVOID.

*Medical Record.*

THE one who has acute exacerbations of insanity when exposed to any new fad. The one who is always successful with all his difficult operations. The one who always sees hundreds of cases of a rare disease. The one who can always match your case and improve on your treatment. The one who always finds you have omitted something in the examination of your case. The one who thinks he can talk well and is always ready to discuss any paper of the evening. The one who is always the first to do the new operation. The one who is in a chronic fear of being anticipated in his important discoveries. The one who in consultation feels it his conscientious duty to explain to the patient why he differs with the attending physician.

#### THE NEW PHYSICIAN.

*The Medical Fortnightly.*

THE old idea that physicians should be doctors only, to the exclusion of every other interest, and that ignorance of affairs, municipal and social, indicated profound medical wisdom, is fast going out before the same public scrutiny which is discriminating between those old in the profession, whom experience has failed to teach, and those who are able to profit from the teachings of others, although not personal experience. . . . The demand for the present is for physicians who can creditably dispense the duties of citizenship, and who can be found actively interested in whatever may be for the welfare of their communities. Preventive medicine opens up a fertile field for the progressive physician, and although a financial disaster to him, the world is beginning to require that its physicians be more than a prescriber of drugs; that they be able to foresee the evil, and comprehension enough to occupy the honorable position of a trustworthy citizen, and scientific enough as well to apply the minutiae of their calling.

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### AKINESIA ALGERA, BY MÖBIUS.

READ BEFORE THE BALTIMORE JOURNAL CLUB, MARCH 28, 1896.

*Abstracted by Frank R. Smith, M. D.,*

Medical Department Johns Hopkins Hospital Dispensary, Baltimore.

In an interesting series of four short articles, Möbius discusses a form of nervous disease which is characterized mainly by the occurrence of severe pain following upon movement, and for which he proposes the term akinesia algera. The following is a brief abstract of these articles in which Möbius gives three of his own cases and compares them with others, more or less similar, which are to be found in the literature.

Akinesia algera may be defined as "loss of voluntary movements on account of pain without the existence of any perceptible cause for this pain." The disease is one of nervous exhaustion after exertion and is almost always confined to members of nervous families, *i. e.*, to those persons who have been broadly classed by the French authors as *déséquilibrés*. At first pain occurs only after very great exertion but finally the least exertion is followed by complete exhaustion and the most intense pain. Hence the patient refuses to make the slightest movement. Various other symptoms of neurasthenia may accompany the pains of akinesia, the most prominent of which are insomnia, low spiritedness and a feeling of pressure in the head, but in such cases the ordinary signs of hysteria may be entirely absent.

Case I was that of a teacher in the

gymnasium, a man 33 years of age. His family history on the mother's side was good but his father was a paranoiac who had definite ideas of persecution. Patient when young suffered a good deal from anxiety and worry owing to the condition of his father and to embarrassed family affairs. He was very clever and worked too hard. As a teacher he was a success but was eccentric and very excitable. In teaching "he jumped about as if in a circus." In due course he married but there is no history of sexual disability or of excesses. In 1887 he began to complain of a feeling of pressure in the head and of insomnia. He became better for a short time but in 1888 he became worse and although he could carry on a conversation or write a letter he was utterly incapable of any hard mental application. At one time when hypnotics were taken away he went without sleep for three weeks and on one occasion lost his memory for four weeks. He was fully conscious of his condition, which depressed him very much. A course of warm baths improved him but he now began to have muscular pains after exertion, especially in the arms. He was recommended to take short walks but these made him worse. A rest cure improved him very much but on removal to another institu-

tion he was recommended exercise again. This resulted in the production not only of "muscle" but also of "nerve" pains.

According to the distinction made by the patient, the latter were "deeper and were less dependent upon exercise." He finally became so bad that he was left at rest completely and the arms were wrapped in cotton wool. He was first seen by Möbius in 1889. He was in bed but could make slight movements with the legs. Passive movements were unresisted except in the fingers and in the forearms. Movements at the shoulders were only slightly restricted but the fingers and forearm could hardly be moved at all. Patient could not kneel or get up. Head freely movable. No pain in muscles of neck. No atrophy of the muscles except in the interossei, especially the first of left hand. Skin reflexes normal. Tendon reflexes of legs lively. Left ankle clonus. Sensation about normal except that stroking over the hand and forearm produced pain and a "quivering." Hearing, sight, etc., perfect. Tongue movements normal. Mental condition good. Patient spoke intelligently of his condition and complained that any mental exertion produced a heavy feeling in the head and that any movement caused severe pain, especially in the arms and hands near the bones. Nutrition excellent. Bowels easily moved by means of suppositories. Heart, lungs and kidneys negative.

Later on, the least touch annoyed the patient and he could not bear to be washed or even to have his nails cut. Treatment by suggestion was tried but failed utterly. After a while patient improved but for some time the exertion of being "cleaned up" caused him intense pain for twenty-four hours. In July, 1890, he was able to sit up. In August he had a relapse which lasted till the end of the year but in 1891 he again showed great improvement, which was shortly followed by another relapse. In the winter of 1891-2 he complained that the slightest cold air caused intense pain in the back of the head and in the neck. So susceptible did he become that even in the hottest days of August he would not

allow the windows to be opened. His mind became so affected that he tried a cure from a "witch," who gave him to wear a cloth with three drops of blood upon it. Suddenly he developed a hearty appetite which later on degenerated into "hunger without appetite" and he complained of dreadful pains in the stomach when it was not full. About this time he suffered from a severe grade of sulphonal poisoning, from which, however, he recovered. He gradually became worse and died of some unknown cause in 1893. No autopsy was allowed.

Case II was that of a lady, a music teacher, aged 43. There was some history of nervousness on the maternal side, and the patient's mother was paralyzed before her death. Up to the age of 20 patient was well but rather eccentric. After the death of her father and mother she suffered from "nervous chills" and had attacks in which consciousness was dulled but not lost. She commenced the study of music and at the age of 20 began to complain of pains in the hands which prevented her from using them. She lost the power of mental application and suffered from insomnia. After this sickness had lasted one year she began to have pains in the feet, which prevented her from walking. This sickness lasted 10 years, after which she recovered, apparently completely. In this case there were occasionally slight hysterical attacks. The patient was a woman of strong will power. She remained well for 10 years but in September, 1889, as the result of bodily and mental overstrain she was attacked by the same symptoms. She was seen by Möbius first in November, 1889; at that time she had contractures and carried her arms in a sling with the hands pressed against the sternum. She complained of intense pain in the hands and of a "beating" in the back. Stroking over the flexor surface of the arm caused the hand to open. She could walk into a neighboring room. Bowels regular; some insomnia. No hysterical stigmata. In January, 1890, she passed through a severe attack of influenza accompanied with diarrhea. On recovery



she was somewhat better in her movements but soon suffered a relapse. Treatment by suggestion was also tried in this case, but without any success. After entering a hospital, passive movements were instituted and she became slightly better; she walked around and took her hands out of the sling. After too much physical exertion and a great deal of anxiety while nursing a sick child she became very much worse. During this attack she developed suicidal tendencies and was sent to an asylum. She finally committed suicide.

Case III, seen first by Möbius in June, 1893, was a woman aged 29, who was said to have had a stroke of paralysis four days after child-birth. No fever. She then began to complain of an inward quivering and six weeks later of an intense pain in the back and legs, which was worse after any movement. She could sit up but could not stand. Being washed increased the pain very much. On two occasions she stood up and was much worse for days afterwards. She lost all interest in the outside world and complained that her body "seemed full of lead." Later on she imagined she was paralyzed but careful examination failed to substantiate this assertion and no organic disease could be discovered. She remained in about the same condition when last heard of, in July, 1894.

After this, a brief account of ten cases reported by others is given. In Koenig's case the patient was a paranoiac. She suffered from most severe pains in the muscles, which were brought on by the slightest exertion. These lasted for a year, after which she recovered completely. After a lapse of 25 years she began to suffer in the same way. Therapeutic efforts effected nothing. Spontaneous improvement took place, but no complete recovery. Longard, in describing a case, thinks that it is difficult to say that it was not an instance of so-called spinal irritation. Erb's case is peculiar because the patient was able to cure himself by the exercise of his will power, having become convinced that the pains were simply due to imagination. Putnam published a brief report

of a case in 1892 and Moyer of Chicago in 1892 observed a case for four months during which time the patient showed no signs of improvement. Bechterew's three cases were all among soldiers but the third was not so typical as the others. In Oppenheim's case the pains were brought on by eating, so that the patient practically died of starvation. Spanbock in 1893 reported a case of a Jewish boy of twelve who from overstudy of the Talmud became hysterical and suffered from pains, especially in the eyes and back. Clonic convulsions limited to the arms were not infrequent and general convulsions could be excited by pressure made at certain points.

After various therapeutic measures had failed, the use of the Paquelin cautery to the back brought about a diminution in the severity of the symptoms.

Möbius discusses also in this connection various conditions which resemble somewhat akinesia algida but differ from it in many ways. He quotes Neftel's cases of atremia algida, a condition in which though the patient can sit up without inconvenience it is impossible for him to walk on account of the severe pain which ensues. In one of Neftel's cases the pains were especially severe in the eyes and in this connection Möbius refers to a case of apraxia algida from which the celebrated Fechner suffered, and gives a long account of the course of his illness taken from his "Autonography," which furnishes most interesting reading.

Briefly, Fechner was born in 1801 and enjoyed good health up to 40 years of age. During this time the amount of work which he did was enormous. In 1847 he noticed that mental exertion caused a great deal of pain in the eyes, and whether he shut them or used them even in the dark he was always troubled with "flashes" before them. With the exception of a cataract, which was extracted and had nothing to do with these symptoms, the eyes on examination were found to be perfectly normal. For years he remained practically blind and was thought to be insane and at one time nearly starved to death but finally he persisted in using his eyes in

the light and found to his astonishment that when the pains began they were relieved by increasing instead of diminishing the light. After some years he learned to see again and remained comparatively well until he died of apoplexy.

In reviewing these cases it may be said that all the patients are "degenerates." Where there was no history of nervous diseases in the family the patients seem to have had some congenital instability. The only exception seems to have been in Fechner's case, but he was undoubtedly a genius.

The immediate cause seems always to be some more or less prolonged mental exertion, sometimes aggravated by bodily overstrain. The symptoms vary very much. Sometimes the development of the disease is accompanied with symptoms of pure neurasthenia, sometimes there are some secondary hysterical manifestations. Occasionally there is atrophy, sometimes local edema or increase of reflexes, which are common to organic diseases, but which may also accompany pure psychical disturbances. The atrophy may perhaps be due to hysteria, but in any case the picture does not resemble that seen in any of the neuritides. Insomnia must be considered as one of the stigmata of akinesia algera.

The course is slowly progressive but there are often periods of improvement or in some cases long intervals in which the patient is practically well. The prognosis is always bad, unless we except Erb's case, which recovered completely, for Fechner always remained more or less an invalid and had to be very careful with his eyes.

As for the treatment, it must be expressly urged that all active therapeutic interference is not only useless but absolutely harmful. In every case where exercise was advised against the wishes of the patient it rendered his condition

worse. It is to be noted that treatment by suggestion fails entirely in the cases. This is probably to be explained by the fact that the autosuggestion of the patient is so strong and he is so convinced of the hopelessness of his case that there is no room for extraneous suggestion.

The exact nature of the disease is difficult to explain. Is akinesia algera a disease apart? The symptoms are so marked that they can hardly be all classed under the head of neurasthenia. If the pains are pain-hallucinations, akinesia algera would in this resemble certain forms of paranoia. Even if the pains in akinesia algera can be called hysterical, the disease itself certainly cannot be classed as a pure hysteria. Mixed forms of neuroses or psychoses often occur, or, to speak more correctly, symptoms are often found combined in pure neuroses which for convenience sake have been sharply separated. There seems to be some analogy between the cases of akinesia algera and those of general anesthesia reported by Krukenberg and others. These authors are of the opinion that akinesia algera should not be classed as hysteria but rather as a psychosis. And yet in the broadest sense of the word hysteria is a psychosis. The question is probably after all a mere matter of words. The symptoms come on in hysteria as in akinesia algera and one might perhaps be justified in calling the latter a peculiar form of hysteria. Still it must be remembered that it has a course peculiar to itself and the ordinary stigmata of hysteria are usually absent. But considering its peculiar course it is of practical value to consider it as a disease apart in the same way as one distinguishes a *paranoia chronica* from an ordinary paranoia and again from a *paranoia completa*. Lastly, the prognosis would go far to warrant a separate classification for this array of symptoms.

SYPHILIS ANTITOXINE.—The immunity of syphilitic subjects, says the *Medical Record*, against new infection is due to the antitoxine in their blood.

The serum of a subject of secondary syphilis seems the most active. The quantity to inject varies from one-half to five cubic centimeters.

# A CASE OF HEREDITY ; A PSYCHO-PHYSIOLOGICAL STUDY.

A PAPER READ BEFORE THE MEDICO-LEGAL SOCIETY, NEW YORK, DECEMBER 19, 1895.

By *William Lee Howard, M. D.*,  
Baltimore.

RECENT studies in psycho-physiology have opened a vast vista to the investigating mind and promise to enable us to better understand what has heretofore been a bewildering maze of incongruities existing in our social condition today. The sudden, erratic actions of individuals tutored by morality, crimes committed by persons who have always shown strong resisting power of judgment and consciousness, and periodical acts of viciousness by children, are now being explained by the investigations that are daily being made in psychology. I do not refer to the reprehensible acts and crimes committed by the drug victim, alcoholic degenerate, or morally insane, but to the acts of those in whom we can distinguish no objective or organic cause. Nevertheless, we can find in these latter cases psychic and somatic stigmata.

In these cases the impulse to act and think is the unconscious, and consciousness finds subsequent and, in some measure, plausible reasons for the thoughts and deeds, the real source of which is unknown to itself.

It is not my intention in this paper to discuss theories, but to show by quoting a very interesting case that what a few years ago would have been called a crime is now a disease. I shall quote *verbatim et literatim* from one of the letters sent me by the young girl's mother.

The mother of the subject of this history married some eighteen years ago a man who stood high in business and social circles. He was wealthy and generally respected for his moral worth. A girl was born and the husband seemed to enjoy the company of the little one. When the child was about five years of age the mother was shocked to find that the little one was a most expert liar, "and held to the lies in a way to amaze you." "As she grew older this habit

grew upon her. Sometimes she would tell the most glaring lies for no reason at all, and had she stopped to consider she must have known that she would be discovered."

In spite of correction and promises, the same conduct would be repeated. When the child was about eight years old the mother was obliged to travel abroad for her health. On none of these trips was she accompanied by her husband, although she received letters from him daily for three years. Then came the great shock. I quote her statement: "I found myself a deserted wife in a foreign country. My daughter was with me. It was there that I learned that my husband's life was a tissue of falsehoods. He had during our married life been three times before the Grand Jury to answer to a criminal charge. He had been blackballed from the Masonic Lodge. He had embezzled ten thousand dollars from a friend and for four years had been known as the lover of the most notorious keeper of a house of ill fame."

Then for three years mother and daughter were lonely and homeless; the child had to give up school and had no amusements. "About this time puberty was established and at such times she was most unreasonable, and at her third menstruation disappeared. She had frequently threatened to commit suicide and I was afraid that she had carried out her threat. I found that she had gone off with a young jockey of eighteen years of age and gotten married. She was fourteen years old. A few weeks after, the jockey was killed and she returned to her mother. She only remained until her menstrual period arrived, when she again disappeared. Up to that time she was a reasonable, loving and dutiful daughter."

After being away for three days she returned, but could tell nothing of where

she had been, or why she went. Finally she excused her conduct by explaining that she had run away from her father. Now, remember, she had not seen or heard about him since she was eight years old. This time she was sent to stay with her grandmother, who was to bring her to me for treatment. The night she was to be brought to me—she knew nothing about the intentions of her grandmother in this respect, simply thinking that she was going on a long trip for pleasure—she visited her mother, had a loving talk with her, and asked her if she could wear her watch that evening, promising to return it in the morning.

After she had gone her mother missed her diamond ear-rings and rings. The child had taken all of her own clothes. At the end of five weeks her mother received a letter from her from a distant point, asking her to come, as she was ill, promising to be a dutiful daughter. Her mother went. She has now been under my care for about a year and has had no return of her erratic conduct. Still I do not think that it would do to leave her unwatched, as she has some tendency to suicidal thoughts.

I have roughly given you the facts in this case so as to call your attention to several noticeable points. It is not my purpose to go into the discussion of the

relation of female pelvic diseases and insanity, or as to the advisability of operative interference.

In this case we have the history of a father with criminal instincts distributed throughout his whole life. His daughter has a monthly morbid deviation from an original type. She has periodical attacks of monomania, *i. e.*, obsession, impulsion. As we have seen, these attacks cannot be attributed to a hysteria that sometimes accompanies functional disturbances in young women, as the recurrence of deceit, lying and immorality were shown long before puberty. Lupanar incidents were noticed at the age of eight years. There was no objective simulation, no morbid desire for sympathy and notoriety that exists among the purely hysterical women.

I believe that the criminal instinct in this young woman was inherited, if I may use a much abused term, that at a period where the unconscious life became the master of consciousness, when the highest nervous centers became subordinated to the lower, when judgment and will lost control over instincts and passion, this young woman became a criminal. Had the child been of the opposite sex I think that he would have had similar outbreaks, the initiatory conditions being brought about by dipsomaniacal attacks.

**THE DANGER OF ALLOWING DOGS TO LICK THE FACE.**—The story is told, in the *Boston Medical and Surgical Journal*, of a seamstress of Berlin, who was in the habit of allowing her dog to lick her face. She was attacked one day with a severe inflammation of the right eye. Oculists were consulted, but their treatment was unsuccessful, and owing to the fact that inflammation of the left eye was beginning the right eye was enucleated. In the enucleated eye was found a tenia echinococcus, which the dog had picked up while licking some less pleasing object than his mistress's face. The danger of the transmission of parasites by dogs who are well-known to be indiscriminate in choosing objects for the exercise of their tongues, to the

hands and faces of their masters, would seem to be a great one. It is surely remarkable that accidents of the kind related happen as rarely as they do.

\* \* \*

**UNIQUE VARIETY OF OVARIAN CARCINOMA.**—v. Kahliden (*American Journal of the Medical Sciences*) describes an ovarian neoplasm removed from a young girl, which seemed to have originated from the epithelium of the Graafian follicle. Histologically it showed a large number of small round bodies closely resembling primordial follicles. It could be characterized as an adenoma of the Graafian follicle, without any tendency to cystic formation, from which carcinoma developed by atypical proliferation.

## A CASE OF UTERINE FIBROIDS.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, MARCH 10, 1896.

*By W. Guy Townsend, M. D.,*

Baltimore.

MR. PRESIDENT AND GENTLEMEN :— I wish to exhibit to the society a specimen of uterine fibroids, with the attached appendages. Mrs. F., aged 46 years, sent for me to attend her about ten months ago. She was confined to her bed with an occasional rise of temperature, complaining of abdominal pain, which was increased by pressure; she had had nausea for several days, preceded by a week's constipation and followed by profuse watery diarrhea.

The stools were examined and nothing of interest found. The blood examination showed marked decrease of the erythrocytes, in actual count 2,100,000 to the cubic millimeter, the leucocytes numbering 1 to every 480 red, oligochromemia being well marked and no malaria organisms present.

The urine contained no albumen nor casts. After treatment for three or four weeks by keeping the bowels well regulated and giving tonic doses of a good iron mixture three times daily, our patient's general condition was markedly improved and continued so until within six weeks before the operation, although, during the interval, I was called in to attend her in attacks of abdominal pains brought on by the slightest amount of outdoor exercise; always after a walk of a few blocks she would suffer two or three days with pelvic pains, frequent and painful micturition, etc.

A vaginal examination was advised and the following additional history was obtained. She has had one child, which is now eleven years old, and two miscarriages. After childbirth she was confined to her bed several weeks with chills, fevers and sweats. For the past five or six years she tells me she has had one or two attacks of nervous prostration each year, lasting several weeks, with fever and great pain in the abdomen. Her menstruation is irregular

and profuse at times, pain on micturition, with straining. Nausea very constant for the past year, especially after exercise. She is very weak and says she has been a helpless invalid during this time. Her brother died of consumption, but otherwise the family history is good. Her heart and lungs are in good condition.

The vagino-abdominal examination revealed a large irregular mass filling the pelvis attached to the uterus, especially could be felt a hard projecting body about the size of a goose egg, posterior to the cervix; and the touch very much like an enlarged adherent prolapsed ovary. An exploratory operation with the possible necessity of hysterectomy was advised. Opening the abdomen in the usual manner, the fibroid uterus before us was exposed, and in view of the peculiar location of one of these large fibroid growths projecting posteriorly into the pelvis, possibly giving rise to the pain of our patient in the erect position, together with the nervousness and constipation which she had been suffering with for years, justified the removal of the uterus. It measures  $7\frac{3}{4}$  inches in length and  $4\frac{1}{2}$  inches in width, weighing, in all, 62 ounces, including the atrophied ovaries and tubes. Nine distinct fibroids, varying in size from a pea to a large goose egg, can be counted.

This incision through to body of the uterus shows a polypus, which possibly was the cause of excessive and frequent bleeding. Tonight being the fourteenth day after operation, you will note from the chart, which I pass around, that her temperature has never been over  $101^{\circ}\text{F.}$ , and only on two occasions has it reached the  $100^{\circ}$  mark.

She is now sitting up and is on soft diet. The bowels regular and she passes the normal amount of urine in the twenty-four hours.

## Society Reports.

CLINICAL SOCIETY OF  
MARYLAND.

MEETING HELD MARCH 20, 1896.

The 321st regular meeting of the Clinical Society of Maryland was held March 20, 1896. The President, Dr. J. M. Hundley, in the chair.

*Dr. J. C. Hemmeter* read a paper on THE EFFECTS OF INTESTINAL AUTO-INTOXICATION ON THE KIDNEYS.

*Dr. A. B. Gaither* read a paper on THE ABORTIVE TREATMENT OF ACUTE SUPPURATIVE ADENITIS OF THE GROIN BY PRESSURE BANDAGE.

*Dr. W. Guy Townsend* exhibited a specimen of FIBROID UTERUS. (See page 25.)

*Dr. W. P. Chunn*: How old was the patient?

*Dr. Townsend*: Forty-seven years old.

*Dr. Chunn*: The uterus looks pretty large; has it been examined microscopically?

*Dr. Townsend*: No, it has not.

*Dr. Chunn*: I suppose there were a number of symptoms present that justified the operation, but nothing especial was mentioned. A uterus of that size, however, is probably pathological. The falling over backward of the uterus may give rise to troubles disastrous to health. There are different ways of relieving these troubles though. In some cases you can prop the organ up or in others stitch it but these may not have applied to this case. I only mentioned them because they are to be considered in every case before undertaking a radical operation.

H. O. REIK, M. D.,

Secretary.

PRURITUS VULVAE.—Marain (*American Journal of the Medical Sciences*) recommends local applications of warm chloral solution (1 per cent.) twice daily, 10 per cent. solutions of chloral, corrosive sublimate, 1 to 500, and an ointment containing one part of olive oil, three of menthol and six of lanolin. If these are not beneficial, the galvanic or faradic current may be applied.

## Medical Progress.

RECENT PROGRESS IN SOCIOLOGY  
AND MEDICAL JURISPRUDENCE.

By *Irving C. Rosse, A. M., M. D., F.R. G.S.*,  
Lately Professor of Diseases of the Nervous System,  
Georgetown University; Membre du Congrès  
International d'Anthropologie Criminelle;  
of the American Neurological Association;  
the New York Medico-Legal Society; Vice-President  
of the Medico-Legal Congress, etc.

*Syphilis Insontium*.—The key to the pathological condition in many cases of obscure nervous disease being syphilis, the manner in which it was acquired may assume casuistic importance and become a question of so-called medical deontology, since numerous observations show that a patient may have contracted the disease in an extra-genital way much oftener than is commonly supposed. Proof of this is to be found in the collection of numerous cases by Dr. Bulkley of New York and those of Dr. Henry A. Robbins of Washington, beside which I may cite several that have come under personal observation.

The first case, a sergeant of artillery at Fort Monroe, Virginia, presented himself at sick-call with a small wound on the left forearm which he said would not get well. I immediately recognized the specific nature of the sore, but the patient stoutly denied ever having had venereal disease of any kind. Owing to the indolent nature of the sore and its indurated edges, I still accused the sergeant of syphilis, to which he strongly protested, and being a man of excellent character I could not doubt his word nor the integrity of his subsequent explanation, which satisfied my mind as to the innocent manner in which he had become infected.

A member of his battery had lately been returned to duty from hospital, where he was treated for syphilis which showed itself chiefly in the feet and hands, and as the sergeant was in the habit of using the same wash bowl and sponge as his comrade, he had become infected from this source. The constitutional symptoms yielded readily to treatment, and at last accounts the patient was Master-at-Arms on board one of our naval vessels.

The next case, that of a boy, I saw in San Francisco, on board the celebrated Arctic cruiser, Corwin. The boy had been shipped by the executive officer without medical inspection, and at sick-call showed a swollen arm, which was from syphilitic periostitis. Being too young to have acquired syphilis in the usual way, this condition was quite puzzling until the discovery of a mass of syphilitic sores about the anus and nates threw light upon the subject. Prior to shipping on board the Corwin the boy said he had served on board the U. S. ship Alaska, where the men of the crew had used him as a passive agent for immoral purposes.

Dr. Samuel Dickson of the U. S. Navy called my attention to a similar case in a drummer boy at the Washington Marine Barracks, and a practitioner of this city tells me still of one of his patients, an old pensioner and an irrumator, who has a buccal chancre.

*Hebephrenia.*—Cases of intellectual disturbance occurring shortly after or at puberty and designated as hebephrenia, do not appear to come often under psychiatric notice. Sometime ago Dr. Godding of the Government Hospital for the Insane called my attention to a typical case which has since degenerated into dementia. I have lately seen four other cases. In one there was almost constant erection of the penis and marked coprolalia. Though subject to remissions, this case yielded to treatment, as did the other two, but it became necessary to send the fourth one to an asylum.

*Katatonía.*—The peculiar disorder known as katatonía appears to be still more rare. Judging from failure to find a case in any of the asylums visited in the Eastern States or in Europe, I was almost of the opinion of others that an attempt to differentiate this disorder was not justified by clinical observation. It was my fortune, however, to see not long since at one of the hotels in this city, a typical case in a middle-aged man, a native of Switzerland and seemingly a person of fair education. As is usual in many cases of the kind, the persons in attendance reported that the

maniacal condition was of sudden origin, and they knew nothing of the patient's previous mental uneasiness and distress. Great volubility and disturbance of the motor system were well marked, and the patient showed his tendency to dramatization by striding back and forth, assuming tragic attitudes, and reciting in staccato style, but with more or less incoherency and poorness of imitation, the scenes that he had seen portrayed by prominent actors.

A second case I have seen developed in a woman patient whom I had previously treated for mental distress and general poor health. The last time I saw her was with Dr. Compton of this city. The disorder of the motor system, maniacal excitement and tendency to dramatization were then well marked.

In another case, lately referred to me by Dr. N. S. Lincoln, katatonía was present, though in a less marked degree.

*The Social Evil.*—The sempiternal subject of prostitution, which has long occupied the attention of criminologists and others, is at present giving a number of good people and would-be reformers of the District of Columbia much concern. Far be it from me to interpose the slightest objection to cleaning out the "Division." The efforts of the reformers are doubtless well meant, but their methods are as faulty as those of the Anti-vivisectionists and the temperance cranks who would have enacted sumptuary laws that would be an unconstitutional interference with public liberty.

Some writers contend, with a show of reason, that prostitutes are providential beings; an equalizing force and have their mission; that they are only an effect; kill the cause and the effect will cease. However this may be, late experiments to lessen and regulate the vice do not appear to be crowned with the success that the genuine practical reformer would like to see.

To express an unbiased opinion, the social free lance will doubtless keep the field as long as human nature exists. Just so long as the human nervous organism is endowed with a generative center and the present sociological con-

ditions obtain, just so long will proletarian love, like poverty, be always with us, and although intelligent effort may regulate it to a certain extent, tentative efforts to wipe it out will prove about as effectual as those of the lunatic who would dam the Mississippi river with a teaspoon.

*Unnatural Crime.*—Most reprehensible in connection with this unsavory subject is the allegation that one of the foremost reformers in another city is a sexual pervert. Some hesitancy may be felt in throwing the first stone at the Magdalens in view of the iniquities practiced at the manicure, Turkish bath and massage establishments which appear to be conducted in the interests of abortionists and mixed prostitution, both male and female. One of my patients tells me that she has had abortion done ten times at one of these places, and that on her recommendation several of her friends had been similarly relieved. So notorious, indeed, had these places become in Washington that the police have lately closed nine of them. In the upper part of the city a house of the kind that had become known as a resort for male prostitution was lately raided by the police during an orgie in which a number of pederasts from Baltimore were captured. The details of the trial at the Police Court are too indecent for publication.

*Legal Regulation of the Practice of Medicine.*—Although legal medicine has to deal with such matters, the laws relative thereto seem to be as inadequate as those regulating the practice of medicine in the District. In the latter respect a most shameful state of affairs exists at present, the magnitude of which is incomprehensible to persons living in well-regulated communities. Many individuals are practicing without diplomas and the town is overrun with "sundowners," quacks, charlatans, and mediocrities of all kinds, many of whom with criminal records have been run out of other cities. Strenuous efforts on the part of respectable physicians to correct the evil have proved unavailing, the bill before Congress for that purpose being opposed by no less personages than the

judges of the District Court, who object to a paragraph relative to confidential communications between physician and patient.

The law of evidence concerning these communications have been so well written up by Mr. Charles A. Boston of the New York City Bar, in his comprehensive chapter in Witthaus & Becker's Medical Jurisprudence, that little remains to be said relatively thereto. It does not clearly appear, however, why a distinction is made between legal and medical advisers. Disclosures to physicians are often necessary to effect a cure and are made to save life, and those made to a priest are for reasons of eternal import, while those made to an attorney can at most only insure protection from temporal annoyance. With all due respect to the judges, it may be intimated that they would be the first to squeal at their own *obiter dicta*, in the event of confidential revelations of a physician from the witness stand regarding themselves or their families.

If objections were confined to learned judges they would not be so discouraging to the better class of medical men as those coming from populist senators, or the kind of member who wrote me a pass as follows: "Pleas admit Barer to Private galary and oblige—" What but galling disappointment may be expected in the way of reform from a United States Senator whose family physician, with no other claim to the title than that of having been a horse doctor, writes a prescription for "by carpenters potas"? Or what shall we think of the other Senator whose homeopathic family attendant leaves a prescription for a pint of Lugol's Solution, to be taken in teaspoonful doses? Such a state of affairs is not to be wondered at when it obtains among the lowly and ignorant, but when a wealthy Senator, with an incurable disease, pays an ignorant charlatan a hundred dollars a visit for the "laying on of hands" that does no earthly good, the matter is all the more surprising from a purely medical aspect.

Surely when it comes to official life better discretion should be expected than that shown in the employment of



irregular practitioners by a former Secretary of State and by a Chief Justice or in the selection of examining surgeons by a late Commissioner of Pensions, who replaced a competent man by a homeopath not only ignorant and illiterate, but a former inmate of an asylum with the further stigma of having been arrested for petty larceny.

*Medico-Legal Questions before the Supreme Court.*—While cases in which enter the element of forensic medicine are not frequent before the Supreme Court, yet such cases as do come up from time to time for its consideration are of much interest to the medical legist. One of these is the celebrated life insurance case known as the Hillmon Case, in which the question of personal identity was concerned. The question of forfeiture of the life insurance policy of a suicide alleged to be of unsound mind also occurs in the petition for a *certiorari* requiring revision and determination in the case of the executor of William M. Runk, deceased, of Pennsylvania, vs. The Mutual Life Insurance Company of New York.

The petitioner, in urging reversible error, shows that the question involved is one of gravity, of general public interest, and of the greatest possible importance throughout the Union and that it has never been decided by this Court. Further, that in the present conflict of authority there exists an uncertainty touching the proper interpretation of one of the most important and most common contracts into which the citizens of this country enter, and that it is of vital consequence to the entire community that the law upon this subject should be definitely settled by the highest authority.

The briefs submitted in the case attempt to show on the one hand that the decedent's self-killing was not his voluntary and wilful act, but was committed at a time when he had not sufficient power of mind and reason to understand the physical nature and consequence of his act, independently of any reference to his capacity at the time to appreciate its moral character.

On the other hand, it is contended by

the respondent for the Insurance Company that Runk having secured enormous insurance upon his life when he was insolvent and an embezzler, and when it was impossible for him to obtain payments of the moneys which, thereafter, would be required to be periodically paid, it was apparent that his intention was to secure insurance for the purpose of liquidating the large sum embezzled and owed by him, and that he was sane and meant to commit suicide for the expressed purpose of liquidating his defalcations and indebtedness out of the insurance moneys.

Without expressing an opinion as to whether the suicide was or was not excusable, one cannot refrain from a smile on reading in the briefs the oft-repeated phrase, "deliberate, intentional, intelligent, felonious suicide."

While the evidence presented by the wife and sister-in-law, the only witnesses called in favor of the insanity theory, does not appear to be very strong as to mental unsoundness, yet the decedent's distraughtness of manner, his reputation for weak-mindedness, the stress and insomnia of money complications, into which he was doubtless led by an imperfect and degenerate brain, and the fact that suicide is rarely committed, except when the cerebral functions have become impaired and the action of the mind perverted and diverted in improper channels, each and all are evidence of physical and psychical stigmata of that kind of degeneration in which we would naturally look for an obsession with impulsive tendency, and they consequently awaken the strongest doubts as to the criminal responsibility in point of mental condition.

Since it is the rule of interpretation not to attribute an absurd motive when a sensible one can be assigned, why not give the deceased the benefit of the doubt as to his ability to resist the impulse of self-destruction or to appreciate all the mental and moral consequences of his act, and thereby relieve him from a felonious charge, which, in the light of more humanistic ideals of the present day and generation, is regarded by the law as well as public opinion to

be the act of an unfortunate rather than a felon ?

\* \* \*

THE "PLUMB-LINE SIGN" IN PLEURAL EFFUSIONS.—Pitres (*British Medical Journal*), in some lectures on the Physical Signs of Pleural Effusions, speaks of the deformity arising from effusion, and its effect on cyrtometer tracings or measurements of the two sides of the chest. Owing to the positive pressure exerted by an effusion the affected pleural cavity becomes rounded, and increases in size at the expense of the sound, which is dragged over towards the affected side, the lower ribs of which assume the position of inspiration. As a result the sternum, with its fixed upper end as the center, becomes rotated, and the ensiform cartilage is displaced, so that, supposing a plumb line were dropped down the middle line, it would be from 2 to 4 cm. away from it (hence the name "signe du cordeau"). Thus cyrtometer tracings or measurements, which are usually taken from the spinous processes behind to the middle line of the sternum, give a false impression of the relative size of the two sides, those on the affected side being too small and those on the sound too large by the amount of deviation of the ensiform cartilage from the plumb line, which should therefore be taken instead of the mid-sternal line. This sign, though of theoretical, is not of much practical, value in the diagnosis of pleural effusions, since other conditions which cause an increased pressure on one side of the thoracic wall, such as pneumothorax, unilateral emphysema, and tumor of the lung, can produce a similar deformity.

\* \* \*

DOSING OF INFANTS.—The *Lancet* relates the case of a nine months' old baby that had a cough and was also troubled with its teeth. The mother, on the advice of a neighbor, mixed a pennyworth of castor oil, a pennyworth of laudanum, and a pennyworth of syrup of rhubarb, and gave the child a teaspoonful of the mixture. It had the desired effect of composing the infant, but so effectually that the child never

woke again. And this is an enlightened age, when ignorance and carelessness of such a kind do not come under legal restrictions. Such cases are not uncommon, but that by such means the surplus population is weeded out is not sufficient justification for their occurrence. The responsibility which the officious neighbor took upon herself in prescribing deadly poison for another woman's child was a very serious one. It would not have been so lightly taken had she understood that in the event of her unintelligent advice resulting in fatal calamity she might find herself in the dock on a very sound charge of manslaughter.

\* \* \*

OVERPRODUCTION OF BOOKS ON MEDICINE.—The *Cincinnati Lancet-Clinic* tells a remarkable book story. A large sum of money was left to a young physician to buy all the medical books published in the English language for ten years. A *cart blanche* order was placed with a professional buyer. Not having any business, the doctor attempted to read the books as they came in. At the end of the first year he was back fifty books, with severe mental indigestion. At the close of the second year he gave it up in despair, and from that time on only read the titles and put the volumes away. Books accumulated in all parts, and an assistant attempted to arrange and classify them. At the end of the ten years the first five years' volumes were scarcely worth more than their cost in old paper. The most of the last five years' volumes were reproductions of the first years, with some additions and changes. Finally, he became involved and offered to dispose of these books, and the highest offer made for them was six hundred dollars. The actual cost had been sixteen thousand dollars.

The delusion of keeping up with the science by having all the new books quickly disappears after a little experience. The practical men of the profession have learned that all new books are not alike valuable, and many are only books in name, without value or merit of any kind.

Agents who press the sale of the latest work are surprised that men who would be naturally interested refuse to buy. They seldom realize that the market is glutted, and the buyer knows this fact, and prefers to wait until a new book has proved its right to live as a real, veritable teacher. The books which come from the press are not all teachers, or do they bring new lessons, or new or valuable experiences for the reader. The world of medical books is sadly overcrowded, and still they come—still-born generally, asphyxiated, living a brief time, then disappearing, or crying lustily for a time, but with nothing else but a cry.

The great law of survival is the hope for the future. The books that are real, vital and filled with living truth come and grow into power, and the weaklings die and disappear in the paper mills. Overcrowding of the book market carries with it its own antidote and remedy.

\* \* \*

DEFINITION OF "PRACTICE MEDICINE."—In the law passed last year to regulate the practice of medicine in New Mexico, says the *Atlantic Medical Weekly*, the following definition of the words, "practice medicine," is given:

For the purpose of this act the words "practice medicine" shall mean to investigate or diagnose, or offer to investigate or diagnose any physical or mental ailment of any person with a view to affording relief, as commonly done by physicians, to suggest, recommend, prescribe or direct for the use of any person, any drug, medicine or appliance, apparatus or other agency, whether material or not material, for the cure, relief or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound, fracture, or bodily injury or deformity, after having received or with the intent of receiving therefore, either directly or indirectly, any bonus, gift or compensation.

\* \* \*

TREATMENT OF CERTAIN OBSTINATE HEADACHES.—M. Galliard calls attention in the *Lancet* to a form of headache

which is distinguished from migraine and syphilitic cephalalgia by its continuity, absence of nausea and vertigo, and its cessation at night. It is generally limited to the forehead, rarely to the vertex, occiput, or temples. It generally survives any coincident disorder of the primae viae that may exist, and is distinct from the persistent headache of neurasthenia, which, however, it resembles in its resistance to ordinary remedies. M. Galliard claims to have successfully treated a certain number of these cases by the exhibition at early morning before breakfast of 10 centigrammes of calomel for six consecutive days. On the third or fourth day diarrhoea sets in with some colicky pains. The gums are carefully watched. The headache generally disappears, but should it persist a similar six days' course is resumed after the lapse of a few weeks.

\* \* \*

THE ETHICS OF MEDICINE.—The daily press says it is against the ethics of medicine to invent a patent medicine or surgical instrument. It is against the ethics of medicine to profit by the sweat of one's brow and the ideas of one's brain. The man who invents a surgical instrument must not profit by it any more than the idiot who sits and takes his ease and steals any ideas that a brainy, hard-working man conceives. If he does, it's against the ethics of medicine. If a man makes a discovery in medicine and saves a hopeless case he must not talk about it, nor must he let his friends know what he has succeeded in doing. If he does, he violates the ethics of medicine. But it is not against the ethics of medicine to perform malpractice. It is not against the ethics of medicine to know nothing about one's profession and to kill off patients by the hundred. A man who says that a compound fracture is a sprain, who diagnoses a fractured skull as a case of drunkenness, who performs laparotomy for a pain in the ear—such a man does not violate the ethics of medicine and may hope some day to become President of the County Medical Society.

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BALTIMORE, APRIL 25, 1896.

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NEXT Tuesday at noon the Medical and Chirurgical Faculty of Maryland will open its ninety-eighth annual session and, as may be seen

*The Medical and Chirurgical Faculty.* from the following list, the programme has been

prepared with the greatest care and will prove most attractive. The selection of a special subject for one evening session is a plan which proved so successful last year that the committee has arranged this year for a special discussion on diabetes mellitus.

What will add greatly to the success of this meeting and expedite matters very much will be a strict adherence to the law of time limit and allow no one to run over the allotted number of minutes. The general custom of moving to "allow the gentleman to proceed" entirely sets at naught the efforts of the programme committee and the officers in general in preparing a varied and interesting menu. If a speaker starts out with the avowed intention of exceeding his time, he is only taking what belongs to another and the hearers

are usually the losers. The following is the programme in full:

**TUESDAY, April 28—Day Session, 12 M.**—Address by the President, Chas. G. Hill. Subject: Some Observations on the Effects of Thyroid Feeding on the Insane. The Diagnosis of Insanity by General Practitioners, by Edward N. Brush. The Psychological Nerve Cell in Health and Disease, by Henry J. Berkley. On Some Aspects of the Study of the Human Nervous System with Particular Reference to its Development, by Lewellys F. Barker.

*Evening Session, 8 P. M.*—Diabetes Mellitus. (a) Pathology, by Wm. H. Welch. (b) Etiology, by John S. Fulton. (c) Varieties and Clinical History, by Wm. Osler. (d) Surgical Affections and Surgical Prognosis, by J. W. Chambers. (e) The Ocular Manifestations of Diabetes, by Harry Friedenwald. (f) The Cutaneous Affections of Diabetes, by J. Williams Lord. (g) Prophylaxis and Treatment, by I. E. Atkiuson. (h) General Discussion.

**WEDNESDAY, April 29—Day Session, 12 M.**—Compound Fracture of Skull with Loss of Brain Tissue; Recovery; Exhibition of Patient, by R. Percy Smith. The Present Status of Operative Measures for the Relief of Facial Neuralgia, by L. McLane Tiffany. The Operative Treatment of Gall Stones, by W. S. Halsted. Treatment of Wounds of the Kidney, by I. R. Trimble. Remarks on Some Cases of Surgical Disease of the Kidney, by Randolph Winslow. Further Uses of the Renal Catheter in the Diagnosis of Stone in the Kidney, by Howard A. Kelly. Report of Two Cases of Tuberculous Fistula in Ano, by Samuel T. Earle. X Rays in Surgery, with Illustrations, by John M. T. Finney. The Treatment of Lateral Curvature of the Spine, by R. Tuustall Taylor.

*Evening Session—Executive Meeting, 8 P. M.*—Reports of Committees. Election of Officers for 1896-1897.

**THURSDAY, April 30—Day Session, 12 M.**—Gonorrhoeal Endocarditis, by W. S. Thayer. Laryngeal Croup. Report of Sixteen Cases treated by Intubation and with Antitoxine, by John D. Blake. The Gastro-Intestinal Manifestations of Hysteria, by G. J. Preston. Two Cases of Amebic Abscess of the Liver Perforating into the Vena Cava, by Simon Flexner. The Effect of the Saliva on Gastric Digestion, by Julius Friedenwald. (a) The Possibility of Intubation of the Duodenum. (b) The Effects of Persistent Intestinal Putrefaction upon the Kidneys, by John C. Hemmeter. Complete Purgation, by A. K. Bond. The Diagnosis of Diseases of the Kidney, by Jos. T. Smith. Notes From Cases in Practice, by J. B. R. Purnell.

*Evening Session, 8 P. M.*—Annual Oration. The Path of Progress in Modern Therapeutics, by Solomon Solis-Cohen of Philadelphia.

**FRIDAY, May 1, 12 M.**—The Physical Director in the Second and Nineteenth Centuries, by Edward Morton Schaeffer. The Prognosis of Iridectomy for Glaucoma, by Aaron Friedenwald. On Acute Chorooiditis in Young Persons. Associated with Menstrual and Intestinal Disturbances, by Hiram Woods, Jr. The Prevention of Thirst Following Operations upon the Abdominal Cavity, by John G. Clark. Report of a Case of Accidental Rupture of a Pregnant Uterus; Hysterectomy; Resection of

Eight Inches of Intestine; Recovery, by T. A. Ashby. The Frequency of the Occurrence of Contracted Pelves in Baltimore, by J. W. Williams. Adeno-Myoma of the Uterus, by Thomas S. Cullen. Post-Operative Recurrence and Metastasis in Carcinoma of the Uterus, by W. W. Russell. Treatment of Uterine Cancer, by Robt. T. Wilson. The Importance of Digital Exploration in Cases of Persistent or Irregular Uterine Hemorrhage, by J. M. Hundley. Is Dispensary Abuse Irremediable? By A. D. Mansfield. Adjournment *sine die*.

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AMONG the numerous bills allowed to be caught on the files at the close of Maryland's historic Senate was one *Physical Training Bill*. "providing for a regular course in Physical Training in the public schools."

This bill was ably championed by Senator Thomas A. Smith of Caroline County and had been carefully drawn to meet the requirements of modern educational aims. It was justly claimed that many teachers and nearly all pupils are ignorant of the laws of health; that even children in the country were in need of physical training. They may have exercise but it is not systematic enough.

The bill provides for inexpensive training of teachers by experts. Such training was not merely a science, but an art.

Those who saw fit to vote against the bill in the Senate were Messrs. Ravenscroft, Scott, Sloan and Talbott.

This much needed measure met with more opposition in the House, which reported it to the Senate without recommendation. The medical profession has so little to say, as a body, on questions of municipal hygiene, that it is not surprising our public servants do not know how to perform their duty in matters of public health and education.

This science of physical training can not be dispensed to our plastic youth by those who are simply drillmasters, or summer graduates in the art. No bill should fail to set the standard of qualification for the teacher and ignore the appeal of those who want it lowered so as to admit to eligibility the all-round political utility man or the otherwise incompetent aspirant.

Suppose the standard of the milk-inspector took on a curve of fluctuation to correspond with the exigencies of politics in the Health office, where would the babies go?

Nothing clears the mind and conscience like healthy, bodily exercise. A more salutary tone could readily be imparted to all

political sanitation, were our delinquent representatives made quite certain of receiving their walking-papers promptly, at the earliest subsequent election.

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THE commencement season all over the country has been the means of adding large numbers to the profession. *Additions to the Profession.* In Baltimore alone fully three hundred received their diplomas with the right to practice medicine. While this number may not be as large as in other cities, still the advance in medical education has resulted in fewer but better prepared graduates.

The schools, and especially those belonging to the medical college association, have lengthened their courses and have certainly strengthened many weak points. Between the present time and the beginning of the next term, all the schools will have added to their facilities. The Baltimore University School of Medicine proposes materially to increase its facilities. The Baltimore Medical College has already broken ground for a large addition to its already massive block of buildings and this new building will be used for teaching purposes except that part for colored patients and isolating wards. The University of Maryland will put a new front to their hospital and make a large addition.

The schools of this city have done work which will compare favorably with that of any other city and in many cases it is much better. The longer course with stricter examinations will lessen the number of graduates, but better fit them for their life work.

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It is extremely gratifying to note with what liberality the appeals of those interested in making a hospital for consumptives has been met. The *Hospital for Consumptives.* building in Baltimore has been opened less than two weeks, and yet three rooms have been furnished and many valuable donations have been made and promises of money have been given. Of course this is only a beginning, but with this strong encouragement at the start there is every reason to believe that this popular charity will lead in the near future to the opening of a country hospital where pure air and green fields will do more towards alleviating suffering and curing hopeful cases than all the drugs in the pharmacopeia.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 18, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		22
Phthisis Pulmonalis.....		20
Measles.....	10	
Whooping Cough.....		
Pseudo-membranous Croup and Diphtheria. }	11	3
Mumps.....	7	
Scarlet fever.....	11	1
Varioloid.....		
Varicella.....		
Typhoid fever.....	3	3

Dr. Hugh McGuire has left Cumberland for Alexandria to be associated with Dr. Bedford Brown.

Dr. William F. Lockwood has moved from the corner of Park and Madison Avenues, to 7 East Eager Street.

Dr. George H. Rohé reports that the subscriptions to the Rush Monument Fund amount so far to \$3,729.39.

The Bertillon system of identifying criminals has been adopted in New York and will soon be used in Baltimore.

The American Orthopedic Association announces a very attractive programme for its tenth annual meeting, to be held at Buffalo, May 19, 20 and 21.

All of the medical schools of Baltimore, except the Johns Hopkins, have held their commencements in the past few weeks and have turned out many new physicians.

There is a movement on foot in Philadelphia to start a pay hospital for contagious diseases. The same idea has been suggested in Baltimore and would undoubtedly be a success.

Dr. E. L. Meierhof, a graduate of the University of Maryland, who was formerly located in Baltimore, but for several years has been practicing in New York, was recently elected President of the Metropolitan Medical Society of that city.

Dr. H. L. Hilgartner, a graduate of the University of Maryland in 1889, and formerly resident at the Presbyterian Eye, Ear and Throat Charity Hospital, is Surgeon in Charge of the Eye and Ear Hospital at Austin, Texas, which has been in successful operation since September last.

The Hospital for Consumptives has been formally opened at the corner of Hoffman Street and Park Avenue, and there are prospects for a successful charity. For the present, only women will be admitted, but as the work grows and a country building is procured both sexes and pay patients will be treated. The profession is cordially invited to visit the hospital.

The forty-seventh annual session of the American Medical Association will be held in Atlanta, Ga., on Tuesday, Wednesday, Thursday and Friday, May 5, 6, 7 and 8, commencing on Tuesday, at 10 A. M. Officers of Sections: *Practice of Medicine*: Wm. E. Quine, Chicago, Ill., Chairman; DeLancy Rochester, Buffalo, N. Y., Secretary. *Obstetrics and Diseases of Women*: J. Taber Johnson, Washington, D. C., Chairman; Reuben Peterson, Grand Rapids, Mich., Secretary. *Surgery and Anatomy*: C. A. Wheaton, St. Paul, Minn., Chairman; Wm. L. Estes, South Bethlehem, Pa., Secretary. *State Medicine*: Chas. H. Shepard, Brooklyn, N. Y., Chairman; Elmer Lee, Chicago, Ill., Secretary. *Ophthalmology*: Lucien Howe, Buffalo, N. Y., Chairman; Frank Allport, Minneapolis, Minn., Secretary. *Diseases of Children*: A. C. Cotton, Chicago, Ill., Chairman; A. J. Work, Elkhart, Ind., Secretary. *Dental and Oral Surgery*: R. R. Andrews, Cambridge, Mass., Chairman; Eugene S. Talbot, Chicago, Ill., Secretary. *Neurology and Medical Jurisprudence*: Thos. D. Crothers, Hartford, Conn., Chairman; W. J. Herdman, Ann Arbor, Mich., Secretary. *Dermatology and Syphilography*: L. D. Bulkley, New York, Chairman; T. C. Gilchrist, Baltimore, Md., Secretary. *Laryngology and Otology*: G. V. Woolen, Indianapolis, Ind., Chairman; M. R. Ward, Pittsburgh, Pa., Secretary. *Materia Medica and Pharmacy*: F. E. Stewart, Detroit, Mich., Chairman; W. B. Hill, Milwaukee, Wis., Secretary. *Physiology and Dietetics*: H. Bert Ellis, Los Angeles, Cal., Chairman; Henry Salzer, Baltimore, Md., Secretary.

## WASHINGTON NOTES.

THE weekly report of the Health Department, for week ending April 11: Causes of death, apoplexy 1, bronchitis 4, congestion of lungs 1, consumption 16, convulsions 2, diarrheal diseases 1, diphtheria 1, diseases of brain 3, diseases of heart 12, diseases of kidneys 4, malarial fevers 1, malignant growths 3, measles 3, meningitis 2, pneumonia 17, scarlet fever 1, suicides 2, miscellaneous 35, la grippe 3, total 112. The report upon the meteorological conditions during the past week shows the average temperature and velocity of the wind to have been less than during the preceding week, while the barometric pressure and relative humidity were increased. The entire number of deaths during the week was 112, the death rate of the entire population being accordingly increased from 18.50 to 21.13; that for the white having increased from 13.03 to 19.12, while that for the colored fell from 30.17 to 25.44. The principal features presented by the week's mortality are an increase in the number of deaths from acute lung diseases, from 17 to 22, and affections of the heart, from 7 to 12. The mortality among children under five years of age arose from 29 to 34. Three fatal cases of grippe occurred. Of other contagious diseases, there were 3 fatal cases of measles, 1 of diphtheria, 1 of scarlet fever and 16 from consumption. There was an entire absence of typhoid fever in fatal form. During the week, 4 new cases of diphtheria were reported and 7 houses removed from quarantine. Of scarlet fever, 5 new cases were reported, 6 houses were released from isolation and 11 remained placarded. From hospitals, 19 of the deaths were reported and 15 were certified by the coroner, among which were 2 suicides and 1 homicide.

The bill which has passed the House of Representatives some time ago, to establish an inebriate asylum in the District, which should be under the control of the Commissioners, was adversely reported by the Committee in the Senate.

The proposition to establish a Contagious Hospital on Anolostau Island will likely be met with opposition, as it is situated in the middle of a very malarious island.

The Medical Society of the District of Columbia held its regular meeting on April 15. Dr. Compton reported a case of "Purpura

Hemorrhagica." Dr. Adair reported a case of "Appendicitis." Dr. McCormick presented the case and specimen of "Cancer of the Stomach and Hypertrophy of the Heart." Dr. G. L. Magruder presented two specimens of "Cancer of the Stomach."

The Washington Obstetrical and Gynecological Society held its regular meeting on April 17. Dr. J. R. Bromwell read a paper entitled "Meddlesome Midwifery." Dr. T. C. Smith reported a case of "Pelvic Fibroid Distending the Perineum."

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**Book Reviews.**

THE PRINCIPLES OF BACTERIOLOGY. A Practical Manual for Students and Physicians. By A. C. Abbott, M. D., First Assistant, Laboratory of Hygiene, University of Pennsylvania, Philadelphia. Third Edition, enlarged and thoroughly revised. With Ninety-eight Illustrations, of which Seventeen are colored. Philadelphia: Lea Brothers & Co. 1895. Pp. xii-13 to 493. Price \$2.50.

The well deserved success of this excellent text-book has brought it to a third edition in a very short space of time. The first edition was hurriedly put together; the second was more carefully revised and all previous errors were corrected and additions were made. In this edition more additions have been made and some new illustrations, many of them true to nature and original, have been added. The points to be observed in describing a new organism, as given on page 194, are very comprehensive. A section on the examination of water, air and soil, on immunity and infection, and on testing disinfectants and antiseptics, are added together with an appendix describing the apparatus necessary for a beginner. Pfeiffer's organism of influenza receives no mention. The book is a reliable guide in the bacteriological laboratory and shows that the author is writing from experience.

A TEXT-BOOK UPON THE PATHOGENIC BACTERIA FOR STUDENTS OF MEDICINE AND PHYSICIANS. By Joseph McFarland, M. D., Demonstrator of Pathological Histology and Lecturer on Bacteriology in the Medical Department of the University of Pennsylvania, etc. With One Hundred and Thirteen Illustrations. Philadelphia: W. B. Saunders, 1896. Pp. xii to 359. Price \$2.50.

The author of this text-book comes before the public with his first edition and thanks to

the generous publisher it is a beautiful piece of work. The opening chapters on the history of germs are very full and extremely interesting. The other chapters are very comprehensive but give the impression that while the author has carefully used the literature and illustrations, that little is from his own experience. The book is marred greatly by the incorrect spelling of many "medic" terms and words. The author is a careful reader and has made a fine selection of plates, which the publisher has faithfully reproduced.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE, FOR THE USE OF PHYSICIANS AND STUDENTS. By James Tyson, M. D., Professor of Clinical Medicine in the University of Pennsylvania, etc. Pp. xii to 276. Ninth edition, revised and corrected. With a colored plate and wood engravings. Price, \$1.25. Philadelphia: P. Blakiston, Son & Co. 1895.

Former editions of Tyson's book have so often been noticed in these columns that a passing reference to this the ninth edition is only necessary. No changes are noticeable, but where additions have been made eliminations have also been made so that the handy size of the book is retained. It is interesting to note that the popularity of this work is such that a French translation has appeared.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS. By Charles W. Purdy, Fellow of the Royal College of Physicians and Surgeons, Kingston, etc. Second Edition. With Numerous Illustrations, including photo-engravings and colored plates. Philadelphia: The F. A. Davis Company. 1895. Pp. xviii to 357. Price, \$2.50.

Purdy's second edition has appeared ten months after the first edition and consequently no changes have been made except the correction of a few errors. It is greatly to be regretted that the author persists in using that unscientific word "uranalysis."

#### REPRINTS, ETC., RECEIVED.

Sleep in its Relations to Diseases of the Skin. By L. Duncan Bulkley, A. M., M. D. Reprint from the *Medical Record*.

Recent Studies on Nasal and Post-Nasal Obstruction. By William T. Cathell, M. D., of Baltimore. Reprint from the *Maryland Medical Journal*.

Removal of Ingrowing Toe-Nail. By A. H. Meisenbach, M. D. Reprint from the *St. Louis Medical Review*.

## Current Editorial Comment.

### PROFESSIONAL SECRETS.

*Medical Record.*

It is a pity at this late day, considering the well-known confidential relations between physician and patient, that there should be any question as to the propriety or utility of divulging professional secrets. It is still more to be regretted that a physician holding an eminent position in London should stubbornly and foolishly set his opinion regarding the expediency or necessity of such action in direct opposition to that of every sensible man and woman in Christendom.

### A WARNING TO DOCTORS.

*Texas Medical Journal.*

WE all know how difficult it is to keep back anything from one's wife. If she suspects that "hubby" knows anything of a confidential nature about any of his pretty patients she has a thousand ways of getting it out of him; and she always vows most earnestly that she will not tell. Too often hubby yields to the pressure. It may be that he compounds with his conscience, and justifies himself with the figure of speech "better half," or "man and wife one;" and again, a secret may be so great as to require two to keep it, he says. At any rate, has a doctor the right to take his wife into partnership with his professional secrets?

### KEEPING SECRETS.

*British Medical Journal.*

WE find it difficult to say how any other man placed in a similar position would have acted and we have yet to learn that those who censure him so freely would not have taken the same course. One thing is certain, that this memorable and most painful trial strengthens and fortifies the great doctrine which has long made the medical profession one that is everywhere trusted and respected as the keepers and the confessors of family confidence. But it does so at a tremendous cost to an individual certainly guiltless of any evil intent, who acted, we fully believe, from the purest motives, and under a strong sense of duty, which compelled him, in his opinion, to treat this case as a legitimate exception to the general rule.



# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### THE PRESENT STATUS OF THERAPEUTICS.

ADDRESS DELIVERED BEFORE THE ALUMNI ASSOCIATION OF THE UNIVERSITY OF  
MARYLAND SCHOOL OF MEDICINE, APRIL 15, 1896.

*By I. E. Atkinson, M. D.,*

Professor of Materia Medica and Therapeutics, Clinical Medicine and Dermatology, University of  
Maryland.

THE reproach that so often falls upon the ear of the medical practitioner from the lips of the (not always unthinking) public and that so often meets his eye in the columns of the (not always thoughtful) public press, that therapeutics has not maintained a prominent position in the marvelous scientific advance of the century that is now drawing to its close, has in its origin some elements of truth, but is largely based upon misconceptions of the true scope and limitations of the healing art, misconceptions that, arising at the very birth of medicine in the earliest civilization, have strongly influenced the minds of men.

In the pure empiricism of early therapeutics it is not at all surprising that multitudes of drugs and remedial agencies were supposed to exert specific influences over disease and that, in the absolute ignorance regarding chemistry, anatomy, physiology and pathology that prevailed, even until very recent times, the most extravagant and erroneous theories of the modes in which these actions were produced were entertained. Indeed, it was quite impossible that any rational attempt could be made to explain the action of remedies; the keenest observation of even their most obvi-

ous effects would, almost of necessity, attribute them to supernatural influences. When disease was supposed to be an exhibition of the wrath of deities, or of the malignant influence of the stars, how could their alleviation be attained except by appeasing this wrath or averting this evil influence?

Thus, the intrinsic virtues of remedies would be ignored and the cures they effected attributed to the mystical dominion over them of planets or of spirits, good or bad. The honey that was found to be useful in the aphthous stomatitis of infants derived its virtue from bees that hived near the tomb of Hippocrates. To be effective, a drug must be collected and prepared under conditions and at times and seasons propitious to the planet that held dominion over it. Such superstition led to the introduction of extraordinary and preposterous remedies and therapeutic measures, from which even we of the present day have not completely disentangled ourselves, though, happily, it is the tradition and not the faith that claims us. The letter "R" with which we invariably begin our prescriptions and which custom has come to regard as the sign for "Recipe" is in reality a modification of the astro-

logical symbol of the planet Jupiter. Who of us does not number among his acquaintances some who would apprehend dire consequences if they slaughtered their hogs or trimmed their hair during the wane of the moon?

The use of charms and amulets, naturally developed out of such superstition, came to occupy an importance in the treatment and prophylaxis of disease to which the administration of drugs became quite secondary. The high estimation in which these agencies were held lasted until quite recent times. Even the great Lord Bacon was not free from the taint. A lurking faith in them still survives and not alone among the most ignorant. The rabbit's paw of the Southern negro finds its counterpart in the horse-chestnut which he who is affected with hemorrhoids carries in his pocket and the notorious "mad-stone" which we occasionally hear gravely discussed and see described in the popular journals.

As therapeutics slowly disentangled itself from the mazes of superstition the philosophical mind strove to find an explanation of the effects of remedies, but it did so through false reasoning based upon absolutely untenable premises, and the result was naught. Scientific knowledge was not, and theory, unsupported by facts, rested upon the shadowy basis of imagination. It was of such stuff as dreams are made of. It would serve no present purpose, if I were to recite the various therapeutic hypotheses that had their source in such conceptions. They depended for their influence upon the fancy and personal force of their creators and the fashion and prevailing intellectual tendencies of the times. Possibly you will permit me to refer briefly to one of the most absurd and grotesque doctrines, one which, indeed, met with widespread acceptance and directed the course of therapeutics for a long time.

It was the doctrine of signatures, in accordance with which "every natural substance which possesses any medicinal virtues indicates, by an obvious and well marked external character, the disease for which it is a remedy, or the ob-

ject for which it should be employed." (Paris Pharmacologia). This was a doctrine of the fourteenth century and under its dominion hosts of remedies, good, bad and indifferent, were held to present in their physical characteristics the plainest indications of their usefulness in the treatment of disease.

Obviously, in the restricted intellectual development that prevailed, in the ignorance of science and in the absence of even the foundations of intelligent criticism, the voice of authority held almost despotic sway over the thoughts of men, and the domination of a masterful mind even in the promulgation of error was, at times, almost absolute. For a thousand years the hapless wretch who dared to question the authority of Galen brought upon himself the ridicule, wrath and scorn of his contemporaries.

In the sixteenth century, a learned professor of Pavia "declared that he would rather err with Galen than be in the right with any other physician." It was not until the sixteenth century that Europe began to break the chains with which the authority of Galen had bound the healing art for so many centuries; and it was that extraordinary man, that "prince of empiricism," Paracelsus, who inaugurated a revolution in materia medica and therapeutics, which was the beginning of its new life. At Basel, he publicly burned the works of Galen and Avicenna. Though overflowing with mysticism, alchemy, superstition, vanity, vileness and intolerance, to Paracelsus may largely be attributed the breaking away from old traditions and the beginning of modern methods in therapeutic medicine; and for this his memory should be held in grateful remembrance.

In the re-awakening of learning that occurred about this period, chemistry gradually began to take form out of the chaos of alchemy and to assume the dignity of a science; and, concurrently, turning from pure abstractions, searchers for truth, in the investigation of concrete phenomena, step by step, began to place anatomy, physiology and pathology upon a similar footing, and thus laid the foundation of a rational therapeutics.

It does not become us to deride the extravagances, errors and absurdities of the early brethren of our craft. To search for the causes of things is an attribute of the human understanding and in the absence of a knowledge of facts it inevitably takes refuge in the realms of fancy. While it is true that they saw fit to soar into abstractions rather than grapple with crude and concrete facts, the reproach applies to the age and to all branches of knowledge alike. Their environment made them what they were. The spirit of the times was not scientific.

With the Renaissance came the spirit of investigation and the rejection of untried authority, and for the first time, the birth of rational therapeutics became possible; and born it was, a weakling, it is true, and destined to a protracted and struggling infancy from which it is only now beginning to pass into a more vigorous childhood and to give promise of a glorious adolescence. While even today therapeutics is largely empirical, that of the ancients was absolutely so, with, moreover, the disadvantage that its conditions made it impossible to be otherwise. The chief merit of the new order consisted in this, that what was formerly impossible now became possible, that at last the hazy mountain tops of a Promised Land could be seen, though almost insuperable difficulties separated the pilgrim from its delights. It was by no abrupt transition, however, that conceptions of the mystical and supernatural action of remedies gave place to natural and scientific methods. The spirit of independent and unprejudiced observation for a long time inspired the minds of the most courageous only; the fantastical abstractions of the dreamers died hard.

The therapeutics of rude and uncultured people must, of necessity, be purely empirical. As experience and knowledge and culture increase, the desire to account for the action of remedies naturally arises. We have seen that all rational systems of the ancients came to naught because they had no reasonable basis to work upon. Whatever virtues therapeutic agents had been found to possess had been determined

by strictly inductive processes. Hosts of therapeutic facts remained as the only useful legacy from the dark ages of medicine. Retaining these and adding to its store (for chemistry, anatomy, physiology and pathology now came to its aid) modern therapeutics, now standing upon a substantial basis, continued the endeavor to find a rational explanation of the processes by which it achieved its results. In the words of Lord Bacon "if experience is not directed by theory, it is blind." (Headland.)

Accumulated facts vastly increase their value when they serve to the establishment of a principle, and the human mind is never at rest in creating theories to systematize its facts; the fuller and more closely related these, the greater probability of the soundness of the theory, but in any case theory is the offspring of an intellectual craving, and false or true, it is applied inevitably to the explanation of phenomena. Modern therapeutics, therefore, did not rest until science had accumulated sufficient knowledge to justify the establishment of theories, but it went right along in the old way, explaining things that could not be explained, bridging unfathomable chasms with unsubstantial frameworks of the imagination. Even today it continues these unprofitable processes, with this difference, however; it is disposed to use its deductions as guides for the arrangement and consideration of its concrete observations and is not inclined to tie its fortunes to any. The re-awakening of learning was largely a new birth of knowledge and of intellectual independence. The brilliant and fallacious generalizations of a few super-eminent individuals ceased to constitute the authority before which men bowed and began to be gradually replaced by more humble, but more definite and more valuable (because truthful), specializations of a multitude of laborious workmen, who by the accumulation of positive observations established the conditions of modern science.

The revolutions begun and still going on may be typified by the social revolution of modern times in which the power of princes and autocrats is being wrested

from them and taken up by the people, not that the mighty may be degraded, but that the masses may be exalted for the good of all. It is the unhappy necessity of revolutions, however, that they must destroy before they can create, whether they concern nations, or theories, or methods. As old theories of disease were overturned, so old methods and theories of therapeutics were discarded. After amulets and charms and other fantastic agencies became discredited, the *materia medica* was found to be burdened with innumerable useless and superfluous substances revealed by the light thrown upon it by chemistry. Thus very many animal, vegetable and mineral substances were found to owe their properties to a few chemical substances, such as ammonia, lime, potash, etc.; and could readily be excluded. Similarly an equal number, to which various and extraordinary qualities had been attributed, were shown upon analysis to be quite inert. The process of elimination is still in progress, for, unhappily, the difficulties of reasoning from cause to effect are hardly less formidable today than in earlier times and human nature is still enthralled by prejudice and misconception.

The rational basis of therapeutics is the observation of the nature and properties of remedies, their action upon the body in health and disease, and the reaction of the body under their influence. Its requirements are fulfilled when, with or without success, the enquirer pursues his investigations under these conditions. It is not an essential to the healing art, which maybe, indeed, has to be pursued even now, almost as a pure empiricism. It is, however, the scientific method and starting; from it alone can we ever hope to achieve a rational therapeutics, a science of therapeutics. That a complete science of therapeutics will ever be attained we may not hope. As the healing art is the noblest of arts, so would rational therapeutics be the noblest of sciences. Resting upon the earth its pinnacles would reach to heaven. He who would know it must know first chemistry and physics, and also physiology, pathology and pharmacology; he

must know the intimate structure of the body, its action in health and disease, the intimate structure of remedies and the actions and reactions of these and the body in health and disease, and this knowledge must be almost vastly more accurate than the science of today would permit. Almost inaccessible, however, as appears the pinnacle upon which rational therapeutics is enthroned, it is the high merit of modern therapeutics that it has taken to itself the task to attain it.

Pursuit of the *ignes fatui* of speculation has been finally abandoned and it has at last set its feet upon the true path. Henceforward, though doubt and error, repulses and disaster, are fated to fall upon it from every side and at every point of its progress, there is no fear that it will be turned from its purpose; and though no man can say that the goal will ever be gained, one cannot doubt that each generation of explorers will raise new mile-stones on the way. The sciences upon which a rational therapeutics must rest have, for the most part, taken form during the present century. Their progress, depending upon experimental observation, has been necessarily slow and they are still so far incomplete that as yet the conditions of a science of therapeutics is impossible. Minute anatomy and chemistry, physiology and pathology began their remarkable advance almost within the memory of man, and pharmacology, which may be defined as "a knowledge of the mode of action of drugs upon the body generally," was born but yesterday and is still a suckling babe. It is one of lusty growth, however, and draws the milk of wisdom from many breasts. Whatever reproach is to be attached to therapeutics as a laggard, clearly rational therapeutics must be exonerated. Science has not yet furnished more than the foundation upon which the superstructure is to be reared.

The great achievements of therapeutics have been, admittedly, largely empirical. So must it be admitted that the brilliant achievements with which the future is pregnant with promise of early fulfilment will be largely empirical.

May empirical therapeutics, then, be justly accused of a failure to keep step in the march of progress? Without pausing to offer a refutation of such charges or to set up against them an enumeration of the glories triumphs of modern medicine, with which you are all familiar and which alone should entitle our profession to the everlasting gratitude of mankind, let us consider briefly whether this reproach does not rather attach to the public, which still retains medieval conceptions of the healing art and in its impatience of suffering and terror of death clamors for a remedy for every disease, an antidote to the consequences of its ignorance, thoughtlessness and vice. The public has unconsciously assumed toward therapeutics the attitude of supporters of a modification of the old doctrine of signatures. Its therapeutics is purely a drug therapeutics, it assumes that nature has provided a remedy for every disease and that the physician fails in his office just in proportion to the number of these that he permits to remain undiscovered. Granting such premises, who can deny the accusation of ignorance and slothfulness may justly be charged against us. Such is the position of the public sentiment toward medicine. "There must be a remedy for the disease," it says, "why can you not find it?"

While the modern therapist never wearies in his search for specific remedies against disease, he is no longer stimulated by the faith that nature has beneficently provided them against all the ills of flesh. He knows that there are limitations to his art. He has the conviction that, strive as he may to overcome them, there will always be diseases, the results of which will be beyond his control and inevitable. This recognition of his limitations has served him a most useful purpose. It has enabled him to realize that though he may be powerless, but too often, to antagonize the ravages of disease with his remedies, he may play an almost nobler part in anticipating and neutralizing the conditions under which it develops and in modifying those under which it thrives. With a knowledge of the seats and

causes of disease there comes to him the knowledge of the way by which it may be prevented, or, if already established, by which the *vis medicatrix naturae* (a phrase a little while ago much discredited, but within a brief period rehabilitated with a more literal significance than ever) may be most successfully asserted.

Prophylaxis and hygiene have broken down the barriers that hemmed in the mere giver of drugs and the physician of today sees, with what hardly need be called a prophetic eye, a future in which his highest functions will consist not so much in the cure as in the prevention of disease, though it is not to be hoped even, to use the words of Brinton, that diseases that depend upon hereditary tendencies, overwork or overindulgence, will disappear, for there can be little doubt that men in the future will, as in the past, knowingly sacrifice, not only their health but their life, to ambition, duty or pleasure.

After all, however, in the stricter sense, therapeutics relates to the application of remedies in the cure of disease, and though prophylaxis and hygiene are its legitimate offspring and owe it filial reverence, it must, in the end, submit its claims to the gratitude of humanity upon its own merits solely. How then does it stand?

We have seen that, though it has firmly established for itself a rational basis, in its application it is still largely empirical. Sick and suffering and despairing humanity cares little about the rationale of the treatment that brings it relief. It cries out for a remedy, however provided. Its needs are present and its demand for relief urgent. Life is so short and art so long. The man clamors for personal relief, prompt and perfect. He demands for himself that which only becomes possible with the development of his race. For him the climax of the world's progress is his own lifetime. He is impatient and indignant at the slowness of art and reviles it as a thing of no worth.

To correctly appreciate the status of therapeutics it must be regarded from a broader and loftier standpoint. It must

be judged for what it *has* done, not for what it has left unaccomplished. Its course must be considered not with the lapse of years, but with the development of knowledge. Waiting for the time when the progress of science shall make its processes scientific, it has even within a century contributed to the welfare and happiness and health of the human race to a degree greater than that of all preceding time, by methods almost purely empirical, it is true, but by an empiricism guided more and more by a scientific spirit. The beginning and the end of the century mark two discoveries that strikingly express the difference here referred to.

In 1796, Jenner first practiced vaccination against smallpox. It was a marvelous, glorious discovery, of incalculable value to mankind and sheds an undying fame upon its discoverer. It resulted from the accidental observation of phenomena by a mind great enough to understand their significance. It was a purely empirical discovery, and such it remains today. Almost a century later the antitoxine of diphtheria was discovered, but under what different conditions! Conditions that in Jenner's time were impossible, were impossible, indeed, until within a decade. Purely scientific inductions led to the discovery, only less important than that of Jenner, but still in a measure empirical, for the exact nature of the antitoxine and the methods of its operation remain unknown as yet, though there is little doubt that the new therapeutic and prophylactic procedure will be understood before long.

Thus has the empiricism of today, by marvelous subtlety of reasoning and of scientific research, discovered that the animal organism is capable, not only of building up bulwarks against the enemies that wage incessant war against it, but of creating weapons of offence and munitions of war with which they may be attacked and routed. Henceforward, the *vis medicatrix naturae* (an old phrase, but with a new meaning), will be harnessed to the car of the therapist and from the body itself will be derived the most potent of the remedies with which

to destroy the disease which assails it. What has been accomplished in the treatment of hydrophobia, tetanus and other animal diseases, but above all in the prevention and cure of diphtheria is an indication of what is yet to be achieved in the treatment of specific disease and is the noblest triumph of therapeutic art.

The empiricism of today has also sought to supplement the products of nature with the resources of the chemical laboratory and to add to its therapeutic equipment the results of synthetic chemistry. What has been the influence of these researches is too well known for me to discuss them here with profit. I do not ask you to go so far as to expect that synthetically prepared remedies will entirely supplant the natural active principles, but from the remarkable properties exhibited by many that have been already produced, it is certain that the materia medica of the future will offer a host of important and possibly specific principles, prepared by scientific processes.

It is not to a medical audience that I could profitably detail the triumphs of modern therapeutics in the line of preventive, palliative and curative medicine; nor need I remind you that it was the materia medica that gave to modern surgery the possibilities of its wonderful development. Anesthesia and antiseptic teaching him asepsis, gave to the surgeon of our generation the opportunities that have enabled him to advance his art more than all preceding civilization had been able to accomplish. My object has rather been to refute the charge that our therapeutics has not been inspired by the spirit of the age; that it is not progressive; that it has not kept pace with the advance of knowledge; to show that rational therapeutics has been tardy in its growth because the sciences upon which it is dependent have not made possible the conditions of more rapid increase and that empirical therapeutics, limited though its progress has necessarily been, has yet conferred upon humanity a wealth of blessings that should entitle it to everlasting gratitude, though it made no other discovery.

## DEFLECTED SEPTA OF THE NOSE.

*By John Turner, M. D.,*

Assistant Demonstrator and Prosector of Anatomy, University of Maryland.

THE nose is a peculiarly constructed organ for smell and respiration, also for taste to a limited degree. We will briefly review a description of the septum of the nose. It is a vertical partition, which separates the nasal fossae. The perpendicular plate of the ethmoid, the vomer and rostrum of the sphenoid, the vertical portion of the palatine process of the superior maxillary bone and palate bone, the crest of the nasal bones and nasal spine of the frontal bone, make up the septum proper.

Sometimes it is deflected slightly to one or the other side. Of recent years, we learn that the septum has been found perforated, then the fossae communicate. The crista galli is commonly inclined to one side and usually toward which the lower part of the perpendicular plate is flexed. Few of us have perfectly straight septa; more often we find some deviation, yet not enough to cause pathological symptoms.

In front, this septum presents a large triangular notch which receives the triangular cartilage of the nose; above, the lower orifices of the olfactory canals. Behind, the guttural edge of the vomer. Numerous vascular and nervous canals and the groove for the naso-palatine nerve mark its surface. It is traversed by sutures connecting the bones of which it is formed. The lower portion of the septum is used for respiratory purposes and hence is not vascular and not so highly supplied with nerves. The upper portion is used for smell and is exceedingly vascular and highly ramified with nerves.

The following are the cases we wish recorded:

CASE I. Man aged 40, police, large, muscular, with a non-nasal twang, Puritanical in character. His nose twisted toward the left cheek, and the septum reached over to, and adhered to, the middle turbinated bone of the correspond-

ing side. In damp weather, his left nasal fossa was completely occluded. In dry weather, I could pass a small grooved director above and below the deflected septum. It formed a complete bridge, and was only noticed when about 30 years of age. At that time, he suffered with a severe attack of post-nasal catarrh. Dr. Hartman of this city attended him and advised an operation at once, which he performed; but later it recurred. Since that time, his voice has gotten slowly worse; his post-nasal catarrh and pharyngeal hypertrophies considerably advanced; with frequent attacks of gastritis and bronchitis; seldom without a bad cold; and his upper lip curled upward toward the left ala of the nose, bringing to view with every inspiration two or three teeth of the corresponding side.

Scabs formed; stringy mucus had to be removed every morning. A dark, slimy scum accumulated in his mouth to such a degree that he had to rake it out with his finger during the night. This foul act had to be performed sometimes three or four different periods during the night. At the same time, he suffered with his left eye and ear, both frequently being affected by an acute recurrent attack of inflammatory trouble which resulted in the congested eye and the peculiar buzzing, painful deafening feeling in the ear. He began to lose considerable flesh. In three months he lost 17 pounds, and consequently became weak and melancholic. His first call to my office was especially to ask about his loss of weight.

Examination showed the existing trouble.

Treatment: I operated in my office, by removing the offending growth and deflection, which were congenital, I think. The end of the growth was taken away closely from the turbinated bone, the base having been burned with

fuming nitric acid. The end on the septum proper was cut through, only leaving the mucous membrane intact on the opposite side of the septum. The operation was extremely bloody and tedious. An ordinary knife was used. Finding some hypertrophied tissue just back of the growth, I burned it off with acid. For three weeks, I saw him daily to clean his fossae thoroughly. Result: exceedingly good. He regained his former weight in two months. His eye, ear, stomach and bronchial troubles ceased. The curled lip came down to its normal position; voice greatly improved; and those mucus accumulations in his mouth at night, after six months, were not sufficient to disturb his rest. This August will be two years since I operated. He says he is entirely well.

CASE II. Woman aged 23. Saleswoman at O'Neills. Slender and tall, with that peculiarly penetrating sound of the voice familiar to all. The nose was straight and large, yet narrow. A distinct protrusion on the right wing near the broad roof of the nose, about the size of a pea, could be seen. It looked white from external inspection. From within, it presented three openings, one below and two above the growth. The septum having bent upward as well as to the right, yet it did not adhere to the turbinated bone, as the previous one. It pressed hard against it, but you could pass an ordinary probe around it. Above the deflected septum pressed firmly against the anterior and superior portion of the nose, thereby causing the protrusion before mentioned, which simulated a white knuckle caused by the fist being tightly closed.

Her brother had accidentally hit her over the nose with a base ball bat, when about 6 years of age. She complained of a stuffy feeling about the right side of the nose. Continual dropping on the root of the tongue; gulping sensation; hawking up scabs; headache; difficulty in articulation; fits of sneezing; discharge from the nose, was watery, discolored and peculiarly offensive; restless, especially so if lying on the left side; buzzing in her right ear, with oc-

casional acute attacks of pain and deafness. She had no inflammation of the eye, but easily took cold and then the discharge was enormous.

Treatment: Operation, by cutting through the base of the tumor, making an incision through the mucous membrane of the opposite side as large as a ten cent piece. The opening closed almost entirely over. I used no crushing force. She now has almost a straight septum with free ingress and egress of air. No symptom of importance annoys her, and her nasal catarrh is noticeably checked. Result: Much better than first described operation.

CASE III. Boy aged 17. Student at St. Johns' College. Thick, well-proportioned fellow, swallowing habit, when talking. Always something felt to be filling the back of his throat and nose, when about to speak. Dr. John Chambers of this city operated on him when 8 years old, but, from the father's account, to no avail. He thought it congenital. This deflection was to the right side also. On examination, in addition to the extreme flexion of the septum, which could be seen from without, I found post-nasal hypertrophied adenoids, chronic aural catarrh (media) with its full symptoms in the right ear; catarrhal conjunctivitis of right eye; the corresponding ala of the nose was noticed to labor hard in respiration; and his upper teeth on the same side were visible at each effort at breathing. Slimy mucus accumulated in his nose and mouth during the night, with frequent dripping on the back of the tongue during the day, thereby causing him to continuously clear his throat or expectorate. At times, he would get very nervous and irritable and would have to stop school for periods of a few days to recuperate. He had one severe nervous chill when at college. The non-nasal twang was conspicuously present. Tonsils hypertrophied, and general discomfort in damp weather. Otherwise, he was in excellent health and an athlete.

Treatment: First, I removed the hypertrophied adenoids. Then I operated on the deflected septum at the Presbyterian Eye and Ear Hospital. Dr.



Herbert Harlan gave the anesthetic and kindly assisted me in using the electro-cautery to remove the growth. The entire septum was cut through and it gave the best result yet noticed. All symptoms rapidly improved and he has suffered to no degree since.

CASE IV. Man aged 20. Septum was deflected in shape of an S, to the left side. Symptoms, with an additional gastritis complicating the trouble for three weeks prior to calling at my office, were almost exactly corresponding to Case 3. Treatment: Same as above case No. 3. Dr. Harlan again assisted me with this case, having operated at the Presbyterian Eye and Ear

Hospital two and a half years ago. Result, cure.

With these four cases, and six similar ones operated upon in my office during the past three and a half years' practice, I wish to lay before the profession two facts, deducted therefrom.

The first is, the frequency with which we come in contact with partially or extremely flexed septa of the nose.

The second is the complete incision; going through the mucous membrane on the opposite side gives better and quicker results and larger breathing surface than crushing or cutting or burning the tumor and leaving the mucous membrane intact on the opposite side of the septum.

## INTRACRANIAL NEURECTOMY.

READ BEFORE THE BALTIMORE MEDICAL ASSOCIATION, OCTOBER 28, 1895.

*By Randolph Winslow, M. D.,*

Professor of Anatomy and Clinical Surgery, University of Maryland.

THOS. J. KELLY, white, aged 31 years, a farmer by occupation, was admitted to the Maryland University Hospital on August 26, 1895. The patient says that four years ago he was attacked with severe neuralgia in the forehead, upper and lower jaws and around the ear, which lasted one year, and that he was unable to derive any benefit from medical treatment.

Since then he has suffered each spring from neuralgia, usually lasting about one month. The present attack began eight weeks ago and is of greater severity than any preceding spell. The pain is confined to the left side and is shooting in character and of sufficient severity to prevent sleep. The pain is referred to the forehead, upper and lower face, ear and teeth, and there are tender areas in all of these locations. The paroxysms occur at short intervals. The pains are worse at night.

There is nothing of interest in his family history. His organs seem to be healthy. Urine is light in color and very cloudy, strongly alkaline, specific gravity 1010, no albumen, sugar, or bile, and loaded with triple phosphates. The

patient has been obliged to stop work on account of his pain.

On August 28 his head was shaved, thoroughly scrubbed with tincture of green soap and then with a solution of bichloride of mercury and the head enveloped in towels wet with bichloride solution, which remained on until the operation. On August 29 the patient was chloroformed and intracranial neurectomy performed after the method of Hartley. A curved incision through the soft parts, beginning at the external angular process and passing upwards, backwards and then downwards and terminating in front of the ear, was made with an ordinary scalpel. The bone was then divided in the same line with a grooved chisel and, after fracturing its base, turned down with the flap and the dura mater exposed. As the base of the osseous flap was at too high a level, the bone was still further removed with rongeur forceps, thus giving ready access into the middle fossa of the skull.

There was considerable bleeding from veins, which was arrested by pressure. The temporo-sphenoidal lobe of the brain was raised with bent retractors and the

branches of the fifth nerve exposed. The dura mater covering the nerves was stripped off until the Gasserian ganglion was reached and that covering the ganglion torn through and the ganglion exposed. Ligatures were placed around the nerves in order to secure them firmly and they were then cut at their respective foramina, the ends of the nerves being pushed into the foramina. The whole ganglion was then removed with a sharp curette, leaving quite a large cavity. The dura was torn through, allowing the escape of some cerebro-spinal fluid, which allowed the membranes to collapse and thus gave more room for manipulations. As there was considerable oozing of blood, a strip of sterilized gauze was placed under the brain and brought out at the lower angle of the incision. The flap of soft parts and bone was then replaced and sutured, except at the point of emergence of the gauze drain.

The patient bore the operation well and was put to bed in good condition. There was considerable bloody discharge from the wound, which necessitated a redressing the same day. His temperature was  $98.3^{\circ}$ , pulse 120. The next morning, August 30, his temperature reached  $99\frac{4}{5}^{\circ}$ , pulse 120; he had no pain. August 31, temperature  $98\frac{2}{5}^{\circ}$ , pulse 92. On this day it was noticed that his urine had become acid, whilst it had been pre-

viously strongly alkaline. He also showed some mental disturbance and replied incoherently to questions. This difficulty of speech seemed to be aphasic in character and lasted several days, gradually passing off entirely. There was subsequently diplopia, every object appearing to the patient to be double. This also soon passed off. The patient complained of some pain in the head, but not of great severity.

The pulse and temperature pursued an afebrile course. On the fifth day the gauze was withdrawn and the stitches removed, the wound being about healed. On September 13 he was allowed to get up and from that time was around the ward daily until he left on the 21st. When he left the wound was healed and the bone seemed to be quite firm; the side of the head was slightly flattened, but when the hair grows out there will be scarcely any disfiguration perceptible.

Result of the operation.—It is, of course, too soon to claim a cure in this case. The patient was entirely relieved of his painful paroxysms and could eat or do anything without pain. There was a limited sensation in the forehead and left side of head. One-half of the tongue, one-half of the upper and lower jaws and the inside of the cheek were anesthetic. Taste is lost on the left side and he cannot distinguish hot from cold, or sugar from salt.

**TUBERCULOSIS OF THE SOFT PALATE.**  
—Brocq (*British Medical Journal*) describes the case of a woman whose soft palate was covered by a series of small ulcerations having a punched-out appearance of some depth. There was also considerable infiltration and on the surface a number of small yellow points. There was also laryngeal tuberculosis, and the author was certain of the tuberculous nature of the palate lesion. An interesting point was that the whole of the velum palati was involved, notwithstanding that the history was of only two months' duration. In this instance the patient was pregnant and the writer draws attention to the rapid course of these somewhat anomalous tuberculous affections under such circumstances, a

rapidity which he says in some cases may give rise to hesitancy in diagnosis. He recommends lactic acid in the treatment of buccal tuberculosis.

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**THREE WARNINGS FOR OBSTETRICIANS.**—Dr. J. Milton Mabbott gives in the *New York Medical Journal* three warnings, which he thinks are usually neglected. The first is: Warn a woman not to neglect any kind of hemorrhage. The second is: Warn a woman during labor that she must keep her hands away from the vulva and vagina so long as she is confined to bed. The third warning is: Warn a nursing woman never to fall asleep with the infant at the breast.

## Society Report.

### CLINICAL SOCIETY OF MARYLAND.

MEETING HELD APRIL 3, 1896.

The 322nd regular meeting of the Clinical Society of Maryland was held April 3, 1896. The President, Dr. J. M. Hundley, in the chair.

*Dr. T. C. Gilchrist* exhibited a number of patients having rare skin diseases and briefly discussed each one of them.

1st. Urticaria Pigmentosa. A very extraordinary case of skin disease; out of 10,000 cases of skin diseases, this is the first I have seen of this particular form. It began when the child was but two months old, with an eruption all over the body, which the mother mistook for an attack of measles. Shortly after the outbreak there was an attack of itching, vesicles appeared and these were scratched and inoculated. The eruption has continued ever since, eighteen months, with these paroxysmal attacks of itching. The distribution is over the whole body, including even the palms of the hands and soles of the feet.

The character of the lesion in this disease may be divided into four varieties: the plaques, more purplish on the legs than elsewhere, run together in irregular patches, those on the head and face being more discrete; the nodules, which appear on the extremities, often on the body and legs, but never on the face; the vesicles, of which there are none present in this case, now and lastly a number of telangiectatic spots on the scalp.

By drawing the finger nail rapidly across the forehead very marked wheals appear. When the child came first the trouble looked like ordinary xanthelasma pallidum. The finger nail trick, however, gave the clue to the diagnosis and I excised one or two of the lesions, which gave me the picture of urticaria pigmentosa. These patches are due to collections of pigment in the corium. The color is due to pigment deposits in the epidermis and hemorrhages into the corium.

The etiology is not known. Prognosis is good, but the course of the disease

is of long duration and this child may not be cured for sixteen or seventeen years. When he reaches adult life he will probably be cured of it. There have been very few cases reported in this country, but quite a number in Germany and France.

I excised portions of these wheals at intervals of five minutes, for an hour, from their starting, and studied their pathological course. It showed a true inflammation of the skin and this investigation is a good way to study the early stages of inflammation in man. Such studies have heretofore been made only on frogs or rabbits.

To produce the wheals, Dr. Welch believes there must be a toxic condition of the blood. When you draw the nail across the skin this poison is set free and, being an irritant, starts up inflammation.

We treated this case with thyroid extract, one grain three times daily, but as the patient lost weight and appetite we substituted cod liver oil. He got better and has very little itching, but we can raise the wheals whenever we desire. I intend to put him on belladonna in large doses, which has been recommended very highly in England.

2nd. Lymphangioma Circumscriptum. This is the only case of this disease we have ever had in the Hopkins Hospital. Patient is now fifteen years of age and has had the disease thirteen and a half years. It appears on the upper and outer side of the thigh and grows very slowly. She had an abscess of the thigh many years ago as the result of a fall and was treated at the Hopkins by Dr. Halsted. The scar extends from the great trochanter downward about six or eight inches. The eruption is of three varieties, water blisters, without inflammation and with a warty feeling; hemorrhagic blisters; and vesicles which do not rupture, but which when opened pour out a clear fluid. When she came to us nine months ago it was much inflamed. The diagnosis was not made until we had examined it microscopically. The diseased area now, after thirteen and a half years, is only about the size of the hand. No

subjective symptoms are present, as the itching and pain have disappeared. A section of any of the points shows the skin raised, the lymphatics in the papillary portion of the corium and the capillaries running along the upper side of the lymphatic. The lymphatic is greatly dilated. The hemorrhagic vesicles are to be explained by the bursting of capillaries into the dilated lymphatics.

In the twenty cases given by Crocker, eighteen occurred on the left side, and most of them in the female. Many have begun about a scar, but this appears to have preceded the scar. The cause is dilatation and hypertrophy of the lymphatics, brought about by some alteration in the nutrition of the skin. Excision of the lesion has been tried, but it returns just beyond the excision.

3rd. Ichthyosis Vulgaris, or Fish Skin. Almost the entire body is covered with scales. Ichthyosis is often met with and lasts through life. Such patients are particularly sensitive to cold. The cause is some malnutrition and alteration of development. On examining the skin you find it to consist of many thicknesses of the horny layer. The treatment adopted is daily baths, application of some ointment and the use of thyroid extract. The palms of the hands and the soles of the feet are the only places that are free.

Dr. S. T. Earle followed with a paper on "The Propriety of Excising Internal and External Hemorrhoids at the Office."

H. O. REIK, M. D.,  
Secretary.

FIBRO-MYOMA OF THE LABIUM MAJUS.—Villiet and Gosset (*British Medical Journal*) describe a tumor found in the anterior part of the labium majus in a woman. It had been diagnosed as an epiplocele. Externally it was tuberculated. On exposure at the operation it was found to be a firm, but partly cystic, tumor connected with the round ligament. On microscopical examination the growth was seen to be made up of white and smooth muscular fibers.

## Medical Progress.

### REPORT OF PROGRESS IN OBSTETRICS.

By J. Whitridge Williams, M. D.,  
Associate in Obstetrics, Johns Hopkins  
University.

*Abscess of the Ovary caused by the Pneumococcus.*—Dr. J. H. Etheridge of the Rush Medical College, in the April number of the *American Journal of the Medical Sciences*, reports three cases of ovarian abscess, in which he was able to demonstrate the presence of the micrococcus lanceolatus in the pus and abscess walls, as well as in culture.

The cases are of considerable interest, as they are the only reported cases of ovarian abscess due to this organism, though several observers have stated that it was occasionally the cause of pyosalpinx. From the clinical history it would appear that none of the women had ever suffered from pneumonia, and that the organisms could not have made their way to the ovaries through the lungs.

The author supposes that the infection occurred through the blood current in one case, while the other two were probably due to organisms escaping from the intestine into the peritoneal cavity, and then entering the ovary through a ruptured Graafian follicle, with subsequent infection.

*Embolism of the Pulmonary Arteries in Obstetrical and Gynecological Practice.*—Wyder of Zürich, in No. 146 of Volkmann's *Sammlung Klinischer Vorträge*, points out that death from embolism of the pulmonary arteries is of much more frequent occurrence than is generally supposed, and is, in fact, a frequent cause of sudden death following gynecological and obstetrical operations. During the eight years in which he has been at the head of the Zürich gynecological clinic, he has observed nine deaths from this cause; eight following gynecological and one obstetrical operations. In none of the cases were there any alarming symptoms occurring after the operation; in fact, the accompanying charts show that all the patients did extremely well and were considered out of all danger, when they were suddenly seized with symp-

toms of acute suffocation and rapidly died. In every case, the clinical diagnosis was confirmed by autopsy. He states that a rise in the frequency of the pulse, with the temperature remaining about normal, which can not be readily accounted for by the usual explanations, should cause us to consider the possibility of a thrombus in the pelvic vessels, and the danger of pulmonary embolism.

*Tuberculosis of the Fallopian Tubes.*—In the *American Journal of the Medical Sciences* for March, 1896, Penrose and Beyea make a second contribution to our knowledge of tuberculosis of the female generative organs. In their first paper they stated they had found five cases of genital tuberculosis in a series of 25 successive cases of laparotomy for inflammatory diseases of the tubes and ovary, in which the specimens had been carefully examined. They now report a second series of 27 similar cases, in which they found 4 cases of tuberculosis. Accordingly, they have found tuberculosis in 9 out of 52 laparotomies performed for inflammatory diseases of the tubes and ovaries, or once in every six cases.

It appears that the diagnosis of tuberculosis in half the cases could be made only by means of the microscope, and that the process was primary in the genital tract in nearly every case.

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PROGNOSTIC SIGNIFICANCE OF ALBUMINURIC RETINITIS.—E. Oliver Belt, M. D., Washington, D. C. (*Journal of the American Medical Association*, November 2, 1895). The writer collected the records of 419 cases of albuminuric retinitis from ophthalmologists throughout the country. The time allowed was too short for many to look over their records and many had not kept trace of the patients after referring them back to the family physician, but enough cases were reported to show that the duration of life is longer among private patients and that renal affection is immediately influenced by hygienic surroundings. However, the number of cases surviving two years was disappointingly low and the consensus of opinion seems to be that nearly all prove fatal in less than two years.

“From all the statistics I have been able to find we get the following results: Cases in private practice, 155; of these 62 per cent. died within one year, 85 per cent. in two years and 14 per cent. lived more than two years.

“Hospital cases, 77; of these 85 per cent. died within one year, 93 per cent. in two years and 6 per cent. lived more than two years.

“Mixed cases, 187; of these 65 per cent. died within one year, 93 per cent. within two years and 6 per cent. lived more than two years.

“Total number of cases, 419; of these 72 per cent. died within one year, 90 per cent. within two years and 9 per cent. lived more than two years.”

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SUPRAPUBIC CYSTOTOMY FOR STONE.—In reporting two cases of suprapubic cystotomy in the *New York Medical Journal*, Dr. A. B. Johnson compares this operation with that of crushing and evacuation and gives the latter the following advantages:

1. Less special skill is required for its safe performance.

2. Septic processes having become infrequent as the result of improved antisepsis, the mortality should be no greater than follows crushing.

3. Greater likelihood of the entire removal of the stone.

4. A period of rest for the inflamed bladder and a more complete cure of the cystitis.

5. The ability to remove complicating conditions, such as unsuspected enlargement of the median portion of the prostate, or adherent stone, or a stone containing a foreign body—wood, chewing gum, a portion of a catheter—as a nucleus.

\* \* \*

DANGERS OF ANTITOXINE.—Notwithstanding the great benefit of antitoxine of diphtheria properly applied there are still great dangers attached to its use and a German physician has to report a death from its employment in one of his household in whom he used it as a prophylactic remedy. The number of the lot was taken and all physicians were warned not to use any antitoxine bearing this number.

MARYLAND

**Medical Journal.**

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BALTIMORE, MAY 2, 1896.

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At this stage of the meeting, it is almost too soon to say what the results will be. So far the attendance has been full and the attraction of the new building and enlarged library facilities have drawn more this year than formerly attended these sessions. The proceedings have been interesting and the discussions fairly spirited.

While the special discussion this year on diabetes, much like the one last year on typhoid fever, revealed little new, and was simply a review of old matter, still such work evidently attracted attention judging from the crowds that filled every seat and stood in the aisles. The best work was by the men who recited their own experiences, while a complete picture of the whole disease was laid before the members in a clear manner. The treatment of such a disease was shown to be largely dietetic and drugs have little power.

It was very gratifying to see the number of applicants for membership, showing that the value of the State society and its library is appreciated more and more each year.

The report of this meeting will appear in the JOURNAL from week to week until completed, and the papers or their abstracts will appear as far as possible in the order read. Since the unfortunate time when the publication of the proceedings of this society in book form ceased, there is no collection of the papers and discussions to be found except in the MARYLAND MEDICAL JOURNAL, and those who care to see how the whole session went off, or wish to keep a record of the work of this society, will find in the JOURNAL the only account.

It is to be hoped that as the affairs of the society prosper with an enlarged membership the money for all these necessities will be forthcoming, and other cities, States and countries may in the volume of the transactions give credit for the excellent work done and quote freely from the transactions, as was formerly the case.

The social side of this meeting was not neglected and the uniting around the banquet board after the annual oration was a means of renewing old friendships and making new acquaintances. On the whole, this meeting was a good one and shows that the society at its advanced age is hale and hearty yet, and progressive as well.

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*The American Journal of Dental Science* objects to dental schools being appendages to medical schools, partly because the medical school, having part of the instructors already employed, can at a small additional cost obtain a few special men and equip a dental school at much less cost than an independent school can be founded. Again the therapeutics of dentistry is unlike that of general medicine and a professor of *materia medica* and therapeutics in a medical school may be entirely unfit to teach his branch in a dental school. Added to this is the statement that sixty per cent. of the dental schools are connected with medical schools. That, it would seem, is an advantage.

The dentist has in time past, especially in this country, been considered a partly edu-

cated man. In no specialty of medicine in the United States does a man set out from the start to study that particular branch without taking up general medicine first, but the dentist, as a rule, gives attention only to the teeth and parts surrounding, and knows little of the rest of the body, so that it is hardly just to rank them with specialists. This does not apply so much to those dentists who have taken the degree of M. D., and that this is almost generally the custom in the large cities may be evidenced by the signs of the leading dentists.

The desire for a general medical education is probably aroused by contact with the medical students in the schools to which these dental schools are attached. As a rule, to which there are some exceptions, the physician sets out in practice, taking any kind of case that presents itself, and he gradually drops into a specialty, and even then there are many specialists who, while paying particular attention to one branch, call themselves general practitioners and refuse nothing legitimate. There are also cases in which a young man, who has exceptional opportunities or who inherits a specialty, jumps in at once and skips the intermediate general practice stage, but it is likely that few dentists, even those with degrees of M. D., could treat a case or make a diagnosis outside of the mouth, hence the dentist does not, as a rule, rank with the broadly educated man as a specialist. This does not mean, of course, that one is not as much of a man as the other, for the dentist may far excel the physician in every other way.

While it may be advantageous for the dental branch of a school to have its own instructors in materia medica and therapeutics, still the more the dentist knows of medicine the better it is for him, and if the day should ever come when the dentist thoroughly grasped medicine as any ordinary physician does and then took up dentistry as a specialty he would do much to raise the general standard of dentistry.

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THE form of exercise which is attracting such unusual attention at the present time, and which has so much in *Bicycle Saddles*. its favor, ought not to be handicapped as it is in one point. It seems a difficult matter to construct a properly fitting saddle. There are saddles

numerous, just as there are wheels without number, but both have imperfections which only become evident after constant use.

Dr. W. W. Townsend refers in the *New York Medical Journal* to certain diseases of the prostate and deep urethra in the neck, from the use of improperly fitting saddles. This is not a new complaint, but it does seem as if physicians might pause in their rounds of visits and prescription writing and give earnest attention to the dangerous side of the wheel.

No man, physician or not, can form an intelligent opinion on any question alone, and yet so many physicians gravely give an opinion for or against this or that part of a wheel, when they themselves have never used a wheel and their own views are based on prejudice one way or the other.

To condemn a saddle simply because it is stiff is wrong, and to recommend it because the cushions can comfortably support the tuberosities of the ischium is hardly fair. Physicians may understand the anatomy and physiology of the male and female pelvic and sexual organs, they may be acquainted with the most frequently occurring disorders in these parts and the causes therefor, but on these grounds alone they cannot decide on the proper saddle. That is one reason why medical opinions on this subject so widely vary.

The only proper way would be to form a committee from a recognized medical society to study the wheel from all its aspects, especially considering the saddle, and let this decision be given out and accepted for what it is worth. The mere advertisement of a saddle with the note that it is "recommended by physicians" should have no weight, for there are physicians who will recommend anything and as a blunt, but truthful, writer has said, the fact that a man can write M. D. after his name does not keep him from being a fool or a knave.

The following suggestions should commend themselves :

1. A careful, practical study of the wheel, especially of the saddle, by a committee of physicians from a recognized medical society.
2. A careful study of all persons, especially women, who ask advice about wheel riding.
3. A careful study of each person whose disorders may be traced to riding an improperly fitting wheel.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 25, 1896.

Diseases.	Cases Reported	Death.
Smallpox.....		
Pneumonia.....		18
Phthisis Pulmonalis.....		12
Measles.....	18	
Whooping Cough.....	10	
Pseudo-membranous Croup and Diphtheria. }	8	4
Mumps.....		
Scarlet fever.....	18	
Varioloid.....		
Varicella.....	1	
Typhoid fever.....	5	3

Ohio has now adopted electrocution.

Yokohama is once more visited by the black plague.

Spaeth, the well known gynecologist of Vienna, is dead.

Semmola of Naples died last week, aged sixty-five years.

Germany has many hospitals for the treatment of consumption.

Vulliet, professor of obstetrics and gynecology at Geneva, is dead.

It is said that the supply of cod liver oil is becoming exhausted.

Houston, Texas, is already overcrowded with physicians. What place is not?

Tuberculosis has appeared among several fine herds of cattle in Baltimore county.

By a gift of \$500,000 to McGill University of Montreal, the donations of Mr. W. C. McDonald now amount to \$2,000,000.

Gloucester, England, after a short rule by the anti-vaccinationists, is now suffering from a most disastrous epidemic of smallpox.

Dr. Baccelli, formerly Minister of Public Instruction in Italy, has given up public life and returned to his chair of clinical medicine at Rome.

A Baltimore subscriber to the *Medical Record* complains in that journal that according to the Maryland Medical Practice Law quacks flourish and honorable men have to pass absurd examinations.

Dr. J. West Roosevelt, one of the most prominent of the younger physicians of New York, died there recently of pneumonia, after a short illness.

The *Virginia Medical Semi-Monthly* is the successor to the *Virginia Medical Monthly*. The title page is rather crowded, but the journal is full of good matter.

Dr. Deaver is taking the right stand when he refuses to serve as consulting physician to a State institution on the ground that the State should pay for such services.

The Massachusetts State Board of Health repeats the well known statement that most of the widely advertised "blood purifiers" contain large amounts of alcohol.

Physicians in North Carolina are taxed ten dollars a year and the State has been requested to use this money for some public good as a vaccine or antitoxine farm.

The Paris Academy of Medicine has at its disposal the sum of \$160,000, the income from which is to be paid to the person who discovers a specific remedy for consumption.

Dr. Playfair, the great London obstetrician, has been made to pay sixty thousand dollars damages for betraying a professional confidence by which the chastity of his wife's sister-in-law was called into question.

The Philadelphia County Medical Society has invited the American Medical Association to hold its meeting next year in that city, as the first meeting was held there in 1847 and consequently next year will be the fiftieth anniversary.

*The Journal of Eye, Ear and Throat Diseases* has just appeared under the editorship of Drs. Francis M. Chisolm and John R. Winslow of Baltimore and is a credit to them and to the Presbyterian Eye, Ear and Throat Charity Hospital, under whose auspices it is issued.

Harvard University has received a gift of \$100,000 from a Boston donor whose name is not made public, for the establishment of a department of comparative pathology. The professor in this department is to be a member of the medical faculty of Harvard, and to devote his entire time to the study of diseases, their causes and cures, both with reference to men and to animals. This will be the first professorship in comparative pathology to be established at any great American university.



## WASHINGTON NOTES.

The mortality of the District during the week reached 116. In the previous week it was 112. The death rate was 21.90, as against 22.67 during the same period last year.

The Clinico-Pathological Society held its regular meeting on April 21, the President, Dr. H. B. Deale, in the chair.

Dr. R. T. Holden read an excellent paper entitled: "A Report of some Cases of Diphtheria, treated with Antitoxine."

Dr. L. W. Glazebrook, Deputy-Coroner of the District, presented the following interesting specimens:

1. Ruptured tubal pregnancy, the fetus being in situ. 2. Aneurism with rupture of ascending arch of aorta. 3. Rupture of spleen and splenic artery, the spleen being about twice the normal size. 4. Rupture of right auricle. 5. Stab wound of right auricle of the Heart. 6. Supernumerary spleen.

Dr. J. T. Kelley presented specimens of diseased ovaries and Dr. Sterling Ruffin presented a foreign body of the esophagus, it having caused the death of the patient.

The Health Officer has recommended to the Commissioners the establishment of a quarantine system in the District.

The Medical Society of the District of Columbia held its regular meeting on April 22, the President, Dr. S. C. Busey, in the chair. The President offered a memorial on the bill pending in Congress entitled, "A Bill for the Further Prevention of Cruelty to Animals," which memorial should be sent to the Senate urging its soon passage, as such a law would effectively close the biological laboratories of the Surgeon-General's Department of the U. S. Army and other important departments where vivisection is practiced for the advancement of science. It was adopted.

The Society decided to publish its transactions in the *National Medical Review*, edited by Dr. Charles H. Stowell. Sixteen pages of the *Review* are to be allowed for the Transactions and a committee of three, appointed by the President, will act as a revising committee.

Dr. J. Taber Johnson presented a specimen of fibroid of the uterus, ovarian abscess and double pyosalpinx. The patient died during operation, as a result of ether.

Dr. H. D. Fry presented case and specimen of "Hysterectomy for Fibroids Com-

plicating Pregnancy." Dr. I. S. Stone presented specimen of large pus tube.

There was a special meeting of the Medical Association of the District of Columbia held on April 23, in order to endorse the memorial above mentioned as offered by Dr. Busey before the Medical Society, and to instruct the delegates to Atlanta to bring it before the American Medical Association.

Dr. Dwight Dickinson, Medical Inspector United States Navy, was elected to Honorary Membership in the Medical Society of the District of Columbia.

There was a meeting of the contributing members of the Emergency Hospital and Central Dispensary held on April 24 at the Hospital, to elect ten directors, whose terms had expired. Ordinarily only a few attend these meetings; on this occasion, however, there were about two hundred and considerable bitter feeling was displayed. The newly elected directors are Drs. D. W. Prentiss, J. Ford Thompson, J. F. Scott and J. F. Moran, Mr. John Cossells, Mr. B. H. Warner, Mr. Gardner Hubbard, Mr. T. W. Smith, Mr. Whittemore and Mrs. Hawley. It is thought probable that several will decline to serve, as the methods were unusual.

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## Book Reviews.

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AN ATLAS OF THE NORMAL AND PATHOLOGICAL NERVOUS SYSTEMS. Together with a Sketch of the Anatomy, Pathology and Therapy of the same. By Dr. Christfried Jakob, Practising Physician in Bamberg, formerly First Assistant in the Medical Clinic at Erlangen. With an Introduction by Prof. Dr. Ad. v. Strumpell. Translated and Edited (Authorized) by Joseph Collins, M. D., of New York. William Wood & Co. New York.

The general practitioner must feel that the average text-book on anatomy is unsatisfactory in its dealings with the nervous system. It is an exceedingly difficult thing to give any adequate idea of the anatomy of the brain by means of plates and diagrams. Again, much of the recent work is contained in journal literature and consequently not always accessible. This excellent book presents in a remarkably clear manner the general structure of the brain and cord, together with the modern discoveries in nervous histology. The plates are mainly original and highly satisfactory. Starting with the embryology of the

nervous system, which is dealt with rather briefly, the demonstration proceeds with the structure of the neuron, the histology of the *cortex cerebri*, and the general architecture of the central nervous system. Representations of sections cut in every possible direction through the brain follow, with a brief description of each plate. The spinal cord is dealt with in the same thorough and satisfactory manner. A special feature of the book is the section on the pathological anatomy of the brain, cord and peripheral nerves. The plates on this subject will afford the general reader an excellent idea of the pathology of the various structural diseases of the nervous system. There is a brief picture of the clinical symptoms of the diseases of the nervous system, including the therapy. Of late years literature, both general and special, has greatly utilized illustration. It is sometimes doubtful whether literature has been the gainer by this addition. In this particular instance, however, there can be no doubt of the great advantage of this pictorial method. We know of no work of the scope of the one in hand that compares with it in elucidating the complexity of the structure of the nervous system. The publishers deserve the thanks of the profession for putting this book within the reach of English readers. The translation is done by Dr. Collins in his well known clear and accurate style.

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#### REPRINTS, ETC., RECEIVED.

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Report of the Kensington Hospital for Women (Non-Sectarian), from October 8, 1894, to October 14, 1895. No. 136 Diamond Street, Philadelphia.

The Diagnosis of Changes in the Size, Position and Mobility of the Stomach in Cases where Intra-gastric Instruments cannot be used. By Boardman Reed, M. D., Atlantic City. Reprinted from the *Medical News*, January 18, 1896.

The Necessity of Complete Extirpation of Tumors and the Importance of Rapid Cicatrization of the Wound. By Frederick Holme Wiggin, M. D., New York. Read at the Twelfth Annual Meeting of the New York State Medical Association, October 16, 1895, as a part of the Discussion on Surgery.

## Current Editorial Comment.

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### ACCURATE OBSERVATION.

*American Medical Review.*

ACCURATE observation is the keystone upon which all reports of phenomena should be made; this principle is especially to be adhered to in all observations which touch upon the use and effects of drugs. Let it also be remembered that while books and papers flood the editorial sanctums, really good books and papers containing the rare kernel of accurate observation are few enough always to receive their due recognition and the approval of the medical profession as a whole.

### THE DOCTOR.

*Medical Record.*

THE doctor of today, who has passed through the educational work which makes him a thoroughly competent physician, has gained thereby a knowledge which cannot fail to make him a man of value in any community and of importance in all communities which are civilized and intelligent. At the present day the medical man can rarely succeed unless he has merit. In olden times it was largely a question of bearing and a wise look, peculiarities of dress, fashion, and manner, which took the people. Now it is expected that he show knowledge and skill, or else acknowledge that the problem is too great for him.

### RESPONSIBILITY OF PHYSICIANS.

*American Medico-Surgical Bulletin.*

A CASE recently decided by the New Jersey Court of Errors and Appeals has now laid down the rule that a physician is responsible for his own negligence. A physician, who had agreed to attend a woman in confinement, was absent from town when his services were needed, and in answer to the message sent another physician to act in his stead. Owing to the alleged improper treatment by the second physician, the child died. The physician who had originally been engaged was sued for the other's negligence; but the court held that a physician is not responsible for the negligence of another acting for him, who at the same time followed an independent occupation of his own. This seems to be a unique way to evade paying a fee for medical attendance.

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### THE IMPORTANCE OF LABORATORY METHODS IN DIAGNOSIS.

By Charles E. Simon, M. D.,

Baltimore.

FIRST PAPER.

UNFORTUNATELY the number of physicians who avail themselves of the numerous aids to diagnosis which scientific medicine has placed within the grasp of the general practitioner during the last fifteen years is as yet but small. It is not difficult, however, to find an appropriate cause for this apparently curious fact.

Laboratory methods of diagnosis, to which reference is had more particularly, receive either no attention whatsoever in the larger number of our American medical colleges, or they are referred to only in passing during the lecture. The young practitioner will naturally pay but little attention or none at all to articles which appear from time to time in our various medical journals, bearing such titles as "Laveran's Organism in Malaria," "An Improved Method of Staining Tubercle Bacilli," "A New Test for Lactic Acid in the Gastric Contents," etc. When questioned as to the reason why he does not examine the blood, the sputum, the gastric juice, the feces, etc., the general practitioner generally responds by saying that he has not the time for such things, that he can make his diagnoses without a laboratory, or that he does not believe that much information of practical util-

ity can be derived from such examinations, that the instruments and apparatus required are too expensive, or finally and honestly that he has not the necessary training and does not know where to obtain the desired knowledge.

The excuse that he has no time can hardly be regarded as valid. The physician who does not bring all diagnostic means known to his profession to bear upon the cases with which he is dealing is plainly neglecting his duty. He himself would hardly regard blessings and smiles on the part of his patients as an appropriate recompense for his services. How then can a patient be willing to remunerate him for haphazard diagnoses?

The times are fortunately passing away when "the experienced eye" meant everything in the practice of medicine. The public is beginning to realize that not infrequently the young man who does not possess the experienced eye, it is true, but who is willing and capable of making every effort to reach a correct diagnosis above all is preferable to the old friend of the family. He, at least, has the time to *study* his cases. On the other hand, there can be no doubt that if the older physician were to take an assistant to make for him all

necessary chemical and microscopical examinations, and were he to study the significance of such examinations, his success would be still greater. He would, moreover, have the feeling that he has done all for his patients that could be demanded from him.

A physician whose time is occupied to such an extent that he cannot afford to devote an hour or two in the day to chemical and microscopical examinations is probably always in a position financially to employ an assistant. If not, he should at once remove the chaff from the wheat, and he will undoubtedly find that the relaxation of mind and body which the laboratory affords, as compared with the "grind" of practice, is worth to him more even than the dollars he might have earned. Weir Mitchell very appropriately remarks that every man should have a hobby and that he should ride this hobby as hard as possible, as long as it does not interfere with his life-work. Laboratory work is a hobby to be generally recommended to the physician and it is not likely that it will ever interfere with his practice. The man who states that he can make his diagnoses without a laboratory states something that is untrue and betrays ignorance above all. He who does not believe that much information of practical utility can be derived from such examinations is equally ignorant, but may be readily convinced of the contrary.

In answer to the statement that the instruments and apparatus required for such examinations are too costly, it should be said that every workman must have his tools. It is not necessary, moreover, to invest hundreds of dollars in the equipment of a laboratory at once. The various apparatus may be bought as they are indicated and required.

Many young physicians cannot imagine that routine examinations in the laboratory can be exhilarating and restful to the mind. They have every reason to believe so. A bit of original work from time to time is an ample recompense for a thousand monotonous examinations of normal urines. To this argument in favor of the laboratory they will answer: "How can a beginner, or

even a physician with a fair practice, ever accomplish anything in this line with meager facilities, moreover, when hospitals are conducting long lines of investigation covering almost every topic in connection with the medical sciences that can be thought of?" In reply it may be stated that hospital physicians have less opportunity of investigating certain diseases than the general practitioner. Numerous forms of gastro-intestinal disease, for example, are scarcely ever seen by the hospital physician, or, occurring in dispensary patients, receive but little attention. Frequently minor but still important details in certain investigations, conducted in hospital laboratories, are sadly neglected. There is an ample field for work for all. Not all physicians can be professors, but the example of Weir Mitchell, who never held a professorship, should ever stimulate the general physician to scientific work.

As the importance of laboratory methods of diagnosis is greatly underestimated, it may not be out of place to outline in a series of brief articles some of the more important and directly practical results that may thus be obtained, trusting that the facts which will be presented may be convincing of the great importance of the subject. The most common methods of laboratory research will at the same time be described. Before proceeding, however, it may not be out of place to give a brief account of the laboratory facilities which should be found in connection with the office of every physician.

*The laboratory.*—A room separate from the physician's office should be chosen for laboratory work. If both be on the same floor, communicating with each other, nothing better can be desired. If this be impossible, any other quiet room of the house will answer the purpose. A hall room in the second or third story is admirable and may be arranged so as to serve both as laboratory and private study. An ordinary table at a window will serve for microscopic examinations. A primitive desk along one of the walls, provided with a few drawers, is used for chemical examinations, the necessary

reagent bottles being kept upon a row of shelves above the table. Gas connections can be laid along the desk at a low cost. Running water in the laboratory is of great advantage, but not a necessity.

Upon the microscope table should be found a microscope with a magnifying power of 500 diameters. An instrument which consists of a stand with joint for inclination and spiral rack and pinion for coarse adjustment, two eye pieces and a  $\frac{2}{8}$  inch and  $\frac{1}{6}$  inch objective, is admirably adapted for the purpose of the physician. The cost of the outfit is about 57 dollars. A  $\frac{1}{1\frac{1}{2}}$  oil immersion lens may be purchased later and is required only for special examinations. Tubercle bacilli and gonococci are readily found with the system above mentioned. If the question of money is of no object, more expensive instruments should be purchased; European lenses are better and the micrometer screw not so apt to wear out in the course of years.

Slides, measuring 3 x 1 inches, with cut edges, green, suffice for most purposes. A better quality, however, should be on hand for examinations of the blood, of the sputum for tubercle bacilli, and bacteriological purposes in general. Square cover-glasses, measuring  $\frac{7}{8}$  of an inch in diameter, are to be preferred to the circles. A number of extra thin covers should be reserved for special purposes. One or two anatomical forceps, with delicate blades, a pair of special cover-glass forceps, a pair of delicate scissors, a small scalpel, 2 teasing needles, a platinum loop, a few glass

rods, pipettes, test-tubes with rack, watch crystals, conical glasses of about 2 ounces capacity, a couple of small funnels, evaporating dishes, filtering paper and labels, complete the microscopical outfit.

Of reagents, normal (0.7 per cent.) salt solution, a  $\frac{1}{2}$  to 2 per cent. solution of acetic acid, a 1 to 3 per cent. solution of caustic soda, chemically pure glycerine, alcohol (70 per cent., 94 per cent. and absolute alcohol), ether, chloroform, Lugol's solution, Canada balsam, cedar oil and a number of staining solutions, which will be described in detail later on, should be kept on hand.

Upon the chemical table the following additional apparatus should be found: 1 or 2 Bunsen burners, a tripod, a piece of iron or copper gauze, 1 or 2 (50 c.c.) Mohr's burettes, a burette-stand, a filter-stand, 5 and 10 c.c. pipettes, a 100 c.c. graduate, beakers, a wash bottle, a urinometer, 2 Esbach's albuminimeters, 2 Einhorn's saccharimeters, 2 Doremus' ureometers, a water-bath, a thermometer, litmus paper and, if possible, a hot-air bath with thermostat.

Of reagents, the following are required: nitric acid, muriatic acid, carbolic acid, a  $\frac{1}{10}$  normal solution of sodium hydrate, a  $\frac{1}{10}$  normal solution of muriatic acid, tincture of iron, bromine, a saturated solution of sodium hydrate and certain special reagents which will be described in their proper connection.

Daland's hematokrit, Fleischl's hemometer and a pocket spectroscope, finally, are instruments of great value and may be purchased in the course of time.

**PRIMARY ACUTE OSTEOMYELITIS OF THE VERTEBRÆ.** — Hahn (*American Medico-Surgical Bulletin*): Primary acute osteomyelitis of the vertebrae is rare. It presents the same clinical picture as acute osteomyelitis of hollow and flat bones. It is only complicated by the involvements of neighboring cavities and organs, especially the spinal cord.

If the body of the vertebrae or the base of the arch is the starting point, the pus will take the same course as in tubercular spondylitis. In the other cases the pus travels backward. If the

cervical region is involved, retro-pharyngeal and esophageal abscesses or posterior mediastinitis may develop. Empyema may be present, with involvement of the dorsal vertebrae; and if the lower dorsal and the lumbar vertebrae are the seat of the disease, psoas abscesses develop, which easily break into the peritoneum.

The most serious complication is rupture into the spinal canal. The prognosis depends on the complications. Early evacuation of the abscess is indicated.

## TREATMENT OF ABORTION.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, FEBRUARY 25, 1896.

By *J. W. Long, M. D.*,

Professor of Diseases of Women and Children, Medical College of Virginia, Richmond, Virginia.

A CONSIDERATION of this subject involves many interesting questions. Of these I will discuss but a few and briefly.

1. *When is abortion inevitable?*—This question settled, the course to be pursued will be clear. Uterine pains and hemorrhages have been considered as sure evidences that abortion will occur. That this is not always true is easily proven. I recall one case that bled from the first till after the third month (with recurring pains), that went its term. Scanzoni reports a case in which occurred profuse hemorrhages in the third month and, in spite of ergot, the tampon, use of the uterine sound and an intra-uterine injection of solution of perchloride of iron, the case went on to term. Noble (A Consideration of Certain Doubtful Points in the Management of Abortion, Dr. Chas. P. Noble) was called to a case that resisted the repeated applications of pure carbolic acid to the endometrium. Better indications that abortion is inevitable are dilatation of the os and descent of the ovum. Escape of the liquor amnii, or septic infection, may be considered a positive proof that the expulsion of the fetus is inevitable.

2. *Treatment when abortion is not inevitable.*—Rest, quiet and opium are the sovereign remedies. A friend of mine kept a patient under the influence of opium the entire last seven months of her pregnancy. Pains would begin whenever the drug was discontinued, nor did she become an opium habitué.

3. *Inevitable Abortion.*—The plain indication here is to empty the uterus, which, according to the classic maxim, is not complete until the fetus, placenta, membranes and all clots are removed. Many times nature herself is able to do this, and only when she fails are we to interfere.

By far the best instrument for removing the products of conception is the finger, aided by the other hand depressing and steadying the fundus from above. In those cases where the cervix is not patulous it becomes necessary to dilate the cervix with a steel dilator. Then the cavity is to be explored by the finger or curette, followed by a copious irrigation and a pack of iodoform gauze.

Sometimes one is in doubt as to whether or not the uterus is empty. Especially is this true of abortions in the third and fourth months. The ovum passed intact is evidence that the uterus is empty. A patulous cervix and continued bleeding indicate that something yet remains in the uterus.

4. *Septic Abortion.*—In cases of this kind delay is inexcusable. Many deaths may be put down to the credit of the let-alone, waiting, non-interference policy. The products of conception broken up and infected, as in criminal abortion, present the ideal condition for producing general sepsis. Not only should the products of conception be removed, but also the infected maternal membranes. The gaping lymphatics and open fallopian tubes will continue to spread the infection as long as any remain in the uterus. Therefore the necessity of a thorough cleansing. In most instances this can be done only by the curette. In more advanced cases the finger is a safe guide because sentient. Thorough irrigation and packing are also essential.

I have not stated that all operative or explorative procedures in the uterus must be done under strict antiseptic precautions, as this goes without saying and is hardly pertinent to the question under consideration.

I doubt that it is justifiable to curette more than once in these cases; indeed,

I question whether or not uterine irrigations should be continued longer than one or two days, and it is quite probable that in these cases, where the local inflammation involves the peri-uterine to a marked degree, the manipulations necessary to intra-uterine irrigation do more harm than good.

5. *When shall further operative procedures be instituted?* — Hysterectomy for puerperal sepsis is one of the burning questions of the day. The advocates for it have not yet made out their case, but have established just claims to be heard.

The most that can be said, at this writing, for the operation is that hysterectomy is indicated in those cases of sepsis where thorough irrigation and curettage have failed to modify or abate the general sepsis and the local septic

inflammation is confined to the uterus. I emphasize the words, for thereupon will depend the result. Two such cases were reported by Dr. Cartledge of Louisville, at the Washington meeting of the Southern Surgical and Gynecological Association, the uterus in each case being honeycombed with septic abscesses.

Vaginal incision and drainage is an operation of great value in just those cases where hysterectomy is contra-indicated.

I have described the indications and technique in a paper read by title before the Southern Surgical and Gynecological Association at the Washington meeting in November, 1895. By this method, the sudden septic pelvic tissues are drained of the sepsis and the general system is also relieved.

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## PROPHYLACTIC VALUE OF AN ABDOMINAL BELT AFTER CELIOTOMIES.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, APRIL 14, 1896.

*By Stuart McGuire, M. D.,*

Professor of Principles of Surgery, University College of Medicine, Richmond, Va.

DURING the last five years I have had charge of the after-treatment of nearly three hundred cases of abdominal section. On leaving bed, each case has been fitted with an abdominal belt, and instructed to wear it for a year; and though ventral hernia has been rare, I have become convinced that the integrity of the abdominal walls was due rather to accurate suturing and to prolonged confinement in a recumbent posture than to any virtue of the artificial support. This opinion was so at variance with my preconceived ideas on the subject, that I determined to write to some of the leading surgeons and gynecologists of the country to ascertain their practice. The following is an abstract of answers received:

Dr. John Ashhurst, Jr., of Philadelphia, said that he did not invariably use an abdominal belt after celiotomy, but that he thought, upon the whole, it was a useful precaution to employ.

Dr. W. T. Bull of New York said he employed an abdominal belt after abdominal sections, for at least a year, when the wound healed by primary union; indefinitely, if it healed by granulation. He was convinced of its value in preventing hernia, although the condition might develop in spite of its use; that it was the only safeguard we had, and failure to use it might, in large wounds, lead to voluminous and disabling protrusions.

Dr. David W. Cheever of Boston said he used an abdominal belt with a pad, over the incision, after suprapubic operations and that he saw no reason to doubt its value as a prophylactic against hernia.

Dr. P. S. Connor of Cincinnati said he used an abdominal belt, but he thought it of very doubtful value.

Dr. W. H. Carmalt of New Haven said he used an abdominal belt after laparotomies, and that he would con-

tinued to do so until some reliable surgeon or gynecologist told him that he had dispensed with it and found it unnecessary.

Dr. John B. Deaver of Philadelphia said he used an abdominal belt and was convinced of its value.

Dr. W. E. B. Davis of Birmingham said he used an abdominal belt in deference to the practice of others, but that he had no positive conviction of its value.

Dr. A. G. Gerster of New York said that he used the abdominal belt only where the wound healed by granulation and that he thought it of conditional value in retarding hernia.

Dr. J. McFadden Gaston of Atlanta said he used an abdominal belt with a large compress, after all sections for abdominal tumors, to restore pressure upon the viscera, and that it could not be dispensed with for a month after such operations without incurring risk of hernia.

Dr. J. B. S. Holmes of Atlanta said he had abandoned the use of the abdominal belt, and that he had never realized any benefit from its employment.

Dr. Wm. S. Halsted of Baltimore said he never used an abdominal belt, and did not believe it was of any value.

Dr. Howard A. Kelly of Baltimore said he used an abdominal belt only in exceptional cases, and then for comfort. It was of no value as a preventive of hernia.

Dr. W. W. Keen of Philadelphia said he used an abdominal belt after all celiotomies, and was convinced of its value.

Dr. L. C. Lane of San Francisco said he used an abdominal belt and was confident it retarded the development of hernia.

Dr. Claudius H. Mastin of Mobile said he did not use the abdominal belt, nor did he think possible that it could prevent hernia; that he closed the wound with three layers of buried catgut sutures, sealed it with iodoform collodion and never took the dressing off, unless indications arose, until it was perfectly healed. That he had had but one case of hernia in his practice, and that oc-

curred where a glass drainage tube had been inserted, and that he believed in this case the accident could have been prevented by care.

Dr. Chas. McBurney of New York said he generally advised the use of a well-fitting abdominal belt after an abdominal section, and that if the belt fitted perfectly every part of the abdominal, he thought it useful. Otherwise, in making uneven support it did positive harm.

Dr. H. H. Mudd of St. Louis said that he very rarely used an abdominal belt, and that he did not believe it was of any value in preventing the occurrence of hernia.

Dr. J. Ewing Mears of Philadelphia said he advised the use of an abdominal belt for a period of from three to six months after a section, and that he was convinced of its value.

Dr. Thos. G. Morton of Philadelphia said he occasionally used an abdominal belt, especially in the obese, and that it seemed to be of value in some unusual cases.

Dr. E. M. Moore of Rochester said he never used an abdominal belt, and he thought it had no value.

Dr. J. B. Murphy of Chicago said he did not use an abdominal belt after any celiotomies, as he was convinced it was of no value in preventing hernia.

Dr. Henry O. Marcy of Boston said he had not for the past ten years used an abdominal belt after celiotomy; that in three hundred cases where he had closed the wound with tendon sutures and sealed with collodion, he had had but two hernias, one from suppuration and one from general pouching of aponeurosis between the separated recti.

Dr. Chas. B. Nancrede of Ann Arbor said that he used an abdominal belt after all celiotomies, as he believed it prevents hernia by lessening the effect of sudden or violent efforts.

Dr. T. F. Prewitt of St. Louis said he used an abdominal belt after celiotomies and he thought it of service.

Dr. L. S. Pilcher of Brooklyn said he advised the use of an abdominal belt for from six to nine months after an operation, and he was convinced of its value.



Dr. Joseph Price of Philadelphia said he never used an abdominal belt, as he was convinced it was of no use in preventing hernia.

Dr. John H. Packard of Philadelphia said he did not use an abdominal belt after removal of the primary dressings, except in some cases for its moral effect; and that he believed it was of value only when the wound was very extensive, or when the walls were very lax.

Dr. Roswell Park of Buffalo said he very rarely used an abdominal belt, and that it was only of value in very fat patients.

Dr. John B. Roberts of Philadelphia said he usually, but not always, employed an abdominal belt; that he had no absolute assurance of its value, but liked it in cases of pendulous abdomen.

Dr. L. A. Stimson of New York said he rarely used an abdominal belt after celiotomies, but was convinced it was of value in some cases.

Dr. N. Senn of Chicago said he invariably directed the use of a proper abdominal support after every abdominal section, and insisted on the patient wearing it from six months to a year, as he believed the bandage useful in preventing ventral hernia.

Dr. W. S. Tremaine of Buffalo said he used a belt after celiotomies and was convinced of its value.

Dr. L. M. Tiffany of Baltimore said he used a belt after celiotomies and was convinced of its value.

Dr. A. Vander Veer of Albany said he used a belt after celiotomies for comfort, but did not think it tended to prevent the formation of hernia.

Dr. R. O. Weir of New York said he did not use a belt when the wound had been closed by suturing and healed by primary union; but usually employed it when the wound had not been sutured and healed by granulation. As a preventive of hernia, he thought that it was of doubtful value, but useful as a placebo.

Dr. J. C. Warren of Boston said he used the belt after celiotomies, as he thought it had some influence in preventing distension of the cicatrix after unusual exercise.

It will be seen that the majority of the writers employ an abdominal belt after celiotomies—some from conviction, some from doubt and some from indifference. The fact, however, that a single competent observer has discarded its use and found no reason to regret abandoning artificial support proves that in the large majority of cases it is unnecessary. Because an abdominal belt is indicated in some instances, is no reason why it should be employed in all cases. Routine practice is bad practice.

INTESTINAL ANASTOMOSIS WITH MURPHY'S BUTTON.—H. Oderfeld (*American Medico-Surgical Bulletin*). The author reports the case of a woman 60 years old with pyloric cancer. Gastro-enterostomy, according to Wölfler's method, with Murphy's button, was performed, and the serous membrane around the anastomosis was sutured with Lembert stitches. For six days everything was favorable; then perforated peritonitis developed, and the patient died.

On post-mortem an opening, large enough to admit the finger, was found on the right side of the anastomosis. The button and necrotic wall were lying free in the stomach, and the total sepa-

ration of the stomach from the jejunum would have occurred had it not been for the Lembert's sutures.

\* \* \*

ALCOHOL IN FEVERS.—The *Canadian Practitioner* gives the following directions for the use of alcohol in fevers: 1. If the tongue becomes dry, discontinue; if moister, the drug is doing good. 2. If the pulse becomes quicker, harm is being done, and the contrary if slower. 3. If the skin becomes moister the antipyretic effect of alcohol is obtained, and again good is being done. 4. If the breathing becomes easier continue the drug.

## Society Reports.

### RICHMOND ACADEMY OF MEDICINE AND SURGERY.

MEETING HELD APRIL 14, 1896.

*Dr. J. W. Long* read a paper entitled "Treatment of Abortion." (See page 58.)

*Dr. Stuart McGuire* then read a paper entitled "Prophylactic Value of an Abdominal Belt after Celiotomies." (See page 59.)

*Dr. Aaron Jeffery* had for a number of years discarded the obstetrical binder, but in the more recent years had returned to its use for the comfort of the patient, if nothing more. He agrees with *Dr. McGuire* concerning the use of the abdominal belt after laparotomies.

*Dr. Wm. S. Gordon* remarked that sometimes syncope results from the shock of suddenly relieved pressure, as in dropsy. Where the abdominal walls are relieved, a binder should be used, but properly applied. Mechanical stimulus is a powerful excitant of muscular tissue, keeping up its tone. For this purpose, the binder should be employed.

*Dr. Ed. McGuire* said the application of a support after laparotomy depends upon the woman. If the belly is large so that the bandage fits snugly, it does good. If flat, where it cannot be applied properly, it is of no use. He does not believe in the binder for obstetrical purposes. It should be sufficient merely to support—not compress. The latter action tends to jam the uterus in the pelvis and displacement often in consequence results. A number of nurses have a reputation of preserving comeliness, but this is accomplished at the expense of involution, which is retarded as the resultant of congestion. The binder should be used only to make the patient comfortable; tighter than this does harm. He believes the support is useless in post-partum hemorrhage. It is of importance not to keep the woman on the flat of the back, but to let her turn from side to side.

*Dr. Stuart McGuire*, in closing the discussion, said he brought in the question

of the obstetrical binder to give rise to discussion. Regarding the support after celiotomy, the points to impress are thoroughness of suturing and length of time in bed. No matter how speedy the convalescence, the patient should be kept in bed from four to six weeks. The belt gives a false sense of obscurity; should be used only on fat women and here for comfort.

MARK W. PEYSER, M. D.,  
Secretary and Reporter.

### ASSOCIATION OF AMERICAN PHYSICIANS.

ELEVENTH ANNUAL MEETING HELD IN WASHINGTON, D. C., APRIL 30, AND MAY 1 AND 2, 1896.

*Dr. B. K. Rackford*, Cincinnati, O., read a paper on "Leucomaine Poisoning." In a paper read before this association last year he made the assertion that leucomaine poisoning was a most important form of auto-intoxication, which may manifest itself in at least three distinct but closely allied forms, viz.: (a) A true migraine or leucomaine headache. (b) A migrainous epilepsy or leucomaine epilepsy. (c) A migrainous gastric neurosis or leucomaine gastric neurosis. His studies during the past year have not only convinced him of the truth of these assertions, but they have also strengthened the belief which he had at that time that leucomaine poisoning is largely responsible for the yet larger group of nervous symptoms so commonly associated with chronic alcoholism, chronic lead-poisoning, and with other phases of the so-called gouty or uric acid diathesis.

*Drs. Victor C. Vaughan and George D. Perkins*, Ann Arbor, Mich., read a paper entitled "A Toxicogenic Germ Found in Ice Cream and its Chemical Products." In August, 1895, they were furnished with some of the cream which had poisoned a large number of people at a social gathering. The symptoms were quite different in some respects from those observed in other cases of like kind. In this cream they have found and isolated a bacillus. They studied its action upon various animals, and have

attempted to isolate the chemical poison. In the latter point they have not altogether as yet succeeded, but have ascertained enough to be convinced that this poison is not identical with any which has yet been obtained from milk or any of its products.

*Dr. S. Flexner*, Baltimore, Md., read a paper on "A Statistical and Experimental Study of Terminal Infections." The paper dealt with the results obtained from the systematic bacteriological examinations at human autopsies in cases of chronic disease. It brought forward evidence to show that in a very large proportion of such cases the terminal event in the history of the disease was a bacterial infection, and that besides the local infectious inflammatory processes not uncommonly met with in the serous membranes, upon the endocardium and in the meninges, examples of cryptogenetic infection likewise occur, and actual septicemias were not infrequent.

*Dr. A. C. Abbott*, Philadelphia, Pa., read a paper entitled "The Influence of Acute Alcoholism on the Normal Resistance of Rabbits to Various Forms of Infection." Under the daily administration of ethyl alcohol to the stage of intoxication, the normal vital resistance of rabbits to particular forms of infection and intoxication is seen to be diminished, while to other forms of infection and intoxication it is little, if at all, affected. This diminution of resistance is most marked in alcoholized animals that are inoculated with cultures of streptococcus pyogenes (erysipelatos), an observation that accords with the results of clinical experience with alcoholic subjects suffering with phlegmonous and erysipelatos inflammations.

*Dr. H. C. Ernst*, Boston, Mass., read "A Paper Upon the Identity of the Streptococci and a Description of a New Variety."

*Dr. H. M. Biggs*, New York, N. Y., read a paper on "The Virulence of the Diphtheria Bacilli Occasionally Found in the Throat in Cases Presenting the Clinical Features of Follicular Tonsillitis." When cultures made from the throat secretions of cases presenting the

clinical features of follicular tonsillitis show the presence of morphologically typical diphtheria bacilli, tests for virulence made on guinea pigs almost invariably showed that the bacilli were virulent.

*Dr. Theobald Smith*, Boston, Mass., spoke of the "Conditions Influencing the Appearance of Toxine in Cultures of the Bacillus of Diphtheria."

*Dr. B. M. Bolton*, Philadelphia, Pa., spoke of "Diphtheria Antitoxine Sometimes Found in the Blood of Horses that have not been Injected with Toxine."

*Dr. B. M. Bolton*, Philadelphia, Pa., spoke of "Diphtheria Antitoxine Obtained by Electrolysis."

*Dr. A. C. Abbott*, Philadelphia, Pa., read a paper on "The Significance of Pathogenic Spirilla in American Surface Waters." An important obstacle in the settlement of the controversy concerning the relation between the spirillum cholerae Asiaticae of Koch and the many varieties of similar spirilla that have been discovered in the surface waters of Western Europe, since the late epidemic of cholera in Hamburg, is the fact, as pointed out by Dunbar, that many of these vibrios have been discovered in waters of localities in which cholera had been present or of those in which cholera subsequently made its appearance. It is of manifest importance that surface waters of localities that have not been visited by cholera at either a near or comparatively remote period should be subjected to careful investigation from this standpoint, in order to determine if similar vibrios are present in them also. With this in view the more polluted end of the Schuylkill river has been subjected to such study, with the result that a spirillum has been detected that possesses all the morphological, cultural and pathogenic group characteristics of the suspicious spirilla discovered in European surface waters. That this organism can have nothing to do with cholera is evident, as the last visitation of cholera to this city was in 1873, when there were eight cases reported, six of which were of doubtful nature. In the event of an outbreak of Asiatic cholera in this country it is essential for us to be familiar with the characteristics of spirilla pres-

ent in polluted surface waters, at times when the disease is absent, and it is for the purpose of obtaining such data that he made this contribution, hoping to induce other American bacteriologists to give special attention to our surface waters from this standpoint.

*Drs. Victor Vaughan, Chas. T. McIntosh and George D. Perkins*, Ann Arbor, Mich., made a report on "The Treatment of Anthrax in Rabbits by Intravenous Injections of Nucleinic Acid." They presented a brief summary of a large number of experiments made along the line indicated in the title. They found that the results depended upon the virulence of the germ, the age of the animal, the strength of the nucleinic acid solution used, and the period after inoculation when the treatment is begun.

*Dr. Theobald Smith*, Boston, spoke of "Two Varieties of the Tubercle Bacillus from Mammals." The two cultures were obtained respectively from a bull and a member of the bear family (*nasua narica*) through guinea pigs. The *nasua* culture is presumably from the human subject, as the animal was the household pet of a tuberculous patient, now dead. Well-marked differences in morphology, in cultural characters and in pathogenic activity will be pointed out, and the question raised whether the bacillus of the human and of the bovine disease are identical or racially different.

*Dr. F. P. Henry*, Philadelphia, Pa., reported "A Case of Parasitic Chyluria with Filariæ Sanguinis Hominis Nocturnæ in the Blood." The case was an indigenous one, the patient never having been outside of the United States, and the first case of the kind observed in Philadelphia. The infection was probably acquired in South Carolina or Florida and, possibly, at the age of 12. Patient a female, aged 29, in whom chyluria first manifested itself shortly after delivery of a child at term. Filariæ absent from the milk of the mother and the blood of the infant. Ophthalmoscopic appearances negative. Treatment with quinine, thymol, methylene blue and vaccination ineffectual. Remarks upon filariasis in general and exhibition

of photographs of living filariæ under a one-twelfth oil immersion lens.

*Dr. J. H. Musser*, Philadelphia, Pa., reported "A Case of Leucocythemia," with a record of its blood counts; of the differential counts; of the specific gravity and chemical analysis of the blood; histological study of the tissues after death.

*Dr. I. N. Danforth*, Chicago, Ill., read some "Notes on the Treatment Pernicious and other Forms of Essential Anemia." Iron—tolerant and intolerant forms—no permanent benefit from any of them. Acid preparations of phosphorus will have and exert a temporary tonic effect only. Intestinal antiseptics, advocated by Hunter, of no use, except in cases complicated by gastro-enteric fermentation. Alcohol (*i. e.*, distilled liquors) does no good; malt liquors—ale or beer—if borne well, retard progress of disease. Arsenic, when tolerated in heroic doses, is very beneficial, but no permanent cures have been authenticated. Bone marrow has produced variable effects; some cases very slight improvement; in others very great improvement; but its real value is still questionable. The best form of bone marrow and its mode of preparation are still open questions. Pernicious anemia is still an incurable disease.

*Dr. J. P. Crozer Griffith*, Philadelphia, read a paper entitled "Idiopathic Osteopsathyrosis in Infancy and Childhood." Osteopsathyrosis, or fragilitas ossium, is a comparatively rare condition at any time of life, or dependent upon any cause. It is far most frequent in advanced years, and is then due to an atrophy of the osseous structure. At other periods of life it may be symptomatic of other affections, such especially as certain nervous diseases, osteomalacia, rickets, etc. There are still a number of cases remaining which may be called idiopathic, since they can be traced to no recognizable cause, and, as most of them are not associated with any atrophy or other visible pathological alteration of the bone. Some of these occur in youth and adult life, but the writer confined himself to those developed in early years and reports a case

in point. This was a boy who had several fractures, occurring at or soon after birth, and who, up to the age of two years, had suffered in all seventeen or eighteen fractures. The slightest cause was sufficient to produce them, and it was necessary to keep the child upon a stretcher, so great was the fragility of the bones. The general health of the subject was good, and there was no constitutional affection in him or in his parents which accounted for the condition. The writer then reviewed the cases of unusual fragility in infancy and childhood of an idiopathic nature, which had been reported in medical literature, and discussed the etiology, pathology, diagnosis and treatment, so far as it was possible with the little light which the reports shed upon the subject. The cause was, as the title indicates, unknown. With regard to pathology and diagnosis, the writer discussed briefly the relation of the disease to rickets, to osteomalacia and to imperfect osseous development, the latter as especially exemplified in some of the reported instances of multiple intra-uterine fractures. The disease may, and probably does, bear a certain relation to these pathological conditions, but it is distinct from them. Certainly, in his opinion, it was not at all of a rickety nature, although it may sometimes be combined with rickets.

*Dr. W. H. Thomson*, New York, spoke of the "Painful Points in Gouty Compared with Rheumatic Arthritis." The localization of painful points in gouty arthritis is of diagnostic value, as shown by statistical observations to be submitted. Thus in all diarthritic joints the painful points in gouty inflammation are, with certain specific exceptions, on the condyles. In acute rheumatic arthritis the pain is more diffused, but distinctly pronounced along the tendons and at their attachments, and not on the condyles. In rheumatoid arthritis there is no uniformity in the localization or tenderness on pressure.

*Dr. Wharton Sinkler*, Philadelphia, read a paper on "Habit Chorea." This affection is a true chorea, and is not a form of spasm or tic, as believed by

Gowers and some other writers. It is closely allied to, if not identical with, Sydenham's chorea. A classification of the causes and course of the disease, together with a study of the regions of the body most commonly affected. Illustrative cases.

*Dr. J. J. Putnam*, Boston, Mass., spoke of "The Relations of Migraine to Neuralgias of the Fifth Nerve." Migraine is usually considered as a neurosis *sui generis*, and as quite distinct from neuralgia. It showed that it stood in a much closer relationship to neuralgias of the fifth nerve, especially the ophthalmic division, than to other neuroses, and that this relationship is much closer than is usually admitted. Several points of analogy between these two affections were pointed out, both as regards the character of pain, the course of the disease and the attacks, and the prodromata. It was shown that the two forms also tend to occur in the same family, and in the same individual, as a matter of substitution.

The following questions were then considered: What do we mean by neuralgia, and by migraine; what distinctions can be made between the different forms of neuralgia of the fifth nerve; can any general definition be found for these painful affections which will indicate the relationship between the neuralgias, the visceralgias, the periodical headaches and migraine; is there any definite relation between the pain and its seat? Finally, the clinical history of "typical, recurrent supra-orbital neuralgia," "brow-ague," "intermittent frontal headaches" (different names for the same affection) were considered.

*Dr. Andrew H. Smith* spoke of the "Prognosis in Pneumonia." Prognosis as affected, first, by pre-existing conditions, such as age, sex, habits, etc.; second, as affected by conditions arising during the progress of the disease, such as chill, temperature, amount of lung implicated, complications, etc.; illustrated by statistics of cases at Presbyterian Hospital, New York.

Prognostic indications derived from the pulmonary second sound. Ditto, from leucocytosis.

*Dr. G. M. Garland*, Boston, Mass., mentioned "A Case of Esophageal Hemorrhage with Cirrhosis of the Liver." This case was characterized by rather long continuance, by large evacuations of blood from the bowels, by vomiting of blood and by regurgitation of blood.

*Dr. William Pepper*, Philadelphia, spoke of "The Diagnosis and Treatment of Dilatation of the Stomach." Methods of determining the size of the organ. Inspection. Inflation with carbonic acid by effervescent mixtures. Inflation with air, using an air-pump. Percussion—direct, auscultatory percussion. Palpitation—splashing sounds. Examination with the stomach tube. Diminished motor power, fermentation of the food; hydrochloric acid; lactic acid. The general condition of the patient. Differential diagnosis. Megalo-gastria and gastrectasia. Atonic dilatation; mechanical dilatation. Cicatricial stenosis and carcinoma. Treatment. Diet. Massage. Moderate use of the stomach tube. Colonic injections. Surgical treatment.

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### Correspondence.

#### COLD IN PNEUMONIA.

PHILADELPHIA, May 1, 1896.

Editor MARYLAND MEDICAL JOURNAL:

*Dear Sir:*—Will you kindly announce to the members of the medical profession that my two collective published reports on "Ice-Cold Applications in Acute Pneumonia" give a record of one hundred and ninety-five cases so treated, with seven deaths, or a mortality rate of 3.58 per cent.

Being desirous of making as full a report as possible on this subject, I take the liberty of asking those who have tested this measure to kindly give me the result of their experience. Full credit will be given to each correspondent in the report which I hope to publish. Blanks for the report of cases will be furnished by me on application.

THOMAS J. MAYS, M. D.

1829 Spruce Street.

### Medical Progress.

#### RECENT PROGRESS IN SURGERY.

*By Randolph Winslow, M. D.,*  
Professor of Anatomy and Clinical Surgery,  
University of Maryland.

THE subject of appendicitis, though old, is ever new, and we must acknowledge that no more important affection can engage our attention. There is still a great diversity of opinion even amongst first-class surgeons as to the indications for operation, some who have not lost entire faith in the *vis medicatrix naturae* being willing to wait a reasonable time before operating, whilst others regard the appendix about as a boy does a snake, and think the sooner it is removed the better for the individual. Dr. Willy Meyer, in an address before the Metropolitan Medical Society of New York, reported in the *Medical Record*, February 29, 1896, divides inflammation of the appendix into three classes:

1. Acute perforation (gangrenous) appendicitis — appendicitis acutissima.
2. Acute appendicitis.
3. Subacute and chronic relapsing appendicitis; and sums up the indications for treatment as follows:

1. In cases of diffuse perforative appendicitis the operation must always be done at once. Patients have the best chance to recover if operated upon within the first twelve hours. Exceptionally patients get well without an operation.

2. In cases of acute appendicitis the patients always need careful observation. If the pulse goes up above 116 to 120 and has the tendency to stay there, the indication for an operation is given. In case of doubt, the operation is better than waiting.

3. In cases of subacute (mild) attack of appendicitis, also after the first severe attack from which the patient recovers without immediate operation, the appendix should be removed. The appendix, once inflamed, has to be looked upon as a diseased organ, which is very apt to give repeated and more serious, even fatal, trouble in the future.

When done at this time, we can always perform the blunt division of the abdominal muscles according to the di-

rection of their fibers, and thus save the patient the probable appearance of a ventral hernia.

Should the appendix be removed in every case of appendicular abscess? Dr. J. Wm. White of Philadelphia, in the *University Medical Magazine*, considers the above question at considerable length, and gives his own conviction in the following words: "If there is a circumscribed abscess, it is poor surgery to insist in every case and at every period upon finding and taking away the appendix in the face of all obstacles. In many cases of circumscribed abscess, and especially in those in which the appendix is bound down by adhesions in the depth of the wound, the surgeon should be content with evacuation, irrigation, drainage and packing with iodoform gauze. Persistent search for the appendix and attempts at its removal in these cases are attended with such danger of opening the peritoneal cavity that they are not to be recommended."

Dr. White is candid enough to admit that this is one of the points which is not settled, and that surgeons of ability and experience differ radically in regard to the matter. He quotes a writer who entertains views in opposition to his own as follows: "In operating upon pus cases in which the appendix is involved in the wall of the abscess cavity, I believe that it is possible and always advisable to make the operation a complete one, as in no other way is recovery assured. . . . A practice which I believe is a frequent one is simply to evacuate the collection, there being no attempt made to remove the appendix if it be not plainly visible. This I consider, with all due deference to the surgeons who practice it, incomplete surgery."

Dr. White from his own personal experience shows that it is the rule, and not the exception, for cases to recover permanently and perfectly, where the abscess has simply been evacuated and drained, and the appendix allowed to remain in situ. The opinions of Drs. McBurney, Bull, Halsted, Senn and Richardson are also quoted, none of

whom make it a practice to search for and dig out the appendix, in cases where it is firmly imbedded in the wall of the abscess, and forms a portion of the barrier interposed by nature to the further extension of the inflammation.

The treatment of penetrating gunshot wounds of the abdomen has undergone a radical change since our civil war, and doubtless, in another conflict between first-class powers, the death rate following these injuries will be materially lessened. We must, however, make a distinction between the injuries seen in civil practice, which are usually the result of wounds made by small missiles, and those in military surgery which result from larger and more powerful weapons. My experience in gunshot wounds of the abdomen has not been a small one. In the *Bulletin of the Maryland University Hospital*, Volume I, Number 1, my views are thus summarized:

1. In view of the almost uniformly fatal result of gunshot wounds of the abdominal viscera, when treated conservatively — that is with opium, rest and starvation — it is the bounden duty of surgeons to subject such cases to laparotomy, and to repair, as far as possible, such injuries as may have been inflicted.

2. Operate at once, and do not wait for symptoms of perforation of the intestines to occur — that is, for the development of peritonitis — or the golden opportunity will be lost, and the operation will be too late.

3. The condition of shock in abdominal injuries usually means hemorrhage, and it is best not to wait for reaction; otherwise the only possible chance of saving life may be lost.

4. The exploration of the abdomen should be thorough, and for this purpose a very free incision may be necessary.

5. All bleeding vessels must be secured, and all intestinal wounds must be sutured.

6. It is generally best to open the abdomen in the linea alba, but in some cases it may be preferable to operate at the site of the wound.

7. Operate as speedily as possible, but do not hurry.

MARYLAND

# Medical Journal.

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BALTIMORE, MAY 9, 1896.

THE kicker is said to have his uses, but the "anti" societies have certainly done a great deal of harm. The average Englishman does not hesitate to express his views, usually in print, and England is the home of all societies to oppose almost any movement.

The anti-vaccinationists have ruled the old cathedral town of Gloucester long enough to cause a terrible mortality from that loathsome disease smallpox, and the last reports showed that cases were increasing daily. Now the anti-vivisectionists have begun their cry, and half informed with ideas of cruelty, which are spread by a would-be comic weekly in New York, have actually asked Congress to pass a law preventing vivisection in the District of Columbia.

To this, every civilized society will object, not that physicians and scientists delight to study the tortures of dumb animals, but because they know that such tortures do not exist except in the minds of the ignorant lay-

man, and because they know that so many cures and helps in the cure of disease have spared the lives and relieved the sufferings of man. Indeed, the word "vivisection" may mean so much that a "blanket" law might prevent the killing of a mosquito or the use of camphor against moths.

If such a law gains a foothold in the District, this will only be a wedge to try the same style of legislation in other States until all medical work will have to stop or be impeded by legislation which is founded on ignorance and prejudice.

Every physician in the District, and indeed every physician in the United States, should urge on his representative to oppose this bill and an uprising of the scientific world will certainly affect such a body as Congress.

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THE cause of medical education has received a hearty support in the Association of American Medical Colleges and in the American Academy of Medicine. Both of these organizations have labored to lengthen and strengthen the course of the medical curriculum and at the same time give greater facilities to the student.

One branch of study which has long been looked at as theoretical and useless has been the laboratory work and the endless methods of study there, but at last the schools are waking up to the fact that they must give what medicine of today demands. There are many physicians by no means old who have long finished their medical college courses and never saw a microscope, or touched a test-tube.

These men appreciate now what they missed in their student days. Some have given up in despair, while others have gone back to first principles and are taking up the laboratory work from the foundation. To those who have laid the foundation of this work in a short course, or to those who have had no opportunities to take such a course, the series of articles from the pen of Dr. Charles E. Simon are recommended. They will be short, concise and clear, and the object will be to give the would-be worker an idea of what he needs in his little home laboratory.

It is a lucky man who with time, facilities and inclination, receives many specimens of urine and sputum to examine, but it is a very unfortunate physician who cannot do these



things for himself. As Dr. Simon shows, the fitting up of a small home laboratory is not expensive and should be a simple matter. The one expense, of course, is the microscope, but excellent microscopes may be bought at a small cost in this country and may answer every purpose in ordinary clinical medicine. The high powers are what cost and they are not absolutely necessary, although the oil immersion is a very convenient accessory to the microscope.

With the apparatus mentioned by Dr. Simon a small laboratory may be equipped, and even if a whole room cannot be had, the corner of the office, if it is large enough and can be separated from the rest of the room, makes an excellent work-room. Some physicians seem to think it does not look well to let patients and others see them working in a laboratory, but the intelligent patient usually prefers that doctor who uses the most approved methods for making a diagnosis, and no one ever thinks the less of a physician for seeing his microscope in use in the office.

\* \* \*

THE medical student believes that the crisis of his life lies in his final examinations.

The young practitioner places it in his first efforts to attract to himself and keep a sufficient number of patients to pay his office rent, or perhaps to justify him in holding that soul-trying interview with the parents of his beloved. There is, however, farther on in the career of the physician a crisis far more momentous than either of these, of which he should be warned by those who have successfully passed it. This crisis is at the point where the practitioner, who has struggled patiently against the countless obstacles which start up like the clansmen of Roderick Dhu, from every rock and heather-tuft about his path, has won a living income, has gained a home and pauses to rest a moment from his toil. Shall he face again the steeps of the hill Difficulty; or shall he be satisfied half way up its slope, cease to exert himself greatly and turn to enjoy for the rest of his life the honors and practice already won?

Here is the point at which so many capable lives are lost to medicine. They cease to struggle and degenerate—not swiftly, but surely.

The country practitioner, isolated from the stimulus of choice professional minds, little disturbed by competition, is exposed the most to this subtle danger.

It may be met by faithful digestion of a few choice journals; by careful purchase and perusal of recent master-works of medical literature; by more thorough study of and by recording for journal publication the puzzling or rare cases of practice; by inviting to the home and fireside from time to time those rare medical men whose very presence is an uplifting to mind and soul and who are often glad of a few days' rest from toil.

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THE last number of the *Johns Hopkins Hospital Bulletin* contains an unusually large amount of interesting material, which is chiefly in the realm of gynecology. In one article, Dr. Kelly describes his method of operating for removal of the kidney and ureter without cutting through the peritoneum; that is, nephro-ureterectomy, by which the kidney is removed retroperitoneally, and as much of the ureter as possible is brought out with it, and the rest of the ureter is removed by the vagina.

A very ingenious method of treating acute and chronic cystitis by the vesical balloon is described by Dr. J. G. Clark, and in another part Dr. Kelly speaks of the method of treating pyo-ureteritis and pyo-nephrosis by ureteral and renal catheters.

His method of exploring the pelvis of the kidney as demonstrated at the late meeting of the Faculty is very ingenious and should be an easy procedure to many gynecologists. Indeed, as he said at this meeting, no operation should ever be performed on the kidney in woman without a careful exploration of the renal pelvis with the bougie or catheter coated with wax, in order to feel the contents of the pelvis and draw off, if desired, some of its contents. With the cystoscope the openings of the ureters show at a glance which ureter is diseased if only one is affected.

These means of diagnosis should be used by all surgeons and their simplicity should commend them all, and Drs. Kelly and Clark are to be congratulated for bringing such methods to professional notice. No physician or surgeon can afford to neglect these new methods of diagnosis.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 2, 1896.

Diseases.	Cases Reported	Death.
Smallpox.....		
Pneumonia.....		16
Phthisis Pulmonalis.....		24
Measles.....	11	1
Whooping Cough.....	5	3
Pseudo-membranous Croup and Diphtheria. }	6	3
Mumps.....		
Scarlet fever.....	17	
Varioloid.....		
Varicella.....	3	
Typhoid fever.....	2	1

Dr. Harry Friedenwald has removed his office to 1029 Madison Avenue.

Ohio and New Hampshire have both stringent anti-cigarette laws.

Women with foreign medical diplomas may now register in Vienna.

Michigan has a law requiring scholars to be taught how diseases are spread.

The June number of the *Buffalo Medical Journal* will be edited by women.

Governor Lowndes has reappointed Dr. John Morris on the plumbing board.

Dr. Herbert Harlan found 43 per cent. of normal vision in both eyes in 53,333 school children.

The Alabama State Medical Association held a successful meeting at Montgomery last month.

It is said that Sir James Kitson will bear all the expenses of Dr. Playfair's case, including the damages of \$60,000.

A western society of ophthalmologists, otologists and laryngologists was formed at Kansas City, Mo., last month.

Dr. J. T. Harris, a prominent physician of Hedgeville, near Wheeling, West Virginia, died there last Sunday in his 37th year.

Vanderbilt University, at Nashville, Tenn., has called Dr. Ernest B. Sangres of Philadelphia to the chair of Pathology and Bacteriology.

Chicago physicians now have the right of way through all streets. This is a fine opportunity for the young man to advertise himself.

The University of Pennsylvania had less than half the number of graduates this year that it had last. This is the good result of a longer term.

Dr. George A. Taylor, at one time resident physician at Bay View Hospital, has an office at 26 West 34th Street, New York City, where his practice is limited to diseases of the eye and ear.

The nurse's home at the Johns Hopkins Hospital being crowded, it is the intention of the trustees to erect a new one and already an anonymous gift of \$10,000 has been received from two ladies of Baltimore for that purpose.

The faculty of the medical department of Tulane University, New Orleans, La., has announced the election of Dr. A. L. Metz to the chair of Chemistry and Medical Jurisprudence, to fill temporarily the vacancy in that body caused by the death of the late Dr. Joseph Jones.

Through the persistency of Health Commissioner McShane of Baltimore, the City Council has passed and the Mayor has signed the ordinance having for its object the systematic inspection of dairy stables within the city limits, of which there are about 250 in the city, almost all of them being in a filthy condition.

The contents of No. 2 of *The Journal of Experimental Medicine* are: Simon Flexner—A Study of the Bacillus (*Leptothrix?*) *Pyogenes Filiformis* (Nov. Spec.) and of its Pathogenic Action. G. Carl Huber—Observations on the Innervation of the Sublingual and Submaxillary Glands. W. T. Porter—A New Method for the Study of the Intracardiac Pressure Curve. Arthur C. Alexander—The Rotary Properties of some Vegetable Proteids. Thomas B. Aldrich—A Chemical Study of the Secretion of the Anal Glands of *Mephitis Mephitica* (Common Skunk), with Remarks on the Physiological Properties of this Secretion. F. C. Conant and H. L. Clark—On the Accelerator and Inhibitory Nerves to the Crab's Heart. Lewellys F. Barker—A Case of Circumscribed, Unilateral, and Elective Sensory Paralysis.

## WASHINGTON NOTES.

THE mortality of the District was 116 for the past week. It was previously the same for the preceding week. The deaths among the white people were 57 and the colored 59. The death rate stood 15.80 for the former and 32.2 for the latter. During the corresponding period last year the rate stood respectively at 20.4 and 32.27. There were no deaths from diphtheria or scarlet fever, while there were only two from typhoid and two from measles. No new cases of diphtheria were reported, but four of scarlet fever were.

The regular meeting of the Medical Society of the District of Columbia was held on Wednesday, April 29, the President, Dr. Samuel C. Busey, in the chair. Dr. Swan M. Burnett read a paper entitled "Geographic and Racial Distribution in the United States." Dr. A. R. Shands exhibited patients showing the results of Bassini's operation for hernia. Discussed by Drs. J. Ford Thompson and James Kerr.

The Washington Gynecological and Obstetrical Society held its regular meeting on Friday, May 1, the President, Dr. George Byrd Harrison, in the chair. Dr. I. S. Stone presented a specimen of "Cystic Degeneration of the Omentum." Dr. J. W. Bovée presented a "Papillomatous Cyst of Left Ovary." Dr. John Van Rensselaer read the paper of the evening, entitled "Venesection and Infusion of Saline Solution in Treatment of Uremic Coma." Discussed by Drs. H. L. E. Johnson, A. F. A. King, H. D. Fry, W. P. Carr, I. S. Stone, J. W. Bovée and S. S. Adams.

The Board of Directors of the Central Dispensary and Emergency Hospital met on Friday, May 1, for reorganization. Drs. J. F. Scott and J. F. Moran, who were elected on the Board by the Contributing Members the previous week, declined to serve and the resignations of Miss M. J. Waite and Mr. William Galt were tendered, thus leaving four vacancies on the Board. The names of Drs. H. L. E. Johnson, George Byrd Harrison, Mr. W. J. Boardman and Mr. John B. Wight, all of whom had been dropped by the Contributing members the preceding week, were presented and those gentlemen were almost unanimously re-elected to their old positions. Mr. W. J. Boardman was elected President in place of Mr. B. H. Warner, and Mr. John B.

Wight, who had been Treasurer, was elected Secretary and Treasurer. The attending staff now consists of Drs. Swan M. Burnett, T. Morris Murray, H. L. E. Johnson, W. H. Hawkes, James Kerr, Geo. Byrd Harrison and E. L. Tompkins.

## Book Reviews.

A READY REFERENCE GUIDE FOR PHYSICIANS IN THE USE OF ELECTRICITY. By Chas. S. Neiswanger, Ph. G., Author of "Suggestions in Electro-Therapeutics," Professor of Electro-Physics, Post-Graduate Medical School of Chicago. E. H. Colgrove & Co., Chicago.

The arrangement of this little volume is certainly peculiar. There is no mention of the physics of electricity, no description of batteries, and no definition of the technical terms employed in electro-therapeutics. Some two hundred different diseases are arranged alphabetically and the only information given in regard to the treatment of them with electricity is the current employed, the strength of this current and the size and form of electrode. The book would be improved by the addition of a brief description of the general principles of electricity, together with some elaboration of the technique. Again, it would have been wiser to have restricted the application of this therapeutic measure to the somewhat limited number of diseases in which it is really useful, rather than describe the manner of its application to numberless affections in which it is of no possible use. The cuts given in the book are the ones usually found in the catalogues of electrical supply companies.

THE PRINCIPLES AND PRACTICE OF MEDICINE, DESIGNED FOR THE USE OF PRACTITIONERS AND STUDENTS OF MEDICINE. By William Osler, M. D., Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University. Second Edition. New York: D. Appleton and Company. 1895. Pages xvi—1143. Price \$5.50.

The second edition of this remarkable work has appeared in a comparatively short time after the first, which had a phenomenal sale of many thousand volumes. Such a work is hard to criticize. The author uses no idle words and expresses himself in that terse manner which brings conviction and as one with authority. The clinical pictures of the diseases, especially such as typhoid fever and

the malarial diseases, are very true. What is especially noticeable is the care with which all the latest literature has been gleaned over, some very recent work having been incorporated in this edition. In the opening chapter on typhoid fever he shows his position on the cold bath treatment of that disease and shows that the presence of the disease bears a relation to the unsanitary condition of that locality where it occurs. This edition is by no means a reprint of the first one, for not only have some chapters been entirely rewritten, but every part has been revised and many additions have been made, without, however, adding materially to the size of the volume. The pathology of each disease is the result of the author's great experience in making autopsies and indeed the great value of the whole work is that while the literature has been very carefully gone over, the author speaks so largely from his own wide experience. It will far outrank other works on the same subject. The publishers have made a very compact volume of it.

**A MANUAL OF THE PRACTICE OF MEDICINE.**  
By George Roe Lockwood, M. D., Professor of Practice in the Woman's Medical College of the New York Infirmary, etc. Pp. 935. With 75 illustrations in the text and 25 full-page colored plates. Price, \$2.50. Philadelphia: W. B. Saunders. 1895.

There is nothing especial to note about this book. As the author says, it is modeled after Osler and the author has followed Osler's lead rather closely. At the same time there are here and there traces of originality and the book is not badly written. It is extremely well illustrated. This forms one of Saunders' New Aid Series. It will certainly be a useful aid to students.

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#### REPRINTS, ETC., RECEIVED.

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The Neurotic Origin of Pulmonary Consumption. Reprint from the *New York Medical Journal*.

Treatment of Fractures of the Lower Extremities in Ambulando. By Alex. C. Wiener, M. D., Chicago. Reprint from the *Railway Surgeon*.

A Preliminary Report of a Perimeter Based on a New Principle. By Joseph E. Willetts, M. D., Pittsburg, Pa. Reprint from the *Annals of Ophthalmology and Otology*.

## Current Editorial Comment.

### MEDICAL CHARITY.

*Medical Record.*

WHEN an institution is founded money is provided to pay nurses, attendants, servants, druggists, every one but the physician, and yet he is the mainspring; without him the institution could not exist. No one would think of asking a drug firm to stock a dispensary free of charge, of sending a missionary out without seeing that his material wants were provided for, of asking a clergyman or a lawyer to give his services without recompense. No one ever questions the right of these men to a reasonable compensation. Why, in the name of common sense and justice, should more be required of the medical profession than others?

### OCULIST AND OPTICIAN.

*Columbus Medical Journal.*

IT is claimed by the optician that it is not necessary to be a graduate of medicine in order to refract the eye. This is, however, a mistaken idea, and is just as absurd as it would be for an instrument-maker, who knew nothing of the anatomy of the inguinal canal, to undertake to fit a man with a truss. It is quite clear that the instrument maker's field is confined to that of manufacturing instruments, under the direction of a surgeon, who should be qualified to instruct him in reference to what he needs. Likewise, it is the duty of the optician to make and apply glasses and frames under the direction of the ophthalmologist.

### PRIVATE ROOM PATIENTS.

*Canada Medical Record.*

FOR most people the question whether patients in private rooms in public hospitals should be allowed to have their own doctors would seem to be an absurd one, for any other answer than the affirmative one would imply the subversion of every principle of right and justice. The question has been asked quite often of late, and has been answered pretty generally by the medical journals in Canada and the United States in a manner which has not pleased the cliques, who, having secured control of some of the public hospitals and a monopoly of attending the poor, wish to use their position as a means of taking from their fellow practitioners those of the latter's patients, who, by force of circumstances, find themselves in a private ward in the public hospital.

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### THE DEVELOPMENT OF THE HUMAN NERVOUS SYSTEM.

ABSTRACT OF REMARKS MADE AT THE 98TH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL 28 TO MAY 1, 1896.

By *Lewellys F. Barker, M. D.*,

Associate in Anatomy, Johns Hopkins University, and Assistant Pathologist to the Johns Hopkins Hospital.

DR. BARKER spoke of the enormous revolution in our ideas concerning the structure of the central and peripheral nervous system which has taken place in recent years through the researches of His, Forel, v. Kölliker, Golgi, Cajal, Van Gehuchten, Retzius, Weigert, Schaefer, Horsley, v. Lenhossek, Flechsig, v. Bechterew, v. Monakow, Held, Berkley, Nissl, Etinger, *et al.* The old idea of a complicated net-work advanced by Gerlach has been disestablished and the neurone concept, in which the whole of the nervous system is thought to be made up of independent units, or neurones united only by contact, at present prevails.

It is a mistake to think that the method of Golgi alone has been responsible for this revolution. The researches of His upon the early developmental features of the nervous system had practically established the fact that it, like all other parts of the body, was made up of cellular units and the developmental method of study generally has been most fruitful in forwarding our knowledge of the cell-structure of the central nervous organs. Golgi's method itself has been mainly used in the study of embryological tissues and has only a

limited application in the study of the tissues of the adult.

The structure of the neurone with its different parts was discussed as well as the functions of these, so far as they are at present understood. Nerve fibers must now be looked upon as processes of nerve cells and we are, therefore, in a much better position to appreciate the influence of alterations in the nerve fiber upon the integrity of the nerve cell than when the older ideas prevailed. Although the whole nervous system is made up of nerve cells or neurones the characters of these vary much in different parts of the nervous system. Examples of such variations were given and different types of neurones were shown in diagram. The embryological origin of the neuroblasts and spongioblasts was discussed and the relation of disturbances in early embryonic development to the peculiar manifestations met with in teratology, *e. g.*, in *asyn-taxia*, were mentioned.

The neurone is not only the morphological unit, but also may be looked upon as the physiological unit, in the nervous system, although, as the speaker later pointed out, it is improbable that a neurone often acts singly, at least in the

higher animals, but its function is, as a rule, inseparably connected with the functions of other neurones of the same neurone-chain or group. The functions of the different parts of the neurone are still under discussion. It is becoming evident from recent research that injuries to any portion of the neurone, be it the cell body, dendrite, axone, its endarbs or collaterals, lead to alterations in the structure and function of the whole neurone. Further, if impulses, which normally reach a neurone by way of other neurones, cease on account of some lesion to arrive at the neurone, definite anatomical changes take place in it. (*Cf.* Researches of Bergmann, Darkschewitsch, Nissl, Monti, *et al.* Neural pathology must be entirely recast and brought into accordance with the newer anatomy of the nervous system.

The view that dendrites conduct cellulipetally and axones cellulifugally has met with nearly general acceptance, but this probably does not represent an absolutely constant law, or there would be difficulty in understanding the occurrences in anaxonen and polyaxonen. The majority of investigators believe that the collaterals conduct impulses away from the axone, but there is some evidence that impulses may pass along them to the axone. This, however, must for the present remain undecided.

Golgi's idea that the dendrites represent purely nutritive processes has been given up. There is no doubt that they carry nerve impulses, at any rate, in certain parts of the nervous system.

Any morphological distinction between motor and sensory neurones, by means of Golgi's method, can scarcely be established. As a general rule, it may perhaps be laid down that sensory axones run centripetally, motor axones centrifugally, but there are numerous exceptions to this rule. Through other anatomical methods, however, it is probably possible to draw conclusions as to functional significance from certain morphological characteristics. The method of Nissl has been of especial value in this connection. Held's modification of Nissl's method was described and some stress was laid upon his conclusion

that the so-called "Nissl-bodies" really represent masses of granules which correspond to nucleo-albumens, precipitated through the action of fixing agents. This discovery of Held's, however, does not depreciate the value of Nissl's method as a means of research in pathological conditions.

Inasmuch as the precipitation by the fixing agents of the nucleo-albumens is constant in health and these substances, under certain pathological conditions, are either absent or present in a condition which prevents their precipitation in the same way, the method is of the greatest service in yielding data from which physiological and pathological conclusions may be drawn, especially where the correlations of the neurones are very complex. The researches of Dehio, Nissl and Flatau were referred to in this connection.

The grouping and chaining together of neurones was next taken up and the several paths by means of which the sensations which tell us about the condition of our bodies and the sensations which reveal to us certain manifestations of energy in the external world, are conveyed to the parts of the nervous system concerned in consciousness, were followed from their peripheral origin to their central terminations.

The "avalanche conduction" of Cajal seems to have a definite anatomical basis.

Recent physiological investigations have shown that cutaneous sensibility involves at least four kinds of peripheral nerves and nerve endings, those which communicate sensations of pain, pressure, cold and warmth. In peripheral as well as in central lesions there may be a disassociation of cutaneous sensation, an abolition of certain only of the sensory functions of the skin. The speaker showed the plaster-cast of an arm in which, in a circumscribed area, three of those functions were practically abolished, while one was retained, and a number of similar cases of what he has designated "elective sensory paralysis" are to be found in the literature. The motor paths from the cortex to the periphery were outlined and a number

of the more important reflex areas shown in diagram. The curious variations in the relations of the sensory tracts to the lower centers and to the cerebral cortex were spoken of and the importance of a knowledge of these neurone chains and neurone groups for clinical neurological localization was emphasized.

The newer ideas regarding localization in the cerebral cortex differ materially from the old. We now know that the cortex can be parcelled out into areas which correspond to the different sense-organs, these sense-centers being more or less widely separated from one another by very definite fields of cortical substance which have no direct connection with the periphery. The so-called motor area of the cortex is really also a sensory area; at any rate, muscle-sense and pressure-sense appear to be represented in areas very close to those in which are situated the pyramidal cells whose axones enter into the formation of the pyramidal tract. The observations of Flechsig, Hoesel, Maheim, Déjèrine and Wernicke are of special interest as regards this point.

In the cerebral cortex, fine tactile movements are represented, rather than single muscles, and the impulses which travel down the pyramidal tracts to the cells of the anterior horns call forth not single muscular contractions, but contractions of definite groups of muscles which correspond to delicate tactile movements.

The satisfactory voluntary starting of such impulses appears to be largely, if not entirely, dependent upon pre-existent sensations corresponding to these movements. The work of Mellus, Mott and Sherrington regarding the course of the fibers of the pyramidal tract in monkeys was briefly entered into and the non-crossing of the so-called direct pyramidal tract asserted by v. Lenhossek for the human cord was alluded to.

Flechsig's studies deserve particular mention. His name has long been associated with the successive myelinization of the nerve fibers corresponding more or less closely to the gradual appearance of more and more complicated nerve functions. The sensory and mo-

tor peripheral nerves are early medullated and the lower reflex-paths are ready for action long before those situated higher up in the nervous system. Shortly before birth the human infant may be looked upon as an animal without a cerebrum, quite comparable with the dog of Goltz's experiment—its brain is almost entirely devoid of medullated nerve fibers. Gradually, one by one, medullated tracts appear and the study of the human brain at different stages, week by week after birth, affords the best means which we at present possess for investigating the nerve-paths in this complicated portion of the central nervous system. Nature makes, as it were, diagrams of the various tracts for the help of the investigator.

The discovery by Flechsig very recently through the use of this method of "association-centers" between the different sensory areas of the cortex represents one of the most important, if not the most important, of the very recent advances in our neurological knowledge. This discovery is of interest not only to the anatomist, but particularly to the clinician and to the psychiatrist, since we now have a definite promise of a localization of certain, at any rate, of those higher functions of the nervous system which heretofore have escaped our grasp and which many have thought must ever remain inaccessible to investigation. The mental physiology and pathology of the future will have its corresponding anatomy.

Diseases of the association-centers are already known and to a certain extent localizable, and the task of psychiatry in the coming years will be to determine in this connection the relative importance and significance of different parts of the so-called "silent areas" of the brain. The attempts of Kraepelin and Ziehen in Germany to make more accurate examinations during life of the state of the higher nervous functions are especially laudable. Such careful clinical studies combined with accurate microscopical examinations of the brain after death will afford most valuable information in this obscure field.

There is much in the newer anatomy

of the nervous system that is startling, but the scientist will not hesitate to advance where well established facts lead him. There can no longer be any doubt, for example, that the memory traces are laid down in the neurones and already attempts are being made to find the anatomical mechanisms concerned in the formation of ideas, in the association of these with one another, and in the phenomena of attention. The theories of Rabl-Rückhard, Duval and Cajal regarding sleep and the awake condition were referred to. Cajal's hypothesis, which

might be spoken of as the "apotheosis of neuroglia," is, while eminently speculative, at the same time extremely ingenious and suggestive.

We are provided with a whole host of new methods of neurological investigation, several of which are, as yet, in their infancy. Almost any one who does conscientious work along the newer lines cannot fail to make discoveries, and no greater opportunity has ever been offered in medical research than that which is at present open to the investigating neurologist.

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## COMPOUND FRACTURE OF THE SKULL, WITH LOSS OF BRAIN TISSUE; RECOVERY.

READ AT THE 98TH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL 28 TO MAY 1, 1896.

*By R. Percy Smith, M. D.,*  
Sunnyside, Md.

ON September 5, 1892, Frederick Hanf, aged 10, was kicked in the forehead by a horse on the farm of his parents and brought to his home apparently dead. The family physician was hastily summoned, and, after seeing the condition of the patient, I was called in consultation. Upon my arrival I found my colleague thoroughly satisfied that death would soon end the scene, and little disposed to take any steps whatever to repair the damage.

Upon examination I found a compound fracture of the frontal bone, above the right supra-orbital ridge, about three inches in length, and very much the shape of the horse's hoof. Through this opening protruded portions of the brain, and on the boy's hat brain substance was scattered. The heart beat was scarcely perceptible and seemed fluttering, so we at once gave a hypodermic injection of nitro-glycerine, 1-100 grains, and in half an hour administered 30 drops of tincture of digitalis. In a short time the heart began to show signs of activity and we decided, after some argument, to give chloroform and remove the shattered bone as far as possible.

We succeeded in removing a few small pieces, but found the table of bone so firmly depressed from the violence of the blow as to make it impossible to lift it to its proper position. Previous to the administration of the anesthetic the boy was beginning to regain consciousness and there seemed to be no symptom of paralysis. While at work, portions of the disorganized brain ran out and our calculations were that he had lost over an ounce of brain substance. We then thoroughly aseptitized the protruding brain substance and wound with bichloride of mercury, 1-3000, and by careful manipulation succeeded in getting it back into the brain cavity. Then a carefully prepared drainage tube of large size was laid the entire length of the wound and extending about two inches above and below the injury and the external soft parts were brought nicely together with silk sutures. A compress thoroughly soaked in bichloride, 1 to 2500, was then laid over the entire injury, with directions to the nurse to constantly keep it wet with the solution, and the boy was put to bed to die, as we reasonably supposed.

In this we were mistaken, for at our



next visit, twelve hours later, the boy had rallied sufficiently to answer questions intelligently.

We applied no dressing whatever other than the gauze soaked in bichloride and ordered Epsom salts until the bowels were thoroughly emptied. Each day thereafter a laxative was administered as a precaution against constipation, which we suspected. A strictly milk or fluid diet was ordered. This treatment was continued for ten days, when it was gradually discontinued. His recovery was uninterrupted, which we considered miraculous at best. No fever or any signs of inflammation showed itself during the entire treatment, and the only point necessary at each visit we found was to move the drainage tube back and forth to allow the escape of any secretion collected about the point of insertion. The boy in a few months entirely recovered, and has been since attending school, where his teacher informs me he is as capable of learning as ever before.

Comparing this case with the theories of eminent authorities, what do we know after all about brain injuries and diseases? It proves conclusively that even in the most severe injuries to the

brain, where the patient is young and none of the important centers are involved, we may hope for a satisfactory recovery if the case is treated by the most rigid antiseptic methods. No similar case, no matter how severe the injury, should be entirely despaired of, if the most recent antiseptic treatment is strictly enforced.

I am aware that criticisms would be just and proper for my neglect in not elevating the depressed bone, but for the fact of the persistent opposition of the family and friends to any procedure in that direction. I was, therefore, compelled in deference to the wishes of the relations and others to employ other than radical measures for relief.

I present the patient to you for your examination, and ask if we may not anticipate some cerebral trouble in after-years, when we consider the injury it has received, and the depressed condition of the frontal bone, as it now presents itself?

Whether the line of treatment I have indicated was the best is not for me to say, but, judging from the result, I am satisfied that we did the best for the patient under the then existing circumstances.

## THE CUTANEOUS LESIONS IN DIABETES.

REMARKS MADE AT THE 98TH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL 28 TO MAY 1, 1896.

*By T. C. Gilchrist, M. R. C. S., L. S. A.,*

Assistant in Dermatology, Johns Hopkins Hospital, Clinical Professor of Dermatology at the Baltimore Medical College and at the Woman's Medical College of Baltimore.

IN diabetes the skin is perhaps more affected than any other organ of the body and, on account of the presence of sugar in the blood, the resisting powers of the skin are much lowered, so that all forms of cutaneous lesions are met with. Prince Morrow (to whose article I am indebted for much I say tonight), in an excellent review of the subject (*Medical Record*, April 11, 1896) divides the dermatoses into two classes.

1. Those having certain special characters which reveal their diabetic origin

and nature, *e. g.*, pruritus, diabetic erythema, eczema, balano-posthitis, phimosis, furuncles, carbuncles, gangrene and xanthoma diabeticorum. The majority of these are so common that they are called the diabetic dermatoses.

2. Those which occur incidentally and with comparative infrequency. They recover or retrogress according to the amount of sugar in the urine. These lesions are: acne cachecticorum, chronic papular urticaria, impetiginous and lichenoid eruptions, psoriasis, der-

matitis herpetiformis, herpes zoster, mal perforant, erysipelas and dermatitis diabetica papillomatosa.

The most characteristic cutaneous lesions of diabetics are found in the genital region because of their exposure to the saccharine urine, which ferments rapidly and favors the growth of cryptogamic vegetations; this appears as a white deposit on the epidermis and between the epithelial cells. The parasitic deposits occur most frequently beneath the prepuce of the clitoris and in the sulci, between the labia majora and minora; in the male the most frequent site is alongside the frenum. These white deposits are considered to be pathognomonic of diabetes.

Ernst found saccharomyces, all kinds of sporeo micrococci, staphylococcus pyogenes aureus, bacilli belonging to bacilli coli, etc., in these deposits. Many of the diabetic dermatoses are so typical that one can diagnose the disease.

Of the functional affections, there are asteatosis and anidrosis, which constitute some of the earliest cutaneous manifestations. Sweat is reduced from  $\frac{1}{2}$  to  $\frac{1}{4}$  and also qualitatively on account of the elimination of sugar. Hyperidrosis is very exceptional and may occur as localized hyperidrosis, or unilateral sweating.

Trophic changes are shown by the skin becoming dry, harsh and rough, with furfuraceous desquamation, and is sometimes very scaly. Intense itching is a common symptom of diabetes. Pruritus vulvae is usually associated with structural changes, but pruritus is not limited to the genitals only, but may occur also on other parts of the body and is sometimes almost intolerable. Other trophic changes are shown by the thinning of the hair, which becomes dry, fragile and loose and falls out. Falling of the nails also occurs and they become loose and atrophy. Sometimes there is a discharge between the nail and the skin, when the border of the nail is uplifted and may fall out. One of the most common of the cutaneous eruptions is eczema of the genitals and peri-genital regions. The eruption is preceded by pruritus, heat and burning and the

lesion often results from the scratching. Pruritus is more intense in females and is sometimes the only symptom.

In eczema vulvae there is intense redness and tumefaction of the labia, which are excoriated and moist, accompanied by a thin, gluey discharge. Whitish deposits are seen, consisting of parasitic growths, which have been just mentioned. Fournier describes a chronic form, which ordinarily succeeds the acute, where the skin assumes a brownish-red color, almost livid, with a moist, desquamated surface, accompanied by thickening and induration from scratching. The result is a hypertrophied vulvitis. The vaginal mucous membrane is also of a venous red color.

Diabetic eczema vulvae is distinguished from ordinary eczema by the hyperplastic growth, sombre red color, the secretion which is less abundant, the glazed surface, the continued desquamation of thin, whitish crusts of sebaceous matter and parasitic growths. Itching is more intense. In eczema vulvae one should always test the urine for sugar.

In diabetic affections of the male genitals there is usually balanitis and balanoposthitis, but pruritus is complained of first. Isolated balanitis is rare and occurs usually only in circumcised subjects.

Balano-posthitis commences as an inflammation over the glans and the mucous membrane of the prepuce becomes inflamed and swollen and then fissures and cracks follow; the prepuce becomes thickened, inelastic and finally phimosis is produced. The prepuce may at times become almost cartilaginous. The eczematous eruption may extend beyond the genitals.

In diabetic balanoposthitis there is an absence of excoriated patches, the inflammation is subacute, the surface is dry, glazed and often cracked; with a scanty secretion; there is also a progressive thickening of the integument ending in local scleroma, inelasticity and sometimes atresia of the preputial orifice. Even gangrene of the penis has resulted in extensive cases. Among the rare affections of the genital herpetic eruption

tion, furuncles and vegetations have been recorded.

The commonest diabetic manifestations on the general surface of the skin are furuncles and carbuncles. Furuncles occur at an early stage, whereas carbuncles appear at a later stage. Marchal says "that diabetes is the etiological origin of furuncles in one-third of all cases." Prince Morrow says of the absolute frequency of furuncles, that they occur in one-tenth to one-fourth of all cases of diabetes. Their distribution is usually on the neck, back of the shoulders, or buttocks. They are distinguished from ordinary boils by their multiplicity, their succession, and their tendency to excessive sloughing and gangrene. Carbuncles or confluent furuncles present a cribriform and honey-combed appearance and often become gangrenous.

The presence of carbuncles determine a profound constitutional disturbance, great feebleness and prostration, which often ends fatally.

He mentioned the case of a man with diabetes who used a blister to neck. This was followed by the development of a carbuncle which ended fatally. Another case (Fagge), subject at intervals of a year or two to boils and carbuncles

and during attacks had always passed glucose yet between attacks no sugar. In cases of chronic furunculosis and in carbuncles examine the urine for sugar.

Gangrene. Diabetes creates a special predisposition to gangrene. It may arise spontaneously or result from slight wounds, abrasions, contusions, furuncles and carbuncles. More prone to occur on lower limbs. It is usually of the moist variety, attended with swelling and edema of the tissue and rapid necrosis. When spontaneous it begins as a small black patch or may be preceded by boils. Diabetic gangrene never occurs in children; the youngest case recorded is 28. Alcoholic diabetics are peculiarly prone to gangrene.

Rare manifestations may be mentioned. Xanthoma diabeticorum, which comes and goes with sugar; chronic papular urticaria, which may be produced by scratching, eczematous impetiginoid and lichenoid eruption. Bullous and pemphigoid lesions sometimes on lower limbs. Psoriasis, acne cachecticorum on buttocks and lower limbs. Dermatis herpetiformis. Herpes zoster with severe scurvy, prolonged neuralgia, mal perforant. Purpura hemorrhagica, erysipelas. Dermatis diabetica papillomatosa. Brown skin.

THE PLASTER JACKET. — Dr. J. T. Rugh asks in the *Philadelphia Polyclinic* how long a plaster of Paris dressing should be allowed to remain on a patient. In answering this question he formulates the following rules:

1. A plaster bandage should never be allowed to remain on any patient longer than four weeks without opening or removing to examine the parts.

2. In applying plaster to an extremity, a small part of the distal portion of the extremity should always be left exposed so that the circulation may be carefully watched.

3. If the circulation of the encased member or part be interfered with, or if undue pressure obtains, the cast must be either opened sufficiently to relieve the symptoms, or removed entirely.

4. When a plaster bandage is removed it may, in many cases, be reapplied, and will prove as efficient as though a new one were put on.

5. Patients should be directed to return in four weeks at the least (sooner if necessary), and, if they are unable to do so, the physician must cut the plaster, and instruct them as to its removal and reapplication.

6. Over a sinus or ulcer, an opening should always be cut, or the plaster be applied on each side of such wound, and the two pieces be connected by wooden or iron bars, so that the wound may be properly cared for.

7. If the surgeon will use common sense in every case, complications in the use of plaster of Paris will rarely arise.

## Society Reports.

### MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

NINETY-EIGHTH ANNUAL SESSION, HELD AT THE HALL  
OF THE FACULTY, APRIL 28 TO MAY 1, 1896.

TUESDAY, APRIL 28, FIRST DAY.

DAY SESSION, 12 M.

THE ninety-eighth session of the Medical and Chirurgical Faculty of the State of Maryland was called to order at the Hall of the Faculty, 847 North Eutaw Street, April 28, at 12 o'clock noon, Dr. Charles G. Hill, President, in the chair, Drs. John S. Fulton; Robert T. Wilson and W. G. Townsend, Secretaries.

After the reading of the minutes of the preceding meeting and the report of examiners and announcements of candidates—

*Dr. Charles G. Hill* delivered the "President's Address" on the subject of "Some Observations on the Effects of Thyroid Feeding in the Insane." After referring to the literature of the subject he said he had used the treatment in forty cases, some of which were acute, some chronic and some in old persons. He had the following results: Unimproved 8, improved 12, greatly improved 14, cured 5, died 7. He then reviewed a few typical cases and spoke of the effects of the treatment in general. In some there was elevation of temperature, gastric disturbances and albuminuria. He could not say how the remedy acted, but was pleased with his success.

*Dr. E. N. Brush* then read a paper on the "Diagnosis of Insanity by General Practitioners." He spoke in general of the lack of information by the average physician in matters pertaining to insanity, and said it was not surprising when it is known that little or no teaching upon the subject is given in our medical schools, and students were never examined upon the subject as a requisite to a degree. He said that the laws of commitment varied in the different States; that in New York, Pennsylvania and Maryland, and many other

States, a written certificate was necessary to commit a person to an insane asylum and two physicians were obliged to sign the papers, hence, in practically all cases sent to asylums, the diagnosis was made by general practitioners.

He divided insanity for convenience into two classes: 1. Those due to inherent brain defects, under which we class idiocy with certain degenerative forms of insanity, of which paranoia was the great type. 2. Conditions due to the diseases of the brain or to disturbances of the physiological functions by disease of other organs of the body. Under the second head are included melancholia, mania, dementia and general paresis. He urged upon his hearers the necessity of remembering that insanity was not a pathological entity, but a symptom, in varying forms of brain disturbance. It is difficult to get a careful and correct history of a case. Persons will deny any family taint and try to deceive the physician. The general practitioner, even if skilled in asking questions, may be deceived. Even where there is no hereditary history of insanity, the phthisical taint on one side and the neurotic on the other may produce insane offspring.

It is well to learn as much as possible of the patient first before seeing him and then examine him afterwards. An insane person is sometimes shrewd and crafty and the examiner must use tact. Note the patient's attitude. Is he ill at ease? Is he quiet? Examine the skin, tongue, eyes, hair, etc. There is rarely a clear complexion in the beginning of insanity. Persons insane often give the most lucid and sane answers and paranoiacs who act in the most intelligent manner until their hobby comes up are frequent.

*Dr. Brush* then sketched the prominent symptoms, mental and physical, of the common forms of insanity, and said something as to the causes, which he said should always be inquired into as one of the factors leading to a diagnosis.

*Dr. Henry M. Hurd* said that the general practitioner was not usually familiar with the technical terms of insanity. He has difficulty in describing

technically what he sees. It is sometimes easy to see that a person is insane but hard to say why this is so. The diagnosis, however, should be made by the general practitioner. For this reason insanity should be studied in the medical schools. The certificates that come from the general practitioner are usually correct and mistakes are infrequent. A difficulty sometimes arises from the fact that many definitions of insanity are legal and not medical and the physician makes the mistake of trying to show that the patient is legally, rather than medically, insane.

Physicians should content themselves with making a medical diagnosis. Physicians are often too accommodating and when friends state the condition and ask for a certificate, the physician sometimes furnishes it without actually witnessing the insane acts of a patient. He acts in good faith upon the reports of those who have witnessed such insane acts, but does not speak from experience. This is an error. The physician should investigate and sign no paper unless he has seen and studied the case.

*Dr. Lewellys F. Barker* then made remarks on "Some Aspects of the Study of the Human Nervous System with Particular Reference to its Development." (See page 73.)

*Dr. G. J. Preston* spoke of the great advances made in neuro-histology in the past ten years. The neuro-histologist is far ahead of the physiologist. The clinician should make a careful study of all his cases and not only profit by the researches of the laboratory student, but help him.

*Dr. J. D. Blake* asked if the collateral branches of the axone were real branches or were they simply fibrillae passing down from the cell with the body of the axone for a certain distance and then branching off. He also asked if *Dr. Barker* had not said that the fibers in the pyramidal tract did not cross, how did he explain crossed paralysis?

*Dr. Barker* replied that the lateral pyramidal tract does cross over but the direct tract does not.

*Dr. H. J. Berkley* then made some re-

marks on the Psychical Nerve Cell in Health and Disease. By means of diagrams he demonstrated the different forms of the nerve cells of the cerebral cortex; by far the largest portion being of conical or pyramidal shape, and from their relations serve as the substratum of mental activity. In contradistinction to other nerve cells, these psychical cells have on their branches short lateral buds or gemmules, which subserve the purpose of giving a greater number of points at which the endings of the intracortical nerve fibers may come into contiguity and deliver the dynamic forces originating in the body of the cells. In poisoning from alcohol, hydrophobia, ricin, etc., the branches of the nerve cells show thickening and nodosities, but, more important, the gemmules are degenerated, and accordingly the means of connection with other cells both intrinsic and extrinsic to the cortex are destroyed.

*Dr. A. K. Bond* asked how wasted nerve cells could be affected by the thyroid treatment in 24 hours.

*Dr. Berkley* replied that the thyroid extract caused a congestion of the cerebral tissues and an improvement, which is very transient, in chronic cases of insanity. The nerve cell under the influence of toxins very rapidly degenerates, and as it is a completed element, it is incapable of regeneration to any extent. He has not been favorably impressed with the results of the thyroid treatment in his own experience.

#### EVENING SESSION, 8 P. M.

The Discussion on Diabetes Mellitus occupied the evening session.

*Dr. William H. Welch*, in speaking of the pathology of this disease, said that no lesion was universally present in diabetes, nevertheless it is hardly correct to say that there is no lesion characteristic. There is one which is pathognomonic, but it stands in no relation of cause and effect. It is constant in this disease and is found in certain cells in the kidney. *Armant* described it in *Cantani's* book about twenty years ago. It is little recognized. It was supposed to be a dropsical affection of

the cell, but now we know it is not. It is a glycogenic metamorphosis of the cells. The epithelial cells lose their clearness, but the nucleus is clear. This is found chiefly in the ascending arm of the tube, but also elsewhere.

If the specimen is so prepared that the glycogen is still there, it can be easily seen under the microscope. The specimen is put in boiling water, absolute alcohol, or water with iodine. These cells are filled with glycogen and in all cases which he has examined, and they are not many, the glycogen is present.

The diagnosis of this disease can always be made at the autopsy, but there is no reason to suppose that it is a cause but more probably a secondary effect. The causal lesions, which we know, are of two classes, of the central nervous system and of the pancreas. The extirpation work of physiologists called our attention to this first. Bernard, von Mering, and others, first described lesions in the medulla oblongata. These have been found in many cases. Bouchardat, Lancereaux, Frerichs, and Senator, all understood this disease and antedated the experimental work; and indeed this was known in the last century. It is only in the last seven years that more attention has been given to the pancreas in this connection. The total extirpation of the pancreas in dogs has caused diabetes. This is not due to a lesion of the surrounding part, but to the interruption of the function of the pancreas.

The proportion of cases of diabetes associated with pancreatic lesions is at least 50 per cent. of all cases. The lesions of the pancreas vary in their character. Hansemann says that one lesion, which is invariably associated with diabetes, is granulation atrophy of the pancreas. It has its analogy in granular nephritis. There is an increase of the connective tissue, a thickening of the walls of the vessels and a diminution of the glandular substance. There is no other lesion which destroys the function of the pancreas that will cause it. Calculus of the duct and new growths may cause conditions almost similar. These

facts may not be so reliable when we consider that the pancreas is examined at the post-mortem in every case of diabetes, but is rarely looked at in other diabetes. He holds that all cases of diabetes are due to changes in the pancreas.

There is no characteristic lesion of the liver; indeed, it is often not affected at all. Some lay great stress on the dilatation of the blood vessels of the liver. This is not demonstrable and not important. In some cases the liver cells are changed and there is a glycogenic metamorphosis of the nucleus of the cells. He does not believe that the sympathetic nervous system has anything to do with the cause of the disease. There is some change in the blood. Glycogen has been seen inside the leucocytes. Diabetics are especially predisposed to complications, especially to infection from pyogenic organisms; boils, carbuncles, etc. Senator says that lobar pneumonia is a rare complication, Osler says it is very common. Klemperer says that it is not common, probably because the organism of pneumonia does not grow well in the presence of sugar, but Welch says on the contrary that the presence of sugar favors their growth and in those cases the colon bacillus is found.

*Dr. John S. Fulton* then spoke of the etiology of this disease; when the food supply of carbohydrates is excessive, the glycogen reservoir is overtaxed. If the ingestion of sugar goes beyond the physiological line, glycosuria appears for a short time. Heredity, age, sex, social conditions, geographical position, race, contagion, temperament and certain diseases are all predisposing and determining causes of diabetes.

*Dr. Wm. Osler* then spoke of the varieties and clinical history of diabetes. In any case, the physician asks himself these questions:

First: Has the patient actually sugar in his urine? He referred to a case of alkaptonuria. A man was rejected for life insurance because he was supposed to have diabetes. Further investigation of this case in 1887 showed the absence of sugar and the presence of a

substance called alkapton. Dr. Osler had a case last year which was supposed to be diabetes. Fehling's and other tests showed the presence of sugar, but the fermentation test and the polariscope showed that no sugar was present. This man also had alkaptonuria and, strange to say, was a brother of the first case referred to.

Second: Has the patient true diabetes, or has he only a transient glycosuria caused by an excess of starchy food, nervous trouble, or some toxic agent?

Third: Given a patient with diabetes, is it a mild or severe case? In a mild case cut off the carbohydrates for three days and the sugar will disappear in from one to three days. Most of the cases we see in men between 45 and 50 years old are of this kind and the disease can be controlled by diet. He gave instances in which an excess of starchy food increased the amount of sugar very markedly, but on a strict nitrogenous diet the sugar was kept within bounds and the man could follow his business. As a rule, a case in which the carbohydrates are excluded for three days and in which the sugar still persists is a grave one. The disease runs a rapid course in children. Adults can stand it much longer and in exceptional cases they have lived for fifteen or twenty years with the disease.

*Dr. H. Friedenwald* then spoke of the "Ocular Manifestations of Diabetes." Diabetic affections of the eye are due either to general debility, to disturbance of nutrition, or to the production of the toxic substance in the blood. Visual disturbances due to general enfeeblement depend upon weakness of the external ocular muscles and still more to the muscles of accommodation.

The affections probably due to nutritive disturbances are cataract, retinitis and hemorrhages within the eyeball. Diabetic cataract is not so frequent as is generally supposed.

The characteristic forms of retinitis were next described. Among the most interesting diabetic affections are those which are probably due to poisonous products in the circulating media—to an

auto-intoxication. Under this head retrolubar neuritis was described, which affection produces a central scotoma much resembling tobacco amblyopia.

Diabetic paralysis of the accommodation, which is very much like post-diphtheritic paralysis, is likewise probably due to some poisonous product.

*Dr. T. C. Gilchrist* then spoke of "Cutaneous Affections in Diabetes." (See page 77).

*Dr. I. E. Atkinson* then spoke of the prophylaxis and treatment.

From the variety of its pathology of diabetes mellitus we would have no way of treating it etiologically. Measures for prevention can only be taken in a few cases. In hereditary cases, in obese and gormandizing persons and in those who have recovered from one attack we can take measures to prevent its recurrence. The medical treatment is entirely unsatisfactory. Arsenic occasionally benefits. The latest remedy, recommended by West of England, in the *British Medical Journal*, is uranium nitrate, 20 grains, three times a day. One drug to speak of is opium; it has very little influence over the disease, but it checks the glycosuria and polyuria. Codeia and morphia are the best forms to give opium. The habitual use of opium in this disease is not desirable. It should be given intermittently. The suggested treatment with pancreatic extract is of no especial advantage. The most satisfactory treatment is by diet, but the deprivation of starchy food and bread especially is a great hardship. Diabetic patients are as untruthful as opium eaters and very little confidence can be placed in their word. Aleuronat bread and peanut flour bread have been highly recommended. Mineral waters are also used. The main object of treatment is the maintenance of albumen. The amount of food necessary may be calculated mathematically according to the weight of the patient. He must have fat or alcohol to make up for the loss. Never put the care of a patient in his own hands. He should never go to the table and should have his food arranged for him so as to insure variety of diet.

## AMERICAN MEDICAL ASSOCIATION.

FORTY-SEVENTH ANNUAL MEETING, HELD AT  
ATLANTA, GA., MAY 5 TO 8, 1896.

*Dr. R. Beverly Cole* of San Francisco delivered the President's Address, in which he reviewed the history of the Association since he last visited Atlanta, 15 years ago. He spoke of the advance of medical education and the good which has been done by raising the standard of medical education through the American Medical College Association. He spoke against the recent cut in the rates of several large life insurance companies and agreed that no company could afford to pay such small fees, as in the end they were losers. Every examiner should agree to decline employment without adequate compensation. He thought the Association should take some action on the total abstinence of reciprocity between the United States and foreign countries as to the laws governing the rights to practice medicine. Our country receives with open arms physicians from all parts of the world and places few restrictions on their actions, while many foreign countries, and even those as near to us as Canada, will allow no American physician to practice in their country without a rigid examination. He looked with pleasure on the recent actions of the Journal of the Association in refusing all unworthy advertisements. He approved of the addition to the Cabinet of a secretary of public health, at the head of the department known as the Bureau of Health. The past year has been replete with discoveries and inventions in the domain of medicine and surgery, not the least of which was the discovery of the cathode rays. Enthusiasts who hasten to publish their immature discoveries of consumption cures should not be encouraged by sincere physicians unless their work had some sure foundation.

*Dr. Wm. Osler* of Baltimore then delivered the Address on General Medicine. His subject was "Study of Fevers in the South." Humanity has three great enemies: fever, famine and war. A

great benefit has been conferred on mankind in connection with fevers. The introduction of cinchona, the discovery of vaccination and the announcement of the principle of asepsis. Differentiation in typhoid fever is one of the most interesting chapters in medicine. This disease has received much attention of late in the South. Advances in the treatment of fevers, especially of typhoid, have not kept pace with our knowledge of the causes of these diseases. Typhoid fever is essentially a disease of the country. He had no patience with those heretics who advanced the antiseptic and abortive treatment of typhoid fever. We should try to add to our knowledge of this disease by holding as many autopsies as possible of such cases. The younger physicians, especially in the South, should study the cause of malaria from the standpoint of Laveran's discovery.

*Dr. Nicholas Senn* of Chicago then delivered the Address on Surgery on the subject of "Some of the Limits of the Art of Surgery." Modern surgery from its wonderful developments deserves to be considered as a science and an art; as a science in the last half century and as an art for many centuries past. Modern pathology and the new science, bacteriology, are the basis of the advances of surgery. Thought and work, the differentiation of disease by the study of bacteriology and the wonderful development of operative procedures, together with the knowledge of antiseptic and aseptic surgery, have allowed the skilled surgeon to explore the cavities of the body and operate with perfect safety. In some ways the comparative safety with which an operation may now be done has led enthusiastic surgeons to operate unnecessarily. Operative surgery should not be carried to extremes. Tuberculous joints will not be operated on as frequently as was formerly done, but the intra-articular injections are made with vastly greater success. In the case of malignant tumors we should operate early and thoroughly. The inoculation method in the treatment of cancer has not yet fulfilled our expectations. Operative interference is abso-



lutely demanded in certain fractures of the skull. The abdominal cavity, which many years ago was an unknown region for many surgeons, is now the great battlefield of all aspiring operators and the great onslaught of modern surgery on the female organs of generation has induced many a country surgeon to move to a large city and be a gynecologist. Conservatism in the treatment of prostatic hypertrophy should be urged upon all operators.

*Dr. Geo. H. Rohé* of Baltimore then delivered the address on State medicine on the subject of "Purification of Water Supplies." The supply of pure drinking water is one of the most important sanitary problems of the day. Cases of typhoid fever most frequently occur from polluted drinking water. In 1894, twenty-five of the principal cities of the United States had an average typhoid mortality of 39.6 per one hundred thousand of their population. Asiatic cholera is also spread by infected drinking water. We must either prevent the access of impurities to the sources of water supply or else use some method for purifying the water already polluted. New York has done the former by purchasing tracts of land adjoining its water sources, but the expense of this has been enormous. Chicago has reduced her typhoid mortality by taking her drinking water from a purer source than formerly. Fortunately for the cities which cannot adopt these expensive measures, the purification of infected water by filtration is practicable. The experiments conducted at Lawrence, Mass., through the State Board of Health, by Mr. Hiram F. Mills and Mr. Allen Hazen, show conclusively that the most polluted may be rendered safe and potable by slow and intermittent sand filtration. London and Berlin have both adopted this plan. The well-known Hamburg and Altona example shows the safety of filtered water. Sand filtration thus may be regarded as the most efficient method for the purification of polluted water supplies and when carefully and intelligently managed it can be depended on as a perfect safeguard against infections from that source.

## Correspondence.

### THE PRESENT STATUS OF THERAPEUTICS.

Editor MARYLAND MEDICAL JOURNAL:

*Dear Sir:*—The enclosed letter was at first intended as a private one to Dr. I. E. Atkinson, but, after reading, I thought it might fill a corner in your JOURNAL, as it relates to therapeutics generally.

Very truly yours,

JOHN MORRIS, M. D.

*My Dear Doctor Atkinson:*

I have just finished reading your address on the "Present Status of Therapeutics" in the MARYLAND MEDICAL JOURNAL of May 2, 1896. It is pleasing, suggestive and interesting. I must take issue, however, my dear doctor, on one single point, and that is this: that nature has not provided a remedy for every disease. My judgment, based on experience, and still further, based on a profound faith in the future, tells me that there is no evil, moral or physical, for which a remedy is not to be found in the womb of time and the bosom of nature. For how many centuries did cocaine sleep in the heart of the Andes? How many millions of people were slain by variola before Jenner lived and taught? My faith is that there is a specific remedy to be evolved in time for every evil. The empiric is truly the man that my old German master used to tell me about, who "heard the bell ring, but never knew where the clapper hung."

I am not an agnostic in medicine, though I do not believe everything that medical quidnuncs tell me. My repertory of drugs is very small, viz.: mercury, arsenic, iron, tartarized antimony, sulphate of magnesia, iodine, opium, quinine, chloroform, choral, nux vomica, the bromides and synthetic remedies. These are my whole armamentarium, although I can easily manage with less, provided I have the assistance of cold water and the *vis medicatrix naturae*. All the rest is "leather and prunella."

Very faithfully yours,

JOHN MORRIS, M. D.

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BALTIMORE, MAY 16, 1896.

At the recent meeting of the Medical and Chirurgical Faculty, Dr. J. Whitridge Williams of the Johns Hopkins Hospital read a paper entitled "The Frequency of Contracted Pelves in Baltimore," that brought forward several facts which should be of considerable practical interest to the general practitioner who engages in obstetrical work.

Dr. Williams' work was based upon the careful and routine examination of the pelves of 100 consecutive pregnant or parturient women, who applied for aid at the Outdoor Obstetrical Department of the Hopkins Hospital. Fifteen of these women presented more or less marked pelvic contraction, no case being considered as contracted whose conjugata vera was not at least 2 cm. (0.8 inch) shorter than normal.

In several of the cases, the contraction was very marked, necessitating in one case the performance of craniotomy upon the dead

child; while of two other cases not yet delivered, one had previously been delivered twice by craniotomy, and the other had twice given birth to dead children after difficult forceps deliveries, the last of which resulted in a vesico-vaginal fistula and a complete perineal tear.

These figures, while based upon far too small a number of cases to be of any statistical value, clearly prove that contracted pelves occur much more frequently among us than is generally supposed, and the reason they are not found more frequently is that they are not looked for.

*A priori*, these figures are open to criticism from two points of view. In the first place, it may be objected that this very considerable frequency is due to the fact that many of the cases were referred to the Hospital by physicians and midwives, who suspected pelvic contraction, and called upon the Hospital for advice or aid. This, of course, is true to a certain extent; but only three of the fifteen cases referred to come within this category, while the other twelve represent the routine class of patients with which one meets in general practice.

Again, it may be objected that the frequency of contracted pelves in this series of cases is due to the fact that a large proportion of the patients are foreign-born, among whom the frequency of contracted pelves is notorious; while, had the patients been native-born Americans for the most part, corresponding to the conditions usually found in practice, nothing like so large a proportion would have been observed. This objection is silenced in great part by the consideration of the nationality of the fifteen contracted cases, when it is found that seven of these occurred in native-born blacks, and eight in whites, one-half of whom were native-born.

From the consideration of these facts, it is apparent that contracted pelves occurs far more frequently among our native-born women than is usually believed, and it becomes the part of the conscientious physician to be on the lookout for them and prepared to recognize them when they occur.

The main object of Dr. Williams' paper was to impress this fact upon the profession and to show that the only way by which such deformities will be recognized is by the routine preliminary examination of every pregnant woman, not only regarding the position and

presentation of the child, the condition of the urine, etc., but also by carefully measuring the pelvis.

By this means the practitioner will discover many cases of moderately contracted pelves, the majority of which will be delivered perfectly spontaneously, but every now and then will observe a very contracted pelvis, which will require the performance of Cesarean section, symphysiotomy, or what not, and upon which he will be enabled to operate at the proper time, instead of wasting the patient's strength in fruitless attempts at delivery in other ways and probably infecting her, before he discovers the real state of affairs.

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THE status of therapeutics has certainly changed in the past twenty years and what the next like period of time will reveal can hardly be said at the present time.

That we have not come to the end of our discoveries is certain and many valuable aids will be shown to us by the chemist as well as by the manufacturing pharmacist.

The letter from Dr. Morris on this subject combines the enthusiasm of youth with the experience of years. He, like many others, has gradually discarded one drug after another until now he has one drug for twenty diseases, where formerly he had twenty remedies for one disease. But he does not go too far. He uses certain remedies which have proved themselves successful in his hands and has great faith in their therapeutical powers. He believes that what has been may be, and since the wonderful power of cocaine lay dormant in the heart of the Andes for so many years, other powerful aids may be almost within the reach of civilized man and either determined and scientific study or a mere chance may reveal them to us.

We have some specifics, and he believes that other specifics will be brought to light. Cold water and the *vis medicatrix naturae* must both have their credit. One man will pin his faith to drugs and furnish an article from the *materia medica* for every symptom, while another will scorn drugs and show a skepticism born of ignorance towards every drug, demanding instead pure air, properly selected food, bathing, etc. The man who

combines all these therapeutical means will in the end be most successful. He need not believe that chance, synthetic chemistry or any other road will fail to add to our stock of drugs; he need not pin his faith to drugs alone, nor need he be a health crank. Better let him combine all these and use drugs where they are useful and while doing what is necessary for the patient in this respect, let him give directions how to avoid similar attacks of the same indisposition.

Dr. Morris takes a hopeful and encouraging view of the future of our *materia medica*. We may have specifics revealed to us, specifics which have been almost within our reach for years. The limits of discovery and invention have not yet been reached and while the present aspect of therapeutical knowledge and power may be correct today, it may be only a matter of history tomorrow. In making such new friends as hygiene and sanitary science in its new form and dress, we should not forget our old friends the drugs which have helped us so much in time of necessity.

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THE unpromising future of a case of advanced hydrocephalus stimulates to early efforts for its detection.

After the collection of fluid has proceeded until the skull has been distended and the sutures greatly widened, it is evident that grave changes in the structure and nutrition of the great brain centers have entered into the problem of treatment as its most serious elements. Can hydrocephalus be detected before the fluid accumulation has become so great as to produce distension and seriously injure the unseen structures of the brain within? This may be answered in the affirmative. While the amount of fluid in the ventricle is still very slight, certain spastic conditions of the limbs may sometimes be observed. They may be found also when the hydrocephalus is external only.

The spastic rigidity may affect the arms as well as the legs and sometimes also the body muscles. It is a progressive rigidity without marked relaxation periods. It may appear at first as a mere stiffness of the limb. There may be tremor associated with it. As has been hinted, it is apt to occur very early in the disease.

### Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 9, 1896.

Diseases.	Cases Reported	Death.
Smallpox.....		
Pneumonia.....		21
Phthisis Pulmonalis.....		21
Measles.....	8	
Whooping Cough.....	4	
Pseudo-membranous Croup and Diphtheria. }	6	3
Mumps.....		
Scarlet fever.....	17	3
Varioloid.....		
Varicella.....		
Typhoid fever.....	7	5

The Tri-State Medical Association will meet in Cumberland, June 4.

Dr. J. W. Bowcock, a leading physician of Clarksburg, West Virginia, died there last Monday.

The Delaware Hospital of Wilmington, Del., recently received a gift of \$5000 in cash from Mrs. La Motte Du Pont, of that city.

St. Joseph's Hospital will soon be remodeled and enlarged in a manner to equal the most modern hospital in this country. By the large bequest left by the late Captain Lang and his wife, general and special wards will be built, and the most complete laboratories will be added.

Dr. John Whitridge Williams has just been appointed associate professor of obstetrics at the Johns Hopkins University, and is in full charge of the department. He was formerly associate. This is not only a great honor for such a young man, but a distinction in being the only native Baltimorean among the professors of that University.

Dr. Charles A. L. Reed of Cincinnati has been selected by the European Committee on organization of the International Periodical Congress of Gynecology and Obstetrics, as Honorary President of the meeting of that body to be held in the city of Geneva, Switzerland, the first week in September of this year.

At the recent meeting of the American Association of Physicians, which met at Wash-

ington two weeks ago, the following officers were elected: Dr. J. M. Da Costa, President; Dr. F. C. Shattuck, Vice-President; Dr. I. Minis Hays, Recorder; Dr. Henry Hun, Secretary; Dr. W. W. Johnston, Treasurer; Dr. I. E. Atkinson, Councillor.

Dr. George M. Martin, formerly in practice at Uniontown, Maryland, but later at Westminster, died at that latter place last week from the effects of an overdose of morphia, taken by himself. He was a graduate of the University of Maryland in 1882.

Dr. Frederick Dunning died in Easton last week, aged twenty-four years, after an illness of two weeks of typhoid fever. He was the son of the late Charles A. Dunning of Caroline County, and was a remarkably brilliant and promising young man. He was a graduate of Jefferson Medical College, and after serving a while at some of the leading hospitals of the country, went to Easton several years ago to practice.

Dr. John D. Godman, who was born at Annapolis in 1794, and who died at the early age of 36, was one of the most celebrated surgeons and anatomists of his time in this country. Rembrandt Peale painted two portraits of this distinguished man, one of which found its way to Baltimore and has been lost sight of. Dr. John Morris, who is taking the greatest interest in the search for this portrait, requests that information that may lead to its discovery be sent to his house, 118 East Franklin Street, Baltimore.

The American Medical Association adjourned last Friday, to meet next year in Philadelphia. The following officers were elected: President, Dr. Nicholas Senn of Illinois; First Vice-President, Dr. George M. Sternberg of the United States Army; Second Vice-President, Dr. Edmund Souchon of Louisiana; Third Vice-President, Dr. K. D. Thomas of Pennsylvania; Fourth Vice-President, W. T. Westmoreland of Georgia; Treasurer, H. P. Newman; Chairman of Committee on Arrangements, Dr. H. A. Hare of Pennsylvania; Trustees, Dr. G. C. Savage of Tennessee; Dr. E. E. Montgomery, Dr. J. M. Matthews of Kentucky and Dr. C. A. L. Reed of Ohio; Judicial Council, Drs. George W. Stoner, United States Marine Hospital Service; C. W. Foster of Maine; J. McF. Gaston of Georgia; I. Brumby of New Jersey; C. H. Scott of South Carolina.

## WASHINGTON NOTES.

FROM the weekly report of the Health Department we learn that there was a decrease in the mortality of the District of over 31 per cent. as compared with the previous week. The annual death rate fell accordingly from 21.0 to 15.10, while during the corresponding period of last year the rate was 23.26. According to reports received, there were 60 deaths, as against 116 by the last report. The improvement in the general health resulted mainly from a cessation of brain and heart affections and a fall in deaths from consumption from 22 to 12. There was 1 death from typhoid fever; 1 from diphtheria; 2 from measles and 1 from whooping cough. There were 2 new cases of diphtheria reported and 4 of scarlet fever.

The Clinico-Pathological Society held its regular meeting on May 5, 1896, the President, Dr. H. B. Deale, in the chair.

Dr. G. R. L. Cole presented specimens of cancer of the breast and ruptured ovarian cyst, followed by a fecal fistula.

Dr. Frank Leech read the paper of the evening, entitled "The Roentgen Rays."

The law regulating the practice of medicine in the District has at last been passed. Also the law making physicians exempt from disclosing professional secrets in court, except those in which criminal acts have been performed, has been passed.

The Medical Society of the District of Columbia held its regular meeting on Wednesday evening, May 6, the President, Dr. S. C. Busey, in the chair.

Dr. C. H. Alden, Assistant Surgeon-General, read a paper entitled: "Treatment of Alcoholism from Reports of Army Medical Officers." Dr. J. W. Chappell presented the history of a fatal case of extrophy of the bladder.

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### Book Reviews.

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**HAND-BOOK FOR HOSPITALS.** By Abby Howland Woolsey, Member of Committee on Hospitals, State Charities Aid Association. Third Edition. New York and London: G. P. Putnam's Sons. 1895.

This is the third edition of a little book which first appeared in 1877. It is full of excellent suggestions for hospital work, from the selection of a site with every detail to the

care of the wards and duties of the nurses. Although it has been revised by a committee of physicians, some of the statements are rather behind the times. It is, however, the work of a woman of much experience, who has given many valuable hints for any town or corporation about to build a hospital.

**THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY.** Being a Yearly Digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery drawn from Journals, Monographs, Text-books of the Leading American and Foreign Authors and Investigators. Collected and arranged with Critical Editorial Comments by Drs. J. M. Baldy, C. H. Burnett, Archibald Church, C. F. Clarke, J. Chalmers DaCosta, W. A. N. Dorland, V. P. Gibney, Homer W. Gibney, Henry A. Griffin, John Guit ras, C. A. Hamann, H. F. Hansell, W. A. Hardaway, T. M. Hardie, C. H. Hersman, B. C. Hirst, E. Fletcher Ingals, W. W. Keen, H. Leffmann, V. H. Norrie, H. J. Patrick, William Pepper, D. Riesman, Louis Starr, Alfred Stengel, N. G. Stewart and Thompson S. Westcott, under the General Editorial Charge of George M. Gould, M. D. Profusely illustrated with Numerous Wood-cuts in Text and Thirty-three Handsome Half-tone and Colored Plates. Philadelphia: W. B. Saunders, 1896. Pp. vi-17 to 1183. Price, \$6.50.

This is a very ambitious attempt to issue a comprehensive review of medical progress for the year and the work is very successfully done. It has evidently involved an enormous amount of labor and a large money outlay on the part of the publishers. As the editor says, there has been no attempt to review all the literature of the world, but only a summary of medical progress is given. Great care was taken to select the best collaborators and their judgment and power of discrimination has been taxed to the utmost. There is evidence that the literature has been very thoroughly gleaned. Most parts are profusely illustrated with cuts, some of which are quite familiar to the journal reader.

**THE YEAR-BOOK OF TREATMENT FOR 1896.** A Critical Review for Practitioners of Medicine and Surgery. Duodecimo, 484 pages. Cloth, \$1.50. Philadelphia: Lea Brothers & Co., 1896.

Many previous editions of this book have been noticed in these columns. This year the twelfth edition appears with an additional section on Tropical Diseases and one on Diseases of the Stomach, Intestines and Liver, the former subject by Dr. Patrick Manson and the latter by Dr. Hale White. This

book is entirely from an English standpoint and Americans receive scant notice. It is, notwithstanding this, very comprehensive and a good help in practice.

**ELEMENTARY TECHNIQUE IN HISTOLOGY AND BACTERIOLOGY.** By Ernest B. Hoag, A. B., B. S., Instructor in Zoology and Physiology, Throop Polytechnic Institute, Pasadena, California; and B. Kahn, Phar. M. (Michigan), Assistant Demonstrator in Bacteriology, Northwestern Medical School, Chicago. E. H. Colegrove & Co. Chicago. 1895. Price, \$1.00. Pages 130.

As badly as this book is printed and considering the typographical errors, it must be admitted that the author has done his work well and has evidently been over the ground often and is at home with all the methods. This little work will be a valuable aid for the laboratory student who is always without a teacher.

**DR. KING'S MEDICAL PRESCRIPTIONS.** Containing the favorite formulas of the most eminent medical authorities. Collected from their published writings. By John H. King, M. D. Second Edition. New York: Bailey and Fairchild Company, 1896.

After a short opening chapter on hygiene, the author gives a list of the prescriptions, as stated in the title, prefacing each lot with many remarks or quotations. This is a good book of its kind, but the kind is of doubtful value. The man who practices with copied prescriptions rarely makes a success.

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#### REPRINTS, ETC., RECEIVED.

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Transactions of the American Ophthalmological Society, Thirty-first Annual Meeting, New London, Conn., 1895. Hartford: Published by the Society. 1896.

The Importance of Frequent Observations of Temperature in the Diagnosis of Chronic Tuberculosis. (With Illustration Charts.) By Walter Channing, M. D. Reprint from the *Boston Medical and Surgical Journal*.

On the Morbid Heredity and Predisposition to Insanity of the Man of Genius. By Warren L. Babcock, M. D., Assistant Physician, St. Lawrence State Hospital, Ogdensburg, N. Y.; Formerly Clinical Assistant Maryland Hospital for the Insane, Catonsville, Md. Reprint from the *Journal of Mental and Nervous Diseases*.

## Current Editorial Comment.

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### CURIOUS COINCIDENCES.

*St. Louis Clinique.*

It is somewhat strange that when ethical medical men struggle so hard to keep their names and doings out of the unholy secular press, they will get smuggled in somehow or other to the great surprise and disgust (?) of the victims thereof. It is also somewhat strange that some papers read before an association manage to get before the public, despite the efforts of the author to keep them away from the Court of the Philistines.

### THE PHYSICIAN'S POLITICS.

*The Medical Fortnightly.*

It is a physician's duty to be a good citizen, and a good citizen looks after the welfare of his community. Love of country is inborn; let us as family physicians agitate the indifferent citizen to think of his duty, then also calmly temper the partisan, so that his desire for party gain may not run away with his choice of standard bearer. A physician ought to know the people in his community very well, and being naturally a very fair student of human nature, he can tell who is a good man suitable to fill an office, the gift of the people, not of the leaders of a party. His judgment then is worthy of consideration, and his power not to be despised.

### IS IT CHARITY?

*Medical Record.*

If only the deserving poor were treated free of charge, the evil of the free dispensary would not be so alarming; but there are hundreds treated in this city every month who are abundantly able to pay. They choose this method of getting the advice of an expert, either because they do not know to whom to go or because they wish to escape the fee. This class of persons is thieving as much as though they supplied their larders by pilfering from the grocer. The benevolence that makes this possible is to be commended for its interest in the physical welfare of humanity, but it should also invent a method for inculcating a little more honesty in the race. One remedy suggests itself, if this disease of hospitalism has not already progressed too far, and this is that the city own and control all such institutions, as it already does a few.

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### BURN OF ENTIRE SURFACE OF THE CORNEA; RECOVERY.

READ BEFORE THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, MAY 14, 1896.

*By Geo. A. Fleming, M. D.,*

Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore.

NOTHING is more important in the treatment of burns of the cornea than that they should be properly attended to while fresh. This fact was well proven in a case which came under my care in November last, at the Presbyterian Eye, Ear and Throat Charity Hospital.

Henry L., aged 38, came into the Dispensary with the following history. Just one half hour before arriving at the hospital, he had been at work in the iron foundry of Messrs. Hayward, Bartlett & Co., where he was trying to drive a red hot rivet into a boiler with a sledge hammer. The rivet slipped and with great force struck him in the left eye. On examination we found a slight cut through the skin of the upper lid, the skin seared, the lashes all burnt off, and the lids much swollen and extremely painful. Great photophobia and lachrymation were present, making it very difficult to separate the lids, but after inserting a few drops of a solution of cocaine, and using hot fomentations for a few minutes, we succeeded. The whole of the eyeball was covered over with small scales of iron, which adhered tenaciously to the surface, but were finally removed by pledgets of absorbent cotton and a probe, aided by a most

thorough flushing with hot sterilized water. The entire corneal surface was covered with a grayish thick exudation resembling very much that seen in a case of diphtheritic conjunctivitis. The conjunctiva, although intensely injected and swollen, seemed to be intact. The appearance of the cornea was very startling and the prognosis seemed very grave, as it looked as if not only the epithelial layer, but much of the deeper tissue as well, had been destroyed. The anterior chamber could not be made out at all through the opaque covering, and vision was reduced to light perception only.

After cleansing the eye as thoroughly as possible and saturating it with a solution of atropine and cocaine (4 grains of each to the ounce of water), a pressure bandage was applied, and the patient sent home with instructions to instill a few drops of the same solution in the eye every few hours, and to return the following afternoon. When seen the next day, he reported himself as feeling very comfortable, and on removing the bandage and inspecting the eye, great was our surprise to find a perfectly transparent cornea, clear as crystal and as smooth as the most polished mirror. Except for considerable injec-

tion of the conjunctiva he was well as ever, and went on to an uneventful recovery. The object of all treatment in burns of the cornea is to allay pain and irritation as much as possible, while nature heals the injury. No known method of treatment will prevent the burned tissues from sloughing away.

All irritants must be excluded as harmful. In the combination of atropine and cocaine indicated above we have the best possible application for all kinds of burns of the cornea. The cocaine kills the pain while the atropine, by its direct and almost specific action on the cornea, prevents inflammation and assists nature in the healing process. Both are powerful anodynes and their combination gives us a most admirable treatment for this class of injuries. A not uncommon and a very dangerous form of injury is that from lime splashed in the eye. Quicklime acts as a powerful caustic, and often causes complete blindness by destroying the vitality of the cornea, and converting it into a hopeless opaque substance. The gravity of injuries from burns of any kind, especially caustics, is not appreciated by inexperienced observers, who are consequently liable to serious errors of prognosis. Even when the conjunctiva only is affected, the eye may be seriously disabled by the growing together of the lid and the ball. The lime or other caustic should, of course, be thoroughly and instantly washed out with water, and any that may remain should be neutralized by bathing with a teaspoonful of vinegar in a glass of water or rendered inert by sweet oil. The latter is equally efficient and more soothing. In case of injury by acids, one part of lime water to three of water may be used, or the eye may be freely bathed with milk.

Cases of total leucoma following burns have been seen in which the cornea appeared fairly clear for a whole week after the injury, and in the case of a physician who had both eyes injured by strong liquor ammoniacae, the left eye was thought by his medical attendant to be in a satisfactory condition five days after the injury, when, in reality, the seem-

ingly pellucid cornea was only represented by Descemet's membrane, the entire corneal substance having been destroyed and exfoliated. Councilman has published some very interesting experiments on the cornea, in the *Journal of Physiology*, Vol. III, No. 1, which go far toward clearing up some of those points in the pathology of keratitis over which there has been much contention. He chose the corneas of the rabbit and the cat, and employed various means for exciting inflammation, such as croton oil, the actual cautery, and other caustics. A cornea which had been inflamed by silver nitrate, and examined about twenty hours after the application of the caustic, was found to present the following conditions; the large branched cells became distinctly visible and were observed to be more granular than in the uninflamed cornea. The wandering cells were present in vast quantities, exhibiting the most active and varied movements. They were present in greatest numbers at the edge, becoming fewer as we proceed to the center.

After cauterizing two corneas in the center, and making a prick at the outer edge of the cauterized spot of one, examination revealed plenty of wandering cells around the laceration in the cornea whose tissue was punctured, and none at the same spot in the other. The presence of these cells is accounted for by Councilman as having entered the cornea, where its substance was broken, since a keratitis can scarcely be produced in this way without involving at the same time an extended conjunctivitis, and as a consequence of this leaving quantities of white blood corpuscles in the conjunctival secretion. From this source they could easily enter the tissue where broken, and bring on the dire results so often seen in cases like the one just reported. Fortunately, in this case only the epithelial layer of the cornea was involved, and having desquamated, left a perfectly clear surface behind, but if this burn had extended into the deeper layers of the cornea, we would have had a rapid infiltration of the tissues by these large granular cells and also the wandering corpuscles, causing



by their presence some very serious complications. We might then have had a tedious ulceration of the cornea, possibly going on to perforation and a resulting staphyloma, with all vision lost forever. It is only within the past few years we have learned the immeasurably momentous influence of microorganisms in causing corneal suppuration. They are its immediate promoters in the large majority of cases. This is eminently, if not exclusively, true of the superficial varieties. We cannot always account for their presence, but we have no difficulty in accounting for them in many cases of injury by foreign bodies, or when the eye is exposed to the air through anesthesia of its surface. It has been repeatedly shown that inoculation of the cornea with pure cultures of certain bacteria will surely bring on suppuration and ulceration. A wound made by a knife tainted with certain bacteria will sup-

purate; if made with a sterilized knife it will not.

Erysipelas is caused or occasioned by a micrococcus in the skin; the same may cause ulceration of the cornea. The subject is most suggestive and practical in its nature and leads to important conclusions both as to prevention and treatment. Bearing these facts in mind, we are greatly aided in understanding and in dealing with all ulcerations and suppuration of the cornea. The eyes are provided with special guards to protect them from injury, but, complete as they are, it is a matter of wonder that these extremely delicate organs, exposed as they are in numberless ways in their owners' pursuit of labor or pleasure, escape so generally as they do, and it is the duty of all, when called upon to treat these valuable organs, to avoid subjecting them to unnecessary peril by carelessness, imprudence, or want of knowledge.

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## LARYNGEAL CROUP.

READ BEFORE THE 9<sup>TH</sup> ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL 28 TO MAY 1, 1896.

*By John D. Blake, M. D.,*

Professor of Clinical and Operative Surgery, Baltimore Medical College.

I DESIRE in this supplementary report to record 16 cases of laryngeal croup, treated by me with the O'Dwyer tube and the injection of antitoxine. In reporting these cases I am not unmindful of the fact that in recommending any surgical procedure or any remedial agent in these days of scepticism one must be prepared to at least fortify himself with such facts as will tend to bear out his assertions, and especially so when blood serum therapy is to occupy an important place in the treatment of any disease. So much has been said of late regarding the beneficial effects following the antitoxine treatment, and so many diseases have been treated by this method, and so much has been claimed for it, much of which, in the hands of equally careful observers, has fallen far short of the claims made by the more enthusiastic experimentors. This con-

dition of affairs has had the effect, I am afraid, of causing even the non-sceptic to become shy as to the value of this method of treatment, especially in diphtheria. Indeed, laboratory investigators made such varying statements regarding the action of antitoxine, and have so limited the time for its usefulness when used, that one is naturally inclined to doubt its efficacy in any case, and oftentimes use the very arguments of the bacteriologist himself in maintaining their position. The laboratory investigators distinctly state that antitoxine acts in some way to prevent the damage to cells by the toxine of the bacillus diphtheriae. After the toxine has fatally injured the cells—a period approximately set down for guinea pigs as three days—the antitoxine is not found efficacious to save the life of the animal.

Now if the rule laid down for guinea

pigs is to be applied to human beings, then I apprehend the field of usefulness of antitoxine will be extremely limited. I am glad, however, to be able to state that the practical side of the profession have not accepted the dictum of the laboratorians regarding this matter, and as a result of their investigations with its use in the human being in cases of diphtheria, as we find it practically existing, they conclude (the laboratory investigators to the contrary notwithstanding) that the beneficial effect of antitoxine is not limited to the first three days, while of course they believe the earlier it is used the better, and I believe now the general impression of clinicians all over the country who have observed its effects in cases of diphtheria are very largely in favor of its use and its use in all stages of the disease.

Krieger says: Starting from the fact that the antitoxine must be given in certain proportions to the toxine present, and that it works effectually only if the organism has not too long been preoccupied by the toxine, it is evident that a curative effect can only be expected in an early stage or in a milder form of the disease. If the diphtheritic process already affects the bronchi and the lungs, so that even tracheotomy is of no avail, the serum therapy will do no better. Neither can recovery be secured if complications, possibly due to infection with other germs, have set in. Equally doubtful is the prognosis if the toxins have circulated for a longer period, say three to four days, because their paralyzing effect upon the nerves and ganglia of the heart can no more be eliminated. As, however, the application of the serum is an entirely harmless procedure, it seems to be advisable to use it even in advanced cases, provided they are not perfectly hopeless.

This has been made a principle in the antitoxine treatment in several hospitals of Berlin, with the effect that according to the latest report, the mortality of all cases has been reduced more than 20 per cent. In regard to the effect of the injections, it may be emphasized that they are almost absolutely innocuous. After 5000 injections but three abscesses have

been observed. The temperature does not decrease nor have other general disturbances been noticed. Locally, a tenderness or a harmless skin eruption is sometimes noticed which, however, disappears after a day or two. Concerning the effect upon the tonsils and the throat, white plaques at first seem to spread after the injections; on the second day, however, the mucous membranes discharge the infective material and the swelling of the glands is also reduced. Besides this local effect, a change in the general feeling takes place soon after the injection. Pulse and temperature return to normal conditions in early cases within the first forty-eight hours, dizziness and general weakness disappear, and the children soon become convalescents. Grouping the cases reported according to the severity of the attacks, the following brief summary is obtained:

Mild cases 749 (33.6 per cent.), of which 743 or 99.2 per cent. recovered. Medium cases 336 (15.1 per cent.), of which 322 or 95.8 per cent. recovered. Severe cases 1078 (48.3 per cent.), of which 722 or 67.1 per cent. recovered. Unclassified 67 (3 per cent.), of which 53 or 79.1 per cent. recovered.

In the above classification, Mild includes such cases as exhibit on the first or second day a moderate extent and thickness of the membranous growth, while the mucous membrane is not attacked in more than one case, the swelling of the glands is slight and the general symptoms are only of a feverish nature, without any complications of debility of the cardiac or nervous systems—moreover the child must be above four years of age.

Medium includes cases where the membranous growth has developed on several places, or where the affection has commenced in the nose and progressed downward, the glands are swollen and painful, the pulse is small and frequent, besides fever, the countenance is pale and the facial expression anxious—moreover in all cases where the child is between the ages of two and four years.

Severe includes cases where the membrane involves the larynx and the tra-

chea and uvula, and the glandular swelling to the angle of the lower jaw, while there is a loss of strength, a very rapid pulse and weak heart sounds; also all suckling children. Nearly all, if not all, cases involving the larynx and trachea should be classed as severe, therefore this report will deal with the use of antitoxine in severe cases and if what I shall say as to the result of my investi-

This report shows twelve recoveries and four deaths, the youngest patient four months old and the oldest being seven years. Time of intubation and injection, earliest 2 days, and longest 9½, after the first appearance of the disease.

One injection each was given in 13 cases, and two each in 3 cases. A point of special interest is the fact that

No. of Case.	Age.	Sex.	Condition at time of Intubation.	Cultures Made.	Antitoxine Used.	Time of Using.	Results.
1	Y. M. 4-2	M	B	Yes	B 2	4th Day	R
2	2-9	F	F	No	B 2	3d "	R
3	3-	M	B	Yes	P. D. & C. 2	4th "	R
4	4-6	M	B	No	B 3	6th "	D
5	3-	M	B	No	P. D. & C. 3	4½ "	R
6	5-	M	B	Yes	B	5½ "	R
7	3-6	F	B	No	B	2d "	D
8	3-	M	B	Yes	P. D. & C.	5th "	R
9	4-5	M	B	Yes	B	8th "	D
10	0-4	F	B	No	P. D. & C.	3d "	D
11	7-	F	B	Yes	P. D. & C. 3	2d "	R
12	4-	F	F	No	B	3d "	R
13	6-	M	B	No	P. D. & C. 3	9½ "	R
14	2-7	F	F	No	B 3	5th "	R
15	2-6	F	B	No	B 3	3d "	R
16	6-	M	F	No	B 2	7th "	R

Condition.— B, Bad; F, Fair. Results.— R, Recovery; D, Died.

gations with this class of cases shall be verified by others, I will feel fully justified in bringing the matter to your attention at this time.

All of the cases cited in this report, except two, occurred in the practice of other physicians, I being called to introduce tube and inject the antitoxine, and in the majority the intubation and injection took place at the same visit.

In two of the cases cultures could not be made, nor was there found in the membrane examined under the microscope any bacillus diphtheriae, and notwithstanding this fact, two other children in one of the families, and one in the other, took the disease and one died, this proving the fact that failure to find the bacillus and even to get cultures does not disprove the presence of the disease.

THE ROENTGEN RAYS AND CERTAIN HYSTERICAL PHENOMENA.— Ottolenghi (*British Medical Journal*) suggests that the supposed power of seeing through opaque media, etc., which is claimed by certain hysterical, somnambulistic or trance subjects, may have some objective basis in the light of the recent discoveries of Roentgen. The author sup-

poses that in the more or less extra-normal conditions of the nervous system obtaining in this class of patients, the retina may be sensitive to the X rays, which, under ordinary conditions, fail to produce any impression. This suggestion is only meant by the author to apply to such cases as are inexplicable in any other way.

## TREATMENT OF WOUNDS OF THE KIDNEY.

*By I. R. Trimble, M. D.,*

Professor of Anatomy, Woman's Medical College, Lecturer on Clinical Surgery, University of Maryland, Etc., Baltimore.

INJURIES of the kidneys may be considered under three heads:

1. Contusion or bruising of kidney substance without rupture of the surface.

2. Rupture of the kidney, extra-peritoneal, intra-peritoneal.

3. Wounds of the kidney, without an external opening; with an external opening.

Contusion of kidney substance.—It is produced by a crushing injury or a blow on the loin, or ilio-costal region of the abdomen, or by indirect violence, as by falling from a height and the sudden bending of the body when alighting.

The subsequent inflammation resulting from such a contusion may produce abscesses and other more serious mischief, even resulting in the total destruction of the kidney substance.

Symptoms.—Hematuria may be present soon after the injury or be deferred some hours or days, or indeed it may never be present. It may be abundant or scanty. Blood casts of the uriniferous tubules may be found on microscopical examination. Collapse, nausea, vomiting pain in the injured side extending down the course of the ureter, pain in the bladder, groin, testes and leg.

If the injury has been short of rupture of the kidney or ureter, the subsequent inflammation may permanently close the ureter and hydronephrosis follow in a short time. If the renal vessels become plugged as a result of the injury the kidney will be lost as a secreting organ.

Treatment.—Rest, astringents by the mouth, cold applied to the loin. Keep the bowels moderately acting. Nourishing diet. Keep the bladder cleansed free of blood clots. In severe hematuria expose the kidney through the loin to find out the extent of the injury and the best means of checking the bleeding.

When hydronephrosis is present, repeated tapping may result in a cure, af-

ter the secreting substance of the kidney has been destroyed.

Hydronephrosis is best treated by opening and draining the sac. Do a subsequent nephrectomy when necessary. When an abscess forms in the kidney, drain through the loin; in this way pyemia and nephritis can best be avoided and the injured kidney best restored to a condition of health; or remove it if necessary.

Rupture of the kidney is by no means an uncommon occurrence, notwithstanding the protected situation of the organ and its surrounding fatty areolar tissue. Rupture may result without much external evidence and prove rapidly fatal by hemorrhage into the areolar tissue or the abdominal cavity.

Rupture may occur independently of injury to any other viscus or the parietes; in proportion to the degree of laceration of the kidney and the severity of the injury must we anticipate different features in the symptoms that follow.

Parietal injuries of the kidney are by far the most common and in them no open wound connects with the injured organ.

Hematuria is not always present in ruptured kidney, for the ureter may become plugged and in that way prevent the flow of blood and urine into the bladder or the renal artery may be plugged or the kidney itself be converted into a pulpy mass and entirely destroyed as a secreting organ. The injury may be such as to destroy both kidneys, or if only one kidney is present it may be destroyed.

Rupture of the kidney is not necessarily fatal, for while one organ may be entirely destroyed the other, when present and not seriously diseased, can do the work for both kidneys. If the injury be such that the extravasated blood and urine have a free outlet, the prognosis is more favorable.

The recoveries seen from contused, lacerated, ruptured and punctured wounds of the kidney are largely due to the plugging of the renal vessels and the capacity of the other kidney when present to do compensatory work. The rupture may be a slight cortical injury or extend into the medullary portion or into the pelvis of the kidney. If the wound is a slight cortical injury and has allowed only a small amount of extravasation, there may result a localized inflammation, which soon subsides. If the injury be such that a large amount of blood and urine extravasates back of the peritoneum, suppuration will take place and the peritoneum may be ulcerated through as a result of the suppuration. If the peritoneum escapes, pyemic abscess will develop and the patient will die of septicemia unless a free outlet is provided. If the rupture includes an opening into the peritoneal cavity the prognosis is very grave. General septic peritonitis may result soon after the injury or a rapidly fatal hemorrhage may take place from the torn vein or artery.

The causes of ruptured kidney are from direct violence, as a crushing injury or a blow on the loin or ilio-costal region of the abdomen, or a severe blow on the back. Rupture by indirect violence is done by falling from a height with the body in a flexed position when alighting.

Symptoms.—Hematuria may or may not be present, it may be scanty or abundant, it may come on at once or be deferred for some hours. Hematuria may mean kidney, ureter, bladder or urethral injury. Collapse, cold clammy skin with frequent pulse-rate, anxious expression of the face, fainting, vomiting, pain in the loin, pericardiac region, in course of the ureter, in the bladder, cystitis, dysuria, pain in the penis, retraction of testicles, pain in the groin, and extending down the thigh. The passing of blood along the ureter may give great pain.

Worm-like clots of blood in the urine. Urine cloudy with blood in solution. If there is a large tear in the artery or vein, then a rapidly fatal termination by escape of blood into the perito-

neal cavity or posterior to the peritoneal cavity is to be expected.

Treatment.—Use of the catheter if patient cannot pass urine. Cleanse the bladder of blood clots by washing with sterile solution. If clots cannot pass through a catheter, then an evacuating tube used in litholapaxy may be inserted and connected with the evacuator and fluid thrown into and drawn out from bladder by that means. If these means fail to relieve the bladder of clotted blood, then do a median urethrotomy or lateral cystotomy. Blood clots must not be left in the bladder, as a cystitis and a subsequent pyelitis will soon develop.

A constant watch must be kept on the loin for any accumulation around the kidney; when found it must be at once evacuated. Where there is doubt about extravasation, either extra- or intra-peritoneal, explore the kidney through the loin. If an intra-peritoneal rupture, an immediate nephrectomy may be required. A median laparotomy is of an advantage, for the abdominal cavity can be more thoroughly cleansed and the presence or absence of the other kidney noted, which is of the utmost importance if a nephrectomy is to be done.

If the symptoms do not point to an immediate operation, then rest, astringents, strapping the side, cold compresses to the loin, keep the bowels moderately acting, soft, nourishing foods, with a most vigilant inspection over the injured side to detect any accumulation. Keep the bladder cleansed of all blood clots.

Penetrating wounds of the kidney without an external opening: Etiology, caused by a blow or crushing violence sufficient to break a rib and drive the broken ends into the kidney. The symptoms and treatment of such wounds are the same as wounds of the kidney with an external opening.

Penetrating wounds of the kidney with an external opening: If the wound is on the anterior part of the kidney, other viscera are most often involved; if on the posterior part the other viscera and peritoneum may escape. The prog-

nosis in posterior wounds not involving the artery, or vein, from which there is full drainage is good. If the wound is anterior the prognosis is bad, unless a quick laparotomy is done. The extent of the wound in the kidney is the important factor in the prognosis, as to whether it includes the cortical, tubular, or pelvic part, or includes the artery, vein, or peritoneum.

All writers have spoken of wounds of the kidney. Ginter of Leipzig wrote a treatise in 1596. Hennent reported a case of an English officer who was shot in the loin, the kidney being wounded. The man suffered from repeated accumulation of abscesses in his loin. Great pain in his kidney, ureter, bladder and urethra and finally after months of suffering he passed through his urethra a piece of cloth which had been carried into his kidney by the bullet. The man subsequently died of degeneration of both kidneys, the result of his long-standing pyemic disease. In our late war there are reported 78 cases of gunshot wounds of the kidney, with 26 recoveries. Dr. Otis reports 21 cases of gunshot wounds of the kidney with recovery, and 14 incised and punctured wounds with recovery. There are numerous other recoveries reported from gunshot and punctured wounds of the kidneys.

Symptoms.—The escape of blood and urine from the wound. Hematuria, dysuria, lumbar pain in the course of the ureter, cystitis, retraction of the testes, pain in the groin and down the thigh, collapse, vomiting, anxious expression of countenance, rapid and weak pulse, peritonitis, a quick termination of the case if a large vessel has been cut. An antiseptic finger will often clear up the diagnosis.

Treatment.—Under proper antiseptics, enlarge, explore and cleanse the tract of the wound. Expose the kidney, remove all foreign bodies. If bleeding can be checked by packing the kidney wound do so; if not, do a nephrectomy. If the peritoneal cavity is involved do a laparotomy, cleanse thoroughly the cavity, treat the injured organ conservatively. If it is to remain, drain through the

loin and close off the peritoneal cavity.

Dennis, in his System of Surgery, says "there is doubtless much wisdom in L. McLane Tiffany's suggestion to treat the kidney wounds like any other, suturing it, draining it and removing so much of the viscus as has been disorganized, remembering that if necessary the whole kidney can later be taken away and that with less risk than attends a primary operation."

My conclusions are :

1. All kidney injuries are to be considered as serious until proven otherwise. Never sit quietly by waiting for symptoms to develop in order that a diagnosis may be made. When in doubt, explore the kidney; the danger to the patient is not increased by an aseptic operation.

2. In all kidney wounds and wounds in the region of the kidney, the kidney should be examined through a large incision.

In serious wounds of the kidney immediate operation is the only thing that will save the patient.

The lumbar incision, when it will answer all the requirements of the case, is to be preferred to a laparotomy.

CASE I.—A brakeman on the B. & O. Railroad, aged 28, fell from a moving train and struck his right side against the end of a cross-tie. When seen, twelve hours after the injury, slight shock, pulse weak and rapid, profuse sweating, nausea, pain in the region of the kidney, extending along the course of ureter to the bladder; pain in groin, pain and retraction of the testicle. Urine passed, containing worm-like clots of blood. Temperature 99°, pulse 100, respiration 24.

Treatment.—Rest, astringents; the bowels kept moderately acting, bladder washed out so long as hematuria was present. After a week no hematuria, but a slight localized pain. Diagnosis of rupture of the kidney, extra-peritoneal; the blood in the urine was from a rupture extending into a calix or pelvis of the kidney. The man returned to his work in six weeks and is still at work.

CASE II.—October 19, 1895, 5 P. M.,

W. H., aged 14, while gunning, one boy had an old musket loaded with small No. 10 shot and the load rammed home with paper. The patient was ten feet away and three feet below the boy with the musket. The musket was accidentally discharged and the load passed through the clothing and penetrated the right side of the boy.

Dr. Zepp found the boy half an hour after the injury. The wound was dressed with a bichloride pad and the boy was removed to his home, a distance of two miles. I saw the boy in consultation at 8.30 P. M. Temperature 99°, pulse 90, respiration 18; urine slightly dark and cloudy.

With the assistance of Dr. Zepp, Dr. Sue Radcliff, Dr. Kate McMillan and Dr. Isabella Winlow, the patient was etherized and the skin cleaned. The external wound was as large as a half dollar and scattering shot-holes around the opening. It was situated midway between the lower rib and the crest of the ilium and on the border of the quadratus lumborum muscle. The direction of the wound was downward and forward towards the symphysis. An incision was made extending through skin and muscle from the lower rib through the wound to two inches below and one inch in front of the anterior superior angle of the ilium. The large part of the load was found at the lower end of the wound in the transversalis muscle and fascia. The tract was thoroughly cleansed and then the right kidney was exposed. On tearing open the perirenal fat, about three ounces of blood-clot were found surrounding the kidney; on turning this out, the lower end of the kidney was found punctured by shot, some in the capsule and others entering the organ. All the tracts were fully opened and the shot removed; the wounds in the kidney were packed lightly with sterilized gauze and the whole tract of the wound treated likewise and a sterilized cotton dressing outside.

October 20, temperature 99°, pulse 86, respiration 18. Pad of cotton saturated with secretions and the smell of ammoniacal urine very apparent. The wound

was kept clean, the dressings removed from the wound on the third day and the wound lightly packed with sterilized gauze. The boy made a good recovery, and at the end of four weeks the wound was entirely healed, his temperature never going above 99.5°. He is now perfectly well, and has no discomfort whatever.

In this case there were no symptoms pointing to the injury of the kidney, but on general principles, it was thought best to explore it. If it had not been done there would have been an abscess and suppuration in the loin, and very probably the boy would not have recovered.

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### Society Reports.

#### MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

NINETY-EIGHTH ANNUAL SESSION, HELD AT THE HALL  
OF THE FACULTY, APRIL 28 TO MAY 1, 1896.

FIRST DAY, EVENING SESSION, 8 P. M.

*Dr. A. K. Bond* said that the subject of diabetes in children had not been sufficiently considered. It was rapidly fatal in early life and treatment seemed to be of little avail.

*Dr. A. Friedenwald* said that the books taught us that diabetic cases usually ended in coma, but of the ten cases which he had had in his practice in the last few years only two had died of coma.

WEDNESDAY, APRIL 29, SECOND DAY.  
DAY SESSION.

*Dr. R. Percy Smith* read a paper entitled "Compound Fracture of the Skull with Loss of Brain Tissue; Recovery; Exhibition of Patient." (See page 76.)

*Dr. R. Winslow* thought there might be danger yet and that the bone ought not to be left depressed, but should be operated on.

*Dr. J. H. Branham* thought the result wonderful and under the circumstances Dr. Smith had done all that could be done.

*Dr. J. C. Harris* said that the injury was near the supra-orbital vessels and

nerves and an operation might be dangerous.

*Dr. Smith* said in conclusion that the family opposed an operation and he did the best he could under the circumstances.

*Dr. L. M. Tiffany* then spoke of the "Operative Measures for the Relief of Facial Neuralgia." He thought it was not possible to state the present status of this operation. One could not say what the result of the operation would be. Many operations are done with entire relief to the patient and with little loss of power. There have been from 85 to 95 cases recorded of intracranial operation. The mortality is larger than usually supposed. He had had ten cases; one died on the 25th day from sepsis and it should not have died. Secondary operations are being done now. He had operated on one case twice and he had a case in which the nerve was separated from the ganglion, yet the pain remained. In one case the man had entire sensation in the skin of the forehead, yet his nerve was in a bottle. After section of the nerve and removal of the ganglion the sensation will partially come back and the thermic sense be disturbed.

*Dr. J. M. T. Finney* referred to several cases; one got well, one had a slight return of the pain and one died the day of the operation.

*Dr. R. Winslow* related a case of removal of the fifth nerve and its branches and a part of the nerve behind the ganglion and now he has pain on the other side of his face and a double operation would cause paralysis of the muscles of mastication on both sides.

*Dr. J. C. Harris* asked about the habits of the patient and where he lived before being operated on.

*Dr. Tiffany* did not remember where his cases lived. He thinks the motor root could be left. In the second case related he took hold of the motor root and caused the muscles of mastication to contract on that side.

*Dr. I. R. Trimble* then related three cases of injuries to the kidney with surgical treatment. (See page 96.)

*Dr. Randolph Winslow* made some re-

marks on surgical disease of the kidney. After describing the anatomy of the kidney, he showed the distinction between movable and floating organs. It is more common in females than in males. The symptoms are subjective and objective.

*Dr. J. M. T. Finney* spoke of the X rays in surgery. He showed several fine photographs. All normal tissues except bones transmit the light. Only bony tumors may be seen. Pictures of the fetus show the position. He thought there were great possibilities for this new means of diagnosis. The skiascope also has a future.

*Dr. Howard A. Kelly* then made some remarks on the "Use of the Renal Catheter in the Diagnosis of Stone in the Kidney." He showed plates and explained how easy it was by means of his cystoscope and head mirror, and with the woman in the knee-chest position, to introduce the catheter into the bladder and the ureters at will. The presence of stone in the pelvis of the kidney could thus be detected. He used a hard rubber bougie coated with dental wax, applied by dipping the bougie into the melted wax. He thus obtained a smooth glistening surface which showed the slightest scratch from the stone. He sometimes found it better to add a little olive oil to the wax. He also used a catheter, coating its tip with wax, except at the eye, through which he could draw at will fluid from any part of the kidney or ureter. He had made the diagnosis of stones in the kidney of many cases in this way and he showed several specimens. In introducing the bougie or catheter covered with wax care must be taken that it does not strike the cystoscope, or any other object which might scratch its surface and so deceive the surgeon. He brought this matter before the society and hoped that no surgeon would attempt to operate on stone in the kidney in woman without first attempting a diagnosis in this simple way.

THURSDAY, APRIL 30, THIRD DAY.

*Dr. R. Tunstall Taylor* read a paper entitled "Treatment of Lateral Curvature of the Spine." He said that in lateral



curvature of the spine the most frequent cause was a faulty attitude assumed by a weak and rapidly growing child. Cases present themselves for treatment giving a history of prolonged standing in vicious attitudes, carrying heavy school books habitually on one side, violin playing, sitting in school on benches which did not support the child properly, or at desks which were either too high or too low, and other causes. The majority of physicians do not treat these cases at all, but send them to instrument makers or to those skilled in Swedish movements or to gymnasium instructors, where they are treated in classes and not as asymmetrical individuals and more attention is paid to the low shoulder or prominent hip than to a deviated spine. He then in a general way gave directions as to exercise, gymnastics and showed the method of correcting casts over which paper jackets are made from time to time as the case improves. He also showed the machines and apparatus for forcibly correcting the deformity of "fixed" and deviated spines, rotated ribs, etc.

*Dr. E. M. Schaeffer* said if punning was not crime he would derive the word scoliosis from the word "schola," and define it as a disease manufactured by school boards. Scoliosis was not known to the Greeks because they lived outdoors and were not cramped with tight clothes. It first appeared about the 16th century and is a realization of the "figures" promised by the French corset.

*Dr. W. S. Halsted* then made some remarks on the "Operative Treatment of Gall-stones." The surgery of gall-stones from the duct and gall bladder is still in its infancy. As in other branches in surgery, the time will come when we will not operate at all for many conditions for which we do operations now. For example, a large part of surgery is done for the removal of cancer and the time will possibly come soon when cancer will be treated by inoculation. But he thinks that gall-stones will always be operated on. Langenbuch's idea was to extirpate the gall bladder, but this is not done very often. Another opera-

tion soon to be given up is Winiwarter's cholecyst-enterostomy. This is done for stones in the common duct but now it is not done except for cancer of the duct and head of the pancreas. The head of the pancreas is so hard in these cases that it feels like cancer. Another form of operation which has been abandoned is the two-act operation. At the first operation explore all the ducts if possible; it is not always possible. It is not always easy to explore the cystic duct, but one can explore the common duct. It can be done by cutting through the meso-colon and drawing the omentum up and the duodenum out and the common duct will be seen. Some prefer the vertical and some the transverse position; he prefers the vertical because it gives him more room in which to operate. It may be necessary to excise the ends of the lower rib but this is not desirable, as the cut ends cause great pain. An osteoplastic operation might be an improvement. All the operations should be done at one sitting. Special needles for sewing up the gall bladder should be used. They must be small, No. 12, to sew up the walls of the common duct. The walls are usually very thin but when a stone has been there for years the walls are thicker. There is not much experience in common duct surgery. He related one or two cases of common duct surgery. The presence of gall-stones does not always demand an operation. Not all cases need to be operated on, but it is well to operate before the stone gets into the common duct.

*Dr. S. T. Earle* then reported "Two Cases of Tuberculous Fistula in Ano." He described these two cases and his manner of operation and his object was to show the importance of a microscopical examination in all such cases before operating.

*Dr. Halsted* said that he had never seen a case of primary rectal tuberculosis. He had seen two cases of rectal tuberculosis during the past year. He had also seen cases of primary vaginal tuberculosis where the disease occurs nowhere else in the body except a beginning peritoneal tuberculosis, which he

found out by an abdominal exploration which had ruptured the uterus. He had once a very interesting case of laryngeal and pharyngeal tuberculosis which he had cured by cauterization of the mucous membrane. It is not always easy to recognize these lesions.

*Dr. Earle*, in reply to *Dr. Halsted*, said that he had made 160 autopsies and had found no cases of primary tuberculous ulceration of the rectum, but within the last year has seen two such cases at the Hopkins Hospital.

*Dr. H. H. Biedler* then exhibited a case of trephining for a local paralysis, with cure. He had undertaken this operation with very little knowledge of the trouble and with little expectation of such good results.

*Dr. E. M. Reid* said that the case had been on the medical side of the hospital and tenderness on percussion had been found on the left side of the head and syphilis had been suspected and the case had been recommended to the surgical ward.

*Dr. W. S. Thayer* then made some "Remarks on Gonorrhoeal Endocarditis." Since *Neisser* in 1885 discovered the gonococcus many troubles which were formerly obscure had been now shown to be caused by this organism. There may be a pure infection or there may be a mixed infection or the gonococci may enter and make a way for other organisms or pyogenic organisms may find their way in and drive out the gonococci. Also these local processes may be non-bacterial. He had seen at the Hopkins Hospital two cases of gonorrhoeal endocarditis, both of which died. In the first case the cultures were made from flowing blood taken from the arm. From the growth obtained the gonococcus was suspected but was not certain. In the second case it was found on examination of the blood and also of the clot on the valve of the heart verify the diagnosis.

*Dr. W. A. Duvall* asked how long a time elapsed between the initial lesion and the endocarditis and also the line of treatment followed.

*Dr. Thayer* replied that very little was known in one case but in another

case recorded five days elapsed, which is a very short time. He has no record of his cases before they came in, but in one of them the severe chills which took place showed the further infection of the gonococcus. It is hard to say what to do with these cases. In one case the gonococcus was also found in the genital organ.

*Dr. J. C. Hemmeter* asked if he had observed any difference between the German and American antitoxine.

*Dr. Blake* replied that there were no discriminating results from either.

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### AMERICAN MEDICAL ASSOCIATION.

FORTY-SEVENTH ANNUAL MEETING, HELD AT  
ATLANTA, GA., MAY 5 TO 8, 1896.

SECTION ON SURGERY.

FIRST DAY, MAY 5.

*Dr. C. A. Wheaton* of St. Paul, Chairman of the Section, made the annual address, in which he spoke of the great surgeons of olden times, such as Sir Wm. Jenner, Morton, Wells and Duncan. He thought that every specialist who wished to be successful should not only have some knowledge of general surgery, but also of general medicine. If a man has the time and money at his command he should attend every medical association in the country, but those who are only able to attend one should out of loyalty to their country select the American Medical Association.

*Dr. Carl Beck* then read a paper entitled "Subphrenic Abscesses in its Relation to Pyothorax." He said that in five cases which he had had, he was able to make the diagnosis only in two before operation. The history of the case is very important before its diagnosis. In subphrenic abscesses there is usually a history of a previous abdominal trouble, but there is no cough nor expectoration as in pyothorax, and the heart is a little displaced. Deep inspiration causes the vesicular murmur to be heard lower down. *Leyden* insists that absence of cough and expectoration with slight displacement of the heart and rapid change of note, if the patient were rapidly turned, were path-

ognomonic of such effusions, or, according to his observations, pleuritic effusion, especially pyothorax, sometimes occurs without these symptoms. He then concluded with the method of operation.

*Dr. A. H. Ferguson* of Chicago then read a paper on "Thorascoplasty in America (Schede's) and Visceral Pleurectomy, With Report of Cases." This heroic operation was first done by Schede for the otherwise hopeless cases of chronic empyema and consists of the removal of the chest wall. Dr. Ferguson described this operation and spoke of its hopelessness; he did the first operation last year and obtained good results; he illustrated his remarks with photographs and drawings.

*Dr. Bayard Holmes* of Chicago said that he had done this operation three times and two of his patients were now alive and one died subsequently of tuberculosis.

*Dr. Jas. H. Dunn* of Minneapolis said that he had been much interested in this operation in the past few years, but he thought that many cases would have done equally well with proper drainage.

*Dr. Ferguson* in closing said that he appreciated the gravity of this operation, but it was the best thing to be done when everything else failed.

*Dr. Howard A. Kelly* of Baltimore then made some remarks on the method of treating extra-uterine pregnancy. He spoke of the difficulty of making the diagnosis and the liability to fall into error and cited cases where he had mistaken for extra-uterine pregnancy dermoid cysts, pelvic abscesses and small ovarian cysts, all of which he evacuated through the vagina. He believes it was rarely necessary to open the abdomen for this operation.

#### SECTION ON PRACTICE OF MEDICINE.

FIRST DAY, MAY 5.

*Dr. Wm. E. Quine* of Chicago made an address on "The Advances in Therapeutics During the Year." He believed that bone marrow was of great value in treating cases of anemia and chlorosis, but he thought that iron often answered the same purposes. This

method of treatment is still on trial and many cases will have to be studied before we can draw definite conclusions. In about 50 per cent. of cases of Addison's disease treated with the adrenals of lower animals, mostly of sheep, improvement had been noted and in a few it was very striking. But this treatment also works injury to the patient as the method of operation is not understood. The treatment of typhoid fever introduced by Woodbridge of Ohio and Thistle of London is doubtless valuable, provided the disease is not very far advanced before treatment is begun. However, it ameliorates some of the graver symptoms and is certainly valuable. This plan of treatment has a rational foundation and is certainly of great utility, but it is likely that Dr. Woodbridge has drawn false conclusions from the treatment of very mild cases which have been prevalent during the last few years. At the conclusion of these remarks there was a heated discussion, the speakers taking a firm stand on the subject.

### Correspondence.

#### CUMBERLAND LETTER.

Editor MARYLAND MEDICAL JOURNAL:

*Dear Sir:*—The physicians of this section are looking forward with pleasure to the meeting of the Tri-State Medical Association, which will be held in this city June 4. Drs. Salzer and Randolph of Baltimore, and Sutton of Pittsburg, will be present and read papers. It is thought there will be a large attendance.

At a recent election in Lanaconing, Dr. M. G. Porter was elected Mayor of that place by a large majority in a reform movement against the "saloon" element. The Governor has appointed Dr. A. G. Smith of Ocean, Md., one of our election supervisors.

The Western Maryland Hospital is doing good service now. The Nurses' Training School will conclude the two years' course this month, and will graduate its first class of four nurses.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

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BALTIMORE, MAY 23, 1896.

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FOLLOWING out the plan outlined by this JOURNAL not six months ago, the City Council of Baltimore has passed and the Mayor has finally approved the bill, requesting physicians to report all cases of pulmonary consumption. As will be seen by the text of the bill published, the law does not make it mandatory, but is in the nature of a request and it places no restriction on the physician or on their cases, and the effects of this law cannot but be salutary.

Each physician should help to carry out the provisions of this law, by reporting these cases, and contribute to the morbidity and mortality statistics of the city. The bill which was approved by Mayor Hooper, May 12, 1896, is as follows:

"Be it enacted and ordained by the Mayor and City Council of Baltimore: That the Board of Health be and they are hereby directed to hereafter register the name, address, sex and age of every person

suffering from pulmonary tuberculosis, so far as such information can be obtained, and that hereafter all physicians be requested to forward such information on cards ordinarily employed for the report of cases of contagious diseases, this information to be solely for the use of the Health Department; and in no case shall the Health Department assume any sanitary surveillance of such patients unless said patients reside in tenement houses, boarding houses or hotels, or unless the attending physician requests that an inspection of the premises be made; and in no case where the patient resides in a tenement house, boarding house, or hotel, shall any inspection be made if the visiting physician requests that no visits be made by inspectors, and is willing himself to deliver circulars of information, or furnish such required information as is designed to prevent the communication of the disease to others."

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THE International Executive Committee for the United States, of which Dr. William Pepper is *ex-officio* President

*The Second Pan-American Congress.* and Drs. A. M. Owen, A. Vander Veer and Charles A. L. Reed, *ex-*

*officio* Secretaries, calls attention of the profession to the fact that the Committee organization of the Second Pan-American Medical Congress has elected Dr. Manuel Carmonay Valle, President, Dr. Rafael Lavista, Vice-President, and Dr. Eduardo Liceaga, Secretary, and has announced November 16, 17, 18, 19, 1896, as the date of the meeting to be held in the City of Mexico.

The most cordial invitation is extended to the medical profession of the United States to attend and participate in the meeting.

Titles of papers to be read should be sent at the earliest practicable date to Dr. Eduardo Liceaga, Calle de San Andres num. 4, Ciudad de Mexico D. F. Republica Mexicana.

The date selected is in the midst of the delightful midwinter season, when the climate of Mexico is the most attractive to the northern visitor.

The occasion should stimulate the medical profession of the United States to a most cordial reciprocation of the generous patronage accorded the Washington meeting of the Congress by our Mexican confreres.

It should be remembered that the United

States is the largest, and in many regards the most important, of the American countries and that as a consequence more is expected of it than of any other occidental nation. In no particular is this more true than in the maintenance of position in the realm of scientific medicine on the Western Hemisphere. It is, therefore, simply essential that in this Congress—the most important of all Medical Congresses, in its exclusive, yet broad, American significance—the best thought and the best work of the American profession shall be conspicuous in the proceedings.

The zeal and enthusiasm of the Mexican profession and the active interest of the Mexican Government are co-operating to make the second Pan-American Medical Congress attractive, important and memorable.

Those who contemplate attending should send their names and addresses at as early a date as possible to Dr. Charles A. L. Reed, St. Leger Place, Cincinnati, that the Committee in Mexico may be advised of the probable attendance.

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DR. WILLIAM SYKES, an English physician and a correspondent of the new English dictionary, contributes a rather interesting article to the *Lancet* on the origin and history of some disease names. He tries to trace the origin of names now familiar to us, and explain why they were used; and he shows how a name well chosen has been retained for one or more centuries.

It is probable that most disease names, being derived from some real or fancied resemblance, which was at once given a name as classical as possible, have been retained and will always be used, but the naming of a disease after a proper name is hardly to be advised, and is at times very confusing. Smith's operation for the radical cure of inguinal hernia and Jones' position in gynecology may all be very familiar to a select few, but the majority of physicians would like said Jones or Smith to be relegated to the background, and the operation or position clad in more scientific nomenclature. As a matter of memory the coupling of proper names with certain specific operations or methods is all very well to perpetuate the name of the discoverer or advocate of this especial procedure, but it is very hard on the memory.

An anatomist named Barclay in the early part of this century introduced a new system of anatomical nomenclature which had some scientific basis, but which did not last, partly on account of the new words suggested. Dr. Sykes says in this connection: Thus we see physicians and scholars forging new names as blacksmiths forge horseshoes, but it is, as noted above, only while these new creations are retained in the calmer atmosphere of science that they maintain their vitality. Once let these word-smiths begin making new names for folk maladies, and their artificial creations immediately crumble to pieces before the more robust denizens of the land. It is doubtful, for instance, if Barclay's system of anatomical nomenclature would have so rapidly commended itself if applied to some more popular science. As it was, the moment Barclay transgressed the genius of our language his proposed alterations were ignored and are now forgotten. This was so in the case of his new system of adverbs, of which he suggested a like number with his adjectives. While the latter ended in "al," the former concluded with "ad," and we had "laterad," "dextrad," "sintrad," and a score or so more of like monstrosities, a very few of which struggled on in very occasional use for about forty years, and are now quite obsolete. Even when scientific coinages have been adopted into the language of the people it is not always certain that men of fair culture correctly analyze them into their original constituents and real significance.

Operators especially bring out new words which represent their own conception of the operation and are not well received by their colleagues, all of whom have some especial original word which shall characterize an operation. It is absurd to attempt to classify names which are not classical. A disease name once generally adopted should never be changed, for such change is a constant source of error and confusion.

It is foolish to attempt to replace a folk name and one well-known, by a new one deliberately coined by scholars, for the physician will be obliged to explain this disease to his patient and the vernacular is the one that will hold. It is more scientific to accept the products of natural development than to indulge in an artificial and ephemeral system of cultivation.

### Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 16, 1896.

Diseases.	Cases Reported	Death.
Smallpox.....		
Pneumonia.....		15
Phthisis Pulmonalis.....		21
Measles.....	6	1
Whooping Cough.....	7	4
Pseudo-membranous Croup and Diphtheria. }	9	2
Mumps.....	1	
Scarlet fever.....	17	
Varioloid.....		
Varicella.....	2	
Typhoid fever.....		

Professor Leyden has been titled and is now von Leyden.

Sir J. Russell Reynolds of London is in a precarious state of health.

The *Laryngoscope* is the name of a journal about to be born in St. Louis.

The Plumbing Board has been reorganized with Dr. John Morris as President.

Two hundred and fifty druggists in Indiana have been indicted for selling liquor without proper authority.

The University of Buda-Pesth, Hungary, has conferred the honorary degree of M. D. on Dr. John S. Billings.

Dr. Judson Daland has been made Professor of Diseases of the Chest at the Philadelphia Polyclinic Hospital.

The State Board of Health met last week and made some important changes. The new board is evidently in earnest.

An International Journal of Medicine and Medical Geography is announced. It is called *Janus* and will be published at Amsterdam.

The police board of New York city has formally adopted the Bertillon system for the identification of criminals. So has Baltimore.

The Medical Staff of the British Army numbers three hundred and fourteen persons. The total cost of this department is about \$1,000,000 per annum.

Professor Ehrlich has been appointed Director of the new State Institute in Berlin for

the testing of therapeutic serum and of the laboratory attached thereto.

The death was reported last week of Dr. J. F. McCullough of York, Pennsylvania. Dr. McCullough was sixty-five years old and had formerly lived in Grahamville.

In response to many protests and requests, the English language will also be used at the Moscow meeting of the International Medical Congress and a section on laryngology will be instituted.

Germain Sée, the distinguished French physician, died last week at Paris, aged 78 years. He succeeded Trousseau in the Faculty of Medicine and was the physician of Napoleon III.

The druggists of Barcelona threaten to deal no more in patent medicines of American manufacture in case the United States Congress passes a resolution in favor of Cuban belligerency.

Dr. T. A. Stoddard of Pueblo, Col., has brought suit against that city for \$30,000 damages for injuries sustained in being thrown from his carriage by reason of the city's negligence in leaving a hole in the street.

Dr. Anna M. Fullerton, for so many years connected with the Woman's Medical College of Philadelphia, has left that institution and has taken up private practice. It is said that some trouble with the school has caused the whole staff to resign.

The Physician's Mutual Aid Association of New York City has been a great success. While the amounts paid are not large, still much good has been done by timely payment of sick and death benefits. Such an undertaking would be successful in Baltimore.

The *Medical Record* says that a medical play by a doctor, called "Hypnotic Suggestion; or, a Woman's Vengeance," was recently performed at an Odessa theatre, the actors and the orchestra being all doctors, and the audience convalescent patients let out of the hospitals for the occasion.

The William F. Jenks Memorial Prize of \$400 for the best essay on "The Etiology and Pathology of Diseases of the Endometrium, including the Septic Inflammations of the Puerperium," will be awarded soon after January 1, 1898. Particulars may be learned by addressing the College of Physicians of Philadelphia.

## WASHINGTON NOTES.

The Weekly Report of the Health Department for the week ending May 9, 1896, shows that the favorable health conditions of the preceding week still continue. The death list during the past week numbered 88, of which 53 were white and 35 colored, giving a death rate for the total population of 16.61.

The Medical Society of the District of Columbia had its regular meeting on Wednesday evening, May 13, the President, Dr. Samuel C. Busey, in the chair. Dr. J. Ford Thompson presented a specimen of Stenosis of the Esophagus in a child four months of age. Dr. James Kerr read a paper on "Fractures of the Hip in the Aged." Dr. V. A. Moore read a paper entitled "Observations on the Number and Nature of the Bacteria normally present in Milk."

Dr. Randolph B. Carmichael has had performed an operation for appendicitis at St. Luke's Hospital in New York.

The Washington Obstetrical and Gynecological Society held its regular meeting on Friday evening, May 15, Dr. G. N. Acker, in the chair. Dr. H. D. Fry presented a specimen of Uterus, Tubes and Ovaries removed by Abdominal Incision for Salpingitis and Abscesses of the Cornua of the Uterus and its Broad Ligaments. Dr. J. W. Bovée showed a specimen of Double Pyo-Salpinx with Ovarian Hematoma. Dr. M. F. Cuthbert read the paper of the evening entitled "General Management of Cases during Pregnancy and Confinement." Discussed by Drs. S. S. Adams, T. C. Smith, Jos. Taber Johnson, H. D. Fry and J. W. Bovée. The almost universal opinion was that douches should not be given, unless there were symptoms to demand them.

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### Book Reviews.

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ATLAS OF TRAUMATIC FRACTURES AND LUXATIONS, with a brief treatise by H. Helferich, M. D., Professor at the University of Greifswald, with 166 illustrations after original drawings by Dr. Joseph Trumpp. New York: Wm. Wood & Co. 1896.

The volume before us is one of a series of five, known as Wood's Medical Hand Atlases, issued by the enterprising house of Wm. Wood & Co., 43, 45 and 47 East Tenth Street, New York. The Atlas of Fractures and Lux-

ations is a small volume of 142 pages, in which all the usual fractures and dislocations, and many unusual ones, are handsomely illustrated and briefly but clearly described. The volume can be confidently recommended as a reliable hand-book for those who wish to learn as much as possible of these subjects in a brief space of time.

A COMPEND OF DISEASES OF CHILDREN FOR MEDICAL STUDENTS, by Marcus Hatfield, A. M., M. D., Professor of Diseases of Children, N. W. W. Medical School, etc. Second Edition, revised, with one colored plate. Philadelphia: P. Blakiston, Son & Co. 1896.

The fact that a second edition of this little book finds its place in Blakiston's series of Quiz Compendis is sufficient assurance of its merit. The doses of remedies might in many cases be more definitely stated and there is a tendency to the use of Latin headings for familiar diseases which is to be deprecated. "Stomatomycosis," for instance, might well be written "Thrush," and "Koprostasis" might be simplified into "Lead Poisoning."

THE MEDICAL MUSE, GRAVE AND GAY; a Collection of Rhymes up to date, by the doctor, for the doctor and against the doctor. Collected and arranged by John F. B. Lillard. New York: I. E. Booth, 33 Gold Street. 1896.

With the exception of a few good pieces, the most of this doggerel is hardly worth the ink and paper used. Physicians like to be amused as much as any other class of persons and even at their own expense, but the profession would hardly be proud of this collection as a sample of what physicians read and write. The compiler has done the best he could and should not, therefore, be blamed.

WEIR'S INDEX TO THE MEDICAL PRESS. A Monthly Journal devoted to Medical Bibliography. Vol. I, No. 1, April 15, 1896. New York: Frank Weir & Co. \$3.00 per year.

This is a very ambitious undertaking on the part of the publishers and is a monthly which should find a permanent place in every medical library. On the opening page is a list of transactions and journals indexed, with the index numbers. Then come several very appropriate clippings on how to write a medical paper and kindred subjects. The remainder and largest part of the journal is devoted to a carefully made index alphabetically arranged. This is a publication which deserves to succeed.

**THE ROENTGEN RAY IN THE DIAGNOSIS OF PREGNANCY.** By Henry Chandlee, M. D., Professor of Obstetrics, Southern Homeopathic Medical College, Baltimore.

The practical use of these rays have rarely been so well shown as in this excellent work of Dr. H. Chandlee's. Assisted by experts from the physical laboratory of the Johns Hopkins University, he has succeeded in obtaining some exceptionally fine pictures showing the position of the fetus in utero.

**INTERNATIONAL CLINICS; a Quarterly of Clinical Lectures.** Edited by Judson Daland, M. D., etc. Volume I. Sixth Series, 1896. Philadelphia: J. B. Lippincott Company. 1896.

An examination of the pages of this well-known quarterly shows the same high standard of work that has characterized preceding volumes. The labor of the best writers of this and other countries is to be found in every volume. The lectures by Vulliet of Geneva is probably the last work of that great surgeon.

#### REPRINTS, ETC., RECEIVED.

Movable Kidneys, by Charles P. Noble, M. D. Reprint from *Gaillard's Medical Journal*.

Technique of Emptying the Uterus in Inevitable Abortion. By Charles P. Noble, M. D., Philadelphia. Reprint from *Codex Medicus*, December, 1895.

A Consideration of Certain Doubtful Points in the Management of Abortion. By Charles P. Noble, M. D., Philadelphia. Reprint from the *Therapeutic Gazette*, January, 1896.

The Sensory Nervous System in Diagnosis. The Reflexes. A Contribution for College Students. By Charles H. Hughes, M. D., St. Louis. Reprint from the *Alienist and Neurologist*, January, 1896.

Nephritis of the Newly Born. An Address Delivered before the Medical Society of the District of Columbia, November 28, 1895. By A. Jacobi, M. D., New York. Reprint from the *New York Medical Journal*, January 18, 1896.

A Case of Dermoid Tumor of Both Ovaries Complicated by a Deposit of Bone Upon Each Side of the True Pelvis, Having no Connection with the Tumors. By Charles P. Noble, M. D., Philadelphia. Reprinted from the *American Journal of the Medical Sciences*, December, 1895.

## Current Editorial Comment.

### ATLANTA MEETING.

*The Journal.*

THERE have been few meetings in the history of the Association which have passed off more harmoniously and more pleasantly in all respects than that just concluded at Atlanta.

### ATLANTA MEETING.

*Medical News.*

THE recent meeting in Atlanta met the expectations of those who attended it as fully as could be reasonably expected, considering the location—in a Southern city—at this season of the year. The number in attendance, although not quite up to the average, was sufficient to afford an inspiring audience, not only in the general sessions, but also in the various sections.

### ATLANTA MEETING.

*American Medico-Surgical Bulletin.*

IT seems to have been one grand glorious summer's day with the members of the American Medical Association. With genuine Southern hospitality the citizens of Atlanta opened their hearts and their homes to the members and their guests, dining them and wining them and barbecuing them to the full. The lay press with unanimity printed the supposed pictures of the leaders of the Association, even going so far as to give counterfeit presentments of some of the more modest and lesser lights. The eminent men were interviewed and lauded to the skies, and some of the less eminent men were called eminent.

### ANTIVIVISECTION.

*Physician and Surgeon.*

AMONG the crazes which are likely to cross the water and afflict this country must be mentioned antivivisection. The agitation usually takes the form of an infectious hysteria. A bill "for the prevention of cruelty to animals in the District of Columbia," is now before the Senate and House. The restrictions to vivisection contemplated in this measure are so stringent that no experiment on an animal could be conducted, and all bacteriological experiments would have to be abandoned. It is to be hoped that the bicycle or some other form of amusement will occupy the minds of the impressionable this summer, and that scientific pursuits may be uninterrupted.



# MARYLAND MEDICAL JOURNAL

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WHOLE No. 792

## Original Articles.

### SOME THOUGHTS CONCERNING DISEASE AND RECOVERY IN THEIR RELATION TO THERAPEUTICS.

ABSTRACT OF THE ANNUAL ORATION DELIVERED BEFORE THE MEDICAL AND CHIRURGICAL FACULTY AT ITS 98TH ANNUAL MEETING, APRIL 28 TO MAY 1, 1896.

*By S. Solis-Cohen, M. D.,  
Philadelphia.*

THE speaker deprecated that narrow conception of therapeutics which excluded prophylactic and hygienic measures from its scope. The ordinary definition of therapeutics as "the art of healing" involves not only this error, but a further one.

Healing is not the work of art, but of nature. On the other hand, nature is not always competent to effect healing surely and safely without the assistance of art, and there is, therefore, room for a science which investigates the principles, and an art which applies the methods, necessary to the safe conduct of the sick. The aim of therapeutics may, therefore, be described as the management of the sick for the purpose of facilitating recovery, of prolonging life and of promoting comfort. To this end a firm grasp of principles is as necessary as experience and the knowledge of details. This is proved by the example of all other sciences and arts, and by the history of medicine.

One of the most important questions to which medical teachers and thinkers can direct their attention is the best method of bringing the study of medical science into line with the general scien-

tific thought of the day, and especially with the facts and generalizations of biology. The lecturer then spoke of some of the fundamental problems of biology and their bearing upon the study and practice of medicine, referring in especial to those connected with the phylogeny and ontogeny of man, laying stress upon the reaction of the organism as well as upon the action of the environment; the influence of habit and use, or in other words of the exercise of function, in producing the variations upon which natural selection might operate in the evolutionary process, and the information thus afforded as to the properties of the life substance and the manifestation of the life force. He showed that the power of living matter to adjust and readjust itself to changing environment was the fundamental fact underlying the special studies of the physician, binding and coördinating them into an organic whole.

Anatomy and physiology, comparative and special, exhibit its normal operations and their results. Pathology is concerned with its operations and their results under perverting influences. Diagnosis investigates such pervert oper-

ations with the view to discover the means by which they may be recognized and discriminated; therapeutics studies them to discover in how far they tend to persistence or to recession and whether and by what artifices perversion may be combated and restoration may be aided; supplementing this study by an investigation of the modifying effects of all known influences upon vital processes, normal or pathological. This brings once more into view a fact of the highest importance, both in the study and in the practice of medicine, namely, that disease and recovery are alike vital processes in which the organism itself is the most active agent.

Disease may thus occur without specific excitation from without. Furthermore, neither the agents provocative of disease nor the agents used in treatment impart to the organism new qualities or introduce into its operations new power. Their effect is merely to induce perturbations, and this only in two ways: they may modify that which is habitual or may evoke that which is latent; but for good or for ill, such is the full extent of their action.

Modern teachers for a time refused, and indeed some still refuse, to admit the legitimacy of such an expression as "vital force." Vital phenomena were looked upon as purely chemical and mechanical and the attempt to explain on any other basis was considered as a survival of superstition — or a revival of mysticism. That many of the phenomena which occur in organized beings are chemical and mechanical none disputes. So do chemical and mechanical phenomena take place in electric batteries and dynamos. But as electric force is a manifestation of universal energy differing from chemical and mechanical forces, though mutually interconvertible with them and with other modes of energy, so vital force, life energy, or, as the speaker had on a previous occasion termed it, bionergy, is a mode of universal energy, finding its seat in living matter, convertible into other forms of energy, but in the present state of human knowledge not producible from other forms of energy, save through the intermediation of matter already endowed with life.

Upon the fact that bionergy is capable of transformation into chemical and mechanical modes of energy depends the possibility of organic function as distinguished from growth and upon the converse fact that chemical and mechanical modes of energy may be converted into bionergy depends the possibility of the reconstitution of the organism by nutrition after the exercise of function, and of the successful use of therapeutic measures in combating the perturbations of disease or in compensating for their effects.

The speaker then showed how, from these considerations, the value of rest as a therapeutic measure found a positive rather than a negative basis; and likewise how this doctrine points out at once the function and the limitations, the uses and the dangers of so-called stimulating measures.

Tracing the progress of medical history and especially of the vitalist doctrine, Dr. Cohen considered the significance in which the terms, nature, health, disease, recovery, were to be understood in the light of modern investigations and philosophical doctrines. Nature is "the totality of observed coexistences and sequences." Health and disease are states of the living organisms. Accepting Spencer's definition of life as a continual adjustment of internal relations to external relations, health may be defined as the balancing condition of internal relations. Disease, then, is an unbalanced condition of internal relations; that is, any state in which there is an excess or defect of one or more functions in relation to others, whether such perversion (excess or defect) be manifested in time, in quantity, or in quality.

Such being our conception of health and of disease it is evident that the state which we call disease may be brought about in various ways, from failure of internal adjustments (autogenetically, intrinsically) from failure to react properly to changes in external relations (heterogenetically, extrinsically) or in the process of the reaction and readjustment, and will exhibit a great multiplicity of phenomena.

Certain of these phenomena have been

found to be commonly associated ; and to have common antecedents ; and grouping together such common associations of sequence and coexistence we erect them into what we term diseases. It is unfortunate that the same word should be thus used to denote the general state of unhealth and to denote the association of special phenomena or relations of unhealth. For upon clear understanding of the difference between disease and diseases depends much of our knowledge of medical principles, and the indiscriminate use of the one word leads often to an ambiguity of expression, only to be avoided by an awkward periphrasis.

Ambiguity of expression can scarcely fail to cause confusion of thought. It was upon such a confusion of terms that the Brunonians and their opponents waged their controversies over the unity or diversity of disease—both being right—for the state of disease is unquestionably a unit of generalization, while the special diseases are multiple and diverse groups of phenomena, diverse, however, only in their association, not in their basic elements. The Brunonian error of thought led to many errors in treatment, some of which, especially the practice of over-stimulation or ill-timed stimulation, in so-called asthenic diseases, traditionally and empirically survive for ill, today; perhaps most largely among those who never heard of Dr. John Brown.

Upon analyzing the disturbance of internal relations, termed disease, while it will be seen that some of its manifestations exhibit a tendency to the impairment or termination of life, others are evidences of the struggle to restore the adjustment between internal and external relations, and therefore tend to the preservation and perfection of life—a point not of mere theoretic significance but always to be borne in mind by the practical physician; for it is obvious that with respect to the one class of disturbances, those tending to the impairment or termination of life, therapeutic intervention may be required to oppose them; while in respect to the other class, those tending to the preservation

and perfection of life, therapeutic intervention will either be unnecessary, or if required, will be required to regulate or aid—never to oppose.

Another important feature in the synthesis of disease in complex organism, such as the human body, needs likewise to be considered. The body is made up of organs, the organs of tissues, the tissues of cells, the cells being that from which all else proceeds. In addition to the life of the organism as a whole, each cell has its own independent life, just as the individual man in a community has his independent life. The life of the organism depends upon that of the cells and that of the cells upon that of each other and of the organism as a whole. Hence, not only the evolution and importance of communicative and coördinating mechanisms, the vascular and nervous structures, but likewise the production of widespread perturbations from disturbances of a single part; such perturbations following a certain chain of association independent of the exciting cause. Further, an important difference between the cell-life when isolated as an entirely independent unity, and the cell-life when continuing in a community, relates to the disposal of waste, whether produced by the chemical decomposition incident to the exercise of function or by the rejection from the absorbed materials of those unsuited for nutriment. The isolation cell discharges these into the outer world, the associated cell discharges them into the vascular channels of the organism of which it is a part. Each cell must, therefore, have become habituated to endure the presence of the ordinary excreta of other cells, and indeed some of these are utilized nutritively or as stimulants of function, or in other ways not clear, by special organs or by the organism at large.

If, however, these excreta become altered quantitatively or qualitatively, or find unusual channels of distribution, they may interfere with normal processes, or act as excitants of morbid trains of action. All toxins, therefore, are not of extraneous origin and we have to deal therapeutically with poisonous pro-

ducts of metabolism, autogenetic toxins, in addition to heterogenetic toxins or those the result of the action of microbes.

The chemical and pathogenic similarity not only of these two classes of toxins but also of ptomaines and vegetable alkaloids, has a fundamental origin in the constitution of living matter and in that vital reaction of the organism which we find at the basis of all pathological as well as of all recuperative processes. The natural process of dealing with the products of waste, namely, by excretion, explains many of the symptoms of disease, and justifies not only the ancient doctrines of peccant humors and critical evacuations, but the good old practices of cleansing the *primae viae*, of producing therapeutic discharges by the emunctories, and of removing by the lancet useless and waste-laden blood, as in uremia and some cases of pneumonia.

The speaker likewise referred to the differences between acute and chronic processes, and the different principles governing their management. In acute processes the difference between mild and fulminant diseases, for example, measles and cholera, was considered, attention being called, however, to the fact that often among fulminant diseases spontaneous recovery was not unknown; while among the milder affections fulminant cases develop, especially among populations in which a particular affection had previously been unknown. This brought into prominence both the importance of time as a factor in natural recovery and also the fact in proportion to the frequency with which given disturbances have been encountered and overcome in the evolution of the race, the more fully developed is the reaction apparatus and the more rapidly and completely is its work performed. Serum or antitoxine therapy was discussed from this standpoint.

It was also pointed out that whereas the method was applicable in such affections as diphtheria, tetanus, pneumonia, scarlatina, and the like, the fundamental pathology and course of morbid processes such as tuberculosis was so different from these that it was hardly to

be expected that a similar method would be of use. The principles upon which organ therapy rest were discussed. It was pointed out that certain animal extracts possessed toxic and therapeutic properties independent of their source and might, therefore, be employed in treatment in the same manner as agents of the *materia medica* belonging to the vegetable and mineral kingdom; while others supplied substances necessary to function in which the diseased organism was different. There is no analogy, however, between the use of thyroid extract in myxedema, adrenal extract in Addison's disease and the like, and the use of preparations of the brain, the heart and kidney in the treatment of diseases of these organs, the latter method being unscientific and without any reliable clinical testimony in its favor.

The management of fever was referred to, and it was pointed out that throughout medical history, from the time of Hippocrates to the present, the doctrine that fever was a conservative effort on the part of nature had been held by the best teachers. Had therapeutic principles been definitely taught in recent times this would not have been lost sight of, and recent melancholy abuses of the coal-tar antipyretics might have been escaped. In referring to the pathogenesis of nervous disorders apart from those due to degenerative processes resulting from infection and intoxication, attention was called to the fact that the evolution of man is far from being complete, but that the changes which he is undergoing are rather in his nervous structures than in his osseous and muscular systems, many of his brute relatives being far better developed skeletal and muscularly than he. Some of the disorders which we may mistake for nervous diseases are manifestations of the efforts of man's nervous organization to adapt itself to its changed environment.

In conclusion, the lecturer said that his address might be taken as a sermon upon this text from Hippocrates: "The physician must be able to discover the antecedents, know the present, and

foretell the future — must meditate these things and have two special objects in view with regard to the treatment of disease — namely, to do good or to do no harm. The art consists in three things,

the disease, the patient and the physician. The physician is the servant of nature, and the patient must combat the disease along with the physician."

## THE DIAGNOSIS OF DISEASES OF THE KIDNEY.

READ BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, AT ITS 9<sup>STH</sup> ANNUAL MEETING, APRIL 28 TO MAY 1, 1896.

*By Joseph T. Smith, M. D.,*

Professor of Materia Medica, Woman's Medical College; Lecturer on Hygiene and Clinical Medicine, University of Maryland.

It is not proposed to enter into the subject of the diagnosis of affections of the kidney in as full a manner as the title of this paper would indicate, but simply to call your attention to three cases which came under my notice, as showing the difficulties to be met with in arriving at a correct conclusion in regard to the abnormalities which may be present.

No organ furnishes us with such ample means for finding out the constantly changing conditions to which it is subject in its normal activities, and when these pass over into the abnormal, in most instances, it gives equally ample opportunities for us to learn of their existence; not that we are able always to interpret the signs and to say to what changed conditions, local or general, they owe their existence. The urine ever present, easily obtained, sensitive to any changes in the activities of the organs which produce it, would seem to furnish us with a ready means of determining what changes, if any, have been impressed upon them; add to this the fact that the kidneys are comparatively easy to examine, their peculiar shape causing any alterations in that particular, not usually, in skillful hands, very difficult; add, also, the still more valuable and important fact, which was first made possible, I believe, certainly carried to its highest state of perfection in the skillful hands of our deceased friend Dr. James Brown of this city, that of exploring with a catheter the ureters and hilus of the kidney and deriving

the positive information which such a procedure is capable of furnishing; when, I say, we consider these points, there seems to be but little more possible in this direction.

The difficulties we encounter, then, do not lie so much in our inability to know what changes have taken place as in our inability to interpret those changes. The presence of a trace of albumen in the urine shows an abnormality to exist somewhere, but does it indicate disease? Sugar in any constant quantity shows an abnormality and we know from experience disease, but what that disease is, where located and how it shall be controlled, we have as yet no definite information; tissue metamorphosis has failed at some point. Is the pancreas responsible, is the liver, the great glycogenic organ, the seat of the disease, or are many causes combined in thus giving rise to a condition so easily determined and with so great difficulty overcome?

It is this point which the cases of which I am about to speak are illustrations, and I thought them worthy of mention. In two of the cases urinary changes were presented, which were well and easily made out; in one there were at first no such changes, and it is of interest and has a bearing on the subject from the early absence of changes we had a right to expect, in two the diagnosis was difficult from our inability to interpret the urinary changes, in one because no changes occurred.

The first case was that of a young

girl, sixteen years of age, whose urine was given to me for examination. The physician who brought it gave the following history of the case up to the time he was called. His patient had been away during the spring and summer months, and though previously in good health, had during that period suffered from irritable stomach with nausea at times and occasional headaches, though this last symptom was not of sufficient intensity to attract special attention, indeed it was only upon looking over a diary she had kept that the fact that she had had them was found out. The physician at the place where she was summering made an examination of the urine, but finding nothing, concluded that her persistent nausea was due, as he expressed it, "to her run-down condition," for she was frail looking and the lack of nourishment was doubtless telling on her general health. Not improving, she was taken to a neighboring city and placed under the care of a physician, but still without benefit; he did not look at her urine, taking the examination as reported to him from her former attendant as final. In the fall she returned to Baltimore and her physician was summoned, as the nausea still persisted; he secured a specimen of her urine and turned it over to me to report upon; this he did without much idea that it would reveal anything abnormal, but rather to inform himself on all points before making a diagnosis or instituting treatment.

The urine showed the presence of pus and that only, except the small amount of albumen which always accompanies it and this was all that could be found under repeated examinations. This was a great surprise to her physician and while he did not doubt that the finding was correct could hardly bring himself to believe it, so negative had the previous examinations been; this is to be noted as showing how slight the indications had been in directing attention to the kidneys. She had no symptoms which could account for the presence of the pus; no pain or tenderness about the kidneys at any time and no condi-

tion in the genito-urinary tract that, by careful investigation, could be discovered. The patient continued slowly to grow worse and a hemorrhage suddenly caused her death. The post-mortem revealed a contracted kidney with an accompanying pyelitis.

This case is of interest in that its occurrence in so young a subject would serve to mislead one in the diagnosis. Roberts remarks (Urinary and Renal Diseases, p. 402) that the subjects of this condition (granular contracting kidney) are more advanced in years than those of the smooth, large kidney, and then adds, in a foot note, "Young persons and even children are, however, sometimes the victims of this type of Bright's disease." For our purpose the interest centers in the few abnormal symptoms in view of so grave an affection and the great difficulty, if not impossibility, of interpreting those that were present. It does not belong to our purpose to speculate as to the cause of the pyelitis, sufficient that, though it manifested itself by the presence of pus, the diagnostic difficulties were not cleared up. In the early stages, that the urine yielded nothing calculated to arouse suspicion is significant, in that it delayed the possible discovery of abnormal urinary conditions and in that it should impress us with the value of frequent examinations.

The second case occurring at Bay View and for the history of which I am indebted to Dr. Cohen, is in abstract, as follows: Wm. G., colored, aged 19 years, entered hospital March 9, 1896, with severe cough, fever and night sweats which he said he had had for two months; little expectoration; since he has been in two slight hemorrhages from the lungs occurred. Family history good as far as can be learned. Examination of the chest reveals the presence of tuberculosis of the lungs. Since his entrance he has continued to lose flesh; he has also had enlarged axillary glands, which on the right side were opened and scraped out. At this time attention was directed to the patient's urine, which was the color of almost pure blood. Microscope showed the

presence of blood, with pus. No abnormal condition of the bladder or urethra could be discovered. Under the supposition that the blood might be of malarial origin, he was put upon quinine, with a resultant decrease in the abnormal urinary constituents. On April 23, the urine was centrifuged for one-half hour without obtaining any sedimentation; urine from bottom of tube showed nothing under the microscope. Urine examined once afterwards with no result. On April 28, however, an examination revealed the presence of blood, pus, bladder cells and several blood casts. An examination of the urine made by myself on the 27th of April showed the presence of blood, pus, shreds of tissue and debris of various kinds, with a few granular casts. A number of stained specimens were examined but no tubercle bacilli have been discovered.

This case is of interest in that while the urine reveals for us much more clearly the conditions likely to be present in the kidney than in case No. 1, still we cannot be fully assured of the existence of tubercular nephritis until the bacilli show themselves. The absence, up to the present, of any symptoms of sufficient moment to call the attention of the patient or his attendants to an involvement of the kidneys is of importance. It was only the discovery of the very marked alteration in color of his urine that led to its examination and the discovery of disease. The lack of positive indications in such conditions is not infrequent to some degree but it is interesting to note their total absence, at least in so far as I am able to learn, in this case. Strümpell says in such conditions, "The occasional local symptoms are pain in the region of the kidney and bladder. . . . yet in other cases the pain is but slight during the whole disease." . . . "In one of our cases a slight hematuria was the first symptom which called the patient's attention to the trouble with the bladder." . . . "The local objective examination of the kidneys usually gives a negative result."

Another point of interest is the pres-

ence of lung and glandular tuberculosis; these lead us to regard the case as one of the army of consumptives we always have and to attribute the fever and night sweats to the manifest tubercular conditions, whereas, had they not been present, we would have sought farther and might earlier have found the kidney involvement; it serves as an illustration of the difficulties in the diagnosis of diseases of the kidney, in that the paucity of the symptoms delayed the diagnosis; this delay might be of importance if the suggestion of Dr. Frank Delafield is adopted when he says (Pepper's Text-Book of Medicine, Vol. II, p. 661) "The proper treatment for tubercular nephritis ought to be the removal of the diseased kidney."

The third case was that of a man of middle age who had always enjoyed good health, in spite of an active business life, part of the time engaged in building up a new enterprise, which, at times, taxed him mentally and physically. He called me to see him one day, as he was suffering intense pain. I found on examination that his difficulty seemed to be almost wholly in the right inguinal region. He had no tenderness elsewhere about the abdomen, no elevation of temperature, no nausea or vomiting, no difficulty in urination, no pain at head of penis, no retraction of testicle, simply intense pain in right inguinal region. Under morphia his pain left him, to recur again at intervals. The urine was frequently examined but revealed nothing. Symptoms were lacking to confirm a diagnosis of kidney colic or disease involving the appendix or neighboring structures. For several days no diagnosis was made, when the appearance of blood and gravel made a difficult diagnosis easy; this condition of the urine only continued for one day and only upon three passings of his water; the next day the blood entirely disappeared, but few uric acid crystals being found, and in the course of a week the urine had entirely cleared up, though strongly acid. This condition, that is recurring attacks of pain, the urine remaining normal, continued for three months, when there was an interval of

almost absolute comfort for four months, when a very violent recurrence of the pain took place. Since that time, ten months ago, he has been entirely free from trouble.

The delay in diagnosis is of interest here, due possibly to the involvement of one kidney, its secretion being held back for several days; at the same time it is not easy to account for the obstruction being caused by so small an amount of gravel and of such fineness unless, indeed, spasm had been induced and

were this the case what caused the continuance of the pain long after the urine had cleared up? Another point of interest is as to the presence of a stone in the pelvis of the kidney; he has at no time had anything symptomatic of such a condition, save the persistent pain, in the form of kidney colic, no kidney tenderness. The diagnosis still remains obscure as to the cause of the pain and its total disappearance, under so little urinary derangement. Future examinations may clear it up.

## PREVENTION OF THIRST FOLLOWING ABDOMINAL OPERATIONS.

READ BEFORE THE 9<sup>TH</sup> ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL 28 TO MAY 1, 1896.

*By J. G. Clark, M. D.,*

Resident Gynecologist in the Johns Hopkins Hospital.

Of the minor complications following abdominal operations, thirst is one of the most common and in some cases exceedingly distressing. I can recall numerous instances where patients have resorted to every means possible to obtain water. One patient, a negress, in the wards of the Johns Hopkins Hospital, after an exceedingly grave operation, got out of bed while the nurse was absent a few moments from the room and crawled to a water cooler some distance away.

The rule usually followed by surgeons is to withhold liquids for twenty-four hours until the patient is free from nausea and vomiting, after which water is given in small quantities.

When we consider the amount of waste products which must be thrown off through the various excretory channels following an abdominal operation we know that there is ample cause for intense thirst and if there is no compensation for twenty-four to thirty-six hours the distress of the patient is frequently intense.

The mere administration of ether without operation is often followed by intense thirst. Add to this factor a pro-

longed operation, with more or less loss of blood and we have three potent cooperating causes for the production of this complication. Numerous plans have been suggested to prevent thirst, among the latest, one by Dr. Hummiston of Cleveland. His plan is to place the patient on a greatly increased water diet for three days before operation, thus hoping to store up sufficient residual water to tide the patient over the first twenty-four hours after operation.

This plan may be of service in cases where it is possible to put it into effect, but in the usual hospital practice and in many operations performed in private houses it is not possible, as in many instances the case is an emergency one and requires operation within twenty-four hours after being seen by the surgeon.

This is especially true in gunshot wounds of the abdomen, appendicitis, ectopic pregnancy, etc., and it is in these cases that thirst is the most intense, and vomiting, which prevents the administration of water, the most frequent.

It has been the practice for many years in medical and surgical cases to administer water by the rectum where,



for any reason, it was interdicted by the mouth, but, so far as I know, the routine injection of saline solution (0.6 per cent.) as a systematic procedure for the control of thirst after abdominal operations has not been employed.

For the last two years it has been a part of the concluding technique of every abdominal operation performed in the Gynecological Department of the Johns Hopkins Hospital to inject one liter of normal salt solution into the rectum and the result has been so very satisfactory that we now propose to adopt it for all operations, even of minor degree.

In order that the patient may retain the enema she must yet be under the anesthetic when it is given, otherwise the rectum will not tolerate such a quantity of liquid. For this reason it is impossible to give liquids in sufficient quantities in the conscious subject to be of any great service in assuaging the thirst.

At the conclusion of the operation, before the abdominal dressings are applied, the patient is elevated to the medium high Trendelenburg posture, a stiff rectal tube is inserted well up into the sigmoid flexure and the fluid slowly poured into the glass funnel, which is held three or four feet above the level of the patient's buttocks.

In this posture the solution gravitates downward into the sigmoid flexure and colon and is very rarely expelled, even during the most violent attacks of retching and vomiting during the recovery from anesthesia.

I have reviewed the special charts of one hundred abdominal section cases which have not had the benefit of this treatment and one hundred cases which have had the saline enemata and am able to report the most gratifying results, not only as regards the question of the alleviation of thirst, but also the reduction to a minimum of vesical irritability, which is so common in operative cases.

One or two months after the adoption of the plan the head nurse in the gynecological wards began to report the most remarkable improvement in the intense thirst usually experienced by the patients.

Up to this time they had not been in-

formed of the means being employed to prevent this complication, as we desired to obtain an unsolicited and unbiased report from them. From this time, however, they were instructed to make the most critical observations concerning the presence or absence of thirst and in the one hundred charts, which I have taken at random from our history files, there is very rarely any note made further than that the patient passed her first twenty-four hours without even asking for water.

Another most conclusive evidence of the effect of these enemata is shown by the increase in the urinary excretion. Reference at this point to Dr. Russell's paper on "Urinary Analysis in Gynecology," published in the Johns Hopkins Hospital Reports, 1894, is of especial interest, as the urinary excretion of 100 abdominal cases under the new regimen shows a most remarkable increase over that noted by Dr. Russell.

In Dr. Russell's paper he attributed the frequency of vesical irritability in post-operative cases to the retention of small quantities of highly concentrated urine in the bladder, which possessed more than the normal amount of organic salts with greatly decreased watery constituent.

This hypothesis is unquestionably a correct one, as vesical irritability is comparatively infrequent in the cases of the last year. Catheterization is much less frequently required and consequently post-operative cystitis is infrequent.

The natural result of almost doubling the watery constituent of the urine is to decrease the specific gravity. The average specific gravity of cases in which the enemata are not given is 1030, while those with it showed a reduction to 1022.

The average quantity of urine excreted for the first seven days after operation in the two sets of cases is as follows :

With Saline Enemata.		Without Saline Enemata.	
1st day	752 c. c.	1st day	481 c. c.
2d "	626 "	2d "	505 "
3d "	605 "	3d "	498 "
4th "	635 "	4th "	550 "
5th "	654 "	5th "	595 "
6th "	672 "	6th "	656 "
7th "	646 "	7th "	591 "

The lowest point in the urinary excretion is reached on the third day, which is accounted for by the fact that on the evening of the second day the cathartic is given and usually acts on the third day.

Soft diet is begun on the 5th and 6th days and as a result there is another drop in the urinary excretion, as the patient is then taking more of soft than of liquid diet.

**SUGAR TESTING IN THE URINE.**—The testing for sugar in an ordinary diabetic urine, says Dr. William Roberts, M. D., F. R. S., in the *International Medical Magazine*, whether by fermentation or by Fehling's solution, yields indications which are doubtful when the quantity of sugar is very small while the normal ingredients are present in their usual or in excessive proportion. The fermentation test yields no obvious sign when the urine is impregnated with sugar to a less degree than 0.5 per cent., and Fehling's test fails when the proportion of sugar ranges much under 0.1 per cent. Uric acid and creatinine exercise a reducing action upon Fehling's solution, and where these are abundant and sugar is scanty the indications of the test are difficult to interpret. If such a urine is passed through animal charcoal three times in succession, it will be rendered colorless and the uric acid and urates will be completely removed, while sugar passes freely through the charcoal with the liquid portion of the urine. Albumen is also removed largely, but not entirely, when the urine is subjected to this treatment. After such a process the filtrate can be treated with Fehling's solution as follows: A test-tube is charged with Fehling's solution to the depth of about a quarter of an inch, and the filtrate is added to the depth of about two inches, the two fluids are then thoroughly mixed, and heat is applied to the upper half of the column of liquid until the boiling point is reached. If sugar be present a comparison of the two portions of the fluid in the tube will show that the upper portion has lost its blue color and has become yellowish.

At the end of the fifth day the excretion in both sets of charts meet and from this time on gradually increase until they reach the normal, about the 12th day.

When one sees the intense thirst which patients experience after operation entirely alleviated in the great majority of cases by this means he will be more strongly convinced of its efficacy than by the mere citation of statistics.

**APYREXIAL TYPHOID FEVER.**—Svehla (*British Medical Journal*) reports a case of typhoid fever without pyrexia, in which the diagnosis was confirmed by the discovery of the bacillus of Eberth in the blood and urine. The patient was a boy aged 6; his two brothers, aged respectively 10 and 4, were attacked with typhoid fever a few days after his illness began. The patient had been ill for a fortnight (vomiting and diarrhea) before admission to hospital. He was drowsy and emaciated, and the extremities were cyanotic and cold. The tongue was dry and coated. The motions were liquid, brown and offensive. The spleen was not enlarged; the urine gave the diazo-reaction, and the reaction persisted for a week longer. The patient then improved, and left the hospital, but subsequently had a relapse. The temperature never exceeded 99.2 while in hospital. Svehla states the cultivations of the bacillus of Eberth in broth give the diazo-reaction, whereas those of bacterium coli commune do not.

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**EFFECTS OF FORMALIN AND FORMIC ACID.**—A. H. Pilliet (*Medicine*) states that formalin is only slightly toxic, although a powerful antiseptic. To cause fatal results it must be given subcutaneously in doses of 0.25 gramme per kilogramme of body-weight. The effects of formalin and formic acid were found to be identical in so far as these produce lesions. These latter consisted principally of intense congestion, with evidence of cellular irritation and vacuolization, but no necrosis. These conditions were noted chiefly in the abdominal organs.

## Society Reports.

### MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

NINETY-EIGHTH ANNUAL SESSION, HELD AT THE HALL  
OF THE FACULTY, APRIL 28 TO MAY 1, 1896.

THURSDAY, APRIL 30, THIRD DAY.

*Dr. Geo. J. Preston* then read a paper entitled "The Gastro-Intestinal Manifestations of Hysteria." He first spoke of constriction of the esophagus causing rejection of the food. Blood was often vomited; this was bright-red in character and simulated other affections. Many cases of so-called vicarious menstruation were really hysterical in character. Hysterical anorexia was common. Hysterical patients seemed to be able to live on very little food and often go an incredibly long time with very little to eat. They will sometimes attempt to deceive by starving in public and stuffing in private. They suffer greatly with distension of the bowels with gas.

*Dr. J. D. Blake* then reported "Sixteen Cases of Laryngeal Croup Treated by Intubation and with Antitoxine." (See page 93.)

*Dr. Hemmeter* said this paper was written from the standpoint of a neurologist. All the symptoms related seem to come from the nervous system. Certain forms of these troubles are intestinal and are due to auto-intoxication.

*Dr. Preston* replied we cannot classify the pathology of neuroses, hence we have to run the gamut of all the specialties. In so many cases we can find no evidence of a pathology lesion.

In the evening the annual oration was delivered by *Dr. Solomon Solis-Cohen* of Philadelphia. His subject was "The Path of Progress in Modern Therapeutics." (See page 109.) After this the portraits of *Dr. Geo. W. Miltenberger* and *Dr. H. P. C. Wilson* were presented to the Society with appropriate addresses by *Dr. S. C. Chew* and *Dr. T. A. Ashby*.

FRIDAY, MAY 1, FOURTH DAY.

*Dr. John C. Hemmeter* then read two papers, as follows: One on the "Possibility of Intubation of the Duodenum,"

and the other on the "Effects of Persistent Intestinal Putrefaction upon the Kidneys."

*Dr. Joseph T. Smith* then read a paper entitled "The Diagnosis of Disease of the Kidney." (See page 113.)

*Dr. Hemmeter* referred to the importance of examining the patient on both sides before any operative treatment on the kidney and referred to a case in which one kidney had been removed for some disease and it was found out afterwards that that was the only kidney the man had.

*Dr. E. M. Schaeffer* read a paper on "The Physical Director in the Second and Nineteenth Centuries." It was a plea to more largely convert medical practice into terms of sanitary art, throughout all the specialties; and advocated a wider recourse to the natural therapeutics of the old Greek gymnasia or modern sanitariums. Galen's hygienic philosophy and science of body-prophylaxis, in literal translation from his *De Sanitate Tuenda*, gracefully linked the old world thought with the present day therapeutic tendencies.

*Dr. John G. Clark* then spoke of the "Prevention of Thirst Following Operations upon the Abdominal Cavity." (See page 116.)

*Dr. T. A. Ashby* then reported a case of "Accidental Rupture of the Pregnant Uterus; Hysterectomy; Resection of Eight Inches of Intestine; Recovery."

The case was that of a woman, 22 years of age, in whom the diagnosis of pregnancy was excluded by the history and physical signs present. The woman was suffering from uterine hemorrhage and other symptoms of the retained products of conception. In attempts at removal of the uterine contents through a rigid cervical canal the uterus was accidentally punctured and violent uterine pains forced the fetus into the abdomen through the uterine wound. The abdomen was opened to ascertain and correct its condition. It was found necessary to remove the uterus, as an extensive tear had taken place at the fundus. The lower third of the ileum had been wounded and it was found necessary to resect eight inches of the intestine.

This was done by an end-to-end anastomosis with a Murphy button. The patient experienced very little shock and there were no symptoms of the intestinal lesion during her subsequent convalescence. She recovered from the operative procedures with fewer dangerous symptoms than one often observed after simple abdominal sections. The intestinal wound united within the first seven days, as shown by the fact that the contents of the bowel passed through the intestine without distension or obstruction. The Murphy button was removed from the rectum on the twenty-fifth day, where it had been retained, no doubt, some days enclosed in a mass of fecal matter. The patient's health has remained good to the present time. The interest in the case will be found in the unusual conditions which were presented, which led to an error of diagnosis, in the unfortunate results which followed attempts to correct this error and in the fortunate recovery of the case after the procedures instituted. But for the prompt opening of the abdomen the injury to the uterus and intestine would not have been discovered and the woman would no doubt have perished from peritonitis and sepsis. Accidents to the uterus are often unavoidable in the removal of intrauterine growths and contents. The surgeon should hold himself ready to open the abdomen under such circumstances, to determine the exact condition and to employ such surgical measures as may be required in the given case. Promptness and boldness in action may turn a hopeless defeat into a happy victory. Dr. Ashby believes that more lives will be saved by promptly meeting such unusual conditions with rational and intelligent surgical measures than by abandoning such cases to the chances of fate.

*Dr. J. W. Williams* then read a paper on "The Frequency of the Occurrence of Contracted Pelves in Baltimore," in which he reported the results of the measurement of one hundred women who were seen at the Johns Hopkins Dispensary. His conclusions from these studies were that the pelves of Baltimore women were much below the normal.

*Dr. A. K. Bond* said that he thought the title of the paper was misleading, as the author should have stated not that the contracted pelves had occurred in Baltimore, but that they were a small number of selected cases seen at the hospital dispensary.

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## AMERICAN MEDICAL ASSOCIATION.

FORTY-SEVENTH ANNUAL MEETING, HELD AT  
ATLANTA, GA., MAY 5 TO 8, 1896.

SECTION ON SURGERY.

SECOND DAY, MAY 6.

*Dr. H. H. Beach* of Boston read a paper entitled "Exploration and Treatment of Fissures from Skull Fractures," in which he spoke of the advance of surgery since antiseptic and aseptic principles were followed and yet the mortality in skull injuries, especially where the base was involved, was still very large and it was probable that sepsis occurred in some way. This may be due to the character of the discharges, to the nature of the injury and other reasons. He reported cases and suggested that the brain fissures should be carefully cleaned and small abscesses be evacuated.

*Dr. W. L. Estes* of South Bethlehem spoke of the necessity of good drainage and in these severe cases of drainage through the auditory and nasal canals and the use of aseptic precautions in these channels.

*Dr. J. C. Oliver* of Cincinnati reported four cases of "Brain Surgery," one of which recovered. They were all extreme cases.

*Dr. Ransohoff* of Cincinnati spoke of his method of controlling hemorrhage by introducing an inch from the surface of the tumor a continuous chain suture which he drew tight around the entire surface of the incision. The entire area within this chain can be made almost bloodless by drawing the chain tight and the operation may be done with comparative safety from hemorrhage.

*Dr. Charles H. Dunn* read a paper on "Cholelithiasis and Cholelithotomy," re-

cording forty cases of gall-stone. This was discussed by Drs. Donald McLean of Detroit, Alexander Hugh Ferguson of Chicago, J. C. Oliver of Cincinnati and Hunter McGuire of Richmond.

*Dr. Donald McLean* then read a paper on "Operative Interference in Abdominal Ailments," which was discussed by Drs. Thomas H. Manley of New York, C. A. Wheaton of St. Paul, J. T. Thomas of Pennsylvania, Randolph Winslow of Baltimore, Philip Marvel of Atlantic City and McRae of Atlanta.

*Dr. W. J. Mayo* then read a paper on "Some Mechanical Causes of Interference with the Action of the Stomach and their Surgical Relief."

#### SECTION ON THE PRACTICE OF MEDICINE.

SECOND DAY, MAY 6.

*Dr. J. W. Grosvenor* of Buffalo read a paper on the "Effect of Alcohol on the Organs of Special Sense," in which he took the view that alcohol was a depressant and that physicians should discourage the laity from its use. Alcohol is not indicated in cardiac depression and after anesthesia. Only total abstainers should be railroad employes.

*Dr. Webster* of Chicago said it was not true that under all circumstances alcohol was a depressant.

*Dr. Yeager* of Hammittsburg, Ky., said he had often used it in practice and found it very necessary.

*Dr. H. A. Hare* of Philadelphia was opposed to such sweeping statements as made by Dr. Grosvenor, and he did not believe that alcohol was never a stimulant and he did not think such utterances should go down on record without contradiction; that in his large clinical and laboratory experience he had the fullest evidence that alcohol was often a powerful stimulant.

*Dr. Babcock* of Chicago said that his experience showed him that alcohol in small doses was a stimulant and in large doses a depressant.

Many others joined in this discussion, which tended to show that the majority of physicians believed that alcohol was a stimulant in the fullest sense of the word and that Dr. Grosvenor had based his reasoning on sentiment rather than

on experience or experiment and that prejudice played a great part in the paper. In conclusion, Dr. Grosvenor held to his opinion.

*Dr. W. B. English* of Pennsylvania then read a paper entitled "Lycopersicum in Cardiopathia."

*Dr. W. C. Weber* of Cleveland read a paper entitled "Early Diagnosis of Carcinoma of the Stomach by Means of Chemical Analysis of the Gastric Contents," in which he said that the absence of hydrochloric acid from the stomach was no longer considered evidence of cancer. The test used was with Congo red. The blood should also be examined. This was discussed by Drs. Herrick of Chicago, Wainright of Missouri and Paquin of St. Louis.

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### Medical Progress.

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THE TREATMENT OF HALLUX VALGUS.—Delvet (*British Medical Journal*) reported at a recent meeting of the Société de Chirurgie of Paris a case of double hallux valgus in a woman aged 33, in which, after removal on both sides of the inflamed serus sac, he resected with gouge and mallet the abnormal projection of the head of the metatarsal bone, and finally fixed the contracted tendon of the extensor hallucis to the inner side of the toe by an artificial sheath of fibrous tissue and periosteum taken from the metatarsal bone. The double deformity, it is stated, has thus been corrected, and the patient is now able to walk without any trouble or difficulty. In some remarks on this case Kirmisson pointed out that complete resection of the head of the first metatarsal bone has the disadvantage of impairing the internal arch of the foot, whilst resection limited to the proximal end of the first phalanx is an illogical procedure, as in hallux valgus, the lesions affect exclusively the metatarsal bone. Simple section of the extensor tendon will not suffice, as contraction of this tendon is an absolutely secondary condition, and not the immediate cause of the deformity.

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BALTIMORE, MAY 30, 1896.

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PHYSICIANS usually practice their profession for the good they do and for the amelioration of suffering, *Undesirable Advertising.* but they also follow this calling in most cases as a means of support and are considered in good taste when they make known their profession, their specialty, the situation of the office, their office hours and such other information as the public may wish to have.

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Another way which seems to appeal to the vanity of many men is to subscribe to one of

the many volumes of "prominent citizens and great men" of a particular community and send themselves a laudatory account with photograph to be put in at so much per page. Those methods are, to say the least, not in very good taste. The man who comes before the public in one of these many underhand ways is sure in the end to be found out and his real worth gauged by all who read his life in these biographical sketches.

The good taste which characterizes every action of the true gentleman shows the physician just how far he can make himself and his skill known in legitimate channels without overstepping the limits of good form. The man who does not understand this, be he physician or not, will use any means to come before the public. There are exceptional men in every community rising above the average class, and the history of such it is well to record to show their early struggles, their virtues, their shortcomings, and thus to stimulate the beginner in his work.

As for advertising by the profession, opinions on that point vary in different countries and in different parts of this great country. The code of ethics can no more teach the physician how to act towards his professional brother than a book of etiquette can teach a cowboy how to lead a cotillion.

It is usually considered against all rules of medical ethics to have under the sign that especial attention is devoted to such and such a disease, while the statement that practice is limited exclusively to that disease is allowable. As a fact, most specialists do take all they can get and devote especial attention to what they like or what they especially well understand.

Newspaper advertising by physicians is not popular in the east, but as a matter of convenience if all physicians, especially in such cities as New York, would keep a standing advertisement in one paper at least of their names, addresses and office hours and specialties, it would save many a stranger in a city who would likely know one or more of the better physicians by reputation from being taken in by the average hotel doctor, who is often a shark.

Underhand advertising is undesirable advertising and a book containing autobiographies of physicians reciting their achievements and showing their photographs is extremely poor taste and should be discouraged.

WHILE there is a certain amount of accuracy necessary in prescribing and dispensing drugs, the giving of the dose to the patient is rather loosely indicated and may vary within very wide limits according to the spoons or glasses used. Many patients and their families like exactness and attention to details and physicians are too liable to give general directions leaving very vague ideas as to what is to be done.

The physician who in prescribing at a patient's house asked to see all the spoons and selected the one to be used, created a favorable impression and probably secured the size of dose desired. The record is made of a physician who appeared at a medical society with a large collection of teaspoons which he had collected from time to time at various houses, and in measuring their capacity he found that some held twice as much as the standard and some three times as much, and, indeed, one teaspoon held exactly five times as much as another.

This all shows the importance of changing the methods of prescribing the dose of medicines and indeed of our system of writing the amounts. Accuracy is not easy to attain but it may be approximated and one way is for the profession to use the metric system in every case. There is more opportunity to fix the exact dose and less liability to error. Also patients should be taught to do away with the old-fashioned teaspoon and use a carefully made medicine glass or graduate, not the ordinary pressed dose glass, which may be right or may not, but a carefully graduated glass of clear material so that the lines may be seen distinctly, and such glasses should be made with some stamp of accuracy.

As long as the government does not approve such vessels, the glasses could be made by a manufacturer of known integrity, and each physician should demand of his patients to use the dose glass in preference to the inaccurate spoon, which varies so widely and may be either full to overflowing or only partly filled. The obstacle in the way of the metric system in prescription writing is of course the profession itself, who think that such a system is difficult and confusing, while they cling to the old grains, scruples, drachms and ounces with almost an English conservatism. If we demand of the pharmacists accuracy and care in dispensing and compounding, so

much the more should the physicians themselves see that they use the most accurate system and give their patients the most exact way of taking and giving medicines.

It does not take the public long to grasp a new idea if it is a good one and any step which has for its object accuracy in dispensing should be encouraged.

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THE season of the year is approaching when most persons on this part of the globe seek a much needed rest and recuperate for the winter months to come. Men and women, and even children, in every walk of life try in one way or another to make some change in their usual mode of existence by giving up all work and doing nothing in the shape of work.

That such a change and rest is of benefit no one will deny. The merchant may leave his work confident that his assistants or partners will follow out his directions and not lessen his income, but the professional man, and especially the physician, hesitates to go away for fear that his patients will desert him or his rival will outstrip him in the fight for an existence.

The English method of using substitutes has hardly found a place here. The locum tenens is a very important person in England in holiday times, and many a young man has started his successful career by temporarily taking the practice of a busier man.

He who boasts that he has not taken a day's rest for so many years should be ashamed to make this boast, knowing as he does and as he teaches his patients that such a continual grind is bound to wear out his system at an early age. Everyone needs a rest some time in the year and the physician of all persons should give up everything and spend at least two weeks far away from cases, hospitals and the man who has an interesting case to relate.

The man who has no occupation has no place in a country where everyone is working and he who takes frequent rests and holidays is looked on as a "loafer."

This should not be. Every man and every hard working man like the doctor, whose work is never done at night as well as day, should take a holiday and come back to his work renewed and refreshed.

### Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 23, 1896.

Diseases.	Cases Reported	Death.
Smallpox.....		
Pneumonia.....		5
Phthisis Pulmonalis.....		16
Measles.....	2	
Whooping Cough.....	8	1
Pseudo-membranous Croup and Diphtheria. }	11	8
Mumps.....	1	
Scarlet fever.....	12	
Varioloid.....		
Varicella.....		
Typhoid fever.....	6	3

The Woman's Medical Club is a prosperous medical organization in Chicago.

Dr. F. J. Purnell, a retired physician near Ocean City, Md., died at his home last week.

The trustees of the Johns Hopkins Hospital have decided to build a clinical laboratory on Monument Street.

The Health Department of Baltimore has left the City Hall and has adapted an old building on Gay Street to its present uses.

The Hospital for the Relief of Crippled and Deformed Children has been incorporated. Dr. R. Tunstall Taylor is the Surgeon-in-Chief.

Some inventive genius has patented an electrical device which is to be attached to the baby's crib and which rings an alarm when the baby cries.

Dr. Edwin Eareckson, a retired physician and druggist and a graduate of the University of Maryland in 1860, died in Baltimore last Monday in his 73rd year.

Dr. Ch. Wardell Stiles, Zoölogist of the Bureau of Animal Industry, Department of Agriculture, U. S., has been elected a member of the French Academy of Medicine. This honor, it is said, has never before been bestowed on a young man of 28 years of age, and gives a special recognition to the energy and original research which has characterized Dr. Stiles' services to his profession. A "Report upon the Present Knowledge of the Tapeworms of Poultry, with 276 figures on

21 plates, by Ch. W. Stiles, A. M., Ph. D., and a Bibliography of the Tapeworms of Poultry, by Albert Hassall, M. R. C. V. S.," is now in press and has been highly commended by Dr. D. E. Salmon, Chief, Bureau of Animal Industry.

At a meeting of the Faculty of Physic of the University of Maryland, held May 19, Dr. L. Ernest Neale was elected Professor of Obstetrics, vice Professor J. Edwin Michael deceased, and Dr. Charles W. Mitchell was elected Professor of Materia Medica and Clinical Medicine, Professor I. E. Atkinson having requested that a separation of Materia Medica from Therapeutics be made. Dr. Atkinson remains Professor of Therapeutics, Clinical Medicine and Dermatology. Professors Neale and Mitchell were classmates, graduating with equal honors in the class of 1881, both being recipients of the University gold medal and of the Miltenberger obstetrical prize. Dr. Neale was formerly Demonstrator of Obstetrics in the University of Maryland, and for the past four years Professor of Obstetrics in the College of Physicians and Surgeons of this city. Dr. Mitchell has served his university in many capacities, and always with distinguished success. For the past two years he has held the Clinical Professorship of Medicine.

The committee on general sanitation of the Medical and Chirurgical Faculty had its first meeting last week in the Faculty rooms, on North Eutaw Street, pursuant to a call of the Chairman, Dr. Edward M. Schaeffer. Drs. Osler, Welch, McShane, Rohé, Blake and Schaeffer were in attendance. The subject of vital statistics was urged as of primary importance by Dr. Welch, and the co-operation of the profession throughout the State dwelt upon as a necessity to their satisfactory collection. He also urged the need of a bacteriological laboratory and a municipal hospital for Baltimore. Drs. Osler, Rohé, Blake and McShane took part in the discussion. On motion of Dr. Rohé, it was decided that the Chairman arrange for a meeting with the Mayor, when the committee can present the matter for his consideration. Dr. Schaeffer introduced the subject of medical school supervision and sanitation, and spoke of its importance in the educational work of the day. Drs. Welch and Rohé fully concurred in the necessity for such skilled education as a part of the school regime.



## WASHINGTON NOTES.

THE weekly report of the Health Department for the week ending May 16, 1896, shows an increase of 11 deaths over that of the preceding week. The death list numbered 99 and the death rate rose to 18.6 as against 17.1 during the corresponding period of last year. There were no new cases of diphtheria and only 2 cases of scarlet fever.

The last meeting, until fall, of the Clinico-Pathological Society was held on May 19, the President, Dr. H. B. Deale, in the chair. Dr. H. B. Deale and Dr. R. W. Baker presented pathological specimens. The President's address was read. The society then adjourned.

The Medical Society of the District of Columbia held its regular weekly meeting on Wednesday, May 20, the President, Dr. Samuel C. Busey, in the chair. Dr. S. S. Adams read a paper entitled "The Use of the Antitoxine of Diphtheria in Private Practice in the District of Columbia." Dr. L. W. Glazebrook, deputy-coroner of the District, presented several specimens. Dr. Vironus Moore read a paper on "Tuberculosis in Pigs" and presented specimens.

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### Book Reviews.

CONSUMPTION: ITS NATURE, CAUSE AND PREVENTION; WITH AN OUTLINE OF THE PRINCIPLES OF TREATMENT, FOR ALL CLASSES OF READERS. By Edward Playter, M. D. Toronto: William Briggs. 1895.

As the title implies and as the book shows, it is for both lay and medical writers and the subject is treated in a very thorough and clear manner. Pulmonary consumption is the form of tuberculosis considered. The author first speaks of the lungs and the manner of breathing and then he takes up the nature of consumption and its causes. Part II is devoted to the prevention and Part III to the treatment of this disease. The author has read the literature of the subject with great care and his considerations of the prevention of the disease are well worth studying. Such a book helps the physician little, but is of interest to him, while to the non-professional reader it will bring many new points, if a lack of medical training in this class of readers does not cause confusion. The book is an excellent one.

DON'TS FOR CONSUMPTIVES; or, the Scientific Management of Pulmonary Tuberculosis. How the Pulmonary Invalid may Make and Maintain a Modern Sanatorium of his Home, with Additional Chapters descriptive of how every Consumptive Person may apply the Forces of Nature to assist and hasten Recovery, and also how the Defects of Heredity may be Best Overcome. By Charles Wilson Ingraham, M. D., of Binghamton, N. Y. February, 1896. Pp. xviii-21 to 218.

While this book has a rather sensational title, still the book itself is full of excellent and practical hints. The main point brought out is the prevention of consumption and the hygienic measures therefor. The opening chapters are on the disposal and destruction of tuberculous sputum. The warning is sounded against the infected room and the double bed. Ventilation is not passed over, but full directions for the ventilation of the living and sleeping rooms are given. Systematic chest exercises are advised. The advice all through the little book is good and thoroughly practical and the only trouble is that too many restrictions and directions and too many "don'ts" may not be heeded by the invalid.

DIETS FOR INFANTS AND CHILDREN IN HEALTH AND IN DISEASE. By Louis Starr, M. D., Editor "American Text-Book of Diseases of Children." Philadelphia: W. B. Saunders. 1896.

A series of detachable prescription forms for diet of children from birth up; with detachable leaflets giving recipes for the preparation of broths, etc., for the sick.

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### REPRINTS, ETC., RECEIVED.

The Technique of Urethral and Intravesical Irrigations. By Ferd. C. Valentine, M. D. Reprint.

Rupture of the Lateral Ventricle. By B. Merrill Ricketts, Ph. B., M. D. Reprint from *Medicine*.

Modern Surgery in Serous Cavities. By Merrill Ricketts, Ph. B., M. D. Reprint from the *Railway Surgeon*.

Coca and its Therapeutic Application. By Angelo Mariani. With Illustrations. Third Edition. 1896.

Kissingen Spa, the International Health Resort, in its Medical and Social Aspects. Published by the "Kurveverein Bad Kissingen." Munich. 1896.

Merck's 1896 Index. An Encyclopedia for the Physician and the Pharmacist. Merck & Co., New York.

Tenth Annual Report of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania, 1895.

Twenty-first Annual Report of the State Board of Health of the State of Michigan for the Fiscal Year ending June 30, 1893.

"Lumbar Puncture of the Subarachnoid Space," by George W. Jacoby, M. D. Reprint from *New York Medical Journal*.

Proceedings of the Philadelphia County Medical Society. Volume XVI, Session of 1895. Alfred Stengel, M. D., Editor, Philadelphia. 1895.

Transactions of the Association of American Physicians. Tenth session, held at Washington, D. C., May 30 and 31, 1895. Philadelphia: Wm. J. Dornan, Printer. 1895.

A Clinical Study of Three Hundred and Fifty-four Cases of Foreign Bodies Situated on and in the Cornea. By Charles A. Oliver, A. M., M. D. Reprint from the *Codex Medicus*.

Transactions of the American Orthopedic Association. Ninth Session held at Chicago, Ill., September, 17, 18 and 19, 1895. Volume VIII. Philadelphia: Published by the Association. 1896.

Transactions of the Seventeenth Annual Meeting of the American Laryngological Association held in the City of Rochester, N. Y., June 17, 18 and 19, 1895. New York: D. Appleton & Co. 1895.

Additional Note upon an Artificial Eye, intended for the Study of Ophthalmoscopy and the Objective Determination of Ametropia. By Charles A. Oliver, M. D. Reprint from the *New York Medical Journal*.

Certain Chemical Compounds Obtained by the Union of Phenol-derivatives with the Isomerides and Polymerides of Camphor. By Theodore W. Schaefer, M. D. Reprint from the *Boston Medical and Surgical Journal*.

A Brief Résumé of a Comparative Study of the Ophthalmoscopic Conditions seen in Interstitial Nephritis as Found in Dispensary Service and in General Hospital Practice. By Charles A. Oliver, A. M., M. D. Reprint from the *Philadelphia Hospital Reports*.

## Current Editorial Comment.

### PHYSICIANS AND LITERATURE.

*St. Louis Clinique.*

It is a sad state of affairs when medical men have no time for indulgence in general literature. We cannot separate medicine legitimately or profitably from any of the conditions of life. The breadth of thought, the expanse of critical power, gained by the careful reading of modern magazine literature, is beyond estimate.

### NAMES OF DISEASES.

*Medical and Surgical Reporter.*

WE believe that if the medical profession were united in using plain names for disease, in teaching the community that the majority of cases cannot be brought within any arbitrary schedule, and in acknowledging the inevitable limitations of human skill, that mutual confidence would gradually be developed. At present we are still hampered with mysticism and affected dignity of past generations, but the straightforward, earnest student of disease, whose stock in trade is brains and education, not mannerism and bluff, is making his influence widely felt.

### THE USEFULNESS OF DRUGS.

*Medical Record.*

It is something unusual in these times to find a practitioner of large experience proclaiming boldly his belief in the efficacy of drugs. Dr. William R. Gowers of London, however, calls attention to the fact that a great many of the non-medicinal measures for combating human ills which are now so frequently recommended cannot really be used by the every-day practitioner. The patients whom he serves cannot afford to take rest, to travel, to spend two months at some "cure," to inhale oxygen, to undergo massage or elaborate methods of hydro-therapeutics or of mechanical therapeutics. They cannot afford even, in many cases, the dietaries which are often so highly approved; and, on account of their daily work, almost the only means of help outside of surgery is, in many instances, some medicine. Now, the point made by Dr. Gowers is that the average practitioner does do a great deal of good with his drugs, and that they really have efficacy in lessening the severity and the mortality from disease.

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### SOME SURGICAL AFFECTIONS OF THE KIDNEYS.

REMARKS MADE AT THE 98TH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL 28 TO MAY 1, 1896.

*By Randolph Winslow, M. D.,*

Professor of Anatomy and Clinical Surgery in the University of Maryland.

THE remarks that I shall make upon this occasion will be brief and limited, to the consideration of two surgical conditions affecting the kidneys, as wounds of the kidneys have just been discussed by my predecessor, and the diagnosis of renal calculi will be considered by the gentleman who follows me on the programme. The two conditions to which I wish to call your attention are, first, movable kidneys; and second, suppuration of the kidney and its pelvis.

Movable or displaced kidneys.—As you are aware, the kidneys normally occupy a position in the hypochondriac and upper part of the lumbar regions. The right kidney, owing to the pressure of the liver, descends to a somewhat lower level than the left, by perhaps as much as an inch. Above the right kidney is the liver and above the left is the spleen. In front of the right kidney is the ascending colon and the descending portion of the duodenum, whilst in front of the left kidney the descending colon is found.

The kidneys normally are placed behind the peritoneum, which simply overlies them, and this brings me to a point to which I wish to direct your attention for a moment. The terms

“floating” kidney and “movable” kidney are usually used synonymously, but there is an anatomical distinction between the two. A “floating” kidney is one in which the peritoneum completely surrounds it and forms a distinct meso-nephron, and is therefore a congenital condition, and I may add a very rare one, whilst a “movable” kidney is an acquired condition, in which the organ attains an undue mobility behind the peritoneum, and is of not infrequent occurrence. The kidneys move distinctly during the respiratory excursions, but it is only when this is greatly exaggerated that the condition becomes pathological. The affection occurs much more frequently in females than in males and usually in those who have had repeated pregnancies.

Amongst the causes of displacement of these organs is traumatism, such as a blow across the loins, or a sudden and severe jar, by means of which the kidneys are violently dislocated, but more frequently there is no traumatism, and the condition is the result of the absorption of the circumrenal fat, in consequence of frequent parturition, or long illness. Anything, in fact, which will cause the disappearance of the pad of fat

surrounding these organs is a cause of the affection.

The symptoms are both subjective and objective. Amongst the subjective symptoms is a sense of dragging in the region of the kidney or an uneasiness or feeling of weakness, sometimes amounting to sharp pain. The pain is due to torsion of the renal vessels or ureter, and ceases suddenly when the kidney changes its position. At times the urine will be scanty from a kink in the ureter interfering with the down flow, and will again be free when the obstruction is overcome. There may also be various reflex phenomena observed, as vomiting, indigestion, diarrhea, constipation or irregularity of the bowels. At times the pain may shoot down the limbs. The most obvious symptom of this affection is the discovery of a movable tumor, presenting more or less the outline of the kidney, and located in an abnormal position.

It may be only slightly displaced, or it may be found in the right iliac fossa, or indeed far over towards the left or in the pelvis. This tumor can usually be made to return to its normal location by pressure. It is usually painful on pressure, or at least sickening sensations may be experienced, when the organ is compressed. At times the renal blood-vessels may be detected by palpation. The lack of time compels me to be very brief in the consideration of this subject, but I wish to urge the systematic examination of the kidneys. The condition is often overlooked, because we do not examine the lateral abdominal region carefully and systematically.

In regard to treatment, the mild cases will only require a snug-fitting bandage, by means of which the displaced organ is held in its proper place, but in those cases in which there is marked mobility and distressing symptoms, the operation of nephrorrhaphy or stitching the kidney to the posterior abdominal wall is indicated, and in the event of the failure of this procedure to relieve the distressing symptoms, the kidney may be extirpated, provided we can be reasonably certain that the other kidney is healthy. A cystoscopic examination will be of

great value in such cases. The operation of nephrorrhaphy is done by making an oblique incision below the last rib, of sufficient length to allow the necessary manipulations; the incision goes through the abdominal muscles until the renal fat is reached. The organ is now exposed and from four to six sterilized silk or silkworm gut sutures are passed through the posterior border of the kidney and the margins of the incision and in this manner the viscus is again moved in its natural position.

I will not detain you with the report of cases in which I have done this operation, but will proceed to a brief discussion of the other affection to which I wish to call attention, viz., suppuration of the kidney.

Suppurative disease of the kidneys is most frequently caused by (1) renal calculi and (2) obstructive lesions of the lower urinary passages.

1. Renal calculi.—Under ordinary circumstances the urinary salts are held in solution and give rise to no trouble, but in such conditions as rheumatism and gout, or dyspepsia, there may be a deposition of crystals of uric acid, or oxalate of lime, in the tubules of the kidney in some cases, but ordinarily in the calices or pelvis of the organ, which may either pass down the ureter to the bladder, or may remain in the renal pelvis, and by gradual accretion form a calculus. Whilst a calculus may for some time cause no distinctive symptoms, sooner or later there will be experienced pain or discomfort in the loin or reflected along the ureter to the groin, or testicles. This pain may be severe and agonizing, producing the affection known as nephritic colic, or there may be only a sensation of discomfort or soreness.

Blood is also frequently present in the urine, due to the laceration of the pelvis of the kidney or ureter by a concretion. The quantity of blood is variable but usually is not very great. Pus is also usually present in the urine in moderate quantities, but when the ureter becomes occluded by a plug of any kind, as a small gravel, or thick pus, or blood clot, the pus cannot pass down to the bladder,

and accumulates in the pelvis, causing a distension of the kidney, and producing the condition called pyonephrosis. The bladder should be examined when possible by means of a cystoscope, and in some cases blood and pus may be seen to exude from the orifice of the ureter of the affected side. A careful microscopical examination of the urine will also be required to detect small quantities of blood and pus or crystals. A point of considerable diagnostic significance in distinguishing between suppuration of the bladder and that of the kidney is the reaction of the urine. An acid urine with pus usually indicates some local affection of the kidney or pelvis. In some cases, when the calculus is large, it may be possible to detect the enlarged organ by palpation.

When a stone has once formed it is doubtful if any remedial agent is capable of dissolving it, hence the treatment is purely surgical. The concretion should be removed by the operation of nephrolithotomy. In this operation an incision is made similar to that already described for nephrorrhaphy, and when the kidney is exposed an incision through its cortex may be made with a knife or cauterly, and the stone removed with scoop or forceps. The operation is not very dangerous and is attended with a large percentage of success.

2. Mechanical obstruction to the outflow of urine from the bladder.—Stricture of the urethra and hypertrophy of the prostate gland are the two most frequent causes of obstruction to the free voidance of the urine. When either of these conditions is present to a marked degree, the bladder is not freely emptied, and some residual urine remains. This urine undergoes ammoniacal fermentation, and cystitis is developed, with the formation of tenacious mucus. As the obstruction increases, the bladder becomes distended, and gradually there is a dilatation of the ureter by backward

pressure. The pelvis and kidney eventually become dilated and form sacs containing urine, which for a time may not be pathological in character.

Eventually micro-organisms gain entrance either from the use of instruments or by the inoculation of theropy mucus which escapes from the meatus urinarius during micturition, and these germs passing backwards to the bladder, infection of the ureters and pelvis of the kidney follow as a natural sequence. The symptoms of suppuration of the kidney resulting from mechanical obstruction differ somewhat from those due to the presence of calculi. Whenever febrile symptoms supervene, on those of chronic cystitis, infection of the kidney should be suspected. The temperature is irregular, high in the evening and low in the morning. When the kidney becomes distended, forming a pyonephrosis, there will be pain in the lateral regions of the abdomen, which will be increased by pressure.

A distinct tumefaction may be felt on the affected side, and there will usually be increased muscular resistance to pressure. The urine usually contains pus, unless the ureter becomes impervious. The patient looks ill and frequently is icteric in color. When the ureter becomes occluded by mucus or pus, there will be a diminution in the quantity of urine. When the condition of pyonephrosis can be made out, nephrotomy, with drainage, is indicated, and if the symptoms continue in spite of this treatment, nephrectomy may be performed, if we can be reasonably confident that the other kidney is capable of carrying on the functions of excretion.

In conclusion, I wish to urge a systematic examination of the kidneys as a routine, and especially in chronic affections of the bladder and lower urinary tracts. Whenever there are symptoms referable to the bladder, the kidneys ought to be interrogated.

OPERATION FOR VARICOCELE.—Parker (*Boston Medical and Surgical Journal*) reports an excellent result in seven cases obtained by the following method of operation: After the ligated veins have been exposed in the usual manner

through a longitudinal skin incision, the mass is doubly ligated, and the intervening portion resected. The venous stumps are then sutured together; the skin wound is united transversely; the scrotum is thus shortened and raised.

# ADENO-MYOMA OF THE UTERUS.

REMARKS MADE AT THE 98TH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL 28 TO MAY 1, 1896.

By *Thomas S. Cullen, M. D.*,

Instructor in Gynecology, Johns Hopkins University.

THE speaker referred briefly to interstitial and subperitoneal adeno-myomata and in the two theories advanced as to the origin of their glands. 1. That the glandular elements arise from remains of the Wolffian body. 2. That they may originate from those of the uterine mucosa.

He then reported two cases in which it was easily demonstrable that the glands in the myomata were due to the downgrowth of uterine glands. In Case 1 there was a diffuse myoma in the anterior uterine wall. This was situated between the uterine muscle and the mucosa. The myomatous growth was diffuse in character, the muscle bundles ran in all directions and showed little tendency to arrange themselves concentrically. The uterine mucosa covering the anterior wall was somewhat thicker than usual and in many places it could be traced into the myoma for 1 cm. or more. Scattered throughout the diffuse myoma were islands of a homogenous tissue in consistence and appearance resembling the mucosa. In some of these islands small cysts were noticeable.

Histologically the uterine mucosa, although thickened, consisted of normal glands. In numerous places the glands

with their accompanying stroma could be traced into the tumor for 1 cm. or more. The islands of homogenous tissue scattered throughout the myoma consisted of glands identical with those of the mucosa and they were accompanied by stroma similar to that of the mucosa. The small cysts seen throughout the myoma were dilated glands. The outer covering of uterine muscle was normal and entirely free from glands.

In the second case the adeno-myoma was situated in the posterior wall. Its macro- and microscopical appearances were the same as those noticed in Case 1.

Adeno-myomata presenting exactly the same appearances as noticed in Cullen's cases would appear to be very rare, as the only other recorded case is the one reported by v. Recklinghausen in January of this year. Clinically, these patients gave symptoms similar to those of ordinary myomata. The menses had been profuse and the blood was frequently clotted. A positive diagnosis in these cases is impossible.

The treatment advocated is abdominal hysterectomy. It would be impossible to shell the tumor out and still leave the uterus. The prognosis is good.

GONORRHEA OF THE RECTUM IN WOMEN.—Baer (*Medicine*) records some interesting observations concerning the infection of the rectal mucous membrane by the gonococcus in women. Out of 296 cases of venereal diseases, 22.6 per cent. showed rectal gonorrhoea, and of 191 patients with genito-urinary gonorrhoea 35.1 per cent. were found to have an infection of the rectum.

The infection may reach the rectum: (1) by direct contamination through unnatural coitus; (2) by perforation or communication of an organ with gonorrhoeal disease, into the rectum, and so causing a secondary infection; (3) by

introduction from without, through therapeutic manipulations, enemas, thermometer, or by the flowing of the gonorrhoeal secretion from the genitals to the anus.

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PSORIASIS.—Bouffe, in the *American Medico-Surgical Bulletin*, distinguishes three varieties of psoriasis which differ in their prognosis and treatment: the arthritic psoriasis, easily cured; the lymphatic psoriasis, more rebellious to treatment; and the psoriasis frequently found in syphilitics, although not modified by specific treatment.

## H. P. C. WILSON, A. M., M. D.

THE PRESENTATION BY HIM OF HIS PORTRAIT TO THE MEDICAL AND CHIRURGICAL  
FACULTY OF MARYLAND AT ITS 98TH ANNUAL MEETING,  
APRIL 28 TO MAY 1, 1896, WITH AN ADDRESS BY

*Thomas A. Ashby, M. D.,*

Professor of Diseases of Women, Baltimore Medical College; Ex-President of the Medical and Chirurgical Faculty of Maryland.

MR. PRESIDENT AND GENTLEMEN OF THE FACULTY:—I esteem it an honor and privilege to present to this Faculty this portrait of our distinguished and esteemed ex-president and fellow member, Dr. Henry Parke Custis Wilson.

We have here preserved on canvas all the venerable lines of that countenance so familiar to us all whilst we treasure in our hearts the memory of his strong personality and lovable character.

And whilst this portrait, so true to life, will hand down to future generations the features and countenance of our distinguished friend it falls far short of expressing those personal characteristics of the man which those of us who have known him in professional or in social relations have learned to respect, to love and to venerate.

It is not necessary for me on this occasion to speak in eulogy of our honored member. The man and his life's work are well-known to you all. His entire professional life of over 45 years has been spent in this community. During this entire period he has been an active member of this Faculty. His earnest efforts, his wise counsel, his liberal spirit, have at all times been given to its usefulness and growth.

Years of hard professional labor have not diminished his interest in its prosperity. As a member of your Board of Trustees, we owe to his ripe judgment and generous encouragement much of the aid and enthusiasm which have been given to the purchase and improvement of this Library Building and Hall.

His pride in the development of the wide-reaching influence of this Faculty has expressed itself in generous deeds and in generous gifts.

The portrait which I now have the honor of presenting to this Faculty in

his name comes to us through the urgent solicitation of his friends of this Faculty.

In yielding to this urgent request he has again expressed his interest in and consideration for one of the purposes of your Trustees, who desire to make this Hall a memorial of its honored and respected members by preserving on its walls some fitting emblem by which this and coming generations may be reminded of their eminent services in scientific work and in professional duty.

It is eminently fitting that the portrait of our distinguished Ex-President should adorn these walls. His many years of service in his profession, the honored position he has reached by his labors and attainments, his eminent success and his pure and upright life add honor to his name and honor to this Faculty.

This portrait, Mr. President, though silent in words, speaks most eloquently the language of hope and of encouragement.

It tells how a young man of feeble health, without the aid of friends or of fortune, has by patient industry, determination and courage risen to the front rank of his profession. It will serve to remind the younger members of our profession that hope and perseverance may rise superior to every form of discouragement, that success is the reward of industry, that honor and distinction are the rewards of virtue and of merit.

Young Gentlemen of this Faculty, you who have but recently entered upon the toils, cares and responsibilities of your profession, let me say to you when you become discouraged and disheartened, when all seems dark and success seems so remote, come to this Hall and view this picture of our venerable member.

It should be an inspiration to you; no

one knows so well as he the trials and struggles of the young practitioner, no one knows so well the cares which bring success, the need for patience, determination and unflinching energy to overcome the hardships and responsibilities of a professional life. Let the lesson of his life be the inspiration of your life that success and honors come not by chance, but only come to him who most deserves them and who has most worthily won them.

### Society Reports.

#### MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

NINETY-EIGHTH ANNUAL SESSION, HELD AT THE HALL  
OF THE FACULTY, APRIL 28 TO MAY 1, 1896.

FRIDAY, MAY 1, FOURTH DAY.

*Dr. Wilmer Brinton* said that of 600 cases which he had seen in the last few years many were below the measurements stated by *Dr. Williams* and yet in only one case was an operation necessary.

*Dr. L. E. Neale* said that while he had a large experience in pelvimetry, he found it was impossible to decide on an operation simply from the arbitrary opinion of some authority. He had found many cases which fell below the degrees of measurement and in which labor took its normal course and he had found others whose measurements exceeded those stated and yet in whom an operation was necessary.

*Dr. Williams* said in conclusion that he had no intention of drawing deductions from 100 cases seen at the Hopkins dispensary, but he simply wished to give the results of his experiments in pelvimetry.

*Dr. Thos. S. Cullen* then read a paper on "Adeno-Myoma of the Uterus." (See page 130.)

*Dr. W. W. Russell* then read a paper on "Post-Operative Recurrence and Metastasis in Carcinoma of the Uterus."

Other papers were read by title.

The following officers for the ensuing year were elected: President, *Dr. Wil-*

*liam Osler*; First Vice-President, *Dr. Wilmer Brinton*; Second Vice-President, *Dr. Randolph Winslow*; Recording Secretary, *Dr. John S. Fulton*; Assistant Recording Secretary, *Dr. Robert T. Wilson*; Corresponding Secretary, *Dr. W. Guy Townsend*; Reporting Secretary, *Dr. H. O. Reik*; Treasurer, *Dr. W. F. A. Kemp*; The Executive Committee named *Drs. L. McLane Tiffany, Charles G. Hill, David Streett, W. H. Welch, ex officio*, the President, Treasurer and Secretary, *Drs. G. Lane Taneyhill, Dr. W. F. Lockwood* and *Dr. Chas. S. Hill*.

Examining Board for the Western Shore: *Drs. S. T. Earle, A. Friedenwald, J. Whitridge Williams, John Neff, D. W. Cathell, J. C. Pennington* and *Wm. Green*; Examining Board for the Eastern Shore, *Drs. J. C. Clark, W. S. Maxwell, James Bordley, E. R. Trippe* and *B. W. Goldsborough*.

The President, *Dr. Charles G. Hill*, announced the appointment of the following committees and delegates:

Library Committee.—*G. J. Preston, Wm. Osler, T. A. Ashby, H. Friedenwald, S. K. Merrick*.

Publication Committee.—*J. S. Fulton, W. F. A. Kemp, G. L. Taneyhill, Wilmer Brinton, R. T. Wilson*.

Memorial Committee.—*J. A. Steuart, S. C. Chew, R. H. Goldsmith, R. H. P. Ellis, H. M. Hurd*.

Committee on Ethics.—*Wm. Green, W. P. E. Wyse, W. F. Lockwood, R. W. Johnson, J. T. Smith*.

Committee on Programme.—*Hiram Woods, Jr., Randolph Winslow, J. M. T. Finney, J. W. Chambers, J. L. Ingle*.

Committee on Legislation.—*William Lee, G. H. Rohé, J. D. Blake, Clotworthy Birnie, S. T. Earle*.

Committee on Membership.—*J. Mason Hundley, J. M. Craighill, J. C. Clark, C. H. Jones, Wm. M. Lewis*.

Curator.—*A. K. Bond*.

Committee on Preventable Blindness.—*Herbert Harlan, E. J. Bernstein, George Reuling, G. A. Fleming, J. F. McShane*.

Committee on Milk Laboratory.—*R. T. Taylor, Hampson Jones, W. B. Canfield, J. T. King, N. R. Smith*.



Committee on General Sanitation.—E. M. Schaeffer, J. F. McShane, W. H. Welch, G. H. Rohé, J. C. Hemmeter, J. D. Blake, John Morris.

Delegates to the Maryland State Pharmaceutical Association.—J. F. Crouch, I. E. Atkinson, C. H. Riley, John Neff, J. H. Branham, W. B. Canfield, J. F. Hempel.

Climatological Association.—J. Lee McComas, E. M. Schaeffer, A. Friedenwald, J. F. McShane, William Asher, Claude Van Bibber, J. H. Hartman, J. E. Claggett, S. C. DeKraft, C. G. W. Macgill.

Delegates to the American Medical Association.—G. H. Rohé, J. M. Craig-hill, G. A. Fleming, Thomas Opie, E. J. Bernstein, H. O. Reik, William Asher, G. L. Taneyhill, Herbert Harlan, J. A. Steuart, J. H. Branham, H. Friedenwald, John D. Blake, J. L. McComas, H. M. Hurd, J. W. Chambers, Randolph Winslow, H. H. Biedler, S. T. Earle, Randolph Page, W. A. B. Sellman, W. F. Smith, R. T. Wilson.

Delegates to West Virginia Medical Association.—J. L. McComas, Thomas Opie, S. J. Fort.

Delegates to the Virginia Medical Society.—L. G. Smart, W. J. Todd, W. H. H. Campbell.

Delegates to Pennsylvania State Medical Society.—E. J. Bernstein, W. C. Sandrock, H. A. Kelly.

Delegates to the North Carolina Medical Association.—K. B. Batchelor, E. E. Jones, Randolph Winslow.

The following new members were elected: Drs. J. F. Adams, A. Duvall Atkinson, Llewellys F. Barker, Walton Bolgiano, Jolin C. Butler, C. M. Cook, T. S. Cullen, Walter B. Dent, Chas. H. Dixon, Eugene Douglass, Daniel Z. Dunott, J. H. Gundry, J. H. Hardcastle, J. F. Hempel, T. W. Keown, F. J. Kirby, B. B. Lanier, B. F. Leonard, W. Edward Magruder, Duncan McCalman, Jno. J. McCurdy, Charles H. Medders, Robt. J. Murray, F. R. Nordman, F. W. Pearson, Adeline Elwell Portman, George Reuling, William K. Robinson, John Ruhrah, W. W. Russell, William L. Smith, Charles W. Wainwright, W. T. Watson, E. T. Whitney.

Dr. G. L. Taneyhill was reelected Trustee of the Faculty.

Drs. C. G. Hill, J. T. Smith and E. N. Brush were appointed a committee to secure better legislation on commitment of the insane.

## AMERICAN MEDICAL ASSOCIATION.

FORTY-SEVENTH ANNUAL MEETING, HELD AT  
ATLANTA, GA., MAY 5 TO 8, 1896.

SECTION ON SURGERY.

THIRD DAY, MAY 7.

*Dr. Edward Souchon* of New Orleans read a paper entitled "Exploration of the Brain with a Needle and Syringe through Capillary Holes drilled through the Skull," which he advocated as a safe and simple measure in the place of trephining. Abscesses, cysts and tumors may be diagnosed in this way.

*Dr. Thomas H. Manley* of New York did not approve of the operation.

*Dr. N. Senn* of Chicago thought that a small perforation was more dangerous than a large one and the diagnostic information obtained is too meager. It is difficult to sterilize the needle.

*Dr. A. H. Ferguson* of Chicago thought the paper a valuable one, but he preferred the trephine.

*Dr. Fenton B. Turck* of Chicago read a paper on "Shock," which contained some original ideas.

*Dr. W. P. Nicholson* of Atlanta then read a paper entitled "Ligation of the External Carotid Artery in Conjunction with Exsection of the Jaws," in which the author describes his method of operating and manner of dressing the wound.

*Dr. M. M. Johnson* of Hartford read a paper on the "Technique of Removing the Appendix Vermiformis." Of 100 operations done by him 98 recovered.

*Dr. Parker* of New Orleans was surprised at the large number of cases of appendicitis in the north as compared to the south. There were few cases in New Orleans. He never saw a case in a negro. He did not think it was always necessary to remove the appendix. He did not care to use opium in these cases.

*Dr. W. L. Estes* of South Bethlehem agreed with the last speaker. All cases should not be treated in the same way.

*Dr. Carpenter* of Kentucky thought that many cases were lost by meddling surgery.

*Dr. McRae* of Atlanta also thought that simple drainage of the abscess without removal of the appendix was all that was necessary. He has seen two cases in negroes.

*Dr. A. H. Ferguson* of Chicago thought the best time to operate was between the attacks and not during the inflammation.

*Dr. Haines* of Omaha thought that the routine practice of removing the appendix a bad one.

*Dr. Johnson* in conclusion said that in the majority of cases removal of the appendix was advisable.

*Dr. J. G. Carpenter* of Stanford, Ky., read a paper on "Illumination of the Sigmoid Cavity." He said that *Dr. Kelly* of Baltimore claimed to have been doing it for many years, but he can find no reference to it in medical literature prior to 1894.

#### SECTION ON THE PRACTICE OF MEDICINE.

THIRD DAY, MAY 7.

*Dr. Everett Flood* of Massachusetts read a paper on "Intestinal Antisepsis, Diet and Castration in Relation to the Treatment of Epilepsy," in which he advocated a careful regulation of the diet with suppression of gluttony. He thought that drugs often benefited from their effect on parasites which he thought brought on epileptic attacks. He reported cases of improvement in males from castration.

*Dr. Fenton B. Turck* of Chicago then reported five hundred cases of "Gastritis" in which he described his method of making a diagnosis of stomach troubles by the use of the gyromele.

*Dr. J. H. Kellogg* of Battle Creek, Michigan, read a paper on the "Chemistry and Bacteriology of the Stomach in Relation to Therapeutics," in which he gave the results of his studies on stomach troubles.

*Dr. J. M. Marvin* read a paper on the "Ductless Glands," in which he spoke

of their functions in the body and the part they played in health and disease.

*Dr. E. S. Pettyjohn* then spoke of "Constipation; Its Effects and Its Non-Medicinal Treatment," in which he reviewed 300 cases, of which many were women. The absorption of the toxic material from an infected rectum affects the whole body. Coarse foods, massage, outdoor exercise, electricity, water, all help to keep the bowels regular.

*Dr. Paul Paquin* of St. Louis then made a further report on "Serum-Therapy."

*Dr. A. S. Parrish* of Boston read a paper on "Spasmodic Torticollis."

#### SECTION ON SURGERY.

FOURTH DAY, MAY 8.

*Dr. H. P. Cooper* of Atlanta related the history of a case of "Gastrostomy for Stricture of the Esophagus."

This was a stricture in a young man who had swallowed, by mistake, pure nitric acid. He operated and the patient improved and gained flesh and strength.

*Dr. Rosenthal* of Philadelphia said it was important to get the patient out of bed as soon as possible. Other speakers discussed the case.

*Dr. F. C. Valentine* of New York then read a paper entitled "Abortion of Gonorrhoea and Treatment of other Urethral and Vesical Diseases by Hydrostatic Irrigations."

*Dr. F. W. Epley* of New Richmond, Wisconsin, discussed "Skin Surgery" and reported a case of remarkable skin-grafting. He used antiseptics and cocaine freely.

*Dr. Z. J. Lusk* of Warsaw, N. Y., reported a "New and Original Method of Skin-Grafting," in which he first raised the epidermis by cantharides and then used exfoliated epithelium, which had been properly softened and sterilized.

*Dr. J. McFadden Gaston* of Atlanta said he used traction with adhesive strips to bring the edges together, and the inner membrane of the egg for granulating purposes.

*Dr. J. N. DeHart* of Brooklyn then

read a paper on the "Therapeutic Value of Oxygen in Combination with Ether, Chloroform and A. C. E. Mixture."

*Dr. Lewis H. Adler, Jr.*, of Philadelphia spoke of the "Treatment of Cancer of the Rectum" and mentioned four recognized operations, extirpation, colotomy, posterior linear proctotomy and curretage. He described the four methods thoroughly.

### PENNSYLVANIA STATE MEDICAL SOCIETY.

MEETING HELD AT HARRISBURG, PA., MAY 19, 20 AND 21, 1896.

THE forty-sixth annual session of the Medical Society of the State of Pennsylvania, held in the House of Representatives in Harrisburg, May 19, 20 and 21, proved a professional and social gain to the host of delegates and others who were in attendance.

The sessions were patronized with the presence of many brilliant physicians and surgeons, whose ideas, tending toward the advancement of the profession, were liberally interchanged by addresses and essays which were heard with profound interest. The social feature of the delegates' stay here was one heartily commented upon. They were constantly being entertained during the periods between regular business sessions by a local committee of convivial physicians.

When President Dr. William S. Foster of Pittsburg called the convention to order on the morning of the 19th, there were nearly 300 delegates present. A large representation from the Dauphin County Medical Society, the members of which were admitted as delegates, and the boards of managers of the various charitable institutions of Harrisburg, Dr. J. R. Miller, Philadelphia, representing the Pennsylvania State Pharmaceutical Association, and Dr. G. M. Brumbaugh, director of the Washington Bacteriological Institute, were, by the courtesy of the Society, present as delegates.

Governor Hastings paid an elaborate tribute to the medical fraternity of Pennsylvania in welcoming the dele-

gates to the State Capital, in behalf of the commonwealth. He referred to the generous grants by the State for hospitals and medical institutions and expressed a hope that the sessions would prove of benefit to the Society, since the Society has proven itself of so great a benefit to humanity. He extended an invitation on behalf of himself and Mrs. Hastings to the delegates to a reception at the executive mansion, which was held that evening. The mansion, which has just been opened after being completely renovated, was especially decorated for its guests. Mrs. Hastings was assisted in receiving by Private Secretary Butler to the Governor and Mrs. Butler.

The Report of the Secretary, Dr. Wm. B. Atkinson of Philadelphia, showed a steady growth in the membership during the year. Medical societies were organized in Snyder, Erie, Bedford, Tioga and Juniata counties. Treasurer Dr. Geo. B. Dunmire of Philadelphia reported a healthy balance in the treasury. The reports of various committees at great length proved a steady increase of interest in the progress of the Society. The question of amending the by-laws by authorizing the transactions of the Society to be published in journal form was laid over until the next annual meeting after considerable debate was heard on the subject.

On Tuesday evening a reception was tendered the delegates at the State Lunatic Hospital, located in a beautiful suburb of the city, by the board of managers. The delegates were conveyed to the grounds in four-in-hand tally-ho coaches and were accompanied by a band, which provided delightful music from the pagoda in front of the administration building. At the close of the address of welcome and the responses, refreshments were served. The Board of Managers of the Harrisburg Hospital gave the delegates a reception in the halls of that institution.

The invitation from the Allegheny County Medical Society to hold the next convention in Pittsburg was accepted. Dr. T. Davis of that city, who was appointed chairman of the committee on

arrangements, claims the medical fraternity of that city will endeavor to make the next convention the most successful in the Society's history.

The Dauphin County Medical Society entertained the delegates on the last evening of their stay in Harrisburg at a reception held at the Commonwealth Hotel. On this occasion the wives of various of the delegates by their presence made the affair more noteworthy. The hotel was especially decorated for the reception. During the banquet which followed, an orchestra stationed behind a mound of palms and ferns played sweet music.

Dr. H. M. Alexander's invitation to visit his celebrated vaccine farms at Marietta was accepted by many of the delegates, who spent Friday there as his guests.

Two delicate operations were performed at the Harrisburg Hospital in the presence of several of the visiting physicians by Dr. Ernest La Place, pathologist at the Medico-Chirurgical Hospital. One was on a young son of Rev. Dr. E. N. Kramer, who offered prayer at the opening of the Society's sessions here. The operation was for relief of the brain, a half-inch or more of the skull bone being removed. The other operation was trephining for epilepsy due to an injury. Both of these operations were successful.

Dr. Curwen, Superintendent of the Warren Insane Hospital, offered a resolution, which was adopted, favoring an appropriation by the next legislature for another hospital for the insane in Western Pennsylvania.

Of the essays and addresses delivered none perhaps were more attentively heard than the paper read by Dr. Wm. H. Harrison on the "Pathology of the Blood of the Insane" and the illustrated address of Dr. Judson Daland of Philadelphia on "Certain Forms of the Malarial Parasite." Other subjects discussed with interest were: An address "On Mental Disorders," by Dr. Charles M. Franklin of Lancaster; "Address on Medicine," by Dr. A. K. Minich, Philadelphia; "Antiseptic Surgery," Dr. Chas. W. Dulles, Philadelphia;

"Observations on the Diagnosis of Diphtheria and Use of Antitoxine Serum," Dr. G. B. Taylor, Pittsburg; "The Prevention of Tuberculosis," Dr. E. B. Borland, Pittsburg; "Elimination, Starvation and Antiseptics in the Treatment of Typhoid Fever," Dr. H. S. McConnell, New Brighton; "The Specific Treatment of Typhoid Fever," Dr. A. Enfield, Bedford; "The Antiseptic Factor of the Treatment of Typhoid Fever," Dr. J. C. Lang, Pittsburg; "The Use of Alcoholic Stimulants in Typhoid Fever," Dr. T. P. Simpson, Beaver Falls; "Some Unusual Complications in Typhoid Fever," Dr. J. I. Johnson, Pittsburg; "Valve Disease of the Heart," Dr. J. M. Bolton, Pittsburg; "A Practical Way for the Increase of Membership," Dr. S. S. Towler, Marienville; "Some Clinical Facts Regarding Eye-Strain," Dr. Jean Saylor Brown, Williamsport; "The Irritable Uterus of Pregnancy," Dr. T. D. Davis, Pittsburg; "The Diagnosis of Bladder Affections by Direct Examination," Dr. Edward Martin, Philadelphia; "Address in Surgery," Dr. John J. Buchanan, Pittsburg; "Address in Hygiene," Dr. J. W. Moore, Easton.

*Dr. J. W. Moore* of Easton believes that there is a real danger to the cause of sanitary reform from too hasty acceptance of theories which result in proposing, adopting and enforcing regulations which are a hardship to the people without accomplishing good. Every regulation founded upon theories which have failed to stand the test of scientific examination reacts in the minds of the voters to the detriment of the cause. Having these views, he showed the weak places in the modern theory of the origin and dissemination of contagious diseases. He claimed that evidence from clinical, bacteriological and epidemiological sources most agree and that in particular diseases they did not and therefore that the parasitic origin is not proved. Opinions cannot establish contagion, nor analogy, nor imperfect induction, from insufficient data. Science is often retarded by the expression of opinions by learned men. Newton himself is responsible for the backwardness of

the science of optics. We must avoid the confusion of coincidences with similarities. This point was illustrated by papers taken from various sources to prove the contagiousness of tuberculosis. Something more is necessary than the mere suggestion of likenesses and the avoidance of coincidences is absolutely demanded. The old proofs of contagion are not obsolete; truth never is; but in the case of tuberculosis, for example, they will not apply because the disease is too old, the distribution too wide and the cases too chronic. The modern theory of the parasitic origin of disease is fascinating and has many points which appeal to our minds by their truthfulness. The researches of Koch, Pasteur and others have opened a boundless field for investigation. Let us honor them always. In this department of science as in others the disciples with less knowledge claim more than their masters. Koch, for example, insisted upon four postulates; many of his followers accept contagion on even one; some on none proved. These postulates have become rather ancient history, but Koch was right; they are not axioms which are self-evident, but postulates, the truth of which may be denied. In the meantime other questions have been opened up which make the investigation still more difficult. The crucial test of the theory is the reproduction of the exact disease in man; this had not been effected.

The results of a laboratory experiment cannot be predicted of an experiment performed by nature in her own way; so many new conditions are introduced that to conclude from the first that the second will show the outcome is absurd.

The possibility and the probability of infection must be distinguished when the question of actual contagion is taken up for discussion. The conditions are so different that the experiment is practically not the same. The same disease is not equally contagious under the same apparent circumstances; the same disease is not equally communicable to different persons nor to the same person at different ages. Hence all contagious

diseases are not to be subjected to the same sanitary regulations.

"Pelvic Peritonitis from the Standpoint of the General Practitioner," Dr. J. E. Baldy, Philadelphia; "Alcoholic Stimulants in the Treatment of Disease," Dr. James Fulton, New London; "Trans-Peritoneal Ligation of the Iliac Arteries, with a Report of a Successful Case and Statistics of the Operation," Dr. T. S. K. Morton, Philadelphia; "The Surgical Treatment of Difficult Labor," Dr. Edward P. Davis, Philadelphia; "The Diagnosis and Treatment of Speech Defects," Dr. G. Hudson MaKuen, Philadelphia; "Gelsemium as a Remedial Agent," Dr. J. W. Roop, Harrisburg; "The Treatment of Pelvic Inflammatory Conditions Through Vaginal Incision," Dr. E. E. Montgomery, Philadelphia; "The Fibroid Uterus, when and How to Operate," Dr. G. E. Shoemaker, Philadelphia; "Hernia of the Appendix Vermiformis; Report of Case with Unusual Complications," Dr. Florence H. Watson, Norristown, Pa.; "Notes of the Relative Values of Some of the most Recent Hypnotic Remedies," A. W. Wilmarth, Norristown; "Some Unusual Conditions due to Malarial Intoxication," Dr. H. A. Mowery, Marietta; "The Operative and Mechanical Relief of the Deformities of the so-called 'Hopeless' Paralytics," Dr. De Forrest Willard, Philadelphia; "The Prismatic Perimeter," Dr. Joseph E. Willetts, Pittsburg; "Address in Obstetrics," Dr. Israel Cleaver, Reading; "Address in Laryngology," Dr. George S. Hull, Chambersburg; "A Clinical Report on the Use of the Testicular Fluid Injections," Dr. F. S. Pearse, Philadelphia; "Some Therapeutic Uses of Guaiacol," Dr. J. M. Anders, Philadelphia; "The Technique of Supra-Pubic Cystotomy," Dr. R. W. Stewart, Pittsburg; "Remarks on the Subject of Perforation of the Nasal Septum," Dr. Carl Seiler, Philadelphia; "The Treatment of External Hemorrhoids," Dr. Lewis H. Adler, Philadelphia; "Gastro-Intestinal Auto-Intoxication," Dr. G. M. Murdock, Pittsburg; "The Chief Predisposing Influence in the Production of Tuberculosis," Dr. Evan O'Neill Kane,

Kane ; "The Hygiene of Pregnancy," Dr. Mary McC. Wenck, Sunbury ; "Records of work in the Fullerton Womans' Hospital of Philadelphia," Dr. Anna M. Fullerton, Philadelphia ; "Rational Medical Treatment of Diseases of the Upper Respiratory Tract," Dr. G. B. Sweeney, Pittsburg ; "Brain Abscess with Optic Neuritis," Dr. John G. Wilson, Montrose ; "Milk Filtration," Dr. W. C. Hollopeter, Philadelphia ; "Reflex Neuralgia," Dr. J. K. Kline, Greensburg ; "Microscopic Examination of Flesh Tissues," Dr. E. B. Sangree, Philadelphia ; "Obscure Traumatic Lesions of the Encephalon," Dr. Walter H. Parcels, Lewistown ; "The Medico-Legal Aspect of Eye and Ear Cases," Dr. J. Walter Park, Harrisburg ; "The Reduction of the Period of Intubation by Serum Treatment of Laryngeal Diphtheria," Dr. Edwin Rosenthal, Philadelphia. The following discussion then took place on this paper :

*Dr. Noble* : I would like to hear from Dr. Welch in the discussion of this paper."

*Dr. Welch* of Philadelphia : Mr. President ; I did not intend to take part in this discussion, but I am obliged to say that my experience is not in accord with the author of the paper. He contends in the paper that the tube may be removed much earlier when antitoxine is used, than when it is not. He does not know that in order to determine that fact it is necessary very frequent experiments should be made every day in removing the tube, both in the non-antitoxine cases and in the antitoxine cases, to the earliest period of disease in which the patient can get along without the tube. Now, no such experiment has been made. Before the introduction of antitoxine we were told that it was necessary that the tube should remain in for six, seven or eight days. O'Dwyer's instructions are that the tube may be removed on the seventh day, unless the patient be a great distance ; then it should be eight days. Now, I think that was pretty generally followed, before the introduction of antitoxine. So it is not known just how long a patient can get along without a

tube. That can only be ascertained by removing the tube and learning. Now, since antitoxine has come into practical use, some writers claim that the patient can get along earlier without the tube ; and they have found by experiment that in some cases they get along without. So I say that this conclusion is scarcely warranted, unless experiment is made of the two cases precisely in the same way. Now, what is my experience in this matter ? I have tried removing the tube at an earlier period of the disease, but I have found that we had to reintroduce the tube again repeatedly. We first thought that we could get along without the tube after having worn it four days, with the use of the antitoxine, but we found this was not so. A patient in one of the wards of a hospital in the City of Philadelphia wore a tube three months. During three months the tube was removed, or coughed up, as often as seventy times ; and yet it was impossible to get along without it. In another similar case the tube had to be kept in a long time, and once when the child coughed up the tube it died before it could be re-introduced. This was an antitoxine case. I have very frequently met with cases where the tube is coughed up, and the child gets along very well, no matter whether the child has taken the antitoxine or not. I have frequently had children do pretty well after the tube was introduced and taken out immediately. They breathed better for a time.

*Dr. T. D. Davis* of Pittsburg : I have had considerable experience personally in the use of antitoxine. We make it in Pittsburgh ourselves, and we know it is good. We know its strength, and we know the results. At the last meeting of the Allegheny County Medical Society, the subject was up before the members. There was not one single remark made by any doctor present derogatory to its great efficiency. Some of the cases reported were a little short of miraculous. In my own personal practice I have seen two cases where, as it were, the child was snatched as "a brand from the

burning," by its use. There are various ways of using antitoxine. Because a man says a case has been treated with antitoxine and dies, it does not follow, therefore, that antitoxine was of no value, or that it could not have been made of greater use in that individual case. A great deal depends on how it is used, the quality and quantity used and the time of use; if you have a patient suffering with malaria and give one small dose of quinine, you treat the patient with quinine, but how? The same applies to the treatment of diphtheria with antitoxine. If you administer 500 units when it requires 5000 units to neutralize the poison or toxins, your patient will die; not on account of the antitoxine, but because you have not given a sufficient amount. If our theory in regard to the serum is correct, it is one of the few remedies that is beneficial, whether it does any good to the diphtheria or not. It not only is harmless, but it is beneficial. You are putting food into the body. You cannot possibly cause injury by it, if it is pure and good. You absolutely benefit in the same way as you would by injecting milk or beef tea. Therefore, you are not using a dangerous remedy. In one of the cases reported at the Allegheny County Society, .42 cubic centimeters were used in the case of a child seven years of age, within 36 hours, with a recovery. In regard to the remarks just made, how would you know, with the experiments made as suggested? Antitoxine does not propose to remove spasm of the larynx, nor reduce congestion or an inflamed condition. Antitoxine proposes to remove the diphtheria, and not its results. I know when I use it, when the membranes have disappeared. I am thus free to say whether the tube can be removed or not. I know that I have never seen a case, by the use of antitoxine, that lasted over 48 hours. Now, if this membrane was in the larynx, and the intubation was used solely on account of the membrane, then I would take it away. If there was spasm of the larynx, and congestion remained, then such would have to be treated.

The antitoxine would have no effect in such a case, as it only cures the diphtheria.

*Dr. Rosenthal:* The expression made by my colleague from Pittsburg is exactly what I wished to make; whilst antitoxine is a specific for diphtheria, you must know how to use it. If you give one administration the child may not recover. I have seen recoveries in laryngeal diphtheria that were intubated in almost hopeless cases. Therefore I am ready to stand by the antitoxine and to go down with the antitoxine. While it is of signal importance to employ it as early as possible, I never despair, even when called late, but of course, in such cases, give larger amounts, 2000 units as a commencing dose. That which I have exhibited here is presented in three grades of strength. Let physicians use it as I have told them, and if there are any failures, let them be attributed to me. I do not know about the Philadelphia Municipal Hospital, but it stands unique in regard to its mortality list, which is the greatest in the world today, and is the only institution that has not reduced its mortality since the introduction of antitoxine. I have presented a number of cases where my conclusions are proven and if the opportunity were offered I could demonstrate the same at the Philadelphia Municipal Hospital. I have daily reports made with analysis of urine, etc., and in no case has albuminuria been noted, and I have not noted any joint pains, and in but few instances a slight urticaria, which soon disappeared and which I have noted in cases treated by me before the serum period. Dr. J. S. Billings, Jr., has reported in the *Medical Record*, April 25, 1896, that the "antitoxine treatment has no deleterious effects upon the blood corpuscles. On the contrary, it seems to prevent degenerative changes which would otherwise be brought about." A knowledge of the duration of the period of intubation ought to have some value. When I inject the antitoxine in insufficient quantity and ascertain the result, I repeat with an increased number of units and, when the symptoms are favorable, I take the tube out.

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THERE has been of late much written on the methods of writing for medical journals and some excellent *Writing for Publication*. advice is offered, but unfortunately is too rarely accepted. The *Medical Council*, in an editorial comment, gives the following good advice:

"In preparing your contribution to this journal, bear constantly in mind that it is to be read by thousands of busy men, whose time is very valuable. Let your language be straight to the point, and yet comprehensive enough to include every important detail. If you write one unnecessary sentence for mere ornamental verbiage, the time of thousands is unnecessarily employed in reading it. If you omit some necessary detail, each must learn it for himself by experience and perhaps one or more failures. Now, one minute each for thousands of men is equal to thousands of minutes for one man. How much better is it that the one man should

devote a few minutes more in making his report more exact, complete and concise before submitting it for publication."

This is clear, concise and to the point. In all writing, as in speaking, it is well to leave something to the imagination, and rarely is it necessary to write on the principle that the reader knows nothing. While the review of the literature of any subject may at times be in place, usually it is mere padding and the many references tacked at the end of a long article have simply been copied from the *Index Medicus* or some such standard work of reference, and the writer who can use but one language, English, and that often imperfectly, endeavors to impose on his readers as a linguist and a scholar. The repetition of many histories of cases all nearly identical is tiring and tedious in the extreme.

Medical men who read for a practical purpose as a rule are looking for the gist of the subject, and the sooner it is stated the better they like it. The reader should be given some consideration, and if he is not supposed to have common sense he feels insulted and puts the journal down with the piece half read. The proper way to write an article is to have some stimulus, an interesting subject and the ability to state it clearly. A brief outline of the paper will form a framework on which the article may be built. Each step should be stated and then the conclusions should be drawn.

If it is necessary to quote authorities, quote only those which have actually been consulted. Above all things let the article conclude with a summary showing what the writer had in view and what his inferences are. A brief summary or recapitulation at the end of the paper not only impresses the facts on the memory of the reader, but what is often desired, it attracts the attention of the busy editor with his long shears and gives these conclusions a start which carries them through contemporary journals which use them for republication, and thus gains a large number of readers in all parts of the country. Such an article repays the writer and the reader.

Articles carefully prepared for publication, even if they contain little or nothing new, are read with interest and profit if they are composed with the ideas thus set forth, and all padding and useless verbiage be omitted.



THE daily papers mention last week that suit has been docketed against one of the hospitals of Baltimore

*The Right to Operate.* for an operation by which a man was deprived of his virility. Operations for the removal of ovaries for various causes are frequent and they cause little comment, but when the corresponding organs are removed in man he raises objections and finds consolation in a court which will be asked to put a value on the operation and his testicles.

All such questions could be prevented if the surgeon would take the precaution to protect himself before the operation and obtain the written consent of the patient and his representatives to whatever operation was necessary. A well-known surgeon of Baltimore keeps a book in which he has printed a form which all patients must sign before submitting themselves to an operation while under his care. In the case of a married woman the operation is explained to herself and her husband and both sign the release and, in case of the absence of a husband, the nearest responsible male relative witnesses the signature of the woman.

In a country where freedom is so pronounced anyone may bring suit against another on the slightest provocation and physicians and surgeons would run a great risk if they did not see to it that they were protected against unnecessary litigation and anxiety. An operation is rarely performed, even in hospital, without the consent of the patient or some one in authority, but in an emergency the surgeon has to do what in his best judgment is for the good of the patient, and in such cases he is usually upheld by the courts.

It is in operations of selection that he has to exercise care and see that he is not imposed on by a designing set, who gain his skilled services without paying a cent and then bring an action for some fancied wrong. If such a case as the one mentioned be brought into open court the value of a man's virility will be stamped with a commercial rate and expert testimony will be brought out to show how necessary the operation was and the public will cease to discuss appendicitis and talk of castration for hypertrophy of the prostate gland.

Such suits should not be encouraged, for they do not recall the lost manhood and

bring to light many things in surgery about which the public might just as well be ignorant.

\* \* \*

THE action of the City Council of Baltimore in refusing to make an appropriation for city baths is easy to understand but is far from creditable.

*Free Baths.* With the city limits extended the immediate suburbs are brought into urban jurisdiction and bathing in any stream within these limits is punished, provided the agile youth can be caught.

If the city has failed to make provision for this important duty the police department should look with leniency on offenders whose only crime is the desire to be clean and cool. The boy who steals or commits a worse crime and the boy who bathes within the extended city limits are alike caught by the police and alike reprimanded and apparently disgraced to the same degree.

It is natural to do that which is the easiest and when a policeman on a warm day finds it more convenient to gather up a patrol wagon full of Africans who are playing that fascinating game of crap or who prefers to arrest the smallest of the small offenders who are bathing, one feels that with a large tax rate this is truly a great city and State, where crime is promptly atoned for.

Free baths are a necessity and if no money can be obtained from a city which puts out large sums of its borrowed wealth on poorly constructed and insanitary school buildings, the benevolent and kind-hearted citizens will arrange to give the poor some chance of cooling their heated bodies in pleasant waters.

\* \* \*

THE history of the recent epidemic of smallpox at Gloucester reads like a bit of history from the last century

*The Jenner Centenary.* and the fact is the more striking, coming as it does just one century after Jenner accidentally stumbled on vaccination. The Jenner Centenary Number of the *British Medical Journal*, which is just issued, is a record which should be studied and preserved by all lovers of medical literature. Even if Jenner came upon vaccination, as it were, by accident, it was after a long search of twenty-five years for some protective method of inoculation against this loathsome disease.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 30, 1896.

Diseases.	Cases Reported	Death.
Smallpox.....		
Pneumonia.....		6
Plithis Pulmonalis.....		24
Measles.....	5	
Whooping Cough.....	9	1
Pseudo-membranous Croup and Diphtheria. }	4	3
Mumps.....		
Scarlet fever.....	13	1
Varioloid.....		
Varicella.....	1	
Typhoid fever.....	4	2

The number of cases of cholera in Egypt is increasing.

A committee of public-spirited citizens is working hard for the cause of free baths for the summer.

Dr. P. S. Reynolds of Queen Anne Station, Maryland, died at his home last Monday, aged 79 years.

The American Medico-Psychological Association, which has just adjourned in Boston, has decided to hold its next session in Baltimore.

Dr. J. Hempel of the seventh ward of Baltimore has been appointed sanitary inspector in the Health Department.

It is stated that Garrett Park will be used as a site for a new Hospital for Children, to be built by Mrs. Robert Garrett. Dr. Walter B. Platt is the physician-in-chief.

At the meeting of the American Gynecological Society, held in New York last week, Dr. William E. Moseley was elected a member of the council for the year 1896-'97.

Doctor I. R. Trimble has been elected surgeon on the Brigade Staff of the State Militia; Dr. John G. Jay is assistant surgeon of the Fourth Maryland Regiment and Dr. S. Griffith Davis is assistant surgeon of the Fifth Maryland Regiment.

Surgeon-General Sternberg, U. S. Army, calls attention to three present vacancies in the Medical Corps of the U. S. Army, and three more which will occur during the year.

The food inspectors of the Health Department of Baltimore during the month of May condemned 7228 pounds of meat, 1650 pounds of fish, and 463 dozen crabs, and spilled 110 gallons of milk.

Dr. J. Lewis Smith has been appointed Emeritus Professor of Diseases of Children at Bellevue Hospital Medical College, Dr. George D. Stewart, Adjunct Professor of Anatomy and Dr. William P. Northrup, Professor of Pediatrics.

The Committee on Sanitation of the Medical and Chirurgical Faculty, Dr. E. M. Schaeffer, Chairman, waited on the Mayor of Baltimore last week and convinced him that a municipal bacteriological laboratory should be established. The Health Board will consider the matter.

The daily press is authority for the statement that a young married man brought suit against the Johns Hopkins Hospital, claiming \$25,000 damages on account of having been subjected to what he terms an unskilful and unnecessary surgical operation, through alleged wrong diagnosis of trouble from which he was suffering, and which operation has totally deprived him of virility.

Dr. W. C. Currey died last week at the St. Joseph's Hospital. He had been in poor health for several months. His father was a prominent physician of Baltimore. Dr. Currey graduated at the University of Maryland, and at one time was assistant resident physician at the University of Maryland Hospital. For several years he was in the office of Dr. Alexander Hill, on Calvert Street, and for the last two years was vaccine physician of the ninth ward, and house physician at the Central Police Station.

The following appointments have been made in the faculty of the Woman's Medical College of Baltimore: Drs. R. Tunstall Taylor, professor of orthopedics; Thomas C. Gilchrist, professor of dermatology; Henry P. Hynson, professor of pharmacy; G. Milton Linthicum, professor of physiology; Kemp B. Batchelor, associate professor of obstetrics. A class of mental diseases and a department of bacteriology and embryology have been added. Professor Claribel Cone has been elected a member of the board of trustees. The annual session of the institution will hereafter be from October 1 to June 2.

## WASHINGTON NOTES.

WE learn from the Health Department that for the week ending May 23 there was a fall of over 16 per cent. in the city's mortality, as compared with the week before. The whole number of deaths was 83, against 99 of the week before. There was considerable decrease in the number of deaths from diseases of the respiratory organs. Nearly one-third of the deaths occurred in hospitals. Of the zymotic diseases, one was from diphtheria, one from measles and one from typhoid fever.

The meeting of the Medical Society of the District of Columbia was held on Wednesday evening, May 27, the President, Dr. S. C. Busey, in the chair. The programme for the evening was as follows: Dr. McLaughlin, "Modern Treatment of Skin Diseases." Dr. Balloch, "Mammary Cancer; Case and Specimen."

The bill to regulate the practice of medicine in the District of Columbia has been passed by both Houses of Congress and it is expected that the President will sign it in a short time.

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**Book Reviews.**


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**DIAGNOSIS AND TREATMENT OF DISEASES OF THE RECTUM, ANUS AND CONTIGUOUS TEXTURES.** Designed for Practitioners and Students. By S. G. Gant, M. D., Professor of Diseases of the Rectum and Anus, University and Woman's Medical Colleges, etc. With two chapters on "Cancer" and "Colotomy" by Herbert William Allingham, F. R. C. S. Eng., Surgeon to the Great Northern Hospital, etc. Illustrated with 16 Full-Page Chromo-Lithographic Plates and 115 Wood Engravings in the Text. The F. A. Davis Co. Philadelphia. 1896. Price \$3.50. Pages 400.

The treatment of rectal diseases has passed from the position of a trade followed by itinerant quacks, to that of a specialty practiced by educated and skillful surgeons. The literature of the subject has also advanced from occasional journal articles on piles, to systematic treatises on the diseases, injuries and malformations of the lower end of the intestine. A number of excellent works by American authors have been published in the

past few years, on rectal diseases, notably those by Van Buren, Kelsey and Matthews, and we have now before us a similar work by Dr. S. G. Gant of Kansas City, the value of which is materially enhanced by two chapters on Cancer and Colotomy by Herbert William Allingham, F. R. C. S. Eng., of London. Dr. Gant's book, whilst not exhaustive, is comprehensive, and goes sufficiently into detail to enable the student or practitioner to successfully diagnosticate and treat the various affections of this portion of the body. There is a natural feeling of repugnance with most general practitioners to properly examine and treat these troubles, and many physicians satisfy themselves with a snap-shot diagnosis of "piles," and the ordering of an ointment or suppository. Everyone should have at least sufficient knowledge of rectal diseases to know when to send his cases to a surgeon for treatment. Beginning with a brief description of the anatomy and physiology of the rectum and anus, the author leads the student to a consideration of the symptomatology and methods of examination of rectal diseases, and then proceeds to the discussion of congenital malformations and pathological conditions. The injection of hemorrhoids with carbolic acid is only recommended for exceptional cases, and the use of the ligatures, whilst recognized as a good and successful method, is placed in a secondary position to the clamp and cautery. It is with pleasure that we note the absence of any "official" nonsense in this volume of Dr. Gant's. The work is excellently illustrated, and is very creditable both to the author and publishers.

**THE NON-HEREDITY OF INEBRIETY.** By Leslie E. Keeley, M. D., LL. D. Chicago: S. C. Griggs & Co., 1896. Pp. 3 to 359.

This new volume on an old subject, to quote almost literally the words of the author on page III, is more or less a compilation, as is every new book, embracing what has gone before, with little variations, additions and improvements, in the way of new types, some fresh editorial comments, and a preface.

Applying the remarks of an eminent critic to the book, we find some good things and some new things, but unhappily the good things are not new and the new things are not good. As a compilation it is neither meritorious nor up-to-date. Had the task been un-

dertaken by some one with more professional knowledge and the ability to express himself with clearness and precision, the showing would have been better; for, aside from "repetition or rhetorical fault," for which the author asks excuse in his preface, the work abounds in confused statements, diffuse argumentation, and bare-faced contradictions.

Frequent allusion is made to the atavism of cells, their variations and natural selections, and speaking of queer medical fads, the author says that Hammond's "cerebrine marks his fall. It is like the decay of the monolith and indicates that the beautiful stone is simply turning to powder and will soon be dust."

The relevancy of this is not apparent to the ordinary mind when brought to bear upon the subject-matter of the book, namely, the Non-heredity of Inebriety, regarding which the writer's views are most conflicting; for on page 71 occurs the sentence, "There is no such thing as the heredity of disease." But on page 200 we are told in unqualified and unmistakable language, "Disease is proverbially hereditary." On page 136 we read, "Inebriety is a disease," and on page 196, "People do not inherit disease;" yet on page 206 we are told that "beyond any question, inebriety can be transmitted by the mother to the unborn babe, as other diseases by this direct method," and again on page 256, "not the least among the causes of the habit of drinking is heredity."

In spite of this form of *Bunsby* reasoning to prove that "Inebriety is not hereditary," a further gravamen of the book appears in the assertion, page 337, that "No results of disease of any character is hereditary;" yet the obverse of this is found on page 204, where we are plainly told that "heredity does transmit a feature of the results of disease."

Time and space do not permit the mention here of atavistic facts, of the hereditary transmission of acquired properties, morbid aptitudes, and the like, which the better informed and judicial minded would regard in the light of preponderating evidence. However, to the student familiar with the more recent discussion of such matters, the book in question can only be looked upon as a sciolistic attempt to contribute knowledge upon special subjects, the mere rudimentary traces of which do not seem to be clearly impressed upon the author's sensorium.

## Current Editorial Comment.

### THE EXPERT WITNESS.

*Colorado Medical Journal.*

IN no other field does the physician show up his strong or weak points so clearly as when placed upon the stand as an expert witness. In no other place is a reputation so quickly gained or lost.

### PHYSICIANS AND PATENTS.

*Medical and Surgical Reporter.*

THE *Reporter* suggests that economical and ethical considerations may be harmonized by relegating the patenting of all instruments to a national medical board, appointed either by some one of the national societies or by joint action of State societies. Whatever the mode of appointment, experience has shown that it is not difficult to find representative members of the profession who will act fairly and wisely in similar movements. Such a board could regulate the price of instruments by granting contracts for manufacture only after formal bids, and could, with the coöperation of the inventor, insure the perfect construction of every instrument.

### TRAINED NURSES.

*Gaillard's Medical Journal.*

THE special subject about which we desire to speak at the present time is the question of their remuneration. We do not believe that they are ever paid too much, provided they are the highest type of their class; and if they are not, they are never paid too little. But we are unable to understand why truly good nurses will often refuse interesting, useful, instructive cases, that really cannot afford by any possibility to pay full prices; cases in which the doctor often refuses any remuneration at all; and yet, these same nurses will remain idle week after week, month after month in exceptional instances, vainly waiting for a rich case. We are always surprised to find how many of them have failed to realize that the rich cases are not always the most desirable cases; and while we would not urge a nurse to accept work of any kind at what they conceived to be a price below that which nurses are supposed to receive, provided a full pay case is in sight, yet we do insist that they often stand in their own light by not accepting good work that is offered at at least living wages.

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### A CASE OF AMŒBIC DYSENTERY.

*By W. Milton Lewis, M. D.,*

Baltimore.

THE relative infrequent occurrence, in temperate climes, of that form of dysentery due to the presence of the amœba coli in the intestinal tract makes the report of each additional case observed of a considerable degree of interest.

It is not within the province of this paper to discuss the pathology of this affection, since that has already so well been done in the admirable and exhaustive monograph of Councilman and Lafleur.

In April, 1895, G. A., a boy 17 years of age, who complained of griping pains in the abdomen, associated with some slight tenesmus and the passage of blood at stool, applied to the writer for relief. After a careful examination, which revealed nothing abnormal about the abdomen or anus, he was ordered a placebo, and directed to report at intervals of three or four days for further observation.

This he failed, however, to do, and instead presented himself at an homeopathic dispensary in the neighborhood, where he was told that he was suffering from hemorrhoids and would have to undergo an operation.

Nothing further was heard of the case until six months had elapsed, when he again came under observation. His condition was unimproved by the ordi-

nary medicaments, and Dr. Charles E. Simon was requested to see him, with a view of making a microscopical examination of the feces.

His clinical history since the first observation was as follows: During the first four weeks of his illness, he had three or four loose bloody stools daily. One stool was usually composed in great part of fecal matter, while the others consisted almost entirely of blood. About the end of the fourth week, it was observed that mucus was also present. Defecation was accompanied by severe griping pains, tenesmus, etc. Migratory pains, particularly through the chest, were also a source of considerable complaint.

During the five weeks just past, a dry, irritating cough had been present, which was, however, not accompanied by expectoration. Though very weak, he had continued to follow his occupation of helper to a beef butcher. His parents were living and in fair health. A maternal uncle and an aunt had died of consumption. His father had specific disease in early life, and three sisters and two brothers all show evidence of hereditary syphilis. Otherwise, the family history was negative.

Patient has had the ordinary diseases of childhood, and has never had typhoid

fever, nor any intestinal flux, before the present attack. Physical examination revealed a boy somewhat emaciated, having lost about ten pounds, though not conveying the impression of one seriously ill. Some slight anemia, muscular system poorly developed. Thoracic organs healthy. Kidneys, liver and spleen not palpable. Liver dullness not increased in extent either in front or behind. Slight tenderness present over the left abdominal zone, somewhat more marked along the line of the colon. Nothing else abnormal noted. Urinary examination showed nothing pathological, and it is particularly to be noted that peptonuria and indicanuria did not exist.

The blood examination showed but a slight decrease in the number of red corpuscles, 4,000,000 per cb. mm. There was present, however, a marked degree of hyperleucocytosis, 31,000 per cb. mm. A stool was then secured for microscopical examination. Macroscopically it was noted to contain blood, mucus and shreds of tissue. It was soft and mushy in consistence and of a dark, reddish-green color. After standing a few minutes the more fluid portion, containing the mucus and tissue shreds, was decanted, warmed to about 40° C. and examined upon the warm stage under the high power. A glance into the preparation was sufficient to determine the diagnosis, large numbers of amœbae coli being present (two or three in each field). Many Charcot-Leyden crystals were also noted.

The boy was treated at the Good Samaritan Hospital by high rectal and colon irrigation, with quinine sulphate solution (1:2500), used three times daily. His temperature was 100.6° F., pulse 90, on the day of entrance. Within a few hours his temperature fell to the normal, from which point it has not since varied, although taken every two hours during the first week. At once, upon the inauguration of the quinine injections, the amœbae became encysted, soon disappearing entirely. The stools became firm and no longer contained mucus or blood.

The treatment was continued two

weeks, then discontinued for one week, at which time he voided a soft, mushy stool, containing a few non-mobile amœbae. The quinine injections were resumed and continued three weeks longer, at which time he was discharged from the hospital well. No restrictions were placed upon his diet during his treatment. Since leaving the hospital, though repeated examinations have been made, no organisms have ever been detected, although a careful search has been repeatedly made.

The point of interest in this case is the presence of Charcot-Leyden crystals. So far as the writer is aware, this is the first case on record in which these crystals were associated with the presence of the amœbae in the stools.

In the clinical reports, contained in the monograph of Councilman and Laffleur, before alluded to, no mention is made of their presence. Leichenstern has called attention to the relation existing between the presence of these crystals and of certain animal parasites and suggests that, wherever these crystals are found, a prolonged search be made for the parasite or its ova.

Some observations were made upon the staining properties of the amœbae, with the following results: No portion of the organism could be stained with acid carbol-fuchsin, the protozoa appearing as round, highly refractive bodies, lying among the other stained constituents of the specimen. The writer desires to call particular attention to this fact, as it is thus possible to determine the presence or absence of the amœbae, perhaps even more readily than in unstained preparations. With Ehrlich's neutrophilic stain, the granules were stained violet and the nuclei a light blue. Felicyan Von Niegolewski has already, in 1894, shown that the teaching of Lenharz, who claimed that neutrophilic granules were only found in the blood of man, is in error. He demonstrated the presence of these granules in fishes and reptiles, as well as the higher forms of animal life. It will be noted that the observation here recorded demonstrates the presence of neutrophilic granules in the protozoa.

# REPORT OF SIX CASES OF DIPHTHERIA. INTUBATION AND ANTITOXINE.

By *Alfred Whitehead, M. D., M. R. C. S., Lond.,*

Late Resident Surgeon's Assistant, Queen's Hospital, Birmingham, Eng.; Late Resident Medical Officer, Birmingham and Midland Counties Hospital for Sick Children; Late Surgeon, Peninsular and Oriental S. S. Co.; and Late Professor of Anatomy, Baltimore University School of Medicine.

IN this short paper I desire to call attention to six cases of that dread malady, diphtheria, which were treated in accordance with the discoveries of modern scientific research. So far as their limited number can illustrate, by their favorable issue they exemplify the triumphs of recent medical investigations and thus help to establish the fact that the healing art is making rapid advances. The measures to which I especially refer are intubation and antitoxine. The former of these has proved to be (when employed in well-selected cases) an improvement over former methods, dispensing with the formidable aspect of a bloody operation. Antitoxine, however, if we can correctly form an opinion in so brief a period of time, promises to be of still greater benefit to suffering humanity.

CASE I.—D. L. G., aged 3 years and 3 weeks, was taken ill on Wednesday, January 3, 1894. Sore throat was the first symptom noticed. He was seen by me for the first time, at my office, on Friday, January 5. Saturday, the sixth inst., I saw him at his home. Then great stridor and a membrane on the tonsils were prominent features of the case. Dyspnea was intense. The child was almost moribund. Dr. John H. Collenberg saw the patient with me and confirmed the diagnosis of diphtheria. General bronchial râles were heard. The lower lobe of the left lung collapsed and in consequence there was much retraction of the chest walls.

The causation of these phenomena has been aptly explained by Dr. E. Symes Thompson, who says (*Quain's Dictionary of Medicine*, article on "Collapse of Lungs") that "a plug of mucus may be drawn, in inspiration, deeper and deeper into the bronchial

tubes, which it obstructs, and acting like a 'ball plug,' allows the expulsion of air in expiration, but interferes with inspiration; the air not being replaced, a pneumatosis is developed; and as there is no air behind the plug of mucus, cough is powerless to expel it." There were in this case complete dullness on percussion and loss of the respiratory murmur on auscultation.

I intubated the child and the tube was retained eight days. The little patient remained ill for about seven weeks, *i. e.*, until February 18, 1894. The lung gradually recovered, the respiratory murmur returned, the percussion note became normal and the chest wall expanded to its original state. The treatment (in addition to intubation) consisted of iron, quinine and chlorate of potassium, together with stimulants given internally, and a local application of glycerine and iron to the throat.

CASE II.—On Sunday, February 3, 1895, I was called at 9 A. M. to see a child of Mr. R. The patient was three years old. It had been ill five days and had been under the care of a physician in the country. It was brought into the city at 4 A. M. on the morning of my first visit. An examination of the throat revealed the presence of a membrane on both tonsils and on the sides of the uvula. There was marked stridor on respiration and the child was cyanosed and very restless, throwing itself from side to side. The diagnosis of diphtheria received the sanction of Dr. C. F. Maguire who also saw the little sufferer.

At 11 A. M. I injected 1000 normal units of Behring's antitoxine. The child improved markedly during the next twenty-four hours. The stridor decreased, the child became less restless and the breathing grew softer. At 2

P. M., on the fourth inst., the second injection of antitoxine was given. From this time forward the patient went on to convalescence. No medicine was employed. Consequently the entire credit of the recovery is due to the antitoxine. On the fifth day the child was dressed and playing on the bed. On the tenth day it went home to Bowie, Md., entirely well.

CASE III.—S. G., aged 3 years and 6 weeks, was attacked with urticaria on February 14, 1895. The next day, Friday, soreness of the throat was noticed, and at night the child became croupy. Saturday morning I discovered a membrane on both tonsils, the uvula and the edges of the soft palate. Stridor was marked and there was retraction of the suprasternal and the infrasternal notch. Dyspnea was great and the child was cyanosed. It was first seen by me at 10 o'clock. At 2 P. M., I injected 1000 antitoxine normal units. On Sunday there was an improvement. At 4.30 P. M. of that day I injected 600 normal units. No medicine was given.

Dr. John H. Collenberg also saw this patient and agreed with me that it was a case of diphtheria. The urine was acid in reaction and contained a little albumen. From this time on there was a gradual improvement. On Sunday the right tonsil and the right side of the uvula were clearer and this change for the better continued day by day. The laryngeal breathing became softer and moister in character. On Tuesday the pharynx was quite clear. After the second day the child was able to sit up and play. It entirely recovered.

CASE IV.—February 5, 1895, I was called to see the child of Mr. G., aged 1½ years, who was suffering with diphtheritic croup. Dr. Maguire also saw the patient and corroborated my diagnosis. There was a membrane on both tonsils. Great stridor and retraction of the chest wall on respiration were conspicuous. The respiratory murmur was hardly perceptible over the posterior wall. At 11 A. M., I gave an injection of Behring's antitoxine, 1000 normal units. At 6 P. M., I intubated. The tube was retained four days.

Improvement now commenced and would probably have continued if it had not been for an accidental occurrence. One night, the mother having fallen asleep, the fire in the room died out, and during its slumbers the little one became uncovered and consequently chilled. As a result of this, bronchopneumonia developed. This was treated with carbonate of ammonium, expectorants and stimulants, and it cleared up quite readily. Some slight paralysis of the muscles of deglutition was then made manifest by the regurgitation of fluids through the nostrils. For this condition I prescribed the syrup of the phosphate of iron, quinine and strychnine. The child went on to complete recovery. I regret that in this case I did not give a second injection of antitoxine.

CASE V.—On the morning of March 14, 1895, I was called to see the child of Mr. M., aged 2 years and 8 months, who was suffering with diphtheritic croup. Dr. Collenberg was in attendance, and with him I examined the patient. The child had been ill for a day previous to the examination of the fauces. A membrane was visible on tonsils, uvula and soft palate. Great stridor, cyanotic congestion of the face and marked retraction of the supra- and the infra-sternal notch were noticeable objective features. There was also great restlessness.

I injected 1000 normal units of Behring's antitoxine into the subscapular region under strictly aseptic precautions. The patient improved and shortly recovered. It had been previous to the injection on iron and the ordinary treatment without any improvement. There was no doubt about the nature of this case, and I consider that the satisfactory result speaks well for the action of the antitoxine.

CASE VI.—On April 12, 1895, I was sent for to attend the little girl, aged 7 years, of Mr. G. I found her to be suffering with sore throat, slight feverishness and malaise. I ordered a mixture containing chlorate of potash, spiritus etheris nitrosi and tincture of aconite root, together with a gargle of



chlorate of potash. The next day she was somewhat improved.

April 14, small patches of membrane were seen on the tonsils and the left side of the uvula, which was swollen and forced out of the median line. Deglutition was difficult and there was slight enlargement of the submaxillary glands. I prescribed a mixture of tincture of the chloride of iron, chlorate of potash and quinine, and a local application of iron and glycerine. The throat was also sprayed with a solution of listerine, paped, glycerine and liquor calcis. Under this treatment the patient improved and the 18th inst. was able to sit up.

Local applications to the throat were then discontinued, as it had cleared up. The child was able to swallow better and seemed generally easier. She continued in this way until the early morning of the 22d, when I was sent for. I found the parents in a state of alarm. They said that during the night she had been restless and breathing with some difficulty. I noticed on my arrival that she was breathing with a good deal of stridor. There was a slightly cyanotic condition of the face, which was

also swollen, and there was marked retraction of the supra- and the infra-sternal notch, together with general restlessness and fear. I proposed a second opinion to the father, and accordingly he sent for Dr. Vernon L. Norwood of West Fayette Street, who kindly saw the case with me. We agreed that the best course to be pursued was to inject antitoxine and to intubate, and to do so at once, or as soon as we could get the necessary things.

About 11 A. M., I injected 1000 normal units of Behring's antitoxine into the subscapular region under strictly aseptic precautions and with the assistance of Dr. Norwood I introduced an intubation tube, which immediately relieved the child. All drugs were stopped. Milk, chicken broth and brandy were given. The same night the child was better and slept fairly well. Nourishment was taken. On the fourth day the child coughed out the tube. The respiration was easy and the child was improving. She was then placed on iron, quinine and strychnine, and on the 27th inst. I made my last visit, the little patient being well.

## TREATMENT OF CHRONIC OTITIS MEDIA.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, APRIL 17, 1896.

*By Edward J. Bernstein, M. D.,*

Baltimore.

UNDER this head we treat the vast majority of that sensitive and unfortunate class of victims who complain of progressive deafness associated with more or less tinnitus, and other evidences of loss of auditory function and with vertigo. Objectively we observe alterations in luster, color, consistence, tension and shape of the membrana tympani.

But as practical physicians, your interest lies in this: "Can you do anything for these individuals, and what?"

I am sure most of you, and this extends even to some who essay to treat neighboring organs, feel that nothing avails if simple inflation, by one means or another, does not; and have rather dis-

couraged than encouraged your patients from undertaking its treatment.

Occasionally I feel discouraged myself but in the majority of cases I feel justification for all my labor and my patients are likewise grateful.

Let me preface my remarks on treatment with a few words on the etiology. Chronic middle ear catarrh is but a local expression of a more or less general catarrhal inflammation of the mucous membrane of the respiratory tract. This is an axiom, the overlooking of which is responsible for more than half our ill-success; still we may find catarrhal inflammation limited to the ear with no naso-pharyngeal symptoms; just as we

have the condition limited to the naso-pharynx and no trouble in the ear.

Another thing to be borne in mind is that catarrh, however localized, is but an expression of a general dyscrasia shown by a tendency to enfeeblement of the mucous membranes generally. Thus often a depressed nervous system, as shown by increased nervous excitability or irritability, tubercular tendencies, syphilis, either hereditary or acquired, are the root of the evil.

It may be said to be a tropho-neurosis of the mucous membrane of the middle ear occurring simultaneously with other chronic tropho-neuroses, dependent on lowered vitality. I believe heredity is only a factor in so far as the offspring is subjected to the same climatic and hygienic conditions, and may inherit a like inability to ward off catarrhal changes.

Sex has very little to do with it; but age has; from 15 years to 40 is the period of its greatest prevalence; most cases develop between 20 and 30 and over 24 per cent. of humanity between these years are so afflicted.

As to climate. It is a disease of the quickly changeable temperature and humidity zones. Our Atlantic seaboard has been unjustly maligned as being the most prolific source of catarrhal disease, but reports from the interior, from the Lake front, and England, France and Germany show it to be just as prevalent there. So in my mind this is a cause—and a cause it is which is practically irremediable. We cannot send all our patients to California, or Colorado, for many reasons. A not unimportant one is that we would have nothing more to do but close up our offices and follow our patients, or some other calling. We can, however, do much to overcome these disadvantages. We can regulate the unhygienic condition of our surrounding and faulty methods of living. Upon this portion of the subject you well know how to advise.

One should never fail to recognize that the teeth are also directly responsible for much catarrhal inflammation. With bad teeth goes faulty digestion and overfeeding, as well as underfeeding.

Exposure to loud noises, such as the continued rumbling of the cable cars, constant ringing of bells, the noises of factories, are also directly chargeable for much of the increased deafness of our urban population. Chronic alcoholism and undue use of tobacco are likewise causes. Neglected or badly treated acute otitis media, especially those occurring in broken-down and cachectic individuals, is a prolific source of the continued deafness.

The more direct and constant causes of chronic middle ear catarrh are those which extend from the nose and naso-pharynx: Hypertrophic inflammation of the turbinates; enlarged tonsils, and, especially in young children, the presence of adenoid vegetation in vault of the pharynx. These produce continuous hyperemia of the tympanic cavity, either by occlusion of the tuba Eustachii causing rarefaction of the intratympanic air, or by direct pressure on the tympanical plexus of nerves.

We are not to assume that merely removing these conditions will cure catarrhal inflammations of the ear any more than we dare expect results from purely localized treatment of the ear.

As to treatment. Above all, he who would treat chronic middle ear catarrh must be a physician in the fullest sense of the word. In my opinion no one has a right to treat the ear who is not fully informed on the subject of the morbid anatomy of the nose and naso-pharynx and able and willing to treat the same. This may be a sweeping assertion to many, but it is my earnest conviction.

Let us then assume that every cause, both direct and indirect, is being met, now what purely local means remain?

The catarrhal inflammation of the Eustachian tube must be also treated locally, just as we treat similar conditions of the uterus, stomach, nose and naso-pharynx. Here the Eustachian catheter, the Eustachian bougie and Eustachian syringe, together with our faithful ally, the Politzer air bag, are *sine qua non*. Right here let me say a word about the air bag. While it is our right bower, it is directly chargeable for much that is vicious, in the hands of the

careless and inefficient. To Politzerize every case of deafness is a barbarity and nothing more. Often patients affected with unilateral deafness, or a bilateral deafness, in which one tympanum is characterized by spots of atrophy, while the other has one of the many other pathological conditions, go regularly to swallow water and have air pumped into both ears alike. Think of the wisdom (?) of subjecting a healthy ear, on the one hand, and an atrophied tympanum, on the other, to any such treatment, and yet this is done daily.

Another point. Many aurists claim that it is impossible to inject fluids into the middle ear when the tympanum is intact. If there be any who doubt the feasibility and practicability of this, I stand ready to prove it very conclusively to them. True, I have not taken the cadaver and injected fluids and then demonstrated them in the middle ear, but both Urbanschitch and Gruber have. My patients tell me, invariably, that they feel the difference in sensation between the air and when fluids are injected.

As to catheters, we must keep a separate one for each patient; it should be labeled with his or her name and cleaned after each treatment by passing a stream of warm water through it. When the patient is discharged the instrument must be thoroughly sterilized. Just before passing the catheter, the nose and naso-pharynx is sprayed with a detergent and antiseptic spray solution. Finally, a few drops of two per cent. solution of cocaine are sprayed through the nose.

When there is question of exudation only in the tube, simple catheterization often suffices. Half a Gruber's syringeful of potassium iodide solution (1-30) every third day will often facilitate matters. When this does not meet the case, a solution of ammonium chloride (1-50) will help. Frequently I alternate with these two solutions.

When hyperplastic exudation has gone on to connective tissue changes, the same quantity of solution of iodine (1 part Lugol's solution to 150 water), alternating with an oily solution of

menthol and eucalyptol. My formula for this is one part each active principle in 50 of oil of sweet almond. I use the latter mentioned in preference to the mineral oils, because drugs are taken up better when dissolved in vegetable oils; and the almond oil (sweet) is less irritating and less liable to change. When the tympanum is dry and specially dull, two or three drops of a one per cent. solution of pilocarpine once every week or ten days will facilitate matters. The patients are not allowed to leave immediately after this latter treatment, but must wait until the flushing of the face passes off. They should then be hurried off to their homes and told to lie down and cover up until the perspiration ceases.

When atresia of the tube is present, which is determined by a sharply sunken drum and prominent posterior fold, the bougie of Urbanschitch is often very useful, though I must confess I do not get such good results as he. Sometimes cutting the posterior fold with a tenotome gives great relief from tinnitus, though this latter often proves but of temporary benefit.

Massage of the anchylosed ossicles where the case has gone on to that stage, either by cotton-tipped probe, resting on the processus brevis and worked by hand or by some of the electric vibrators. Now I do not refer to a machine called vibrometer, which is, like most other homeopathic ideas, worthless.

Lastly, enucleation of the ossicles for relief of deafness. I have tried it in a number of cases and shall not do so any more. My patients having lost what little hearing they had, though for a time there was very marked improvement. I believe this has been the experience of most men; Blake, Jack and Politzer among the number.

A word in conclusion. Chronic middle ear catarrh is as amenable to treatment as most other chronic conditions of the body. We do cure many of our cases, especially if seen before great loss of function and destruction of tissue have taken place. This is the time when the family physician sees the case.

He should warn the patient that its successful treatment is in direct relation to the promptness with which he places himself under skillful hands.

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### Society Reports.

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#### PENNSYLVANIA STATE MEDICAL SOCIETY.

MEETING HELD AT HARRISBURG, PA., MAY 19, 20 AND  
21, 1896.

CONTINUATION of the remarks of Dr. Rosenthal: In one case the tube remained in for 148 hours, but it was not due to antitoxine. I do not like figures that are incorrect and long to have them right. When you have used antitoxine and on the second day the temperature rises again, it is an indication of insufficient antitoxine having been given and indicates its further need and I give it in double or treble amounts; if my first injection was 1000 units, I then administer 2000 units, and if the third injection is necessary, 3000 units. To use antitoxine for other complications, you may as well expect to give a dose of quinine, with beneficial results, when a man has abscess of the liver. But antitoxine will cure diphtheria, and I know that it decreases the mortality and that it reduces the time for the tube to be worn. Dr. Fischer and Dr. O'Dwyer of New York, the originator of the tubes which I have shown, will stand by the same thing.

*Dr. W. B. Ulrich:* Before Dr. Rosenthal takes his seat, I would like to have this question answered by him and Dr. Welch: Have you ever known any harmful results from the use of antitoxine? I, myself, would not feel, with my experience with its use, that I had done my duty in not using antitoxine in diphtheria, notwithstanding my skeptical views when antitoxine was first introduced. I would like to have this question answered before the Society.

*Dr. Rosenthal:* I have used as high as 13,000 units in one case, with curative results, and have had no harmful results, nor have I found any by examination of the urine. There is a differ-

ence in the injection, depending upon the kind of antitoxine you use. If you use Gibier's antitoxine you can use enormous amounts with scarcely any effect.

*Dr. W. B. Ulrich:* What kind of antitoxine do you use?

*Dr. Rosenthal:* I use Mulford's exclusively in my practice. Of this product you can secure three different strengths. The 'Standard' containing 100 units to each c.c., the 'Potent' containing 250 units to each c.c., and the 'Extra Potent' containing 500 units to each c.c. Each of these strengths being supplied in vials of 500, 1000 and 2000 units. The charts I have shown the Society were treated with the 'Potent' and 'Extra Potent.' In one case the tube was withdrawn within 70 hours and the child was cured; in the other case within 73 hours, with like results. I have never seen a single unfavorable symptom where this antitoxine was used, and I now use it exclusively, as it has given me more prompt results than any antitoxine I have ever employed.

*Dr. Welch:* I have never seen any fatal results, but I have seen some complications arising from urticaria and joint pains.

Other papers read were: "Simple and Efficient Treatment of Chronic Catarrhal Deafness," B. Alexander Randall, Philadelphia; "The Local Issue of Sanitary Reform," Wm. P. Munn, Denver, Colorado; "Special Forms of Rectal Fistulae," Wm. M. Beach, Allegheny; "Infant Feeding," H. F. Slifer, North Wales; "What the General Practitioner can Accomplish with Electricity in the Diseases of Women," G. Betton Massey, Philadelphia; "Nervous Sequelae of Influenza," Horace K. Regan, Philadelphia; "The Clinical Study of Digitalin," Henry Beates, Jr., Philadelphia; "Traumatic Neurasthenia and Hysteria," Theo. Diller, Pittsburg; "Phono- and Pneumo-Massage, or Suppurative Disease Deafness," Louis J. Lautenbach, Philadelphia; "Typical and Atypical Appendicitis," Leon Brinkman, Philadelphia; "Cerebral Concussion and Compression, with Report of a

Case of Trephining," E. W. Holmes, Philadelphia; "Hysterectomy for Retro-Peritoneal and Intra-Ligamentous Uterine Fibroid Tumors," B. T. Bean, Philadelphia; "Surgical Treatment of Insanity, with Report of Cases," Ernest La Place, Philadelphia; "The Use of Salol in the Treatment of Summer Diarrhea," M. Howard Russell, Philadelphia; "The Significance of Murmurs in the Diagnosis of Valvular Disease of the Heart," Aloysius O. J. Kelly, Philadelphia; "Pains in the Lumbar Region," Samuel Wolfe, Philadelphia; "The Abuse of Digitalis," W. T. English, Pittsburg; "The Correlation between the Iris and the Patellar Reflex Tendon," Wendell Reber, Pottsville; "The Therapeutics of Sciatica," L. B. Kline, Catawissa.

Resolutions of sympathy were adopted for R. Lowry Sibbet of Carlisle, who was on the programme for an address on "Medical Registration in Cumberland County," but on account of serious illness was not present.

The following were elected for the ensuing year: President, Dr. E. E. Montgomery, Philadelphia; First Vice-President, Dr. C. S. Shaw, Allegheny; Second Vice-President, Dr. F. B. Ball, Clinton; Third Vice-President, Dr. T. M. Livingston, Columbia; Fourth Vice-President, Dr. A. C. Wentz, York; Secretary, Dr. W. B. Atkinson, Philadelphia; Assistant Secretary, Dr. Adolph Koenig, Allegheny; Treasurer, Dr. G. B. Dunmire, Philadelphia.

#### CLINICAL SOCIETY OF MARYLAND.

MEETING HELD APRIL 17, 1896.

THE 323rd regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. J. M. Hundley, in the Chair.

*Dr. William Osler* read a paper on "Angina Pectoris."

*Dr. E. J. Bernstein* read a paper on "Treatment of Chronic Otitis Media." (See page 149.)

*Dr. Pearce Kintzing:* Did I understand Dr. Bernstein to say that 24 per cent. of the people have chronic ear

catarrh? From my own experience I should hardly think that correct.

*Dr. John R. Winslow:* In Baltimore there are probably more specialists who will deny what Dr. Bernstein has said than we would find in any other place. The Politzer bag is a fake. It does not give results and has lost the psychical influence it once had. As Dr. Bernstein said, it is foolish to treat a sound ear and a diseased one at the same time, in the same way. As to the denial of catheterization, you will find people who are ready to deny anything. In my opinion the man who will deny that air will pass through the Eustachian tube takes a position similar to one who would deny the germ theory of disease. Like Dr. Bernstein, I am prepared to prove the injection of fluids into the middle ear. I have done a paracentesis without pain after spraying with cocaine through the tube. That catheterization is a more efficient method of treatment than Politzerization is proven by those cases of stenosis that break up by treatment in this manner while they resist the other treatment.

The use of the catheter should be our common method of treatment and the air bag be reserved for the cases where we have disease of both sides, or for the aged where we do not care to use the catheter. Personally, I do not believe in the use of bougies. The constriction of the tube is seldom in the middle, as Dr. Bernstein has said, but more likely at the mouths of the tube and can be overcome by the catheter. The bougie in many cases does injury to the mucous membrane and may be followed by emphysema.

I have here a few instruments which I have used in the treatment of this affection. This is a special catheter to attach to my compressed air apparatus, and so made that I can get any force I wish. I do not give the patient an air bag, but use the Eustachian auto-insufflator of Lennox Browne. There is some knack required to use it, but not more than is necessary with the Politzer bag. Another instrument which I have found useful in cases where we have sclerosis of the ossicles is the Delstanche

masseur. I quite agree with Dr. Bernstein in regard to removing the ossicles.

*Dr. Bernstein:* The statement which Dr. Kintzing refers to is based on statistics of a large number of cases and on the reports of Drs. Blake, Bezold and others. I acknowledge the force of Dr. Winslow's remarks, but one should never get emphysema of the tube from use of a bougie; that is the result of bad treatment. As to the point of stricture, I gave the statement of Urbanschitch. I make use of the same instruments Dr. Winslow has shown and find them efficacious.

H. O. REIK, M. D.,  
Secretary.

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### Correspondence.

#### QUESTIONS ON WATER.

ROCKVILLE, MD., May 19, 1896.

Editor MARYLAND MEDICAL JOURNAL:

*Dear Sir:*—Now that the season for fevers is approaching, I would be much obliged if you and the readers of the JOURNAL would answer the following questions, to wit:

1. Why are physicians constantly striving to prejudice the people against water, the most wholesome and necessary beverage, when men are already too little inclined to drink it?

2. Why do they insist upon it, that well-water is unfit for human consumption, when people who live in the country can get no other?

3. Why do they insist upon malarial fever being a water-borne disease, when it is twice as prevalent on the north side of streams as on the south side and never appears in the winter, except as a relapse?

4. Why do they assert that typhoid fever is due to drinking water, when but few cases originate in the cities and none in the country during the cold season of the year and none on ship-board at any time?

Physicians continuing to declare that typhoid and malarial fevers are due to drinking water without any proof of the fact, reminds me of a conversation I

heard some years since. A very intelligent young lady pronounced a word incorrectly and on being reproved by her brother used no argument, but declared she would pronounce it that way as long as she lived. Yours truly,

EDWARD ANDERSON, M. D.

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#### TRAINING SCHOOL COMMENCEMENT.

CUMBERLAND, MD., June 9, 1896.

Editor MARYLAND MEDICAL JOURNAL:

*Dear Sir:*—The first commencement of the Western Maryland Hospital Training School for Nurses was held in the Hospital parlor, Thursday evening, May 21. The exercises were opened with prayer by Rev. Dr. Moffatt. Dr. Duke followed in a few remarks on behalf of the corps of instructors, introducing James W. Thomas, Esq., a member of the Board of Managers of the Hospital. Mr. Thomas spoke at some length, closing by presenting the diplomas to the nurses. Dr. Wilson responded for the staff, and Rev. C. E. Raymond delivered the address of the evening to the nurses. The following nurses received diplomas: Misses Gould, Kirkpatrick, Quintrell and Callahan.

Yours truly,

E. T. DUKE, M. D.

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### Medical Progress.

#### PROGRESS IN PEDIATRICS.

*By A. K. Bond, M. D.,*

Clinical Professor of Diseases of Children,  
Baltimore Medical College.

#### MORPHINISM IN CHILDREN.

AN interesting discussion of this question by the New York Academy of Medicine is reported in *Pediatrics*, a new semi-monthly of promise, in its first issue for January 1, 1896. It is well-known that the child of a parturient opium eater is at birth itself an opium habitué. In the discussion, Dr. Tucker related a case in the child of an opium smoker and morphine taker. The child was healthy at birth, but given to a wet-nurse to suckle, quickly

fell into ill-health. In a similar case he would give small doses of opium to the child after birth, gradually reducing the dose so that in a few days the habit might be broken. The discussion was on a paper by Dr. Mattison relating to the acquired opium habit in children, which proceeds much as in the adult, the child requiring even larger quantities of the drug, and becoming wasted, feeble and irritable for its dose. The drug should in all cases be withdrawn by degrees, tonics being given. "Soothing syrups" must be responsible for many cases, as most of these contain opium.

#### EPILEPSY IN CHILDREN.

In the same issue quoted above mention is made of the views of Dr. Sachs on this subject. Epilepsy is believed to be seldom inherited direct from the parents. A weak nervous system is inherited with tissues easily thrown out of gear. Exactly how the first discharges of nerve violence are produced is uncertain, but the causes should in all cases be sought out, and if possible removed, for the common convulsion of infancy is believed, if frequently repeated, to result in many cases in epilepsy before puberty, or at a later date. Well-equipped "homes" for confirmed epileptics are greatly to be recommended, as dietary and therapeutic care may do much to break up the incipient habit.

#### APPARENT DEATH OF THE NEWLY-BORN.

This whole subject has been put into book form by Dr. Brothers, as recently noticed in the column of book reviews of this JOURNAL. It is very difficult without a post-mortem to find out what really ails such a child. Great care and expertness in delivery will lessen the number of cases met with. Therapeutically, hot and cold water alternating, while artificial respiration by extending arms above head and pressing them against the chest is done, is a good method. Holding up by the heels with a towel about the heels and spanking is very reviving. In desperate cases massage of the heart recommended for adults might be tried—stand on the left side of patient and with the ball of the right

thumb of the open hand press in the thoracic wall 120 times a minute at a point between the apex beat and sternum. Dr. Erskine relates a case in which the usual methods for resuscitation had been tried for ten minutes without avail. The tongue was then caught with an artery forceps and traction was made on it 24 times a minute. In six minutes the nostrils began to flutter and in ten minutes normal respiration was established. Whatever methods are used, they should be thoroughly tried. It is undoubtedly true that failure to resuscitate the newly-born is often due to too early discontinuation of efforts at revival.

#### DIPHTHERIA ANTITOXINE.

Testimonials to the value of this agent continue. The reaction has, however, set in, and the list of fatalities or poisonous conditions consequent to injection is swelling. Still the balance in its favor is so strong that the physician is under obligation to consider antitoxine in all certain cases of diphtheria. When antitoxine is employed it should not exclude the use of other remedies, local and general, which past experience has proven of value. The unfavorable results from the injections may be due in part to ill-prepared serum, and only the best should be used. It is pleasing to learn that under the direction of Professor Behring the antitoxine has been prepared in a concentrated or "extra-potent" form, five times as strong as that formerly supplied. The dose of this is correspondingly less, the amount of carbolic acid present is likewise less and it is said that there is with this "extra-potent" virus less liability to unfavorable results from the virus, such as urticaria and joint disease.

#### EPISTAXIS.

For this trouble Dr. Gillette recommends peroxide of hydrogen thrown with a syringe into the nasal cavities. A teaspoonful or two suffices to stop the bleeding.

#### MUMPS WITH EDEMA OF THE EYE AND SCALP.

The case was sent (*Pediatrics*, Febru-

ary 15, 1896) to Dr. Carpenter of London under the suspicion that there was suppurative mastoiditis. The patient, 3½ years of age, seemed very ill. Temperature was 96.6°, pulse 100. There was edema of the whole left side of the head, of eye, of mastoid region, of scalp nearly to the vertex and nearly to the occiput. The ear on examination was healthy. The eye also healthy. The parotid and submaxillary salivary glands were hard and swollen. The throat was healthy. There was an enlarged gland beneath the lower right sterno-mastoid. Slight albuminuria was found. These symptoms all disappeared in a few days and convalescence took place. Though recorded as mumps, there seems no proof that it belonged to the epidemic form of parotitis.

#### NEPHRITIS NEONATORUM.

Nephritis is not infrequent in infancy and childhood. In the newly-born it is not very rare. In the *New York Medical Journal*, January 18, 1896, Dr. Jacobi gives an interesting article upon this subject, in which he has through all his professional life taken great interest. A number of illustrative cases are quoted at length, one fatal at five weeks, presenting on urinary analysis blood-cells, casts and almost complete solidification on boiling. The supposed meningitis was probably uremia. Another patient dying when six days old, had had offensive diarrheal inflammation, which Dr. Jacobi believes to have been the cause of the nephritis. The urine contained much albumen, blood-cells, casts and urates. A third case narrated followed liberal doses of chlorate of potash, which the baby, nine days old, had received for thrush. The blood was dark purple, the kidneys showed hemorrhagic patches, urine taken post-mortem from the bladder contained pelvic epithelium and abundance of decomposed blood-cells. Another, three weeks of age, was vaccinated and after the vaccinia was over exhibited a convulsion with a rise of temperature to 103° and urinary analysis showed albumen, blood-cells and casts. Later there was edema of the lower limbs and face. The urine continued as de-

scribed for ten days, after which the patient went on to recovery of health.

In summing up, Dr. Jacobi remarks that what was formerly considered transitory albuminuria we may now perceive by improved methods, especially by the use of the centrifuge, to be nephritis. Nephritis of the newly-born may be congestive from feeble circulation, as of congenital heart disease; obstructive, from rapid breaking down of the blood, with resultant products, in consequence of physiological process or of poisoning as by chlorate of potash, or of excessive heat, or from blood in the tubules; irritative from uric acid infarctions, microbes or disease toxins. The urine of the infant or child, male or female, may readily be withdrawn for examination by the use of the soft catheter.

#### SCURVY IN INFANTS.

This disease, once the scourge of the sailor and soldier, is now becoming prominent among infants. So writes Dr. Cheney of San Francisco in the *Medical News*, February 29. It is due as of old to lack of fresh food; to feeding with milk long heated at high temperature, with old, stale manufactured foods. It is evidenced by a painful swelling of the thigh due to subperitoneal hemorrhage, but often diagnosed as rheumatism; by gum bleeding; by black and blue eye discoloration; by anemia and fretfulness. The cure is easy by fresh milk, fresh beef juice and orange juice, one teaspoonful to one tablespoonful three times a day.

#### NIGHT TERRORS.

What night-mare is, the reader probably knows from his own early experience. Night-terror, as described by Dr. Coult's of London (*American Journal of the Medical Sciences*, February, 1896), is different. The child, from two to eight years of age, goes to bed feeling perfectly well and starts from sleep with an agonizing scream. With flushed face, in wild excitement, he converses with or protests against some horrible thing or person close to him. He cannot be brought to his senses, does not know his attendants, but when laid down goes off into a deep sleep and usually knows



nothing of the occurrence when he wakes in the morning. There is usually but one attack each night. There may be weeks or months between, but the same images are always presented in all attacks. The person seen is often a black giant, but the color red is often present. The family history is neurotic. The condition is closely allied to epilepsy, especially if repeated, and requires the same treatment, dietetic, tonic and especially brain rest. Bromides may be given in very frequent attacks, but their prolonged use is questionable.

#### SPASMODIC DISLOCATION IN INFANTS.

Dr. Rachford of Cincinnati relates two such in *Archives of Pediatrics*, February, 1896. The children, fifteen and four months old, were much wasted by diarrhea. From time to time, when angry perhaps there would occur sudden contractions about the knees, elbows or shoulder, with a snapping sound and partial dislocation. This continued several months, then passed away with the malnutrition. Meat juice, iron and cod liver oil were used. One of the two, a hereditary syphilitic, got mercury also.

#### BAD CHILDREN.

The *Archives of Pediatrics*, February, 1896, presents editorially another cause of infantile contrariness which should be known to all teachers and parents. According to examinations by Dr. Permewan in the Liverpool schools of somewhat neglected children of the poor, the children termed "good" by their teachers had all perfect hearing, while those termed "bad" had most of them imperfect hearing. The average hearing power of a large class of "backward" pupils was only about half that of another class of good scholars. The child of dull hearing, after honestly trying to do his best and getting only reproof for inattention finally concludes that the teacher is right in calling him a stupid and gives up trying to please or stand well in his class.

#### THYROID FOR MENTAL DISEASE.

The journals present many conflicting reports on this interesting therapeutic

advance. Suggested first for idiocy with goiter or other disease of the thyroid gland and being the means of great improvement in certain of these cases, it is now being tried in various other states of feeble-mindedness. Occasionally the results are very remarkable. The "extract" in tablet form and the desiccated gland are both used. The latter is prepared by many reliable pharmacists. It is well worth the while of the practitioner to try the thyroid in the cases mentioned, in both adult and child. The remedy must be cautiously used, as it is reported at times to be very dangerous, and the conditions which call for it are not yet clearly defined. The benefited patient in some cases must, it is thought, continue the thyroid off and on during life if he would avoid relapse.

\* \* \*

**SURGICAL HINTS.**—In the *International Journal of Surgery* the following excellent hints are given: When a wound, either accidental or operative, shows signs of infection, never wait for suppuration. Immediate incision, thorough disinfection, and drainage if necessary, relieve pain, shorten the duration and prevent extension of the inflammatory process.

In draining a suppurating wound, never cork it up by packing gauze in it. The smallest strip that will reach the bottom of the cavity, very loosely applied, is the best.

Constitutional treatment is all-important in all forms of diffuse surgical inflammations.

Recurrence of carbuncles and boils suggests an examination of the urine for diabetes.

See that patients have a good night's sleep the night before an operation.

Skin-grafting will not succeed upon an unhealthy surface.

Watch patients with burns of the pharynx and larynx; be ready to operate at once. Severe dyspnea may occur with appalling suddenness. If the patient is getting cold and feeble, his ability to feel pain has greatly diminished. Waste no time in anesthesia in emergency tracheotomies.

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BALTIMORE, JUNE 13, 1896.

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AMONGST the many remarkable discoveries of the present century, none for weirdness compares with that of the Roentgen rays.

*The X Rays in Surgery.* There is something uncanny and almost supernatural in the knowledge that even the hidden recesses of the body may be compelled to surrender their secrets, and to yield submission to the will of man. Whenever a new discovery or invention is made there is usually more expected from it than will be realized, and this has been the case in the present instance.

When the fact was announced that by means of a peculiar electrical device, rays could be passed through opaque bodies in such a manner as to cast shadows on a sensitive plate, by means of which shadow pictures could be obtained of certain portions of the body, there was an idea in the minds of many that a great field had been opened to the exploration of the physiologist and pathologist, as well as the practical physician

and surgeon. It was thought that the functions of the organs in health and disease could be observed more closely than hitherto, and that photographs could be obtained of tumors, ulcers and other diseased conditions in the interior of the body.

The value of the discovery lies in the fact that the X rays penetrate different media with different degrees of readiness. Some tissues are readily penetrated and scarcely cast a shadow, while other structures do not transmit the rays and cast more or less distinct shadows; thus the soft tissues are easily penetrable by the X rays, and show very indistinctly in a skiagraph, but the bones are resistant and well marked shadow pictures are obtained. The greatest field for usefulness, then, will be found in connection with the various injuries and diseases of the skeleton.

Anyone who has had to deal with an obscure injury to the elbow or wrist joints, where swelling has occurred to such an extent as to conceal the bony prominences, will appreciate the aid which can be derived from the shadow photography of the displaced or fractured parts. This is one of the most important of the conditions to which the method is applicable. Again in tuberculous disease of the bones, a diagnosis may frequently be arrived at by this method, as the deposit of tubercle will show in the picture as a lighter spot than the rest of the bone.

In some cases of malignant disease of the bones it is probable that the X rays will aid in localizing the disease and establishing a diagnosis. The detection of foreign bodies in the tissues, such as bullets, needles, knife or scissor blades and other objects made of metal, is rendered easy by this procedure, and this is one of its greatest advantages. Had Garibaldi known of this peculiar power, he need not have suffered so long with a bullet in his leg and the Nelaton probe would not have been invented. Foreign bodies in some portions of the stomach and intestines may also be discovered by this method, as well as calculi in the kidneys and perhaps in the bladder.

Biliary calculi transmit the rays very readily and cast such an indistinct shadow that skiagraphy is not likely to prove useful in the detection of these concoctions. In obstetrical practice the position of the fetus

may be ascertained, as well as the presence or absence of twins, by this procedure, but there are other ways of learning the same facts which are likely to be more agreeable to the parturient woman than this, and it is not likely to become popular for this purpose.

Objects within the cranial cavity cannot be made out owing to the opacity of the bony walls, and to a less degree the same is true of the thorax and pelvis and some parts of the abdomen. The method is not applicable to the detection of tumors, ulcers or inflammatory conditions of the soft parts or viscera, and no medical person ought to have a sufficiently vivid imagination to suppose that functional disorders or physiological problems can be determined in this manner.

\* \* \*

ABOUT ten years ago the State of Maryland passed an act requiring the registration and licensing of all plumbers, *The Registration of Plumbers.* the object being to raise the standard and cause better work. In the last report of the State Board of Commissioners of Practical Plumbing it is stated that a marked degree of advancement has been made in the fitness of the journeymen plumbers and a mere mechanical knowledge of plumbing has given place to a higher understanding of this trade. A study of physics and natural philosophy has been demanded and some acquaintance with the principles of heating, ventilation and the density of gases is now required.

As the report very aptly says, the object of this Board is to make plumbing an art, a profession and something more than a mere trade. Ignorance on matters pertaining to hygiene and sanitary science has heretofore been very noticeable in all the trades connected with building. Even well educated architects, who can calculate to a cent, or to a foot, the construction of a large building, know very little of hygiene, and the Board is endeavoring to elevate the trade of plumbing so that skilled workmen shall use their minds as well as their hands.

At first plumbers objected to this law as being irksome, but of late the gradual elevation of the standard has convinced them of the great good of this law. Besides three skilled master plumbers, this Board consists of Dr. John Morris and Health Commissioner McShane.

It is interesting to note in this connection that a bill has just been introduced into the English Parliament having for its object the registration of plumbers in Great Britain. The *Lancet* says in this connection that it is vain, indeed, for county councils and local boards to frame by-laws for the protection of the public and to maintain a costly army of inspectors at the public expense, unless the plumber, who is the man that eventually applies his own interpretation of these regulations to our houses, is duly qualified. The plumber must not only be competent to efficiently execute the practical part of the work, but be able to appreciate the theoretical part also, as unless he can do this it is impossible for him to take an intelligent interest in his occupation.

It is very gratifying to note that such an important regulation has been in satisfactory operation in Maryland fully ten years before our mother country began to consider the advisability of such legislation.

\* \* \*

THE letter in this issue containing three questions on water are very pertinent and are asked by a practical, *Questions on Water.* observant man. There is no doubt that there are many persons who drink too little water and pride themselves on their dry diet, while others substitute alcoholics for water. There is no especial virtue in going through a meal without taking a drink of water. It can be done and those that do it are often proud to call attention to the feat.

The idea is that water will dilute the gastric juice and retard digestion. Whether it does or not it should not be forgotten that the stomach is something more than a sack containing a quantity of gastric juice, which is waiting for the food. There is a constant absorption and secretion going on, and while water may do harm to some it certainly helps others. Few blame country people for drinking well-water, but most wells are too near the cess-pools and become contaminated.

These questions all contain food for thought and are worthy of careful consideration and cannot be answered in a short space nor without some explanation. It is hard to look at a question squarely and without bias. The English are firm believers in water-borne diseases and it certainly looks as if typhoid and malaria were occasionally water-borne.

### Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 6, 1896.

Diseases.	Cases Reported	Death.
Smallpox.....		
Pneumonia.....		8
Phthisis Pulmonalis.....		21
Measles.....	10	
Whooping Cough.....	7	2
Pseudo-membranous Croup and Diphtheria. }	13	4
Mumps.....		
Scarlet fever.....	12	1
Varioloid.....		
Varicella.....		
Typhoid fever.....	5	3

The American Academy of Medicine, at its recent meeting, put itself on record as opposed to any legislation on vivisection by Congress. The American Pediatric Society, at its recent meeting in Montreal, took similar action.

The faculty of the Baltimore Medical College has made the following appointments for the ensuing year: Members of the staff of the Baltimore Medical College: W. B. D. Penniman, Professor of Chemistry; Arthur Lee Browne, Associate Professor of Chemistry; T. C. Gilchrist, Clinical Professor of Dermatology; Health Commissioner James F. McShane, Associate Professor of Hygiene; Dr. Ridgley B. Warfield, Associate Professor of Anatomy; Dr. Delano Ames, Pathologist; Drs. W. Guy Townsend and Herbert Richardson, Associate Pathologists; Dr. C. A. W. Foster, Lecturer in Pharmacy; Dr. T. M. B. Martin, Histologist; Dr. J. G. Zeffers, Assistant Histologist; Dr. W. R. Stokes of the Johns Hopkins Hospital, Bacteriologist; Dr. T. W. Keown, Embryologist; Dr. E. L. Whitney, Demonstrator in Clinical Pathology; Dr. J. B. Bennett, Associate Demonstrator in Anatomy; Dr. W. J. Messick, Assistant Demonstrator in Anatomy; Dr. J. D. Farrar and Dr. Arthur P. Herring, Prosectors of Anatomy; Dr. J. M. H. Rowland, Lecturer in Medical Diagnosis; Dr. Morris Robins, Demonstrator of Clinical Medicine; Dr. Walton Bolgiano, Lecturer in Osteology; Dr. E. A. Smith, Demonstrator in Obstetrics and Gynecology;

Dr. Edward Baum, Associate in Surgery; Dr. J. Fred. Hempel, Associate in Materia Medica; Dr. Robert Renling, Associate in Diseases of the Eye and Ear.

The following is the result of the election at the recent meeting of the American Medical Association at Atlanta: President, Dr. Nicholas Senn, Chicago; First Vice-President, Dr. George M. Sternberg, Washington, D. C.; Second Vice-President, Dr. Edward Souchon, New Orleans; Third Vice-President, Dr. J. B. Thomas, Pennsylvania; Fourth Vice-President, Dr. Willis F. Westmoreland, Atlanta; Treasurer, Dr. H. P. Newman, Chicago; Secretary, Dr. W. B. Atkinson, Philadelphia; Assistant Secretary, Dr. F. F. Schneidman, Philadelphia; Librarian, Dr. George W. Webster, Chicago; Chairman of Committee of Arrangements, Dr. H. A. Hare, Philadelphia; Trustee to Fill Vacancy, Dr. G. C. Savage, Nashville; Trustees, Drs. E. E. Montgomery of Philadelphia, J. M. Mathews of Louisville and C. A. L. Reed of Cincinnati; Judicial Council, Dr. George W. Stoner, U. S. Marine Hospital Service; Dr. C. W. Foster of Maine, Dr. J. McFadden Gaston of Georgia, Dr. I. N. Quimby of New Jersey, Dr. H. Brown of Kentucky and Dr. X. C. Scott of Ohio; Address in Surgery, Dr. W. W. Keen of Philadelphia; Address in Medicine, Dr. Austin Flint of New York; Address in State Medicine, Dr. J. Cochran of Alabama. The Association adjourned to meet in Philadelphia the first Tuesday in June, 1897. The following officers of sections were elected: Ophthalmology, Dr. George E. de Schweinitz of Philadelphia, Chairman, and Dr. Horace M. Starkey of Chicago, Secretary; Materia Medica, Dr. W. B. Hill of Milwaukee, Chairman, and Dr. F. Woodbury of Philadelphia, Secretary; Surgery, Dr. R. H. Sayre of New York, Chairman, and Dr. B. Holmes of Chicago, Secretary; Obstetrics, Dr. M. B. Ward of Topeka, Chairman, and Dr. George H. Noble of Atlanta, Secretary; Laryngology and Otology, Dr. W. E. Castleberry of Chicago, Chairman, and Dr. D. B. Kyle of Philadelphia, Secretary; State Medicine, Dr. Elmer Lee of Chicago, Chairman, and Dr. L. F. Bishop of New York, Secretary; Neurology and Medical Jurisprudence, Dr. W. J. Herdman of Ann Arbor, Chairman, and Dr. Charles Hughes of St. Louis, Secretary; Dental and Oral Surgery, Dr. R. R. Andrews, Chairman and Dr. Eugene S. Talbot, Secretary.

## WASHINGTON NOTES.

THE weekly report of the Health Department for week ending May 30 shows that the low death rate still continues. The deaths during the last week numbered 85, as against 83 by the last report. The death rate stood 16.04 as compared with 19.04 in the corresponding period of last year and with 23.67, which is the annual average rate for the District. Brain disorders seem to be on the increase, there being 16 deaths, of which 7 were from apoplexy. One fatal case of diphtheria and 4 new cases were reported. Three new cases of scarlet fever were reported.

Still another site for a contagious hospital is being considered. A bill was introduced in the Senate for a contagious hospital on the Bladensburg road, near the Reform School. The property is known as Fort Lincoln Heights. The price named is \$64,800.

Dr. J. M. Heller has been appointed interne at Garfield Hospital. The appointment was by competitive examination. Dr. Heller is a recent graduate of Georgetown College.

The Washington Obstetrical and Gynecological Society held its regular meeting on Friday, June 5, the President, Dr. George Byrd Harrison, in the chair. Dr. I. S. Stone presented specimens of Septic Uterus and Tubes, Removed by Hysterectomy. Dr. J. W. Bovée presented an enormous Dermoid Cyst of the Ovary. Dr. E. L. Tompkins read the essay of the evening, entitled "Chorea." This was discussed by Drs. G. B. Harrison, G. N. Acker, S. S. Adams and J. Taber Johnson.

The Medical Society of the District of Columbia held its regular meeting on Wednesday, June 3, the President, Dr. S. C. Busey, in the chair. The President announced that the "Medical Practice Act" had been passed and was now a law. Dr. E. O. Belt read a paper entitled "Sponge Grafting in the Socket for an Artificial Eye."

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### Book Reviews.

**EXERCISE AND FOOD FOR PULMONARY INVALIDS.** By Charles Denison, A. M., M. D., Professor of Diseases of the Chest and of Climatology, University of Denver, etc. Denver: The Chain and Hardy Company, 1895. Price 35 cents. Pp. 71.

These are two essays which Dr. Denison has brought out under one cover, and which

will repay a careful reading, as they are written from the standpoint of a man who went to Denver for his own health, and who has given advice on lung disease to more than three thousand invalids there. The first essay on lung exercise opens with a description of the way the disease finds a place in the lungs and at the apices and the necessity of lung expansion and exercise. Of the various breathing exercises, he first shows the inhaler and exhaler, which can be so regulated and obstructed that the lungs are quite effectually expanded and exercised. He then demonstrates his own chest expander, which is in the nature of a jacket. The spirometer he also uses, and in conclusion he gives in this part of the work the following suggestions: 1. Cultivate regularity in the care of the body; 2. Look after the condition of the body's surface; 3. Live as much as possible in the open air; 4. Think about the chest position many times a day; 5. Do not let the conventionalities of society prevent free and natural respiratory movements; 6. Practice front arm exercises and respirations combined. These rules are all illustrated and amplified. In his essay on Food, he quotes too freely from Cutter and Salisbury, whose teachings are not accepted by the best men. This section is well worked out, and the little manual as a whole will be of great interest and assistance to physicians and patients in a sanitarium.

**A MANUAL OF MEDICAL JURISPRUDENCE AND TOXICOLOGY.** By Henry C. Chapman, M. D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia, etc. Second Edition, Revised, with 55 Illustrations and 3 Plates in colors. Philadelphia: W. B. Saunders, 1896. Price \$1.50. Pp. 254.

The first edition of this standard work has been noticed in these columns before. The new edition has been thoroughly revised and the results of the author's experience as coroner's physician in Philadelphia for a number of years have been incorporated in the book. Several new figures and tables have been added and the book has been enlarged.

**THE JOURNAL OF EXPERIMENTAL MEDICINE.** Volume I, Number 2, April, 1896. New York: D. Appleton and Company.

Beginning with this number the journal will be issued bi-monthly. While this number is perhaps as good as the first in some respects it contains almost too much matter on

experimental physiology and with the exception of Dr. Barker's case of paralysis the articles are the outcome of work done in physiological laboratories. The courage of Dr. Thomas B. Aldrich in studying the peculiar odor of the skunk will be appreciated by those who have come within smelling distance of that variety of cat. The publication still maintains a high order, and the articles will be only accepted when they show original work of exceptional character. It is likely that the English orthography will be abandoned at the end of this volume. All the manuscripts and the make-up show the untiring energy and care of the editor, Dr. William H. Welch.

#### REPRINTS, ETC., RECEIVED.

Brain Surgery for Epilepsy. By B. Merrill Ricketts, M. D. Reprint from the *Cincinnati Lancet-Clinic*.

Carcinoma of the Floor of the Pelvis. By Mary A. Dixon-Jones, M. D. Reprint from the *Medical Record*.

Neuralgia of the Fifth Nerve; Treatment. By B. Merrill Ricketts, M. D. Reprint from the *Cincinnati Lancet-Clinic*.

Criminal Abortion; Its Evils and Sad Consequences. By Mary A. Dixon-Jones, M. D. Reprint from the *Medical Record*.

Transactions of American Pediatric Society. Seventh Session, Volume 7. Reprint from *Archives of Pediatrics*, 1895.

Fourth Annual Report of the Sheppard Asylum, Baltimore, 1896. Edward N. Brush, M. D., Physician-in-Chief and Superintendent.

Colpo-Hysterectomy for Malignant Disease. By Mary A. Dixon-Jones, M. D. Reprint from the *American Journal of Obstetrics*.

Sterility in Woman; Causes, Treatment and Illustrative Cases. By Mary A. Dixon-Jones, M. D. Reprint from the *Medical Record*.

The Technique of Abdominal and Pelvic Surgery. By J. W. Long, M. D. Reprint from the *American Gynecological and Obstetrical Journal*.

Diagnosis and Some of the Clinical Aspects of Gyroma and Endothelioma of the Ovary. By Mary A. Dixon-Jones, M. D. Reprint from the *Buffalo Medical and Surgical Journal*.

## Current Editorial Comment.

### DIRTY THERMOMETERS.

*Medical Age.*

How frequently we see physicians take the temperature of their patients, regardless of existing disease, wipe the instrument with their handkerchief—an article most likely to be full of germs—or a towel, or even use the corner of a sheet, then carefully place it away in a case holding a small amount of absorbent cotton to keep it from breaking, which latter is specially apt to preserve germs ready to be conveyed to the next unfortunate upon whom the thermometer may be used.

### UNVACCINATED GLOUCESTER.

*Lancet.*

THE lesson which Gloucester has learnt may, we trust, be impressed on other towns. Smallpox can be controlled by efficient vaccination, and revaccination, but if these precautions are disregarded there should be provided such machinery and such an amount of isolation accommodation to meet emergency which may at any time arise as would in themselves constitute a heavy standing tax upon the community. But wherever the second alternative is adopted as the sole method of coping with smallpox, it will have to be done with the full knowledge that the cost will not be one of money alone but will include the inevitable sacrifice of many of those who have not been afforded the personal protection that vaccination gives.

### PAYMENT OF PHYSICIANS.

*The American Medico-Surgical Bulletin.*

WHAT fools these mortals be! In no profession aside from medicine is it the custom not to expect prompt payment for services rendered, and yet how many professional men infuse even an iota of business methods in the collection of their accounts? Because, forsooth, certain professional men, born with gold spoons in their mouths and therefore not obliged to give thought to the morrow, have set the custom of rendering quarterly, half-yearly, or even yearly, accounts, the rest seem to follow like so many sheep, for fear of antagonizing patients. All this is wrong and inconsistent with those business methods which are at the bottom of successful bread-making. Only the man with ample capital can afford to wait six months for payment of accounts.

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### THE IMPORTANCE OF LABORATORY METHODS IN DIAGNOSIS.

By Charles E. Simon, M. D.,  
Baltimore.

SECOND PAPER.

*The examination of the blood for malarial parasites.*—A systematic examination of the blood for malarial parasites in cases of febrile disease is all-important in our latitudes. Thousands and thousands of errors could be obviated if every physician were to familiarize himself with the methods employed in the detection of the organisms which innumerable observations have shown to be present in the blood in every case of malaria. The person who today doubts the existence of a causal connection between the disease in question and the organism first discovered by Laveran exposes himself to the same ridicule as the man who is unwilling to regard the tubercle bacillus as the cause of tuberculosis.

A double error has thus far been frequently committed by physicians. On the one hand, numerous diseases, not malarial in origin, have been regarded and treated as malarial fever, while on the other hand, numerous cases of malarial fever have been similarly mistaken for other diseases. To judge from an analysis of the death certificates rendered to the Health Department of the City of Baltimore, it might be imagined that the pernicious form of malarial fever is by no means uncommon in Baltimore. In fact, were we to adopt the

figures given in the "Vital Statistics of the District of Columbia and Baltimore, covering a period of 6 years ending May 31, 1890," we should be forced to the conclusion that more deaths occurring in the city of Baltimore are referable to malarial fever, viz., 934, or 41.51 deaths annually per 100,000 of population, than to typhoid fever, viz., 904, or 40.17 deaths annually per 100,000 of population.

Remarking upon these figures, Dr. Billings expressed the idea "that it is quite possible that some of the deaths attributed to malarial fever were in reality due to typhoid fever." The experience gathered at the Johns Hopkins Hospital, where an enormous amount of malarial material is seen, goes to show that as a matter of fact the pernicious form of malarial fever is decidedly uncommon in Baltimore and its vicinity. During two years but two deaths occurred in its wards from this cause. On the other hand, malarial fever is not at all infrequently mistaken for typhoid fever and the writer well remembers a number of cases where the true nature of the disease was cleared up only after a careful examination of the blood. The description of a case in point may not be out of place:

W. Y., aged 29, German, was admitted to the Johns Hopkins Hospital on the 8th of August, 1892, complaining of loss of appetite, general malaise and fever. His family and personal history bore no relation to his complaint at that time, which began four days before admission with loss of appetite and fever. He had had no chills, no abdominal pain, no nose bleed. He complained of shortness of breath, some cough, occasional nausea, no vomiting. There was constipation at first, later diarrhea. The examination of the blood which, unfortunately, was very superficial, showed no malarial organisms.

Physical examination.—The patient was a large, well-nourished man; thorax and abdomen were negative on examination, except for a palpable spleen. The urine showed no trace of albumen; no casts seen; diazo-reaction absent. Between the 8th and 10th of August the temperature ranged between  $99^{\circ}$  and  $104.5^{\circ}$ , being continually elevated. The case was believed to be one of typhoid fever. Cold baths were ordered. After the 10th of August the patient had an irregularly intermittent temperature, ranging between  $97.6^{\circ}$  and  $105.8^{\circ}$ . He was given, in all, ten tub-baths. On the 14th, by which time the temperature had become more regular in character, the examination of the blood showed typical full- and half-grown intracellular bodies, and one segmenting body. The examination was made during the paroxysm. Quinine, five grains every four hours, was begun at 4 P. M. of the 15th, after which there were no further paroxysms.

Quite frequently the initial chills of tuberculosis and of septic infection are mistaken for malaria. Several months ago the writer saw a case in consultation, where the patient, who had lived on the Eastern Shore for several months, complained of irregular chills, followed by fever and vomiting. The diagnosis of malaria had been made and quinine given in heroic doses, without avail. The quinine was stopped and the patient kept under observation for several days. The chills continued as before. A careful examination of the blood was

made with a negative result. Examination of the chest, however, revealed defective resonance above the left clavicle, a harsh respiratory murmur and crackling rales on deep inspiration. An examination of the sputum, of which but little could be obtained, showed the presence of tubercle bacilli in large numbers.

The following case likewise demonstrates the importance of examining the blood for malarial organisms in diseases associated with irregular chills.

C. B., a boy, aged 8 years, who had hitherto enjoyed perfect health, fell from a second story window. The fall was broken to a certain extent by a collision with a passerby. For several hours the child was unconscious. Headache and vomiting occurred upon the same day and continued off and on for a week. At the end of this time the boy was apparently as well as before his fall. Ten days later, however, a chill occurred, followed by fever and sweating; there was headache, vomiting and a distinct tendency to stupor. Irregular chills and fever were marked during the following week; the headache continued unabated; the sweating at times was copious. Not unnaturally, perhaps, abscess of the brain was suspected. A careful examination of the blood, however, revealed the presence of the malarial parasite. Quinine was given and a prompt recovery followed. Cases of this kind may be observed again and again, and it is apparent that unless we are ever ready with the microscope, that our errors of diagnosis will be numerous.

The public, perhaps, still more than the profession, are in the habit of regarding every ailment in which a distinct periodicity is observed as malaria. An examination of the blood in such cases will show that 999 times out of a thousand the ailment in question is not malarial. As the result of an examination of the blood in numerous cases of headache, occurring periodically, the writer could demonstrate the presence of the malarial parasite only in one instance.

From what has been said it is clear that the word malaria should not be



used in vain and that the diagnosis of the disease should be based upon a careful examination of the blood in every case.

*Methods of examination of the blood.*—In office work the examination of the blood should be made with fresh specimens. After having carefully cleansed the tip of a finger, or the lobe of an ear, with soap and water, a puncture is made with a needle or a fine lancet. The first few drops of blood are wiped away. A cover-glass, which has been carefully cleansed in alcohol, is then seized with a pair of forceps and brought into contact with the tip of a small drop of blood. Thus charged, it is at once transferred to a carefully cleansed slide, when the blood, if the necessary precautions have been taken, will spread out between the two glasses in a perfectly uniform and thin layer. All pressure should be carefully avoided. The specimen is now ready for examination. For this purpose, a  $\frac{1}{2}$  oil immersion lens is almost a necessity, for while it is possible to detect the organism in question with a lower power, such as an  $\frac{1}{8}$  or  $\frac{1}{6}$ , considerable previous training is necessary in order to reach definite results. If the preparation of the specimen has been satisfactory, the red corpuscles will be seen to lie side by side and not gathered into rouleaux.

The following forms of the malarial organism may be found in the blood :

1. Small, non-pigmented bodies, undergoing active amœboid movements, enclosed within the red corpuscles, which have lost but little, if any, of their normal color. This form is not as easily detected by the beginner as the larger pigmented bodies which will presently be described. Care should also be taken not to confound similar formations in the interior of the red corpuscles and which are referable to post-mortem changes with the organisms in question. It should be remembered that the organism exhibits amœboid movements in every instance. It is a good plan for the beginner to make drawings of what he sees ; he will thus learn to differentiate accurately between this form of the parasite and the post-mortem appear-

ances mentioned. The rapidity with which these little bodies undergo changes in form is surprising and the observer will frequently note that by the time he has made a rough sketch of one of the organisms, it has already undergone a further change.

2. Small, pigmented bodies. These are identical in their outline with the form just described ; they are detected more readily, owing to the fact that they contain a few small granules of a brownish-red color in their interior.

3. Large pigmented intracellular bodies. This form represents a stage in the development of the organism, where the greater portion of the hemoglobin of the red corpuscle has been changed into a brownish-red body, which is contained in the interior of the parasite in the form of numerous small granules, which often exhibit oscillating movements. These may be so numerous as to obscure the outlines of the parasite. Careful observation will show, however, that the latter still exhibits amœboid movements. All gradations in the destruction of the red corpuscles may be met with in connection with this form. Specimens may thus be seen in which nothing seems to indicate the presence of the red corpuscle, excepting a delicate ring, in which the parasite with its pigmented granules may be made out.

4. Segmenting bodies. If the blood be examined during the chill it is frequently possible to observe a process of segmentation taking place in those organisms which have already destroyed the red corpuscle. It will be seen that the granules of pigment which until then were scattered throughout the parasite and exhibited active movements now tend toward the center and become quiescent. As soon as this has occurred distinct indications of a radial striation beginning at the periphery and tending towards the central mass of pigment will be noticed, becoming more and more distinct, until finally the central mass of pigment is surrounded by a number of segments arranged in a rosette-like form. Each of these segments contains a more highly refractive spot in its interior, which probably represents the nucleus.

Upon further observation it will be noticed that the rosette-like form disappears and the central mass of pigment is surrounded by a number of pale hyaline bodies corresponding in number to those of the original segments. These hyaline bodies may not infrequently be observed to escape from the surrounding shell, and in all probability enter into corpuscles and lead to their destruction in turn.

5. Large extracellular pigmented organisms. At times it is possible to observe the pigmented intracellular organisms in the process of leaving their host; this may occur either after the total or after the partial destruction of the red corpuscle. If a fresh grown organism of this kind be observed for some length of time the process of flagellation may at times be followed. It will be noticed that the granules begin to exhibit a most remarkable activity, dancing about with great rapidity. Suddenly they assume a more central position, while at the same time, one, two or more thread-like processes are thrown out, which lash the red corpuscles about in the field of vision. Attention indeed is quite frequently first directed to these forms by the general commotion which is noticeable among the red corpuscles. Now and then it will also be observed that one of these flagella breaks away from the parasite and moves about most actively by itself, somewhat resembling the spirillum of relapsing fever in appearance.

When flagellate organisms are present in the blood a good opportunity is offered for the study of phagocytosis. The occurrence of leucocytes containing granules of a brownish-red pigment should always excite suspicion and lead to a careful examination of the blood as melanemia is often associated with malaria.

6. Small extracellular pigmented bodies are also frequently observed in the blood. They are derived from the large forms by a process of budding which may be observed under the microscope.

7. Crescents. These are curious formations which are met with in the

more chronic forms of malaria. Here the pigment granules are collected about the center of the parasite, which presents a crescentic or ovoid form. Upon careful examination it will be noticed that the majority of these are provided with a little bib, usually spanning the concavity of the crescents, but also occurring upon the convex side. These bibs are supposed to represent the shell of the red corpuscle which has been destroyed by the organism. The pigment granules are usually quiescent, but at times it is also possible to observe one or two of the granules migrating away from the central mass and then returning.

But very little experience is required in order to detect the presence of distinctly pigmented organisms, while the small non-pigmented intracellular bodies are quite frequently overlooked by the beginner or confounded with vacuolated red corpuscles. In order to obviate an error of this character, dried and stained preparations should be studied. This method, moreover, should be employed whenever an examination of the fresh blood cannot be made at once. The physician should carry with him at all times a few carefully cleansed cover-glasses and a couple of cover-glass forceps, such as those devised by Ehrlich.

The patient's finger or ear having been carefully cleansed, a drop of blood is received upon a cover-glass held with the forceps, and at once deposited upon a second cover-glass, held in the same manner. The two cover-glasses are then carefully drawn apart, so that a fine layer of blood is obtained on each. As it is essential that this layer should be as thin as possible, not exceeding the diameter of a red corpuscle, great care should be had to reach the desired end. Practice alone will count. The specimens are then allowed to dry in the open air, placed in a little box, properly labelled, and examined at home, when at leisure. Before staining, the specimens must be fixed. This is accomplished best by leaving the specimens in a mixture of equal parts of absolute alcohol and ether for half an hour. They are then dried with filter paper

and stained with a saturated aqueous solution of methylene blue for from half a minute to a minute. The excess of stain is washed off with water, the specimen dried with filter paper and mounted in a drop of Canada balsam. Thus prepared the non-pigmented intracellular parasites are found without difficulty, as they are readily recognized by their Prussian blue color.

At the Johns Hopkins Hospital Romonowsky's method is also employed: "Two solutions are kept on hand—a saturated aqueous solution of methylene blue and a one per cent aqueous solution of eosin. The older the methylene blue solution the better the results. The specimens are fixed by placing them for from ten to twenty minutes in

absolute alcohol. The staining mixture is then made just before it is used. To one part of the filtered methylene blue solution, about two parts of the eosin solution are added. This is carefully stirred with a glass rod, but not filtered, and poured into a watch crystal. The cover-glasses are allowed to float upon the top of this fluid, the specimens being covered by another inverted glass, and the whole by an inverted cylinder which is moistened upon the inside. In from one half to three hours—best in two to three hours—good specimens are obtained. The red corpuscles are thus stained red by the eosin, the malarial parasite a Prussian blue by the methylene blue, and the nuclear chromatin a violet color—a neutral stain."

## REPORT OF TWO CASES OF FISTULA-IN-ANO.

READ BEFORE THE 98TH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL 28 TO MAY 1, 1896.

*By Samuel T. Earle, M. D.,*

Professor of Diseases of the Rectum, Baltimore Medical College.

I SUBMIT the report of the following cases of tuberculous fistulae-in-ano in order to point out the necessity for a microscopical examination of the discharge from all cases, before operating. In the absence of pulmonary tuberculosis in such cases, we are likely to exclude this factor, and only discover our mistake after the operation, when the patient may be worse for having had it done.

CASE I. October, 1895, Mr. S., aged 55 years, presented himself with an abscess in the left ischio-rectal space, stating that he had only time to have it opened, and would return in a few weeks to be treated for it, and an old fistulous tract of 20 years' standing, which opened externally, in the right ischio-rectal space, and internally about two inches above the internal sphincter. He did return to the hospital in the course of a few weeks, at the appointed time, when I found his general condition most excellent, weight about 165 pounds, bright, ruddy complexion, total absence of any

physical pulmonary signs, or symptoms of tubercular ulceration of the bowels.

An examination of the fistulous tract revealed the following: Right fistula extended by direct passage from the right ischio-rectal space, to the right side of the rectum, two inches above the internal sphincter; the left fistula, the result of the abscess cavity that I had opened a few weeks previously, seemed to stop abruptly in the gluteal muscles, about  $2\frac{1}{2}$  inches beneath the surface.

No turning nor twisting of the probe would indicate any diverging, or continuation of this tract beyond this point. Thinking the latter was secondary to the old tract, either by infection or by burrowing of the pus around the rectum, constituting what is generally known as a horse-shoe fistula, and being entirely thrown off my guard as to the true nature of the trouble, by the absence of all the usual physical signs, I proceeded to operate after the usual manner.

I opened and scraped out thoroughly the right fistula, also the left, by a very free external incision, scraped it out and packed both with iodoform gauze, and left them to heal by granulation. The case progressed very favorably for about three weeks, when the left tract seemed to be healed to the surface, and the right had filled in until only a narrow gutter was left, as well as could be expected in such a short time.

He was then discharged from the hospital and ordered to report twice a week; within three days he returned with the left tract discharging freely, which had been preceded for 24 hours by some pain and swelling. Upon introducing the probe, it passed in much deeper than formerly, and ran towards the sacral vertebrae. I then introduced a uterine sound which was very flexible, and it ran for two-thirds of its length towards the sacrum. This first opened my eyes as to the true nature of the disease, and I immediately had the discharge examined microscopically, and found tubercle bacilli.

As the general condition of the patient was still very good, I determined to go in search of the necrosed bone. With the sound at the bottom of the tract, I cut down, and through the sacro-sciatic notch, and with my finger and probe on the anterior portion of the sacrum, tried to discover the dead bone, but without success; it was beyond reach. I then decided to divert the discharge through the last opening, but with only partial success.

From this time on, the patient's general condition grew rapidly worse; he had a rise of temperature in the evening, night sweats, slight cough, with physical signs showing involvement of the apex of the right lung. I advised that he be immediately removed from the hospital, as soon as his condition would justify it, that he should be kept in the open air, and to have very nutritious diet. When last heard from this had been followed by some improvement in his general condition, but the outlook is most unfavorable, and there is little prospect of his being able to hold out long against the rapid progress of such

a disease, which has now become general and which was almost certainly very much aggravated by the operation.

CASE II. A colored man at the Maryland General Hospital presented himself to me February 21, 1896. His general condition was very good, well nourished, no cough, no abnormal physical signs about the chest, bowels regular, and upon examination found a fistulous opening on the right side of the perineum about two inches in front of the anus. The probe readily entered it and without much difficulty was able to run it its full length upwards, and backwards towards the sacrum. It ran directly towards the rectum, and then was deflected around it, not making an opening into it. I then introduced a flexible sound, but was unable to get indications of dead bone.

Profiting by my previous case, I had the discharge, which was only slight and thin, examined microscopically and found it loaded with tubercle bacilli. I decided it was better not to operate on account of my previous experience, especially as there were no urgent symptoms requiring it, the patient only being annoyed by the slight discharge. He was discharged from the hospital and may live for years with only this local manifestation of the disease, as it has existed only as such for three years.

I do not wish it to be inferred from the standpoint that I have taken against operating on this class of cases that I am opposed to operating on all cases of tuberculous fistulae-in-ano. Such is not the case.

I only wish to include those cases of bone tuberculosis where it is impossible to remove the focus of infection where disease in the rectum is only secondary, also that class of cases, which, while originating in the rectum from tubercular ulceration of the mucous membrane, yet is secondary to general or pulmonary tuberculosis, and in which the general condition of the patient and the advanced stage of the pulmonary tuberculosis would not warrant operative interference.

It must be borne in mind that primary tuberculosis of the rectum, while not

improbable, is very rare ; in fact, I am not aware of a single case having been reported. Should such a case be met with, there could be no possible objection to operative measures, with excellent chances of complete recovery ; good

results may also be expected in properly selected cases, originating in secondary tubercular ulceration of the mucous membrane of the rectum, occurring in the class of cases mentioned above, of general or pulmonary tuberculosis.

## BOVINE TUBERCULOSIS; ITS RELATION TO PUBLIC HEALTH.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, MAY 26, 1896.

*By Wm. S. Gordon, M. D.,*

Professor of Physiology, University College of Medicine, Richmond, Va.

IN laying this subject before you for consideration, I have divided it for clearness and convenience into seven heads:

First. Do cows, etc., have tuberculosis? There can be no doubt of this in the mind of any person who has attended a post-mortem. The question need not be discussed from a local point of view, but from a world-wide one ; but being answered so emphatically in the affirmative, it would hardly be worth while to go into it.

Second. Is it transmitted to animals? Sooner or later, animals which are injected with juice of infected meat have the disease. In only one instance has an observer reported that he was unable to produce the disease by injection. An Italian experimenter states it cannot be communicated to birds. Sheep and goats, particularly the latter, show well-marked tubercles.

I quote the rules and regulations of the Copenhagen Milk Supply Co., to show how it is sought to prevent transmission. Reports show cases of congenital tuberculosis in calves ; but if a calf of a tuberculous cow be fed with uninfected milk it may be reared in a healthy condition.

Semen of a tubercular human injected into a guinea pig has produced tuberculosis.

Third. Can it be detected? It is not absolutely determined that tuberculin is an infallible diagnostic agent, but the Massachusetts State Board of Health says that, in connection with physical

signs, it never fails to diagnose, that implicit confidence may be placed in it, and that the reaction is not always in proportion to the stage of disease. A French observer states that inoculation is the one method capable of giving results free from ambiguity. It is a well-known fact that at times patients may be dying of phthisis and yet the symptom does not reveal it.

To show the value of tuberculin, statistics prove that out of fifty-three animals injected, forty-one gave the reaction, and of these, thirty-eight proved to be well-marked cases. Many other instances may be quoted with like result ; and taking all things into consideration, we see that tuberculin diagnoses almost infallibly.

Fourth. How are herds infected? Dr. Harbaugh states that intestinal tuberculosis is more dangerous than that of the glands or lungs. The animal has diarrhea, the discharge dries, mixes with dust, is stirred up, breathed and taken in with the food. He claims this is the common method of infection.

Fifth. Are tubercle bacilli found in the spermatic fluid and milk? Referring to the human being, reports are somewhat contradictory, but it is a fact that seminal fluid may transmit the disease, even where there is no lesion of the genito-urinary tract. The bacilli are not always found in milk, but by means of the centrifuge they have been demonstrated. Ashmead has shown that killing off the tuberculous animals

and keeping children from their milk has increased the longevity of life, and caused a decrease of tuberculosis.

It is claimed that milk is not only dangerous because of bacilli in it, but also because of toxins generated by them. Armstrong holds that milk is more apt to infect than meat. Brush says the chronic forms of tuberculosis are not easily recognized, and that the necessity for more practical knowledge is evident. Exlins thinks it significant that a coincidence exists between tuberculous milk and meat and human phthisis.

Sixth. Do animals infect human beings through infectious milk and flesh? Concerning milk, observers quoted and others say it does. The juice of infected meat, injected, produced the disease, as cited in the foregoing. Law of Cornell says the cooked meat and milk

of infected animals are dangerous because of the ptomaines in them, citing cases to that effect. Calves sucking tuberculous cows did not thrive, and in those who survived, calcified tubercles were found. Another observer states there is but little danger, but the animals used in experimentation were those not easily affected. It is the consensus of opinion of the College of Physicians and Surgeons of Philadelphia that children are apt to be affected by intestinal tuberculosis when fed with infected milk. Fair says the germs are not killed by boiling, a protective coat of coagulated albumen being formed around them.

Seventh. Does tuberculin harm healthy cows? This is an important question, and not only from a hygienic, but also a monetary, point of view. I am not prepared to discuss it.

THE SURGICAL TREATMENT OF CANCER OF THE STOMACH.—Professor Quènu, M. D., of Paris reports in the *International Medical Magazine* two very interesting cases, which amply justify, by their results, the surgical interference proposed. In one case, after pylorotomy and gastro-enterostomy, the patient was relieved from all symptoms and regained health and strength, but died one year later after a recurrence. In the other, a gastro-enterostomy relieved the patient's symptoms and produced a marked amelioration in the general condition. He believes that the presence of a suspicious induration in the gastric region, accompanied by dyspeptic symptoms, justifies an exploratory incision.

The fact is again noted that these cases are generally brought to the surgeon too late for permanent relief.

The following are the rules which guide him in these cases. Make an exploratory laparotomy, find out the exact location and character of the growth, and then judge whether interference is justifiable or not.

1. If the cancer of the pylorus is non-operable, is too diffuse, has involved too many lymphatics, or is too adherent,

perform, as a palliative measure, a gastro-enterostomy.

2. If the cancer is operable, perform a gastro-enterostomy, and then, eight or ten days later, resect the pylorus and remove the tumor.

This method of procedure, the author believes, has the following chief advantages: the secondary pylorotomy can be done more rapidly, while the gastro-enterostomy permits the building up of the patient before the more serious operation.

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MEXICAN CRITICISM OF PULLMAN CARS.—Forcible indeed are the denunciations of sleeping cars in a Mexican medical journal, says the *Journal of the American Medical Association*. The suffocating heat, the lack of ventilation and illumination, the unsanitary closets, are mentioned as if our Pullman sleepers, of which we Americans have been so proud, were utterly and entirely behind the times. It says that at least the improvements in new modern hotels should be introduced into them, air supplied incessantly, electric lights and strict sanitary arrangements in the closets, drinking water, etc.

## Society Reports.

### RICHMOND ACADEMY OF MEDICINE AND SURGERY.

MEETING HELD MAY 26, 1896.

*Dr. Wm. S. Gordon* read a paper on BOVINE TUBERCULOSIS; ITS RELATION TO PUBLIC HEALTH. (See page 169.)

*Dr. Paulus A. Irving* rose to substantiate in a practical way the authorities and citations given. There is hardly a doubt that bovine tuberculosis may be transmitted to man. It is the chief cause, especially in children. A practical demonstration by *Dr. Niles*, State Veterinarian, on the Grant herd, eight miles from the city, was witnessed by him. Out of fifty cattle injected, nine gave the reaction; and these Mr. Grant decided to kill. Post-mortem, in every instance, showed marked signs of the disease. Two—one, a large, healthy-appearing bull—evidenced tuberculosis, not only in the cervical, but in the mesenteric, glands and lungs. The remaining seven could be diagnosed almost on inspection. All killed were thoroughbreds.

To test the reliability of tuberculin, a purse was made up by the gentlemen present, and a cow that had been passed as healthy, but which was the worst looking of the lot, was purchased and killed. Not a sign of tuberculosis could be discovered. A calf of four or five months was taken from one of the slaughtered animals and examined, but it presented no appearance of the disease.

*Dr. John N. Upshur* thinks it incumbent on us to allay the panic now in existence in this community regarding tuberculosis. There is no doubt we should have an inspector, but improper food and drink may be taken in and digested, the poisonous principle being killed by the juices. The majority of those who within the past ten years have died in Richmond have had a minimum amount of milk and meat. He doubts if any physician present has traced a case of consumption to milk or meat. He doubts the contagiousness of tuberculosis, believing its starting point to be in malnutrition of the system

making a fertile soil for the development of the bacilli. There recently appeared a statement that the secretion of bronchitis is antagonistic to the germ. Before the war, one of the most common sights was scrofula in the negro, the older writers asserting that consumption was comparatively rare. Why were they not affected? Since the war, all conditions surrounding them have changed—malnutrition, overcrowding, etc.,—the result being phthisis, which will eventually kill the race.

*Dr. Hugh M. Taylor* remarked that if it be necessary to come to some tangible conclusion, it is better for the people to be panicky. The question resolves itself into, "Are you willing to drink the milk or eat the meat of a tuberculous cow? Are we, as doctors, willing to continue delicate children on tuberculous milk, and advise our patients to eat tuberculous meat?" He has been asked for advice; then he tells of dairymen who have clean bills of health, and counsels dealing with them. He is not interested in the delicate point, and he hopes the matter will be settled by agitation, for in this way only may we have proper laws enacted. He had no doubt as to the contagiousness of tuberculosis. Time after time he has seen a healthy wife nurse an infected husband, and vice versa, only to follow the deceased to the grave from the same cause.

*Dr. Upshur* said he did not wish it to appear that he was opposed to legislation on the subject. He objected to the production of a panic by trying to make the danger seem greater than it really is. Milk and meat are constantly subjected to boiling, and there are vital processes that antagonize the poisonous principle.

*Dr. J. S. Wellford* agrees with *Dr. Upshur* that consumption is not contagious and he can cite cases to prove it. One man had three wives to die of consumption, but he never had it. He can give instance after instance where members of families with a tendency have married healthy people and never had it, although nursing tuberculosis. He agrees, too, with *Dr. Upshur* regarding

the harm produced amongst the laity by agitation of the subject. He believes tyrotoxon has killed more infants and children than tuberculosis.

*Dr. Jacob Michaux* has not the slightest doubt as to the contagiousness of tuberculosis. Like *Dr. Taylor*, he has seen husbands contract it from their wives and vice versa. Concerning its relation to food, every effort should be made to impress on law-makers the importance of laws to restrict the sale of milk and meat.

*Dr. Gordon*, in closing the discussion, remarked that he differed with *Drs. Upshur* and *Wellford* as to the contagiousness and infectiousness of tuberculosis, believing that the disease had been proven to be both contagious and infectious. The preponderance of testimony is on this side of the question; and it is impossible not to accept the numerous and convincing operations and experiments made by the leading medical minds of the world to uphold their position. It is unscientific to argue that the disease is not contagious, because heredity frequently has some influence in its production. It is misleading to state that tuberculosis is not conveyed by milk and meat because all who drink the milk or eat the meat of tuberculous animals do not contract the disease. It would be equally as logical to conclude that all the inhabitants of a given section should present manifestations of malarial poisoning because a few persons did not suffer from breathing the infected air. The fact that the bacilli may not be detected in every examination of sputum does not in any way invalidate the views held of the infectious nature of tuberculosis, whether the bacilli be the cause or the result of the disease. It must be remembered that the bacilli are found in the vast majority of cases; their absence from any given sample of sputum does not imply that they are not present somewhere in the respiratory tract, and that if none at all were found, it would not follow that the specific cause of tuberculosis was the germ *per se*, and that the poison, whatever it is, might not be conveyed by infected milk.

He could not state from personal experience whether tuberculin ever had a deleterious influence upon healthy cows. The experiments made by veterinarians, however, go to prove that they are correct in asserting that no harm is done.

The reasons why the negro, and especially the mulatto, is more liable to the disease at this time is because, for many reasons, his system is unable to antagonize the poison, and because there is more of the poison in his surroundings. The practical point to be considered is how shall we get rid of the exciting cause, which, added to the predisposing causes, lights up the disease. It is often impossible for us to control predisposing causes, but fortunately we are often able to remove the exciting factor.

He could not agree with *Dr. Wellford* that tyrotoxon kills more infants than milk of tuberculous cows. The facility with which germs are absorbed and multiplied in milk; the demonstrated presence of the tubercle bacilli in milk; its widespread use as a food; the known and proven fact that so many infants and children die of tuberculosis; all these facts present us with the strongest circumstantial evidence desired.

*Dr. Gordon* said he did not wish to help in causing a panic, but if people were obliged to get into a panic because we told them simple truths in order to educate them and save their lives and the lives of their offspring, then it might be best to have a panic. The panic would not do as much harm as the tuberculous meat and milk.

As for the dairymen, he was anxious to get some legislation which would be beneficial to them as well as to the community. If possible, he would have the owners paid for the condemned animals. The laws ought to bear equally on all; and he was sure our dairymen who wish to know the truth and act upon it for their own sakes as well as for the sakes of their patrons would be willing and anxious to adopt a measure by which the whole community would be benefited.

MARK W. PEYSER, M. D.,  
Secretary and Reporter.



## Medical Progress.

THE ABORTIVE TREATMENT OF TYPHOID FEVER.—In one of the most admirable addresses ever delivered before the American Medical Association, says the *Journal of the Arkansas Medical Society*, Dr. Wm. Osler of Baltimore thus criticizes the so-called abortive treatment of typhoid fever.

It is time some one was calling for the advocates of the Woodbridge treatment to make their claim "more specific," as the lawyers say, or to be very much more painstaking in their diagnosis. The following is taken from Dr. Osler's address :

"I must claim the privilege of a faddist to abuse roundly other faddists who do not swim in my puddle. As a strong advocate of hydrotherapy, I take especial pleasure in denouncing as heretics of the worst possible stamp the advocates of the so-called antiseptic and abortive methods of treatment of typhoid fever. I would place the man who does not for this purpose also give a purge in a limbo just a little less hot, as he probably does a little less harm. It galls my kibe, too, to think that the heresy is spreading, and scarcely a week passes in which I do not receive a temperature chart of some case of typhoid fever which has terminated spontaneously, on the twelfth or fourteenth day, as a triumphant demonstration of the value of drugs which, from my point of view, might as well have been given *per cutem* in the tub. At present I am so wholly abandoned to cold water practices that I confess to be anything but an impartial critic. Still, intestinal antiseptics is not a matter of typhoid fever patients only, and now that the glamor with which Bouchard invested the subject is fading, we are getting to hard common sense views on the question. Two facts—the two grains of wheat in the two bushels of chaff—which you can winnow from the whole complex literature to date about antiseptic medication, are : First, that in such a disease as cholera, in which the germs thrive and grow directly in the bowel, is a failure ; and second, the impossibility of destroying

experimentally germs in the bowel by any antiseptic administered *per os* in harmless doses.

The advocates in this country for the abortive and antiseptic plan of treatment must bring forward a much stronger body of evidence than has been presented, and in a much more rational way, before they can hope to carry conviction to the skeptic. Indeed, more than this, they must not regard themselves as exempt from the common rules which are recognized everywhere in modern medicine as essential. If they have a jewel, why, for pity's sake, ruin it in the setting ? I have no hesitation in characterizing the papers which have appeared in the *Association Journal* on the question as a heterogeneous jumble, entirely unworthy of the best traditions of the profession, unworthy of a subject connected in this country with the names of Bartlett, Gerhard, James Jackson and Flint. I am not one to cry : Can any good come out of Nazareth ? Nor do I hold that all wisdom is in the professorial corps. Jenner was not a professor, nor was Sims ; nor am I so blinded as to suppose that we come to the end of our wisdom in the treatment of any disease ; but I do insist that the advocates of any special line of treatment should, at any rate, advance their claims with some regard to the intelligence of their readers, with some regard to the ordinary rules which regulate sane men in the presentation of a subject. To assert an abortive treatment of typhoid in a case in which on the thirteenth day of the illness, and on the seventh of the treatment, a patient died of intussusception, "cured of his typhoid fever on the seventh day of treatment," so it is stated, when the autopsy showed "the characteristic and extensive ulceration of Peyer's patches and tumefied glands," is to talk a language unintelligible to an educated medical man and is nothing short of midsummer madness. Then follows the extraordinary remark : "The history and pathological specimens prove conclusively that one case of typhoid fever was aborted. *Ab uno disce omnes!*" Such a conclusion would insult the intelligence of a first year medical stu-

dent. To speak of a case of typhoid fever as aborted which shows on the thirteenth day ulceration of the ileum and tumefied mesenteric glands damns, in my opinion, the whole plan as a therapeutic fake of the very first water. *Ab uno disce omnes!* Another piece of evidence is mentioned in a case in which the disease was so far aborted as to enable the patient to sit up and eat beefsteak on the tenth day. He remained well for fifteen days, and then, *mirabile dictu*, this aborted fever had the audacity to relapse! The advocates of the abortive and antiseptic plan must: First, learn what it is to abort a disease; second, familiarize themselves fully with the clinical history of the milder types of typhoid fever; and, third, present their reports of cases in a manner worthy of the subject, giving details which shall enable anyone to deduce his own lesson. I honor, Mr. President, enthusiasm, and respect honest conviction, but when principles are at stake which involve the good name of my colleagues and of my profession, and still further when in my judgment the lives of patients are placed in hazard, I hold it better to speak out plainly than to maintain a supine, though more easy, silence.

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APPENDICITIS FROM THE MEDICAL STANDPOINT.—It is not often that the physician is bold enough to poach on the surgeon's domains and "speak his mind." This Dr. W. N. McArtney has done in the *Medical Record*, in speaking of appendicitis from a medical standpoint. He had 24 cases that recovered without an operation and from a consideration of these he suggests:

1. The symptoms of appendicitis are vague, most of the symptoms so classed being those of a localized peritonitis subsequent to the appendicitis.

2. That this peritonitis is not a dangerous but a conservative process.

3. That the proper treatment in non-operative cases is to favor the formation of plastic exudate and to secure firm adhesions.

4. That the dangerous cases are the fulminant cases, in which no warning peritonitis exists.

5. That opiates do more than obscure the symptoms and that cases of recovery under this treatment are not "exceedingly rare," but that the medical treatment is rational and more successful than usually admitted.

6. That it is too soon to lay down, as yet, a dogmatic and arbitrary rule that every case should be operated on, regardless of consequences.

7. That the physician who treats cases of appendicitis with opium is not necessarily a coward physically or morally, and that his medical judgment may sometimes compare favorably with that of physicians who advocate the indiscriminate removal of every diseased vermiform appendix for a good consideration.

\* \* \*

THE BLOOD CORPUSCLES IN DIPHTHERIA.—Dr. John S. Billings, Jr., has recorded in the *Medical Record* the result of a very exhaustive study of the effect produced upon the blood by the subcutaneous injections of diphtheria antitoxine and its accompanying horse blood serum. His conclusions are as follows:

1. The red corpuscles of the blood in diphtheria undergo a diminution in number in cases of moderate severity and in severe cases. Regeneration is slow.

2. The leucocytes are increased in number in all but two classes of cases, exceptionally mild cases and exceptionally severe ones. As a rule, the amount of leucocytosis is directly proportionate to the degree of severity of the case. The leucocyte curve shows no correspondence to the clinical course of the disease. The number of leucocytes often remains higher than normal for days after all inflammatory phenomena have disappeared. The leucocytosis is similar in character to that seen in pneumonia and scarlet fever; the increase being in the so-called polynuclear forms.

3. The percentage of hemoglobin falls coincidentally with the number of the red corpuscles, and to the same relative degree. But the regeneration of the hemoglobin takes place much more slowly than that of the red corpuscles.

4. In cases treated with antitoxine the diminution in number of the red corpuscles is much less marked than in those cases treated without it; in a majority of the cases no such diminution takes place. The leucocytes are apparently unaffected by the antitoxine. The hemoglobin is also much less affected in the cases treated with antitoxine, thus confirming the statement as to the red corpuscles.

5. In healthy individuals injected with antitoxine, the red corpuscles show a very moderate reduction in number in about one-half the cases. The hemoglobin is correspondingly affected. The leucocytes are apparently unaffected by the injections.

6. No peculiar characteristic changes in the morphology of the corpuscles were to be made out.

7. It is improbable that any information of prognostic importance is to be gained by examination of the blood in diphtheria.

8. The antitoxine treatment of diphtheria has no deleterious effects upon the blood corpuscles. On the contrary, it seems to prevent degenerative changes which would otherwise be brought about.

\* \* \*

SPECIAL DERMATITIS FROM CRAB BITES.—At the recent meeting of the American Medical Association at Atlanta, Dr. T. C. Gilchrist of Baltimore reported many cases of crab bite dermatitis based upon one hundred and fifty-six observations made at the Johns Hopkins University. The condition occurs in those whose occupations force them to handle live crabs. A slight abrasion of the skin is first noticed, usually upon the finger, from which the patch starts and travels up and down the fingers and spreads out over the palm and back of the hand. The margin becomes raised, red, and is particularly well defined. There is no pain on pressure, and it never goes on to supuration. There is acute inflammation of the corium and thickening of the epidermis. Scratches from the crab shell as well as the bite will occasion the affection. A ferment is supposed to

be the cause, since all culture experiments are negative and microscopic examinations show an absence of microorganisms. Treatment is carried out by means of bichloride soakings and carbolic injection, or the application of the German salicylic cutaneous plaster of about twenty-five per cent. strength. The latter is found to offer the best method of treatment, one application of the plaster usually sufficing. Plain adhesive plaster was tried in some instances and found efficacious.

\* \* \*

AN ENORMOUS DOSE OF BISMUTH.—Mathieu (*Therapeutic Gazette*) reported before the Société Médicale des Hôpitaux, at its December meeting, the case of a patient suffering from a hypersecretion of hydrochloric acid, for whom he had prescribed  $3\frac{3}{4}$  drachms of bismuth subnitrate in the morning and 75 grains at night, with  $\frac{1}{120}$  grain of atropine sulphate. This treatment the patient continued to carry out while the physician was absent on a vacation about twenty-four days, and took during this time about fifty ounces of the subnitrate of bismuth.

This amount had no effect upon the general condition of the patient, and did not aggravate the gingivitis and stomatitis which had been present for some time previous. There was no tattooing of the cheeks, but a pigmentation similar to that seen during pregnancy developed, gradually disappearing after the cessation of treatment.

This enormous dose of bismuth produced only a relative amount of constipation and did not appreciably modify the functions of the stomach, the chemical condition remaining about the same after treatment as before.

\* \* \*

HYDROTHERAPY IN PULMONARY PHTHISIS.—Winternitz, in the *British Medical Journal*, advocates with great earnestness the use of cold baths in pulmonary consumption and claims to have obtained much benefit from them. He pours cold water over the face, head and neck and immerses the body in cold water for a short time.

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BALTIMORE, JUNE 20, 1896.

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WHEN a reform is demanded the need seems to strike many different localities at once. In a recent street *Unnecessary Noises.* railway hearing in Baltimore, a president of one of the lines admitted there was more noise in operating a street car line than was absolutely necessary, and in New York the milk bells and "old clo'" men have stirred the daily papers to take up the question of unnecessary noises.

Rapid transit has been a blessing to those in a hurry and to those owning stock in the companies, but it has brought with it a din and clang that is very trying to the nerves of the city dweller, and it is a great satisfaction to note that steps will soon be taken to demand a lessening of this noise where possible. In badly constructed streets on which are laid insecurely built roads, over which run cars with cheap running gears, much of the noise is explained, but added to this is the clanging of the many bells which are used much more frequently than they need be and indeed which are abused.

Aside from that infernal invention called the trolley party, there is the conductor's signal bell and then that frightful gong, which the motorman delights in using when no obstruction is in sight; again there is the fare bell and the bell with which the passenger signals to the conductor. The conductor's signal bell and the great gong are the ones which are abused. At every track crossing there occur a series of signals between both ends of the car which might be necessary were the motorman and conductor blind, but which as a rule are entirely out of place.

The cars are not to blame for all the street noises. There are the heavy carts which run over some very badly paved streets and the various cries of the street vendors and many other sounds which make a large city a veritable pandemonium. All noises irritate, and there is no wonder that nervous diseases are usually almost altogether confined to city dwellers. Even in sleep the mind is conscious of the various noises and a disturbed rest is the result. If the city health department can show that the restriction of such nuisances is beneficial to the health of the people, and this is surely possible, then steps can be taken to cut off unnecessary sounds, and the new municipal bacteriological laboratory will have to share its laurels with the anti-noise laws as a reducer of mortality.

The only vehicles which move about noiselessly are the bicycles, which corpulent city councilmen desire to tax. It is a cheering sign of the times when the public rises up and demands its rights in a city which it supports.

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A CHEMIST employed by a neighboring State publishes in a contemporary journal the results of his examination of a much advertised preparation which a well-known firm put out, and according to this analysis, this preparation, which lays claim to many virtues, contains few or no ingredients of any value.

In articles of this character it is difficult to get at the truth, for there is so much trickery in journal and magazine writing that a most innocent article too often contains a puff of some proprietary preparation, while a rival concern will employ talent to set forth an analytical report decrying a rival compound. It will compare to the wonderful stories in

the daily press which end up with an advertisement. The favorite trick is to write an article comparing various kinds of pepsin. If the truth could be told, these trade articles under the guise of scientific work find a place in good journals and are fathered by names well and favorably known more often than one would believe.

It has gone so far that when such contributions are discovered no faith whatever is put in the words.

It is hard to arrive at the truth, but if a board of competent chemists above sordid bribes would give an impartial and honest test of each substance and compound in use in the healing art and this work were published far and wide, then the fittest would survive and the worthless would die as they would deserve.

If medical journals persist in publishing these apparent advertisements under the cover of scientific work they may succeed in catching a few "jays" and help along the finances, but they will never impose on the careful man who tries all things himself and relies more on the therapeutical results of experience than the chemical results of experiment.

\* \* \*

THE conference which was held last Tuesday afternoon pursuant to the call of Dr. E. M. Schaeffer of the Faculty's Committee on General Sanitation met with a liberal response and showed that at least those present were in earnest.

The fact that infant mortality is so excessive in early years has led clinicians to seek out some methods to lessen this death rate, and naturally the food of the infant demanded the first attention. There are so many reasons why the infant cannot or does not have mother's milk, that human ingenuity has been put to the utmost to find a suitable substitute for this necessary article of diet, and the step from the untouched cow's milk in the not too clean nursing bottle to the artificial sterilized milk is a great one, but it has not been sudden.

First of all the milk was altered chemically to reduce the number of intestinal disorders, but later, when the germ theory of disease showed the enormous number of bacteria which might do all sorts of mischief in an infant's intestinal canal, the question of pure

milk was taken up, and then sterilized milk, which in most instances is simply boiled milk, was tried with the result, in some cases, of improving the child's condition, but in many instances of disagreeing more than before.

Then a modification of Pasteurization was suggested, and while by this method all bacteria in it were practically destroyed or rendered harmless the temperature was not elevated sufficiently to boil the milk, and of late the method called the "maternization" of the milk has been tried with some success. That is, the infant is examined and a formula for the exact character of the milk needed is written and this is prepared artificially to imitate the mother's milk.

Broader questions than these are involved in the attempts to protect the milk from the time it leaves the cow, and even before, until it is consumed. All these subjects were discussed and the difficulties in the way of obtaining a pure milk were made clear. The results of this work, which will appear later, certainly justify the enthusiasm of the chairman, at whose suggestion the Medical and Chirurgical Faculty formed a committee on sanitation and put him at the head.

\* \* \*

REFERENCE has been made before to the importance of blood examination in doubtful diagnosis, and the second *Blood Examination*. paper of Dr. Simon on the diagnosis between malaria and typhoid fever is well worth a careful perusal and an application of the principles there laid down.

A result of the reading of this series of articles must convince one that clinical microscopy should occupy a more prominent place in the undergraduate work than it has heretofore. Lectures must give way to clinics and clinics to laboratory work and with the lengthened terms and the increased number of years of study necessary for graduation time should be given for all these important branches and the didactic lecture should be a thing of the past.

To those who have not had opportunities for such an elaborate medical education the post-graduate school is recommended and these persons will find it of value to follow up such work as is laid down in this series of articles.

### Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 13, 1896.

Diseases.	Cases Reported	Death.
Smallpox.....		
Pneumonia.....		12
Plithisis Pulmonalis.....		24
Measles.....	7	
Whooping Cough.....	6	4
Pseudo-membranous Croup and Diphtheria. }	5	1
Mumps.....		
Scarlet fever.....	13	1
Varioloid.....		
Varicella.....		
Typhoid fever.....	4	3

Baltimore now has an inspector of bakeries.

Dr. Wm. R. Stokes has been appointed city bacteriologist.

Sir J. Russell Reynolds, whose serious illness was announced several weeks ago, died lately.

One of the buildings on the Johns Hopkins Hospital grounds is being remodeled into a children's ward.

The nurses now and formerly connected with the Union Protestant Infirmary have organized a home.

Drs. Hiram Woods and Herbert Harlan are doing excellent work in examining the eyes of the school children of Baltimore.

Dr. W. P. Matthews of Manchester, Va., has been elected Professor of Anatomy in the Medical College of Virginia.

Dr. James M. Johnson, formerly of North Carolina, but of recent years of Baltimore, died last week, aged 68 years.

Dr. John Turner of 1814 N. Charles Street, Baltimore, has been appointed physician to the Children's Country Home at Catonsville.

The Faculty of the University of Maryland has accepted the plans of the architect of the new hospital, on which work will begin in July.

Dr. Loeffler now suggests the use of Greek characters in prescribing well-known remedies. The proportion of physicians understanding Greek is very small.

Dr. Hans von Hebra, son of the famous "father of dermatology," and himself *docent* for the same discipline, has been distinguished by the title of Professor at the Vienna University.

The death of the Archduke Karl Ludwig of Austria, brother of the Emperor, is attributed to his drinking contaminated water of the River Jordan, which he did as a religious duty while on his pilgrimage.

Dr. John N. Monmonier died last week in Baltimore at his residence, 824 N. Calvert Street, corner of Read. He was graduated from the University of Maryland in 1858, and was connected with the College of Physicians and Surgeons.

The New York dispensaries are introducing the plan of having a trained nurse in attendance in the surgical and gynecological departments. The plan has worked so well in Baltimore that New York is trying to keep up to the times by adopting it.

At the Twentieth Annual Session of the Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons, held at Grand Rapids, Michigan, last week, the President's Annual Address was delivered by Dr. Samuel J. Fort of Ellcott City.

*The National Medical Review* of Washington is now "The Official Journal of the Medical Society of the District of Columbia." All papers and discussions given before that society will be published in the official journal. This society has now about 300 active members, and includes a number of the most prominent medical men in the Army and Navy. The editor announces that his journal will be enlarged, and otherwise greatly improved, in order to carry into effect this new arrangement.

At the recent meeting of the American Pediatric Society the following officers were elected for the coming year: President, Dr. Samuel S. Adams, Washington; First Vice-President, Dr. W. S. Christopher, Chicago; Second Vice-President, Dr. Charles W. Putnam, Boston; Secretary, Dr. Frederick A. Packard, Philadelphia; Treasurer, Dr. C. W. Townsend, Boston; Recorder and Editor, Dr. Floyd M. Crandall, New York; Member of Council, Dr. William Osler, Baltimore; Chairman of Council, Dr. William P. Northrup, New York.

## WASHINGTON NOTES.

*From the Washington Bureau of the Journal.*

FROM the Health Department we learn that for the week ending June 6 the number of deaths was 83. The death rate for the city continues below normal. The death rate was 15.63 for the total inhabitants, that for the whites being 13.58 and that for the colored 20.11. The principal causes of mortality were disorders of the brain, heart troubles and ailments of children under one year old. Three new cases of diphtheria with one death were reported. No new cases of scarlet fever.

The Medical Society of the District of Columbia held its regular weekly meeting on Wednesday, June 10, the President, Dr. S. C. Busey, in the chair. Dr. Dufour read a paper on "Hygiene of the Eye." Dr. Bermann read a paper on the "Abortive Treatment of Quinsy." Dr. James Kerr reported Two Cases of Rupture of the Bladder and presented the patients.

The Medical Boards, to examine applicants and issue licenses to practice medicine and surgery in the District of Columbia, were appointed by the Commissioners as follows: Of the Regular School, Drs. C. H. A. Kleinschmidt, G. Wythe Cook, John S. McLain, George C. Ober and Charles B. Purvis (colored). Of the Homeopathic School, Drs. Z. B. Babbitt, W. R. King, S. S. Stearns, G. B. G. Custis and T. L. McDonald. Each Board will organize with a President and Secretary. There will be a fourth board, called the Board of Supervisors, to supervise and regulate the other three boards. Of this board, the presidents of the other three boards will be members, the other two members being laymen. The board of the Eclectic Society has not yet been appointed.

### Book Reviews.

A MANUAL OF ANATOMY. By Irving S. Haynes, Ph. B., M. D., Adjunct Professor and Demonstrator of Anatomy in the Medical Department of the New York University; Visiting Surgeon to the Harlem Hospital, etc., With 134 half-tone Illustrations and 42 Diagrams. Philadelphia: W. B. Saunders, 925 Walnut Street, 1896. Price \$2.50 net.

Haynes' Manual of Anatomy is a very different book from the quiz compends which have flooded the country for the past few

years, and which have done great injury to the study of anatomy. Whilst it is a comparatively small volume, and ought not to be relied on exclusively as a text-book, yet when used in conjunction with some of the larger works, as Gray or Morris, it will prove very useful. The descriptions of the muscles are very meager and are not to be relied on, since there is no attempt to give the size, shape and direction of fibers or appearance of these structures. The blood-vessels and nerves are briefly but clearly described, and the viscera are especially well depicted. Many of the illustrations are photographs of actual dissections and are consequently accurate, but what is gained in accuracy is lost in clearness thereby. Photographic illustrations of anatomical and pathological specimens are on the whole not so satisfactory as careful sketches of the same. The brain illustrations of this book are especially good. We commend this work as an adjunct to other and more elaborate treatises, and again express the opinion that anatomy cannot be learned from quiz compends and manuals, but must be worked out in the dissecting room and laboratory, with the aid of thorough text-books and careful instructors.

Messrs. Macmillan & Co., New York, announce several new medical works of importance, among which are:

The Histopathology of the Diseases of the Skin, by Dr. P. G. Unna; Translated from the German with the assistance of the author by Norman Walker, M. D., F. R. C. P. Ed., Assistant Physician in Dermatology in the Royal Infirmary, Edinburgh. It will contain an abundance of cuts and colored plates. Price \$10.50.

The Fundus Oculi, with an Ophthalmoscopic Atlas Illustrating its Physiological and Pathological Conditions; By W. Adams Frost, F. R. C. S., Ophthalmic Surgeon, St. George's Hospital, Surgeon to the Westminster Ophthalmic Hospital. It will be fully illustrated with colored plates and original drawings and diagrams by the author. Price \$18.

Dr. G. Frank Lydston of Chicago has in press a book entitled "Over the Hookah; The Tales of a Talkative Doctor," which will contain a variety of humorous, pathetic and character sketches and studies. It is published by Fred. Klein & Co., Chicago, and the price is \$5.00.

A System of Medicine, by Many Authors; In five volumes. Edited by Thomas Clifford Allbutt, M. A., M. D., LL.D., F. R. C. P., F. R. S., F. L. S., F. S. A., Regius Professor of Physic in the University of Cambridge. \$5.00 a volume. The first volume is now ready. With the exception of Dr. Billings, the contributors are English.

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#### REPRINTS, ETC., RECEIVED.

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Transactions of the Medical Society of the State of North Carolina. Forty-second Annual Meeting, 1895.

Eleventh Annual Report of the New York Post-graduate Hospital. For the year ending October 1, 1895.

An Ideal Uterine Dilator and a New Hemostatic Forceps. By J. W. Long, M. D. Reprint from the *Asheville Medical Review*.

The Electric Light Bug, or Belostoma. By Theodore William Schaefer, M. D., Kansas City, Mo. Reprint from the *Medical Index*.

Five Cases of Pyosalpingitis. By A. Laphorn Smith, B. A., M. D., etc., of Montreal. Reprint from the *American Journal of Obstetrics*.

Ventrofixation and Alexander's Operation Compared. By A. Laphorn Smith, B. A., M. D., etc., of Montreal. Reprint from the *American Journal of Obstetrics*.

What has Sewer Gas got to do with Bad Results in Obstetrics and Gynecology? By A. Laphorn Smith, B. A., M. D., etc., of Montreal. Reprint from the *Annals of Gynecology and Pediatrics*.

Metatarsalgia. Morton's Painful Affection of the Foot. Its Causes, Symptoms and Treatment. With Illustrative Cases and Bibliography. By Thomas K. Morton, M. D. Reprint from the *Transactions of the Philadelphia Academy of Surgery*.

Bulletin of the Maryland University Hospital. John S. Fulton, M. D., Editor. St. Clair Spruill, M. D., Manager. Published Monthly. One dollar a year. This is the organ of the University of Maryland. Three numbers have appeared. The first was called the University Bulletin. It will publish regularly the proceedings of the University of Maryland Medical Society. The second number is a great improvement over the first.

## Current Editorial Comment.

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### PROFESSIONAL HONESTY.

*Charlotte Medical Journal.*

It is befitting, in these days when misleading statistics form a prominent part of a surgeon's stock in trade, when patients' lives are unnecessarily risked in order to add to the number of operations performed, when proper conservatism and a just regard for the true welfare of those intrusted to our care are branded as evidences of timidity and incompetency, to call upon the members of our profession to put things in their true light. Is it not possible for us to be a trifle more honest in our dealings with the profession and with the public?

### TEMPERANCE INSTRUCTION.

*Northwestern Lancet.*

PERHAPS there is no greater danger of overdoing temperance instruction than by the use of injudicious methods in the instruction given upon this subject in the public schools. For the pupils, particularly those in the higher grades, are keen enough to understand just what it means that the study of the effects of alcohol is forced upon them by legislative enactment, and will carefully scan the statements contained in scientific books, where the moral application of statements claimed to be scientific deductions is made more prominent than the facts and reasoning upon which those statements rest.

### HEALTH vs. INTELLECT.

*Cleveland Journal of Medicine.*

THE State undertakes to say that every citizen shall educate his children, if not in private, then in the public schools. This is a virtual contract on the part of the government to furnish good instruction to its children; and if when they ask for arithmetic they are given a curvature of the spine, and when they ask for Latin they are given a pair of bad eyes, then is education become a burden. The plain fact is that the State is stultified and her future citizens receive a permanent handicap by such a schooling. The old saw might be amended to read: Better an ounce of good plumbing than a pound of antitoxine; better a foot of large type than a yard of spectacles; better a well-made desk than several plaster jackets. (These might well serve as mottoes for some of our public buildings.)



# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### TYPHOID FEVER.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION AT ITS ANNUAL MEETING, HELD AT CUMBERLAND, MD., JUNE 4, 1896.

By F. L. Baker, M. D.,  
Burlington, W. Va.

THERE is no disease in the long list of practice with which the country physician is so frequently embarrassed as with typhoid fever.

There is no disease that can be treated with more ease than typhoid fever, with the prime requisite, a well-trained nurse, at the bed-side, ready to note any change in the disease and to meet the wants of the patient; where the physician can call in and see his patient morning and night and administer appropriate remedies to the new symptoms as they present themselves, and can see that his instructions are carried out just as intended.

Perhaps one-fourth or a half of our fellow members are of the number that with our saddle-bag or buggy case at hand have to ride eight, ten or twelve miles in one direction, and the same number the opposite to see his patients, not being able to see each one more than once in two or three days, under the care of untrained nurses, instructions not properly carried out, some in badly ventilated rooms, and sanitary conditions not thought of.

Having recently passed through an endemic or epidemic of typhoid fever of forty-three cases within a radius of twelve or thirteen miles, having Bur-

lington as its center, it may be interesting to note briefly the cause, the duration, the complications and treatment.

Bartholow, in his treatise, says that "The germ does not originate *de novo* in stagnant water or decaying vegetable matter, but there must be typhoid matter furnishing the material for a new growth, and when thrown on the ground in vaults, cess-pools, etc., its multiplication is very rapid, and the excretions from one patient may poison a large community." Also reliable authors say that the germ has lain dormant in the earth, in privy vaults, sewers, etc., for eight or ten years and then produced an epidemic amongst those exposed to the poison.

There have been elaborate works to prove that the disease does not originate spontaneously, but develops only after direct exposure to the poison.

A thorough investigation of the above named epidemic has given good and sufficient reasons for believing that the chief cause of the disease was in stagnant water.

In the autumn months of last year (1895) there was a water famine and some families rather than carry water half a mile or more used water from their springs and wells. There were

sixteen sources of water supply, two wells and fourteen springs, in twelve of which the water had a peculiar taste and in some an offensive odor.

Some springs were so low that the water had a red appearance, others were quite milky and did not overflow. Some were apparently clear, but were low and did not carry off the stagnant water.

There had been no epidemic; in fact, no single isolated case of typhoid fever since the fall of 1845, fifty years ago, when there was a prevalence of the disease in one locality and eighteen out of twenty-two succumbed.

All of the cases under my treatment were typical except three, which were of the abortive type. Two cases were fatal, the first a woman of forty-eight years, a mother of twelve children, the youngest less than a year old.

Just previous to her attack she nursed nine of her children through scarlet fever without help, then followed puerperal fever in her oldest married daughter, whom she nursed until death, after which she assumed the care of her little grandchild and was taking care of two sick babies when she was taken with a severe attack of typhoid fever, which she fought as long as possible and was trying to "wear it off" when I was called and placed her in bed with a fever of  $104\frac{1}{2}^{\circ}\text{F.}$ , with threatened nervous exhaustion and heart failure; likewise a weak, small, compressible, rapid pulse of 128, with impaired cardiac impulse, which called for stimulants, which were still increased by our worthy president, Dr. Hoffman's suggestion, whom I had called in consultation. She was a large, plethoric woman with but little vital force and had a dull, apathetic appearance when first seen. She died in a few days.

The second case was a man of about forty years. I was sent for October 19, but being busily engaged told the messenger to procure another physician, but wishing me, they sent again, October 23, when I went and found him with typhoid fever and mitral regurgitation, with which he had been previously afflicted and which made his recovery doubtful.

His nervous symptoms were quite predominant. On seeing him two days later he was in a comatose condition, in which he died three days after my first call.

I will briefly report a few selected cases of recovery which may prove interesting.

Cases No. 3 and No. 10 were respectively sixty-five and seventy-six years of age. Seeing so few cases reported, and the percentage of deaths so great at these ages, naturally my prognosis was grave, but today the one is magistrate of our adjoining county and the other enjoys better health than usual.

On September 10, I was called to see Mrs. L., aged 32. I found her temperature  $104^{\circ}$ , intellect clear, pulse 120, with rhythmical labor contractions. On vaginal examination the os was partially dilated, and having put her on opiates and rest I left her more comfortable.

On seeing her next evening, the temperature was the same and pulse 118. The pains were more characteristic of miscarriage than before and digital examination revealed the second stage of labor, which resulted in the miscarriage of a healthy eight-months child, which lived a few days. She was extremely prostrated, but recovered gradually by the use of stimulants and strychnine.

The fever continued several days before a positive diagnosis could be made, when a typical case of typhoid fever developed of twenty-one days' duration, but by a little over-feeding she had a relapse of ten days, after which she regained quickly and was of service in nursing her husband through a twenty-eight days' attack.

Cases No. 6, 7, 8, 9, were the wife and children of a poor worthless man who lived in a cabin with the windows and doors out and openings in the wall and floor. They had no nursing, very little to eat, beds were made on the floor, not having a change of linen, and part of the time lay in their dejections.

Notwithstanding the filth of their cabin and other unfavorable surroundings, they all recovered, but their convalescence was delayed by numerous and large bed sores.

Case No. 20 was a child of eight months, which was at the breast of the mother who had typhoid fever. The child had the intestinal symptoms, the peculiar typhoid tongue, the tympanitic abdomen and all symptoms of a typical case of typhoid fever, and as seven of the family were just previously attacked there is not any doubt in my mind that my diagnosis was correct.

Case No. 14, a little boy seven years of age, was placed in bed with the diagnosis of typhoid fever, attended by one of my neighboring physicians, who was treating him with mercury, quinine and opiates. On September 22, I was called and found him with a temperature of  $104^{\circ}$  and feeble pulse of 140, with such aggravated nervous symptoms that it was impossible for several days after this to take his temperature or examine him in any way. The presence of anyone, even his parents, at the bedside, would cause him to begin crying and tossing, which he would continue till so thoroughly exhausted that we feared he would not recover his breathing at times, and cause cyanosis greater than we had ever seen.

This continued for about a week. At first I thought it might be the result of quinine, which was discontinued and the morphine was increased to half-grain doses, with no effect. I then discontinued the use of morphine and gave bromides instead, which did not seem of any special benefit, but as the fever left these nervous symptoms subsided.

Case 34, Mr. P., aged 40, had a very sharp attack, which ran the usual course and confined him to his bed about four weeks. After he had been up about ten days, walking out of doors at times, he concluded to eat an apple. Previous to this he had had no solid food. About two hours after eating the apple I was summoned quickly and found him in convulsions, which continued till next day. In the interval between his convulsions, which were about half an hour apart at first and continued about five minutes, he talked incessantly and incoherently, had a wild, maniacal look, but would answer correctly when asked any question. He did not suffer any acute

pain and appeared as usual next day, except that he was more dull than usual, which lasted a week or more.

The duration of the fever in the forty-three cases was seven hundred and three days, or an average of sixteen and fourteen forty-third days for each case. In three cases the temperature was permanently normal before the ninth day. In six cases defervescence was complete before the end of the second week. Hemorrhage of the bowels occurred in two instances.

The factor concerned in the evolution of the disease is now generally admitted by scientists to be a specific germ, the bacillus typhosis. Whether of the classification of Koch, Ebert or Klebs, we feel is of little importance to us as practical physicians at this time. What we want is to dislodge this "vitalized organism" giving rise to typhoid fever, and this requires in each physician promptness and intelligent use of germicidal remedies of decided and definite therapeutic force and efficiency if they can be obtained.

Intestinal antiseptics has not yet attained what it should and what it will accomplish in the future with scientific men at the head. There has been no positive success from the many endeavors from time to time to introduce methods of treatment directed toward the destruction of the toxic agent which produces the disease.

Good results have been claimed from the Woodbridge treatment which is said to have a marked antiseptic action on the intestines — the merits of which I have not been able to test.

The lesions of typhoid fever are by no means limited to the intestines. There is in fact scarcely an organ in the body which does not to some degree suffer as a part of the disease. The severity, however, of the symptoms are usually in proportion to the intestinal lesions. The resultant fever implies waste which is estimated at half a pound per day, through the excretory organs, the intestines, skin, the lungs and kidneys. To meet this fast consuming of flesh requires the judicious administration of such nourishment as can be

properly assimilated. At times, however, the digestive organs are so crippled that but little can be borne. The absorption of anything but liquids amounts to nothing and the best liquid is milk, either alone or with peptonoids, administered at regular intervals, occasionally alternated with well-skimmed broths seasoned to taste. The juice of fruits when the condition of the bowels will permit and lemonade and cold water *ad libitum*.

It is asserted, *a priori*, that the typhoid in the country is not sufficiently severe to demand so radical treatment as the cold bath. We have reason to believe that it is equally as grave as in towns, but the systematic treatment by baths, according to the method of Brand, is not practicable in the country and, unless followed systematically, it is of no benefit.

It is not practicable because,—

1. The bath tub appliances cannot be had except by a few.

2. The physician cannot be present always to direct when the bath is necessary and when to be discontinued. In one instance under my observation

where the fever left by crisis the patient was receiving cold sponging every three hours and was quite prostrated, but revived by stimulants and warmth.

3. There are no trained nurses in the country and the physician with each epidemic has his own nurse to select from some member of the family or some kind neighbor. To place the thermometer in the hands of one not accustomed to the work and instruct him with the cold bath would probably be hazardous in the extreme.

My medicinal treatment for the epidemic of 1895 was practically symptomatic and simple. Ten drops of dilute sulphuric acid every three hours seemed to act very nicely. In selected cases one drop each of creosote and tincture of iodine every four hours. For the diarrhea, pain and unrest, from one to two grains of powdered opium in capsules. For the tympanitic abdomen, turpentine stupes and hot fomentations, with an occasional dose of turpentine internally when meteorism was present.

The rheumatism which followed in nine cases yielded to the use of the salicylates.

A MEANS OF EMPTYING THE BLADDER.—Dr. Edward Anderson of Rockville, Maryland, gives in the *Charlotte Medical Journal* his method of emptying the bladder. He says that the bladder when partially paralyzed from parturition, or any other cause, can always be made to empty itself perfectly by throwing a large amount of very warm water into the bowel, thereby doing away with the necessity of using a catheter, a most important consideration, particularly when the patient lives at a distance from the doctor.

After difficult and protracted labors I have been obliged to use the catheter every day for weeks at a time, which was annoying to the patient and inconvenience to myself. Since using the above recommended plan, I have had no trouble in this direction, the bowel and the bladder emptying themselves at the same time.

THE PAIN-RELIEVING PROPERTIES OF GUAIACOL.—At a recent meeting of the Academy of Medicine of Paris, as quoted in the *Therapeutic Gazette*, Ferrand made a report upon the researches of Pise on the application of compresses of guaiacol for the relief of painful points underlying the skin. It is his custom to wet a compress with from fifteen drops to one drachm of guaiacol, apply it to the part affected by pain and bind it on with a gauze bandage. Not only is the pain thereupon markedly decreased, but anesthesia is so complete that minor surgical operations can be performed upon the part. It is absolutely necessary that the guaiacol should be pure. It left too long in contact with the skin and used in very large amount, it may produce a fall of temperature and symptoms of collapse, but with care it may be used in minor surgical operations with great advantage.

# EXCESSIVE USE OF DRUGS IN ACUTE FEBRILE INFECTIONS.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION AT ITS ANNUAL MEETING, HELD AT CUMBERLAND, MD., JUNE 4, 1896.

*By A. C. Harrison, M. D.,  
Meyersdale, Pa.*

MR. PRESIDENT AND GENTLEMEN:— I have nothing new to offer, and all that I shall say in this brief paper has probably been better said many times before, but the habitual use of many drugs in this class of disease seems so generally indulged in, that the repetition of this subject may not be out of place here.

The average physician gives drugs when he is called to a case, because they are recommended, and he is in the habit of giving them. If the case is a severe and long one, he is very apt to run through the entire list of drugs and combinations that are recommended, by what he considers good authority. He gives drugs, not for the special purpose of producing a given effect, but because the patient has a given disease.

As the knowledge of internal medicine advances and diagnosis becomes more exact and clear, the tendency among the best practitioners of the day is to simplify the prescription, and lessen the number of drugs given. To this extent, if no further, the recent discoveries in the causation and pathological course of disease has been potent for good. Every step forward in the knowledge of the exact cause of disease and its workings in the human body culls out some of the manifold drugs and methods which have been used in curing the sick.

Many times, too, these culls have been much lauded, but even after being demonstrated to be useless rubbish, they leave the field slowly, and stop to argue with each straggler they meet. In the mind of the average man, too much is expected from drugs, and not enough reliance is placed in nature. This is not to be wondered at, for many reasons, but chief among them are two.

1. A student is taught from the pro-

fessor's chair, and by almost all authorities, that the giving of certain drugs is the correct and main thing to be looked after, and that cures are to be expected therefrom.

2. The diseases of this class are all self-limited, and strongly inclined to recovery. No matter how bad the treatment, a goodly number will recover. When a certain drug or combination of them is exhibited in a given case, and it recovers, it is not unnatural to conclude that the drug influenced the disease for good, but this conclusion is by no means necessarily correct.

If we look up the drugs used by various authorities, we find them as various as the authorities referred to, and the results practically the same. Now and then some bold fellow looms up in the field and advocates the use of no drugs at all and claims as good results as any.

The difference in the malignancy in epidemics and in different cases in the same epidemic are so great that it is extremely difficult to determine the value of any drug or method in the treatment of disease. All of us have treated a number of cases, at times, with a certain drug or combination, and found the results so uniformly good that we have concluded that this was the ideal method, and have congratulated ourselves that at last we had a method upon which we could depend to cure this or that disease, but it is usually not long before we have another epidemic, or series of cases, in which our pet entirely fails us and results are now as bad as they were formerly good.

The unavoidable conclusion is that the drug was successful when it was not needed, and impotent when it was.

It is marvelous to note what an

amount of disease and drugs the human system will sometimes stand. I have seen, for example, a four year old child take the following drugs for diphtheria involving the larynx: Whiskey, two drachms, every two or three hours, for its stimulating effect; calomel, three grains, ipecac one grain, every three hours, and fifteen minims of the fluid extract of jaborandi, every four hours, to loosen the membrane. A cough syrup containing tar, wild cherry, ammonium chloride, paregoric and quantities of syrup, for the accompanying bronchitis; with one grain of quinine and six minims of iron chloride, three times daily, as a tonic, and an occasional dose of alum as an emetic.

As local applications there was turpentine bound to the neck, and the throat swabbed every few hours with a mixture containing chloral hydrate, carbolic acid and glycerine, of which there must have been a considerable quantity to enter the stomach. No part of this treatment lacks good authority, and in the absence of antitoxine and intubation is probably as good as the average.

But suppose that we analyze the drug treatment given this case; we find that there are just nineteen drugs, all more or less powerful, and many of them very toxic, being liberally pored into this four year old stomach. Whiskey, calomel, ipecac, jaborandi, turpentine, tar, wild cherry, ammonium chloride, opium, benzoic acid, camphor, anise, alcohol, alum, quinine, iron, chloral hydrate, carbolic acid and glycerine.

Can it be possible that this combination accomplished any good in this case? Is it not far more likely that it did much harm? And yet this little fellow recovered, and I have no doubt but that the attending physician numbers this among the patients that he has saved from a miserable death by the use of drugs.

You have all seen these poor little sufferers, already enduring the tortures of the damned, and bearing the additional torture of the swab and endless drugs. If it were not criminal, almost, even to think of such a thing, would it not be interesting to observe how long

a child could withstand this amount of drugging without any disease?

The use of antitoxine is to be commended, if for no better reason than that it does away with many of the more pernicious drugs ordinarily used. I am by no means prepared to say that serum therapy in diphtheria has no specific effect, for I have had little or no experience in its use, but from a study of the literature on the subject, there seems to be much reason for believing that a line of treatment still less harmful would accomplish even better results.

Another familiar picture to you all is the dreadfully sick man who has passed through long weeks of terrific fever, during which time we have used drugs liberally, at last sink so low and become so weak, that recovery seems well-nigh impossible and further medication useless. We say to the attendant, give him a little brandy occasionally and, if he rallies sufficiently, a little nourishment. At last we abandon drugs and turn to nature as a forlorn hope. Sometimes he does rally, after many hours or many days, and slowly recovers. While he had strength, and his resistive powers were good, drugs were powerless to cure, or even to check the disease. But nature keeps the vital spark alive, till the fever has run its course and worn itself out, then from the ruins rebuilds the structure. We claim the credit, however, and sometimes we get it. The wonderful endurance of nature is the bank from which the internal medicine man filches his reputation.

Without going into the discussion of the exact cause and pathology of pyrexia, it may be said that any drug, administered internally, which reduces temperature, except by elimination (mechanical, as purging or otherwise) or neutralization of the ptomaines or other germ products, which are the direct causes of the febrile movement, does so at the expense of some of the vital forces and the good effect is, as a rule, far more than overbalanced by the vital depression caused in producing it. It is now practically admitted by most good authorities that all the so-called

antipyretic drugs are worse than useless in continued fevers and they should be abandoned in so far as this condition is concerned.

There are certain general principles to be carried out, but as to how best execute them is a matter about which

many good opinions are much at variance; but in general it may be said that the best treatment for acute febrile infections is good hygiene, a proper diet, a clean alimentary canal, the abstraction of heat by external means and a good doctor.

## ADDRESS.

ON BEHALF OF THE VISITING PHYSICIANS, AT THE ANNUAL MEETING OF THE TRI-STATE MEDICAL ASSOCIATION, HELD AT CUMBERLAND, MD., JUNE 4, 1896.

*By M. G. Porter, M. D.,*  
Lonaconing, Md.

THE very hearty welcome to the city of Cumberland, extended to us by R. H. Gordon, City Attorney, for Mayor Mellinger, certainly ought to make us feel at home, and in the name of the members of the profession living outside of this city, I thank him for it and feel sure that this society will do nothing that will cause him to regret the hospitality so graciously extended.

Up to the present time the proceedings of this body have been conducted with decorum and have been a source of advantage to the profession, socially and professionally. The programme has always been entertaining and instructive, and from the names I see upon this that we are now commencing, I think that it will certainly not be an exception.

The medical society is of great service to its members on account of the personal element that enters into it, and though the great progress of this nineteenth century has made all medical meetings easily accessible, yet medical journal knowledge is not so impressed upon the mind as is that derived from personal contact with the writer and active participation in the discussion of his subject.

Again, the careful preparation of a medical paper is of the greatest benefit, in that it requires a man to make a systematic collection of data, extending over a considerable portion of time, unless he is willing to give his hearers a mass of useless information, without

system and without object. The disposition at the present day is to shift all writing to the laboratory or hospital physician, notwithstanding the fact that the mass of medical work is necessarily done by the general practitioner. This should not be.

It is time that the greater part of experimental medicine must in the nature of things emanate from the laboratory, but the real test is made by its application in general private practice. The conditions of the laboratory and the hospital are not the same as those generally met with outside of these places. On this account the general practitioner must give his results before the true value of a therapeutic measure can be obtained. The diphtheria antitoxine, the latest product of scientific laboratory work, is undoubtedly the best means of combating diphtheria, from the point of view of the hospital physician, and the mass of evidence already collected, especially that collected by Dr. Welch of the Johns Hopkins Hospital, certainly must settle the question in the minds of all persons open to conviction. Now we should hear from the physicians who are using the remedy in private practice. The greatest destruction of life by this dreadful disease frequently takes place in small towns, and a number of the towns in this immediate neighborhood has had frequent visitations in the worst forms. The next time it comes try the antitoxine system.

matically and give us your results. In this way only can the full value of a new remedy be secured.

The probabilities are that the beginning of the twentieth century will settle the question of the value of our new means of treatment, *i. e.*, serum therapy. The use of the microscope in the investigation of disease is gradually making clear to us the causes of diseases, and I sincerely hope that with its assistance means of combating these causes will be found.

To the energetic and competent bacteriologist opportunities to do good and make great discoveries are offered unequalled by any other branch of medical science. To us in active practice such work is almost practically impossible, but our mission is the real one for a doctor, for with us lies the application of the remedy, so we need not feel jealous of the man who makes the discovery.

Let me remind you just here that medical discoveries seldom make a man really famous. Jenner, who probably did more for humanity than any one individual, made his discovery one hundred years ago. Gloucester, which is only sixteen miles from Berkeley, where Jenner made his discovery, has just been through a scourge of smallpox due to the anti-vaccination craze. These fools are being vaccinated now.

At the meeting of the American Medical Association, at which it was intended to devote a day to celebrating the centenary of Jenner's discovery, the men down for the work were allowed to make their speeches after the other

work was done and this by a body that could devote an entire day to a barbecue. So do not except much, even if you do some really fine piece of work. Your chief reward will be in your consciousness of having done well.

To Lister we owe many lives saved. How will posterity treat him seventy years from now? We will not all be Jenners or Listers, but we can all do our share of the useful work that falls to the medical profession.

From this medical society a certain amount of good work is expected. To the committee on programme I have one suggestion to make and that is that they assign a particular piece of investigation to be made at the regular meeting to be reported upon for the following meeting. A couple of well-prepared papers upon the treatment of one of the important diseases or classes of diseases, together with the views of those in the society who care to enter into the discussion, would be of value to all of us and in this way, with the amount of territory covered by the membership of this society a pretty accurate knowledge of the results obtained by any therapeutic measure in general country practice could be secured. The results obtained by one man are not enough.

There are too many modifying circumstances. These can only be corrected by having a large number of reports. The present way of securing a programme is very good and very interesting, but I feel sure that a systematic investigation of one subject at every meeting will add to the value of these programmes.

**THE PUBLIC AND POISONS.**—A very short time ago the *Lancet* commented on the ease with which the public from time to time obtain large quantities of poisonous substances in spite of the laws which are meant to prohibit the sale of poisons. In the case referred to the poison was arsenic, which was sold mixed with other substances for the purpose of killing weeds, and now a further example is afforded by a case which occurred at Tenbury, in which a man

was prosecuted for selling strychnine in large quantities. It had been thought for some time that poison had been obtained in the district owing to the death of several animals, and in this particular case a shilling's worth of strychnine was sold which the analytical chemist declared was sufficient to poison a small army of men. It is without doubt most important to prevent the illegal sale of such poisons and every possible means should be used to check it.



## Society Reports.

### THE TRI-STATE MEDICAL ASSOCIATION

OF WESTERN MARYLAND, WESTERN PENNSYLVANIA AND WEST VIRGINIA.

ANNUAL MEETING HELD AT CUMBERLAND, MD.,  
JUNE 4, 1896.

THE Tri-State Medical Association of Maryland, Pennsylvania and West Virginia met in the Young Men's Christian Association Building, Thursday, June 4, 1896. The first session was opened at 1.30 P. M., with prayer by Rev. Dr. Rice of Cumberland.

Dr. C. S. Hoffman, President, of Keyser, West Virginia, occupied the chair and introduced Robert H. Gordon, City Attorney, who extended the freedom of the city to the visitors.

Dr. M. G. Porter, Mayor of Lonocoring, Md., responded for the visiting physicians. (See page 167.)

After some routine business the following new members were elected: Dr. Frank E. Shires, Jefferson County, Pa., Dr. Richard Gerstell, Cumberland, Md., Dr. W. O. McLain, Frostburg, Md., Dr. Cunningham, Creasaptown, Md.

*Dr. R. S. Sutton* of Pittsburg spoke at some length on THE VAGINAL ROUTE TO DISEASED UTERI AND APPENDAGES. He said the vaginal route was undoubtedly the best, that it is not at variance with earlier methods. The operation had been revived in 1813, by Langenbeck, who removed the uterus by the vaginal route. He then spoke of Batey's operation of removal of the ovaries through abdominal incision and said that Lawson Tait preferred a central incision in abdominal operations. The difficulties met with in abdominal operation were avoided by employing the vaginal route.

In suppurative diseases of the ovaries and tubes, 75 per cent. were due to gonorrhoeal infection and frequently 10 per cent. more to the same cause, the 15 per cent. remaining due to cancer and tuberculosis.

He advocated operating with the clamp forceps, as it was accomplished more easily and with greater safety than

with ligature. The after-treatment was simple.

The discussion that followed was participated in by Drs. Wm. F. Barclay, Richard Gerstell, C. S. Hoffman, G. H. Gump and A. C. Harrison.

Dr. Sutton was elected an honorary member of the Association. The following officers were then elected for the ensuing year: President, Dr. E. T. Duke, Cumberland, Md.; First Vice-President, Dr. W. P. S. Henry, Everett, Pa.; Second Vice-President, Dr. A. G. Smith, Ocean, Md.; Third Vice-President, Dr. A. C. Harrison, Meyersdale, Pa.; Recording Secretary, Dr. Percival Lantz, Alaska, W. Va.; Corresponding Secretary, Dr. F. W. Fochtman, Cumberland, Md.; Treasurer, Dr. H. W. Hodgson, Cumberland, Md.

Letters of regret were read from Drs. Salzer, Welch, Rohé, Halsted, Kelly and Randolph of Baltimore, who were unable to attend the meeting.

*Dr. A. C. Harrison* read a paper entitled EXCESSIVE USE OF DRUGS IN ACUTE FEBRILE INFECTIONS. (See page 165.)

*Dr. Barclay* spoke against the multiplicity of drugs in febrile cases. An experience of thirty years in practice had not lessened his confidence in the proper use of drugs.

The paper was further discussed by Drs. Bullock, Gerstell, and closed by Dr. Harrison, who emphasized his idea that drugs do no good in acute febrile infection.

*Dr. F. L. Baker* of Burlington, W. Va., read a paper on TYPHOID FEVER. (See page 181.)

Drs. Gump, Barclay, Bullock and others discussed it at some length. Internal antiseptics were highly commended in the treatment of typhoid fever.

*Dr. A. Enfield* presented a patient and demonstrated his method of treating certain stomach affections by means of washing, curetting and applying solutions to the mucous membrane. The Association adjourned until 8 P. M.

EVENING SESSION, 8 P. M.

The evening session was called to order by the new president, Dr. Duke.

*Dr. C. S. Hoffman* of Keyser related a case of OVARIAN TUMOR IN A CHILD OF THIRTY-THREE MONTHS. The tumor, weighing fifteen pounds, was removed by *Dr. Hoffman*, but the patient died the following day.

*Dr. J. Mason Hundley*, Baltimore, read a paper entitled FURTHER OBSERVATIONS UPON THE TREATMENT OF CERTAIN PUS TUBES BY DRAINAGE THROUGH THE VAGINA.

*Dr. Hundley* was given a vote of thanks and elected an honorary member of the Association. He was highly commended for his conservatism in this line of practice.

*Dr. E. T. Duke's* paper, HEALTH BOARDS IN SMALL COMMUNITIES, was read by title. (To appear later.)

*Dr. Wm. F. Barclay's* paper, THE PHYSICIAN'S LIFE AND WORK, was attentively listened to and seemed to appeal to every physician present.

It was decided that the next meeting would be held in Cumberland, December next. The Association adjourned to meet at that time.

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## Correspondence.

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### QUESTIONS ON WATER.

ECKHART MINES, MD.,  
June 14, 1896.

Editor MARYLAND MEDICAL JOURNAL:

*Dear Sir:*—In answering the questions asked by *Dr. Edward Anderson* of Rockville, Md., in the MARYLAND MEDICAL JOURNAL, June 13, 1896, a general denial is entered as to all the facts upon which he bases his questions.

1. It is not true that "physicians are constantly striving to prejudice the people against [the free drinking of] water." But they do caution the people that in all populous communities especially, unless great care is taken, their water supply is liable to become contaminated by substances deleterious to health, and that such contamination has been proved to be the cause of many epidemics, such as typhoid fever, dysentery, etc.

2. It is not true that physicians "in-

sist upon it, that well-water is unfit for human consumption." But they do insist that if the well from which they get their water supply is sunk in a basin that receives the drainage of the stable and cow houses, of the water closet, the pig pens and the chicken roosts, that such water is contaminated and unfit for human consumption. And who will venture to say that many wells in the country are not sunk in just such basins, becoming the receptacles of great filth, and that they are not the potential cause of much sickness. The writer's observation is, that to sink wells in such localities is the rule amongst farmers, because, apparently, they believe water is more easily obtained there than in more elevated regions.

3. Physicians do not "insist upon malarial fever being a water-borne disease." Flowing water does not generate malaria, but stagnant pond water is prolific of that poison, as anyone knows or can know who has lived in a poney country. It is true malaria is also generated along the courses of flowing streams, such as rivers, creeks and rivulets, not however because it is generated or borne by the water, but because the level of the water in these courses is constantly changing, and when the water is low the slime and ooze and decaying vegetable matter deposited on their banks, being subjected to the action of the sun, become powerful generators of malarial poison, and people living within its influence are subject to some of the many forms of malarial fever. I have seen well-marked cases of malarial fever in the mountains from this cause.

Malarial poison contaminates the air, and produces its pathological effects by being breathed in. It exerts its deleterious effects directly upon the blood-cells by contact with them through the lungs, causing the death and disintegration of these cells, and bringing about a series of morbid phenomena not well understood, such as periodic chill with subsequent fever and sweating; also great nervous prostration and anemia, which are understood well enough. The poison of typhoid fever, on the other hand,

is most likely only operative for disease by being taken into the stomach.

4. Finally, it is equally untrue that physicians "assert that typhoid fever is due to drinking water." When, however, such water becomes contaminated by the specific typhoid fever poison an epidemic of that disease may be confidently looked for amongst all those who use the infected water. How can Doctor Anderson doubt that drinking water is the most fruitful source for spreading this disease when it becomes contaminated, when all medical literature is full of the reports of such cases? I remember a few years ago, that a town in Pennsylvania (I cannot recall the date or name of the town) was swept by typhoid fever in the early spring. It was found, on investigation, that during the latter part of the winter a family living above the town had typhoid fever and that the dejections from the patients were thrown upon the snow. When the spring came, and the sun melted the snow, these dejections were carried into the stream that supplied the town with drinking water, and the result was as above stated.

Such questions are too well settled now to become matters for controversy, and when Doctor Anderson declares that physicians have no "proof of the fact," he speaks without having given the subject proper consideration.

Yours truly,

B. M. CROMWELL, M. D.

### Medical Progress.

TREATMENT OF DRUNKENNESS IN THE ARMY.—The New York correspondent of the *Lancet* says that Surgeon Arthur has reduced the statistics of alcoholism at Vancouver Barracks by treating drunkenness as acute poisoning. He states that the number of cases of simple acute alcoholism that appeared at sick call and during the day when he first assumed charge of the hospital was unusually large and resulted in the laying down of certain rules as an effort to discourage drunkenness as far as it was in his power. No man is taken

on the sick report or excused from any duty unless his condition would make it actually dangerous for him to keep at work. A man reported at the hospital in any stage of alcoholism is treated as a case of alcoholic poisoning, taken immediately to the operating room, and his stomach emptied by the use of the stomach pump and thoroughly washed out with a warm 2 per cent. soda solution. After this he is given a bowl of hot beef extract with cayenne pepper and allowed an hour's rest, when he is generally able, however unwilling, to do his duty. If the weather is severe, either hot or cold, it might not be safe in his depressed condition to force a man to work out-of-doors immediately after this procedure, but at that post the extremes are not great and it has in no case resulted prejudicially to the patient. The effect of this treatment has been uniformly excellent. The stomach, emptied of its irritating contents and cleansed of the thick tenacious mucus that is always present in such cases, is much less irritable and rarely rejects the beef extract which is given immediately. The nervous symptoms improve at once, and sedatives administered by the mouth have a far more lasting effect, and in almost all cases the craving for liquor is diminished. In the past ten months only one case has been admitted.

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QUACKS AND POPULAR CREDULITY.—There is a story related in *Public Opinion* of a doctor who recognized an old servant in a quack who was doing a large business and asked him how he accounted for his success. "How many of these fifty persons passing by," the quack said, "do you suppose are sensible persons?" "Six or seven," said the doctor. "I will give you ten of them for your clients, the rest are mine." This is not complimentary to four-fifths of the human race.

I believe that we can explain how even educated and intelligent people can place credence in the virtue of strange remedies and the knowledge of absolute ignoramus. Medicine is not, as is commonly said, the art of healing; it is

the art of usually mitigating and sometimes healing. There are too many incurable diseases, or those which become so with age, by fatigues of all sorts, or by excess, for a doctor to be able to pretend to do anything but soothe and reduce the pains. A patient afflicted with such troubles cannot bring himself to believe that he is condemned without remedy; and he will at any price try the possible and the impossible in the hope of finding a cure. The impotency of medicine as against his trouble induces the unhappy man to cast himself in time in the hands of any quack who can insinuate himself into his confidence.

"My remedy is infallible," the quack will tell him; "try it." The spirit grows weak and gives way under the suffering that tortures and yields not; the animal, we might say, resumes its rights; and the patient abandons himself to one who will promise a wonderful cure without reserve.

Then there have been wonderful cures. At the time when little was known or knowledge was imperfect about nervous affections, so curious, various and manifold in their manifestations, what seemed like resurrections, almost miracles, sometimes took place. Such facts are satisfactorily explained now, but they were formerly astonishing and surprising. The crowd hurraed as over a prodigy and gave absolute confidence to it. It could not be otherwise. Whatever may happen, there will always be credulous people and always men disposed to deceive them.

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HEPATIC ABSCESS.—Ricard (*British Medical Journal*), in a report on six cases of hepatic abscess, communicated by Walther to the Société de Chirurgie, points out that such abscesses, though very often sterile, are not always so. In acute abscesses of the liver due to general streptococcus infection the virulence of the purulent collection is very intense and indicates prompt intervention. The cases in which the pus is usually sterile are those of slowly developed abscess following chronic dysentery. An hepatic abscess, when seated, as is so often the case, in the upper and back part of

the right lobe, is best treated, Ricard states, by resection of a portion of the ninth or tenth rib, and transpleural laparotomy, the pleura being stitched to the diaphragm in the absence of adhesions. When the anterior portion of the liver is involved, the abscess should be exposed by anterior laparotomy, the edges of the external wound being stitched to the surface of the liver if practicable. In one of Walther's cases, in which this could not be done, the pus was removed with an evacuation trocar and the abscess cavity thoroughly washed out before the opening was finally enlarged and its edges fixed by sutures to the wound in the abdominal wall. Ricard is opposed to the practice of scraping the inner surface of the abscess cavity and holds that simple injections after incisions are quite sufficient and less dangerous. Of the six patients treated by Walther, four recovered and two died. In three of the successful cases the hepatic abscess was of dysenteric origin. In each of the two fatal cases the abscess was acute and due to general septicemic infection.

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CATGUT STERILIZATION BY A NEW PROCESS.—The superiority of catgut, says E. Saul, M. D., of Berlin, in the *International Medical Magazine*, as a suture and ligature material, which it possesses on account of its absorbable nature, led the author to study experimentally to find a process by which it could be rapidly and certainly rendered sterile without destroying any of its valuable characteristics.

Basing his research upon the work of Répin and others, he studied the effect of boiling alcohol in different concentrations and with the admixture of other ingredients, desiring to lower the boiling-point and shorten the time required for complete and certain sterilization. After testing various mixtures he finally determined, by exhaustive experiment, that the following mixture produces the most certain results in the minimum amount of time.

Alcohol (ethyl alcohol), 85 parts; acid carbol, liquefact., 5 parts; aqua destillata, 10 parts.

An apparatus is requisite which maintains the solution in its original concentration and prevents excessive pressure, while keeping the boiling-point at the same degree of temperature.

Catgut, when boiled in this solution for fifteen minutes, is absolutely sterile and its quality is uninjured, while experiment has shown that five minutes' boiling is sufficient to destroy the spores of anthrax. The catgut may be used immediately after sterilization.

\* \* \*

LAPAROTOMY AND TUBERCULOUS PERITONITIS.—Gatti (*British Medical Journal*) has experimented on dogs, guinea-pigs and rabbits with regard to this point. Laparotomy has little effect when the tuberculosis is quite initial. In the first three to five days after operation the tuberculosis presents no microscopic changes, but a small quantity of reddish serum is thrown out. From seven days to nearly a month the tubercle was almost always increased in amount, but after this diminution and disappearance was noticed. Cure occurs through a degeneration of the epithelial cells, without the intervention of wandering cells, independently of phagocytosis, and without the formation of fresh connective tissue. In the author's view the factor which stimulates these repressive processes after laparotomy is the serous fluid which is thrown out in the first few days, bathing the tuberculous mass, however thick, and having a bactericidal and attenuating action on the tubercle bacilli.

\* \* \*

ABOUT NURSES.—While many trained nurses, says the *American Medical and Surgical Bulletin*, possess the disagreeable and objectionable qualifications which one of our contemporaries dwells upon, the average nurse does not deserve the strictures cast upon her. There are many black sheep, gossips, untidy ones, and even careless ones among the many nurses in any city, but, as a rule, they are fairly well trained, mind their business, obey orders, and keep themselves cleanly in accordance with surgical dictates. If there is one fault above others which may be laid on their shoulders it

is the unwillingness they display to lower their rates even though for the time they have nothing to do and the physician represents to them that the circumstances of the particular family do not warrant the full charge from them, even as he himself is obliged to make a reduction. What every community needs is a large number of nurses who will be willing to serve for, say, \$12 a week among the large proportion of the population to whom the charge of \$25 is prohibitive. Certainly this entails little hardship where the character of the sickness is not such as to demand the nursing night and day of a critical or a surgical case. We look forward to the fulfilment of the promises made recently by a number of the laity and of the profession who opened a school for instruction with the above end in view.

\* \* \*

FREQUENT WEIGHING OF PULMONARY INVALIDS.—When treating pulmonary consumptives, says the *New York State Medical Reporter*, do not fail to keep a careful and systematic record of their weight. The weight of such patients is in reality a thermometer of their condition. The correct weight indicates more certainly than any other sign or symptom the return of health or the approach of physical dissolution. The weight should be as carefully watched and recorded as the pulse and temperature. It should not be taken every week or every month, but should be recorded every day and as nearly as possible at a certain hour each day. The ordinary pulmonary consumptive weighs from one to two pounds more after dinner than after breakfast, and this fact must always be taken into consideration when computing the average weight. A reliable pair of scales should, in every instance, constitute a part of the doctor's office furniture. The ordinary practice of weighing upon grocery scales and usually upon different scales on each occasion, or on "drop a cent in the slot," cannot be depended upon in the least. Extra clothing, overshoes, etc., must also be considered in taking the weight.

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BALTIMORE, JUNE 27, 1896.

A FACETIOUS correspondent in the *Medical Record* announces that he intends to devote himself to the specialty of *General Medicine*. general medicine, and any case sent him by specialists will receive his most careful attention and will be always returned to that specialist should it be necessary.

While this notice is made more as a joke than with any serious intent, still it should show the specialist that the general practitioner is not averse to having cases sent him and that general medicine cannot be well practiced by the specialist. Indeed this same writer adds that to show his special fitness for his work he would state that he has had a hospital experience, which so many specialists have not.

The complaint is made that the family practitioner is passing away and the physician who would practice general medicine is fast becoming a distributor of cases, that he makes a rough diagnosis, differentiates the disease in a general way and then sends it to that specialist which he thinks will suit the

case. This is in a measure true, but many general practitioners still hold their cases because they are able to treat them and treat them well and they know that too many specialists drop all branches but one, not for any especial fitness or adaptability, but for just what there is in it and such men attend with less interest and with less success the special disease, than the general practitioner who knows each member of his patient's family and takes an interest aside from the money interest.

There is no reason why physicians in this country should not follow the example set in some foreign countries and class internal medicine as a specialty and thus let the family physician continue as being able to hold his own and not be looked down on by the specialist because he has not excluded all but one branch and has not put up his fees.

\*\*\*

EACH week of the warm season shows how difficult it is to control the great infant mortality in a large city. The *Infantile Mortality*. question of interest to a large part of humanity is how to carry the infant through the summer months so that it shall escape disease and thrive. The problem seems to have reached a point which demands a solution from the most scientific chemists and physiologists.

When mother's milk fails to keep the baby up then it is the substitute which is needed and that the search for a universally reliable substitute has not yet been successful is seen in the immense number of baby foods which are each year put on the market.

Even with this large array of foods the feeling of safety always lies in the use of milk in some form and when the mother is unable to yield a sufficient amount of sustenance, the cow's milk is taken and that this has many objections all persons having to do with infants know.

There is so much risk in using cow's milk, as was shown at the recent meeting of the committee on sanitation of the Faculty. Milk men are not cleanly in their habits. The milk is not only put in cans not properly cleaned, but dirt is allowed entrance in various ways. Many dairymen are conscientious in trying to give good, clean milk, but they cannot watch their men, and one lapse in the chain of cleanliness will contaminate the whole amount of milk.

Milk which has been heated at a sufficiently high temperature to render harmless the bacteria present may be given with safety to infants, provided it is not kept too long after heating. The temperature should not be over 180°F, as milk raised to the boiling point and even heating above 180°F. not only thoroughly destroys all bacteria and spores, but causes a heavy precipitation which is not easy of digestion for the infantile stomach.

It has been proposed to open in the near future a laboratory where milk may be carefully examined and may be delivered on physicians' prescriptions according to the amount of sugar, reaction, etc., desired. Baltimore will be asked by this committee on sanitation to increase the number of milk inspectors and raise the standard of inspection, which will have the effect of obtaining better milk. The subject of milk as a food for infants and invalids is hackneyed, but it must be kept before the profession, and demands for good milk must be frequently repeated and a careful inspection made, else its quality will deteriorate and those using it will suffer accordingly.

\* \* \*

THE question has often been asked of late if prescription writing is becoming a lost art and if physicians will use altogether compounds put up by this or that firm and known to have certain virtues.

As a fact it may be easier to order a well-known compound the ingredients of which are familiar in a general way, but taking all cases together it is not a good plan and sets the patient a bad example. A good preparation of iron, for example, is put on the market and physicians are liberally sampled and find the compound comes up to the standard of other preparations and has not been over-praised by the makers and straightway it is used in all cases where iron is indicated.

Such a plan may do well in many cases, but in many more it reacts on the physician, who finds himself without a patient, the latter now buying the compound direct from the druggist without the expense of a professional visit. In prescription writing when a reliable pharmacist is patronized greater accuracy is attained and whatever drug benefits gets due credit for this good, that is, if a shot-gun prescription is not used.

Also the patient cannot get more of the medicine without having the prescription refilled and patients are less apt to have these refilled than they are to openly buy a bottle of some medicine which the physician has prescribed and which has been recognized as a well-known and much advertised proprietary article.

The use of these made compounds robs the practice of medicine of its right to be called a science. Physicians should not fail to use what does the greatest good, but they should not revel in these proprietary preparations to the neglect of scientific prescription writing, provided such a prescription is the result of a careful study of the case, and no drug is given without a reason. Prescription writing should never become a lost art and too much reliance should not be put on ready-made preparations.

\* \* \*

THE meeting of the Tri-State Medical Association, which was held at Cumberland this month, was an exceptionally good session and was a great credit to the profession of that region. The topography of that part of the country brings the western sections of these three States into close connection and this association contains a large number of men who do excellent work. Cumberland, which is the most centrally located and largest city of that region, is usually chosen as the place of meeting, the attendance is always good and the interest shown very great. The papers this year as seen in the report are worthy of a careful perusal.

In spite of the absence of many well-known men who were invited as guests, there was a notable gathering of members who did ample justice to the work done. The address of Dr. M. G. Porter and the papers of Drs. Baker and Harrison appear in this number and show that men who live in the smaller towns have ample and often exceptional opportunities of observing cases and show an ability in recording these carefully made observations. The papers of Drs. Hundley, Duke and Barclay will appear later in the JOURNAL. The discussions were spirited and to the point.

The Association made a worthy selection in Dr. Duke as the new President.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 20, 1896.

Diseases.	Cases Reported	Death.
Smallpox.....		
Pneumonia.....		4
Phthisis Pulmonalis.....		16
Measles.....	12	
Whooping Cough.....	1	
Pseudo-membranous Croup and Diphtheria. }	16	6
Mumps.....	1	
Scarlet fever.....	10	
Varioloid.....		
Varicella.....		
Typhoid fever.....	5	2

John H. Hancock, Ph. G., has been elected demonstrator of pharmacy in the University of Maryland.

Henle, the celebrated German anatomist, died at the University of Tübingen in Wurttemberg last month.

Behring has given half of the money (\$5000) from his Albert Levi prize to the Prussian government fund for the further study of the serum treatment.

The death of Sir George Johnson, M. D., F. R. S., of London, is announced as having taken place on Wednesday, June 3. He was in his seventy-eighth year.

The Committee on Free Baths has raised the necessary amount and the baths will be opened during the summer. Much credit is due Dr. James Carey Thomas for his efforts in this behalf.

Dr. C. Hampson Jones has been appointed demonstrator of anatomy at the College of Physicians and Surgeons in place of Dr. J. H. Branham, resigned. Dr. Standish McCleary succeeds Dr. Jones as professor of physiology and histology.

At the 20th annual session of the Association of Medical Officers of American Institutions for Idiotic and Feeble Minded Persons, held at Grand Rapids, Michigan, last month, the president's annual address was delivered by Dr. Samuel J. Fort of Ellicott City.

The Governor of South Carolina has issued his usual annual proclamation: "That the quarantine regulations of this State will be rigidly enforced from Friday, May 1, at sunrise, and continue until Saturday, October 31, at sunset, at the several ports of this State."

Those members of the Medical and Chirurgical Faculty who expect to attend the Pan-American Medical Congress, to be held at the City of Mexico in November, are requested to send their names as early as possible to Dr. W. Guy Townsend, 10 West North Avenue, Baltimore.

Dr. J. C. Clark of Federalsburg, Md., has been appointed first assistant at Spring Grove Insane Asylum. Dr. Clark received his degree at the University of Maryland in 1880 and was a prominent physician in Caroline county, where he was health officer. He served a term in the State Legislature.

At the recent meeting of the American Gynecological Society the following officers were elected: President, Dr. Chadwick of Boston; First Vice-President, Dr. Sutton of Pittsburg; Second Vice-President, Dr. Garrigue of New York; Secretary, Dr. Goffe of New York; Treasurer, Dr. Baldy of Philadelphia.

At the recent meeting of the Medical Association of Alabama, held in Montgomery, the following officers were elected to serve during the ensuing year: President, Dr. Barckley Wallace Toole of Talladega; Secretary, Dr. James Reid Jordan of Montgomery; Treasurer, Dr. Walter Clark Jackson of Montgomery.

The death of Dr. Henry Salzer in this city, in the fifty-fifth year of his age, last week, was a shock to all his friends, although it has long been known he was suffering from an incurable disease. Dr. Salzer was a native of Germany, where he obtained his degree, studying first at Wurzburg and later at Giessen. He served with distinction in the Franco-Prussian war as surgeon and was later surgeon on the North German Lloyd steamers. Dr. Salzer was faithful to his duties and had built up a large practice, principally in diseases of the gastro-intestinal tract, to which he had given especial attention and which he treated scientifically. He was noted for his many acts of kindness in his professional life.



## WASHINGTON NOTES.

ACCORDING to the weekly report from the Health Department, there was an increase in the mortality for the week ending June 13. There were 91 deaths as compared with 83 during the previous week; as a consequence the death rate per thousand inhabitants rose from 15.6 to 17.2. There was a decrease in heart and brain affections and an increase in lung diseases, 9 deaths being from pneumonia and 17 from consumption. Zymotic diseases as a class were notably absent. There was only one death from typhoid fever. At this season of the year there is a tendency to increase of the children's diseases of diarrheal nature. Two new cases of diphtheria, but no deaths, were reported. No new cases of scarlet fever.

The Medical Society of the District of Columbia adjourned until next October.

The Washington Obstetrical and Gynecological Society held its regular meeting on Friday night, the President, Dr. George Byrd Harrison, in the chair. Dr. I. S. Stone presented an Ovarian Cyst with Mucoid Degeneration; also a Distended Appendix from the same patient. Dr. Henry D. Fry presented a Decidual Membrane representing a complete cast of the interior of the uterus. He had operated on her for extra-uterine gestation. She is now pregnant. Dr. Fry also presented a large Myoma of the Uterus which had now become malignant, although not so at first. Dr. J. Wesley Bovée presented the rare specimen of Cysts of the Round Ligaments of the Uterus. The President appointed a Committee, consisting of Drs. F. S. Nash, G. N. Acker and G. Wythe Cook, to get up a banquet for the Society next October. The essay of the evening was read by Dr. Henry D. Fry, entitled "Manual Rectification of a Faulty Head Position." After a short discussion by Dr. W. P. Carr, the Society adjourned.

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### Book Reviews.

HOW TO FEED CHILDREN. A Manual for Mothers, Nurses and Physicians. By Louise E. Hogan. One of the series of "Practical Lessons in Nursing," issued by J. B. Lippincott Co. Price, \$1.00. Philadelphia. 1896.

The volume embodies an effort to make popular the views of certain writers, espe-

cially Dr. Rotch, concerning infant feeding. Considerable space is accordingly given to "Laboratory Feeding." There is a goodly array of receipts of diet suitable to older children, and some suggestions of value concerning feeding of infants and children.

BORDERLAND STUDIES. Miscellaneous Addresses and Essays Pertaining to Medicine and the Medical Profession, and their Relations to General Science and Thought. By George M. Gould, A. M., M. D., formerly Editor of the *Medical News*. Philadelphia: P. Blakiston, Son & Co., Publishers. Price, \$2.00.

This is a delightful book and illustrates the saying of the elder Dr. Gross, that the man who knew medicine only did not know medicine. A broad-minded physician is at his best when in touch with great social problems and every-day questions; the wise counselor, the acute observer, the well-balanced humanitarian. To these discussions Dr. Gould brings great earnestness and enthusiasm, marked literary ability and refreshing wit and humor. The author owes no apology for this republication, in part. Every medical graduate will find a perusal of this book beneficial in ennobling his views of professional life and directing his energies towards unselfish and consecrated aims. Among the subjects treated are: The Role of the Maternal Instinct in Organic Evolution; Life and its Physical Basis; The Duty of the Community to Medical Science; Charity Organization and Medicine; Hospitalism; Concerning Specialism; Medicine and City Noises; Muscular Development and Use the Conditions of Health; Everybody's Medical Duty; Immortality, etc.

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### NEW JOURNALS.

Among the journals which have lately appeared is the *Western Medical Review*, a monthly publication from Lincoln, Nebraska. It contains some excellent articles and the general make-up of the journal is a credit to the publishers and editor. The editor is Dr. George H. Simmons.

Another new publication is the *Clinical Chronicle*, which is devoted to diseases of the nose, throat and ear and appears but three times a year, namely, in January, May and September. It is edited and published in Cincinnati by Dr. Eric E. Sattler and is of a

small form like the Chap Book and similar monthlies for the pocket.

REPRINTS, ETC., RECEIVED.

The Assessment Laws of Maryland. 1896.  
Antitoxines, etc. Lehn & Fink, New York City.

Announcement of the Illinois Medical College. 1896.

New York Pasteur Institute, Sixth Annual Report. 1896.

Evisceration of the Eyeball. By L. Webster Fox, M. D.

The Fourth Annual Report of the Sheppard Asylum. 1896.

Protonuclein Clinical Record. Reed & Carnrick, New York.

Annual Report of the Health Department of the City of Baltimore. 1896.

The *Fin-de-Siècle* Treatment of Abortion. By Edward E. Conrad, M. D., New York.

Prospectus of the Hospital for the Relief of Crippled and Deformed Children. Baltimore.

The Therapeutic Applications of Pyrozone Solutions. McKesson & Robbins. New York.

Eleventh Annual Report of the Adirondack College Sanitarium, Saranac Lake, New York. 1896.

Urotropin. By T. A. Flexner, M. D. Condensed from the *American Practitioner and News*.

Medicine as a Profession. By Louis F. Bishop, A. M., M. D. Reprint from the *Rutgers College Targum*.

Petroleum in Pulmonary Affections. By E. P. Jones, M. D. Reprint from the *New England Medical Monthly*.

Appendix to Dunglison's Medical Dictionary. Twenty-first Edition. Lea Brothers & Co. 1895. Philadelphia.

The Fifty-third Annual Report of the Mount Hope Retreat. 1895. Charles G. Hill, A. M., M. D., Frank J. Flannery, M. D.

A New Form of Antiseptic Treatment of Wounds. By C. L. Schleich, M. D., Berlin. Reprint from the *Therapeutische Monatshefte*.

Cresote Carbonate in the Treatment of Pulmonary Tuberculosis. By William H. Dukeman, Los Angeles. Reprint from the *Medical News*.

Current Editorial Comment.

CONSERVATIVE GYNECOLOGY.

*Medical Record.*

WE speak of unnecessary operations only, and would by no means detract from reputations worthily won and modestly enjoyed. But the line between the fashionably ambitious innovator and the judiciously conservative operator is not yet clearly drawn. However, the revenge of the ovary may be nearer than we suspect. Already, with retaliatory smirk, she appears willing to share her pressing burdens of distinguished consideration with her now anxious analogue, whose right to be is so seriously questioned in connection with the newly discovered reflexes focussed on a tumefied prostate.

SPECIALISTS.

*Clinical Chronicle.*

IN order to successfully follow a special line of practice it is absolutely essential to have a broad general foundation of medicine. The best special practitioners are those who have diligently worked in the general field of medicine for some years before taking up any specialty. No young man should make the mistake of rushing into a special line of practice, until he has absorbed and understands, by hard work for a number of years at general practice, the comprehensive and broad nature of the study of medicine generally, and the intimate and inseparable relationship existing between different parts and organs of the human body.

ALCOHOLISM AND CRIME.

*Medical Fortnightly.*

SINCE the days of Spartan lawgivers, it has been held that drunkenness is no excuse for crime; in fact many judges hold it is but an aggravation of a criminal act. Jurisprudence has been slow to accept the teachings of the disease theory of inebriety, and excepting in delirium tremens has never recognized such a plea. In criminal relations the law seems more harsh in its practical application, than in civil or social relations. That this is but just is evident when, objectively, we consider that the drinking man can voluntarily place himself in a position to do criminal acts. Many courts hold that intoxication, irrespective of degree and its effects, does not alter or excuse the act.

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## Original Articles.

### THE PHYSICAL DIRECTOR IN THE SECOND AND NINETEENTH CENTURIES.

READ, IN PART, BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND,  
APRIL, 1896.

By *Edward Morton Schaeffer, M. D.,*  
Baltimore,

Member of the American Association for the Advancement of Physical Education.

No leech can cure, how great so e'er his wit;  
Tissue he cannot heal, nor the bone knit.  
Life's secret means his splint and draft supply;  
Nature then cures—or bids the patient die.

Wise through thy creed, dream not, presumptuous man,

'Tis thine to save that which thou didst not plan;

Serve thou a mightier force than it or thee,  
And each soul's self shall that soul's savior be.

—DORA R. GOODALE.

TO THE hygienic methods of the early Greek fathers of medicine are we indebted for the distinctive title of physicians. Every practitioner in those days was primarily a physical director and

should we not remind ourselves of the fact that our art is builded on their foundation, lest we be tempted to wander too far from their purer devotion to the *vis medicatrix naturae*?

Authorities say that "Aristotle had distinctly the idea of the advance of physiology and medicine by means of the study of nature. He said 'physical philosophy leads to medical deductions, the best doctors seek grounds for their art in nature.' Perhaps from this sentence, at all events from the notion contained in it, the word 'physician' has come to be appropriated in modern times by practitioners of medicine."

The history of medicine offers an in-

valuable study in these times, when a calm, clear outlook is needed to escape the dust of medical upheavals, so characteristic of vigorous thought in a developing science.

If you will pardon a jest in this presence—the hygienic shibboleths or tocsins of old are outshouted by the toxins and antitoxins of today! The air which the new disciple of Esculapius breathes is resonant with worship of microbes and rumors of microbes, ptomaines and animal extracts, antipyretics and analgesics. It is due to nature's sweet forbearance that life's vital forces have not long since "gone on strike" or organized a "bionergical" protective union.

Germs might well ask in turn of the economy of nature: Is life worth living? And this answer comes to them from a recent witty writer: "The law of natural selection holds as good with bacteria as with people. Just as the human cell acquires immunity, so bacteria can acquire a tolerance to poisons. There is no doubt that the surgical microbe will in time acquire [transmit] a great tolerance to carbolic acid, corrosive sublimate and such antiseptics"—and then, what gods will help us?

This irreverence, however, would be pardonable only in the defence of Hygeia—our first love. The brilliant science of bacteriology is the latter's best friend and interpreter. It is the very genius of preventive medicine and utters the gospel of cleanliness, which is truly next to godliness. Still let us never forget the underlying first cause of disease, which the patient himself contributes—impaired nutrition or vitality, the expression of violated physiological law; or, as Dr. Solis-Cohen expresses it, we should "regard infectious diseases as the product of our organism  $x$  plus the microbe  $y$ ," and thus not unduly exalt the technique of disease.

On this occasion I have invoked the aid of Galen, a prince among medical observers and logicians, to endorse my plea that the most logical, natural, hence permanent, Cure for physicians to administer, doctors to teach, and patients to obtain and value (so that "physicians" may live) is the cure in

advance known as the ounce of prevention. (This philosophical relation of laity to medical advisers exists, as every one knows, in China and a doctor of this kind, I am told, is tendered his fee before he leaves the house of his ward.)

Dr. Jacobi thus aptly illustrates my contention.

"What the knife is to the surgeon, drugs are to the physician. The knife does not make the surgeon, nor the medicines make the physician; both, however, are indispensable. To employ them with benefit takes skill and experience, both individual and collective; as also judgment and honesty." He calls it "a fundamental truth that every thing in medical science, in order to be both scientific and humanitarian, should be conducive to the prevention or the cure of disease."

Again Dr. Cohen's words: "What the unthinking call cure, and the philosophical, recovery. Health is the balanced condition of internal relations; neither health nor disease are entities but states of the organism. We give names simply to the totality of observed sequences in nature. The therapist resorts to potential drugs [which are foreign invaders of the organism quite so much as some microbes] that he may by their perturbation modify that which is habitual or evoke that which is latent."

Active medication is best regarded as a sort of martial law, the law of emergencies; a final court of appeal; the *ultima ratio medicorum*—to paraphrase a motto with which kings used to decorate cannon, (*ultima ratio regum*). The analogy to the surgeon's knife is very apt, and yet the latter is not an equally popular medicament among the ailing and hypochondriacal.

"The correct estimate of the daily life is especially the point whereby Greek physicians have become an example for all time. Next to gymnastics, which was especially directed to the development of the organs of respiration and digestion, belonged in the daily regimen, the cold bath taken after exercise, also the rubbing of the skin with combs, and, finally, a simple, but rich, diet, for which especial appetizers were not

needed. Hereby, in fact, were the conditions given to keep the body healthy and even to free it of manifold ailments."

Plato says: "When the body is harmoniously fashioned, medical art is not a necessity to it, except in very dangerous maladies. For as living things, if we deduct powerful influences invading from without [accidents, etc.], have an allotted period of life, so in diseased conditions we find a process similar in its nature to the former; if one disturbs it by drugs before the appointed time, it generally happens that great troubles arise out of small, numerous out of the few. Therefore one should regulate all this by an ordering of the life (dietetics *pro re nata*) but on no account stir up a serious evil by the use of drugs. Gymnastics, however, is and remains the chief means for purifying and invigorating.

"With respect to the art of gymnastics, akin to that of healing, we cannot but maintain that it is more important than the latter, by the same extent that legislation takes precedence of the administration of law. For gymnastics should make the medical art unnecessary, so that it at best is used only for cases of emergency."

The celebrated temple healings were certainly often affected through gymnastics. For in various places in Greece, gymnasia were combined with the temples, where chronic sufferers sought to regain their strength through exercise, baths and unguents. Frictions and divers manipulations followed immediately on the baths. The currycombs (*strigils*) with which they had themselves rubbed down after the bath are to be found in Pergamos.

In the temple of Esculapius of the town of Galen, people had recognized very early the efficacy of bodily movements. As Galen himself mentions, already Esculapius is said, and even "the Pergamesan," to have prescribed for not a few patients, riding, hunting, and various practices with arms, and had also designated the kind of movements as well as weapon.

Nothing is often easier than to prescribe drugs, the pinch—and a test of cor-

rect therapeutic theory and resource may be—to proscribe them. In a previous paper, entitled "Use of Food as Medicine," this thought was emphasized, embracing practical dietetics and hygienic environment; the developing of vital function and reserve force through improved nutrition; definitely prescribed exercise and rest; hydrotherapy, massage, etc., and detailed supervision of the daily regimen.

"A discrimination of gymnastic exercises according to bodily parts and functions which are preferably concerned therein, had a place with the Greeks and Romans before Galen's day, as we plainly see in the writings of Aretaeus and Celsus. It is incomprehensible that at the revival of gymnastics at the close of the previous and the beginning of the present century the anatomical element remained almost unnoticed, and it is at all events a merit of Ling's to have placed anatomy once more 'on the most precious roll of the gymnast.'" (Frank.)

#### GALEN.

Galen, says Baas, in his "History of Medicine," was a man of universal education, versed especially in philosophy and rhetoric, and of an enormous technical knowledge, which enabled him to comprehend, historically and critically, the whole pre-existing science of medicine. This knowledge was the result of a marvellous capacity for labor, devoted from a precocious youth onward to literary pursuits, in which respect he was equalled by scarcely any physician of any age. Thus he became one of the greatest medical savants, most eminent scholars and most fruitful authors of all times.

If he was on the whole a great compiler and savant, he was yet an independent investigator also, particularly in the departments of anatomy and physiology and by reason of his acuteness of mind and his great skill in dialectics he was a born systematist.

Renouard (History of Medicine) speaks of Pergamos as celebrated for its temple to Esculapius, its school of medicine and its library—which in richness was only second to that of Alexandria. For

erudition, subtlety of reasoning and universal knowledge, Galen was second only to Aristotle, and excelled even him in elegance, purity and strength of style.

The following epigrams and characteristics of Galen have pleased some of his reviewers :

Correct treatment depends not upon knowing what disease is before us, but upon the previous state of the patient and affected part ; and upon the special character of the disease. Each case is to be treated by itself.

A good physician is such only in so far as he discerns the ends toward which nature is working.

Immoderate excretion in fever is against nature, and should be checked by opium; moderate excretion is favorable, and to be encouraged by emetics, purges and diuretics. (Method. Medendi, xi, 13.)

Galen practiced the "milk cure" with great success. He sent consumptive patients by sea to a village on the southern side of Vesuvius, where they drank milk warm from the cow. He considered human milk most effectual, but (as he amusingly expresses it) used to order asses' milk for those asses who did not like returning to their infantile condition.

Galen insisted that a dark color of the skin was a symptom of great value in the diagnosis of splenic diseases and mentions that in these affections [Loc. aff. v. 7 : vi, 1.] Archigenes had recommended, as a drink, water in which red hot iron had been frequently plunged. [We boil ours now.]

He discourses on the correct way of spelling asparagus, whether so or asphargus. I write it in the former way (adds Galen) with those whose business it is to attend to health and not to words.

Galen attached great importance to the general treatment of many appa-

\* Quin, sicubi forte offenduntur plorantve, non minimum his doloris lenimen est nutricis papilla ori indita; quippe tria haec doloris infantium nutricibus ipso usu edoctis inventa videmus; unum quod modo retulimus, et altera duo, motum medicem et vocis modulationem; quibus perpetuo usae non solum mitigant, sed etiam somnum concitant, vel hoc ipso testificante natura, ad musicam eos et exercitia suapte ingenio esse propensos. Adeo, quisquis his artibus probe uti sciet, is nimirum et corpus et animum optime instituet.—De Sanit. Tuend. Book 1. End of Chap. vii.

rently local diseases, such as ulcers, skin diseases of the scalp and lesions of the eye.

Milk, Music and Motion are the three means or remedies in infancy.\* "Nutricis papillam, motum medicem, et vocis modulationem, tria haec doloris infantium nutricibus . . . inventa videmus. [What Galen meant was that mothers who nurse their children are spared much of the fretting and crying of infants, which yield readily to proper food, the soothing melody and the cradle's rhythmic motion. This has a modern kindergarten flavor.]

Medicine, Exercise, Diet—all have claims to the honor of preserving health—are links in the science of medicine not to be separated. Health, action and beauty, in conjunction, form the summum bonum of the body.

He is the best doctor who is the best teacher of gymnastics.

Gymnastics selected carefully with reference to the age, constitution and degree of weakness is a very important part of the healing art.

Physicians are urged to prescribe for their convalescent patients exercises with the small ball. [Game of Fives or Tennis.]

\* \* \*

At this point, I desire to acknowledge my indebtedness to a tract by Dr. B. Frank, Director of the Gymnastic Orthopedic Hospital at Brunswick, published in Dresden in 1868. Galen is such a voluminous writer (Kühn's Ed., 22 vol., Greek and Latin text) that had I not discovered this appreciative German guide and verified the literal accuracy of his translation, my own attempt to give English readers a glimpse at the teaching of this famous old Greek doctor and physical director would not have been made so agreeable a task. Wherever to the purpose, I freely avail myself of my predecessor's careful and interesting research.

"The more physical exercise wins general public attention in modern times, so much the more does one feel prompted to take a look into the past and to learn to know better the views of those men who had the opportunity to make them-

selves acquainted with the physiological effects of exercise, during, or but a short time after, the palmy days of Greek gymnastics. Among all the writers of this epoch, there is no one more entitled to satisfy our curiosity than the incomparable historian, Claudius Galen of Pergamos. To be sure, about this time, the once so noble gymnastics began to degenerate ever more into a crude athletics; still, so much better did the excellent doctor and dietitian learn just in this way to value the use of rational and moderate exercise, as undoubtedly appears from his posthumous works."

Says Dr. Frank: "Galen spoke of athletics as 'a vicious art under the mask of an honorable name.' According to him, exercise (gymnastics) carefully selected according to the age, constitution and individual needs, is a very essential part of the science of health. The opinions of Galen appear, indeed, so much the more worthy, as he busied himself in many ways, by inclination and special request, with gymnastics, and all his statements are marked by love of truth and accuracy. Galen was born in the year 131, A. D., at Pergamos in Asia Minor. He early gave himself to travel, in order to broaden his knowledge. He especially tarried in Alexandria, where at that time anatomy was being followed with great zeal. In his twenty-eighth year Galen returned to his native city, and by commission of the priests who had charge of the temple of Esculapius and the gymnasium in connection with it, here undertook the care of the public gladiators. Herewith appears to have been united also the office of the so-called gymnast, whose duty it was to deter-

mine the exercise proper to individual bodily conditions, whilst the pedotribes, who had only a technical education, had to look after the proper execution of the movements. Galen managed these offices entrusted to him for six years, when a riot broke out in Pergamos and compelled him to leave his country and journey to Rome, where frequently Greek doctors had made their fortune.



CLAUDIUS GALEN  
130-200? A. D.

"Scarcely arrived in the metropolis of the world, he took part so zealously in the exercises of the gymnasium modelled after the Greek pattern, that he sprained his upper arm and was in bed for some weeks in consequence. Soon Galen's fame was so great in Rome that he excited the jealousy of the doctors, which induced him, after many disputes, to return to Pergamos. Again summoned to Rome by the Emperors Lucius Verns and Marcus Aurelius Antoninus, he served later the young Commodus as court-physician. When and whether he again returned to his native land is as little known as the year of his death, which is said to have occurred at the beginning of the third century (about 201 A. D.). All the writings of Galen bear witness to the prodigious genius of their composer, who for nearly 1400 years exerted the greatest influence on the healing art and even until the time of Paracelsus was the idol of all medical schools."

"The history of our art," says the learned Sprengel, "knows of no more shining genius among physicians; it tells us of no doctor of ancient times who knew how to unite an almost illimitable erudition with the rarest talents, and to show himself a master in every

department of knowledge, as did Claudius Galen of Pergamos."

"The physiology of Galen, among different speculations, affords the greatest satisfaction, and one is often astonished at the correct views which he educed concerning many functions. For example, he knew that the respiration was accomplished by the action of the diaphragm and the intercostal muscles, and that this function removed the 'sooty' (Gr., lignos or to kapnodos. Lat., fuligo, excrementitious waste) elements of the body, while at the same time introducing the 'vital air.'

"It is quite certain that Galen already knew of the circulation of the blood, and by numerous experiments on animals had arrived at a knowledge of the nervous system recognized even now as tolerably accurate. He first saw clearly that practical therapeutics must be based on physiological laws, and that a sharp division between a state of health and disease is not to be found. Health as well as disease depends essentially upon the relation of the body towards influences exerted from without.

"When the 'movements (kinesis)' arising from the latter events are according to nature, the result is health; when they are not, the reverse is the case. Involuntarily, this reminds one of the present views of the metabolic processes which must be considered as the internal movements of life, whose change through many external influences determines disease. Invaluable observations occur in nearly all branches of the healing art which Galen practiced, and it is only to be regretted that the latter interrupts his discourse frequently with subtleties; which owe their origin, to be sure, to the dialectic method in use in his day."

Regarding bodily exercise, Galen treats principally in the three following tracts, all of which undoubtedly belong to the genuine class:

1. Hand-ball exercise. (Game of fives. Tennis.)

2. An address to Thrasybule: Whether the preservation of health is a part of the medical or the gymnastic art (depends on medicine or exercise).

### 3. The Laws of Health.

In the first tract, ball play is universally recommended as one of the best exercises, because it sets all parts of the body in motion, and at the same time exhilarates the spirits. "For so great is the power of the mind that many through joy alone are freed from ailments, and many through sadness are made sick."

The opinions of Galen are presented in the fullest degree in

#### "THE PRESERVATION OF HEALTH."

Chapters 8-12 of the second book of these still valuable writings treat exclusively of physical exercises and it appears to me appropriate to transcribe the same in a literal translation.

#### CHAPTER 8.

##### *A Literal Translation.*

As varieties of exercise I mention wrestling, the pancratium [boxing and wrestling combined], boxing, running and every other kind, some of which are merely exercises, while others are not merely exercises, but work. Bodily exercises are those just named and, in addition, swinging dumb-bells, running back and forth in a constantly narrowing course, sparring, hand-wrestling, jumping, disk-throwing and the exercising of the body with leather striking bags [filled with fig-grains, flour or sand], small or large balls and weight clubs (dumb-bells). Exercises and work combined are digging, mowing, riding, fighting, marching, tilling, pruning, burden-carrying, rowing, hunting, fishing and whatever else men do in or out of business respectively, in accordance with the necessities of their life, whilst they build houses and ships, work metals, cultivate the ground or do something else of the kind for hostile or peaceful ends. Most of these can merely serve at times as body exercise. Their advantage is, moreover, a threefold one; often one and the same is undertaken merely as work, again as a test of the merit of the work that is to be, and sometimes also as a bodily exercise. Thus I was once obliged, being detained in winter in the country, to split wood in order to exercise myself, and to pound



and shell barley in a mortar, which was the daily occupation of the rustics.

As regards the value of this work as such I will have something more to say in a following book ; in the present one I will speak of the merits of the same as bodily exercise.

All such exercises will not be taken during the entire day, and indeed at no other time than before meals. It is assumed that one has to pay attention to the amount of exertion and must not neglect the so-called after-treatment [rubbing down].

But if one goes to it after a sufficient massage, then the list of exercises is complete. Of all these which we call exercises must the art of hygiene have practical cognizance, and we call him, as I have just said, hygienist, teacher of gymnastics or physician, whereof the first designation will be the most suitable, but the others must not be regarded as inappropriate. For since all engaged in business are named after the business they pursue, so it is clear that one practicing the art of hygiene may properly be named a hygienist, just as is the one conducting mere exercises, gymnastic teacher and the doctor, he who practices healing as a vocation.

The nature of these exercises consists in the rapidity or slowness of the movement and in its strength or mildness. Modifications in the course of all the varieties named are as follows. Either the movement is continuous or intermittent, and when continuous, either uniform or unsymmetrical ; if interrupted, either regulated or unregulated. These are the modifications of the process inherent in the thing itself ; in addition, there follow those which are dependent on external circumstances.

Either the exercise takes place under the open sky or in an enclosed room or partial shade. Further, the room may be either warm or cold, quite dry or damp, or of medium condition.

"Then finally the exercise is attended with the use of sand with oil, and that too with a greater or less amount, or indeed without either, a modifying circumstance in the course of the exercise." [Dialectic subtleties.]

#### CHAPTER 9.

"After specifying, then, all with which the guardian of health needs to be familiar, it is time to state what is common to all and what is appropriate to each, and then to define the times for the rubbing. A common property of all exercise is, that by it an increase in the warmth of the living substance is produced. Our body is warmed, indeed, in bathrooms, in warm-water baths, at warm seasons of the year, and whenever we sun ourselves, warm at the fire, rub ourselves with warm embrocations. All this warmth, however, comes from without, not from within, and its excitation and increase does not come from its own



ATHLETE USING STRIGIL.

source. With physical exertion, however, an increase of the natural warmth in living structures ensues, while it arises from its own body. This is common to bodily exercise ; it is, however, nothing peculiar, since with those who fall into a passion, experience pain, or are seized with shame, there occurs an increase of the natural warmth ; and indeed anger is not alone an increase, but also an ebullition of the warmth in the heart, on which account the most esteemed of philosophers maintain that its being is of that nature."

## THE OCULAR MANIFESTATIONS OF DIABETES.

READ BEFORE THE 98TH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL 28 TO MAY 1, 1896.

By *Harry Friedenwald, A. B., M. D.,*

Associate Professor of Ophthalmology and Otology, College of Physicians and Surgeons, Baltimore.

THE diabetic affections of the eye are very varied. It appears that they are due either firstly, to general debility; secondly, to disturbances of nutrition; thirdly, to the production of a toxic substance or toxic substances in the blood.

1.—The visual disturbances due to general enfeeblement depend upon weakness of the extrinsic ocular muscles and, still more, of the muscles of accommodation. To this we must ascribe the early presbyopia and the rapid increase in strength of glasses required for reading; which are far in excess of the glasses which healthy persons of the same age require.

2.—The affections probably due to nutritive disturbances are cataract, retinitis and hemorrhage within the eyeball. Diabetic cataract is not as common an affection as is often supposed. It is not peculiar in any respect but occurring as it does at times at a very early age its course of development is rapid. It is wrong to speak of all cataracts found in old diabetic patients as diabetic cataracts, for there is no question that an old person may suffer with both diabetes and with cataract. From a practical point of view it is interesting that different observers hold varied opinions as to the prognosis of extraction of cataract. In diabetic patients some believe that the prognosis is just as good as in uncomplicated forms. Still it appears not improbable that the tendency to post-operative inflammatory affections, such as iritis, is rather more common in a diabetic patient.

The retinitis of diabetic patients occurs in different forms.

First. A form of hemorrhagic retinitis in which hemorrhages of various sizes are found scattered in the retina, frequently so large as to break through into the vitreous; besides these, various

degenerative and inflammatory lesions may be found. This form is not as characteristic as is :

Second. The retinitis in which we find small, white, shining spots in the central part of the retina, lying in the retinal tissue. They are most marked in the macular region, may become confluent and form long streaks, but they rarely present the stellate form of albuminuric retinitis. Small hemorrhages may be scattered among the white spots. This form, first described by Hirschberg, is considered by him as pathognomonic of diabetes. The distinguishing feature, according to this author, and the one which differentiates it from albuminuric retinitis, is that the papilla and the blood vessels appear perfectly normal in diabetic retinitis, while in the albuminuric form they always present characteristic changes. This form of retinitis usually comes on in persons between 45 and 65 years of age, who have had diabetes for a number of years. Like other diabetic forms, it is always bilateral. Vision may be greatly impaired but this affection does not lead to complete blindness.

The optic nerve may also be affected in diabetes. We may find an optic neuritis. The most frequent variety is a retrobulbar neuritis, to which we shall refer later on.

Third. Among the most interesting diabetic affections are those probably due to poisonous products in the circulating media; in other words, to an auto-intoxication. We may refer in this connection to retrobulbar optic neuritis. This results in more or less disturbances of central vision from central scotoma. This form is very similar to the affection produced by nicotine poisoning and some observers have gone so far as to deny the occurrence of a true diabetic

form. In a paper which I had the honor to read before the Faculty a few years ago (*The Eye Affections of Diabetes*, see *MARYLAND MEDICAL JOURNAL*, May 5, 1894), I reported a case of this kind which I had myself seen.

An affection which likewise belongs to the class due to auto-intoxication is diabetic paralysis of the accommodation. This affection very greatly resembles post-diphtheritic paralysis of the accommodation in its symptoms and in its course.

Just as in the post-diphtheritic form we have paralysis of accommodation without disturbance of the pupil. In a case which I reported the patient had rapidly lost weight and when admitted to the hospital was passing 30 pints daily with specific gravity of 1034. Under codeine treatment the amount was reduced to 10 pints and then the patient complained of inability to see distinctly. The visual disturbance was due entirely to paralysis of accommodation, which was complete and remained so for about four weeks, when it rapidly improved; as far as we could see there was no other change in his general condition. Before, during and after the attacks his general debility was not such as could explain loss of accommodation. We may have other ocular nerves affected and the paralysis may be either peripheral or central.

Mrs. H., aged 82, had an attack of left facial paralysis several years ago; this had almost disappeared. On October 29, 1894, she informed me that for several days she had severe headaches and giddiness and diplopia and an examination showed paralysis of the right internal rectus muscle with slight paresis of the superior and inferior recti. Pupil and upper eyelid were normal. At this time the amount of sugar was 2 per cent. I saw her again December 23, 1894. Paralysis had passed off and there was no diplopia. A year later she was still well, so far as an ocular paralysis was concerned. This affection was probably due to central disturbance.

Inflammation of the uveal tract, especially iritis, occurs as the result of diabetes.

Mrs. G., aged 69, had suffered with diabetes for a number of years. When examined November 20, 1894, numerous fine synechiae were found in the right eye, but the iris was still movable. The left pupil was normal. There was an incipient cataract and a few fine hemorrhagic spots were found in the left retina. February, 1895, another severe attack of iritis occurred, which lasted for a couple of weeks. Pain and the objective signs were very great. It may not be out of place to mention that the improvement began almost immediately after the exhibition of salicylate of soda, previous treatment having been without avail.

A case of considerable interest has recently come under my observation; I shall briefly refer to it, although quite unable to offer an explanation.

Mrs. P., aged 59, a rather corpulent woman, consulted me March 21, 1895. Her right eye had always been the weaker eye. Four weeks previously the sight of this eye gradually became obscured and during the past ten days it was almost abolished. The papilla was somewhat pale in its outer half, the vessels normal, the eye was not painful on pressure nor when the eyeball was moved. Movements of the hand could be slightly discerned in the outer periphery of the field. L. E. appeared normal and its vision was almost perfect. The patient had suffered from thirst for four or five months and had been very "nervous" for about a year. The urine contained large amount of sugar, but no albumen. I saw the patient again January 15, 1896; she had continued to get stouter, which she ascribed to inactivity. Both papillae were slightly paler in macular half. V. L. E. began to get worse July, 1895, and in about eight weeks she became blind. In January, 1896, vision was entirely lost. I have since heard that her condition is still the same.

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GONORRHEA.—A good injection is a one per cent. solution of creosote in boiled decoction of witch hazel. Employ four times daily. It will destroy the poison in a few hours.

## TETANUS NEONATORUM.

By Edward Anderson, M. D.,  
Rockville, Md.

MANY of the States have passed laws for the prevention of blindness in the new-born, but there are none for the prevention of tetanus, which is frightfully prevalent among the poor and uncleanly. I believe that in nearly every instance the disease enters the system through the navel as soon as the cord begins to separate.

The more filthy the conditions present and the hotter the weather the more rapidly is the funis divided and the more apt are the disease germs to enter. Nearly all of these cases occur where midwives are in attendance and if they cannot enforce cleanliness sufficiently early to prevent the disease they can at least use antiseptics and they ought to be compelled to do so.

Physicians should also use antiseptics where the surroundings are not what they should be. They prevent suppuration, retard the separation of the cord and thereby lessen the danger of infection. In the spring of 1892 a woman in this town, who had several small children and whose surroundings were very bad, gave birth to a child. On the eleventh day the navel was still an open sore, when the child was seized with tetanus and died on the fourteenth.

On the 22d of May, 1894, I was called to see a child of the same woman five days old suffering with the same disease. I gave chloral hydrate, which checked the spasms, and breast milk as nourishment, but the child died on the third day. I would remark right here that as it is impossible for them to nurse in this disease, I resort to the same method as I do in all cases where I have convulsions to contend with. Two spoons

should be used, one held between the teeth as a trough, and the medicine poured into it from the other; in this way none is spilled and you are sure of the dose. I told this woman that everything about the bed must be renovated or every subsequent birth would be attended by the same consequences.

On May 17, 1896, I was sent for to see another child of the same woman, twenty-four hours after its birth, the mother fearing it might go like the others. Between the birth of this child and the last the ticking had been emptied and boiled, together with everything else about the bed. I used iodoform ointment freely in this case and the child has been perfectly healthy since its birth and is now entirely out of danger. Whether the ointment alone would have saved the child or not, I am unable to say, but had I not been called in 1894, this one would have undoubtedly shared the same fate as the others.

A few days since, a patient of mine, who is about to become a mother, asked me if I thought it would be safe for her to call in a certain woman until her regular monthly nurse arrived. She said so many children had died with convulsions a few days after their birth, where she was in attendance, that she was afraid of her. I told my patient it was not the woman's fault, but her misfortune to be employed altogether by the poor and uncleanly.

Antiseptics should be used in every case where disease is likely to occur, for it is too late, as I have proven, after the disease is developed. An ounce of prevention is worth several pounds of cure in this malady.

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THYROID IN GOITER.—Dr. Fletcher Ingals of Chicago, says the *Journal of Practical Medicine*, has made a careful study of fifty cases of goiter treated

with thyroid. The conclusion is that this remedy is quite as effective when administered internally as when given hypodermically.

## Medical Progress.

### RECENT PROGRESS IN DERMATOLOGY.

By T. C. Gilchrist,

M. R. C. S. (ENG.), L. S. A. (LOND., ENG.),

Associate in Dermatology, Johns Hopkins University, Clinical Professor of Dermatology at the Baltimore Medical College and at the Womans' Medical College of Baltimore.

In a valuable article on sleep in its relations to diseases of the skin (Transactions of the American Dermatological Association, 1896), Dr. L. Duncan Bulkley emphasizes the great importance of this subject, which he discussed in detail, because there has, thus far, been practically no attention paid to this branch of therapeutics. This element of sleep has been noted by him for twenty-five years in a large majority of his cases. He arranges the causes of disturbance of sleep under six main classes, viz.: 1. Digestive; 2. Toxic; 3. Circulatory; 4. Nervous (direct or reflex); 5. Psychic; 6. Cutaneous. He then goes on to consider:

1. The disturbances of sleep preceding or causing diseases of the skin. When the sleep is not natural perfect nutrition and innervation do not and cannot exist, and the skin tissues, even if restored to a comparatively normal state, by either external or internal measures, will readily yield again and become diseased. It is the failure to recognize and treat these and other derangements of the system which has led in some measure to the recognized obstinacy of cutaneous diseases. Eczema has been known to first appear after a period of sleeplessness and time and again has the author noticed fresh attacks come on from the same cause.

2. Disturbances of sleep accompanying or caused by diseases of the skin. Itching is the commonest cause, and the nocturnal sufferings will often exceed those of the day, so that a patient after a night of real agony enters on the day wholly unrefreshed. The reasons for the greater distress from itching during the night are: (a) The exhaustion of the nervous system during the day. (b) During sleep there is a certain

withdrawal of the general nervous control of the system which allows special irritations to assert themselves. (c) During sleep there is also an absence of self-control which leads the patient, perhaps unconsciously at first, to scratch and rub, even for slight pruritus, and thus cause new lesions. (d) Patches of diseased skin are especially irritated at night by the circulation of imperfectly elaborated blood. (e) The warmth of the bed favors a congestion of the skin, which congestion excites afresh the already irritated nerve elements. Pain is another factor in disturbing sleep, as in zoster, dermatalgia, syphilis. In a number of cases of acne Bulkley has found that sleep was imperfect and was improved considerably under treatment for the acne. The author does not claim that all these sleep derangements are directly causative of or caused by the particular skin disorder present, but that they are factors in their production.

3. Means of removing disturbances of sleep in connection with diseases of the skin. Bulkley refers to Chapin's interesting experiment where amyl nitrite was applied to the nostrils of a number of patients who were sound asleep and in every case they were promptly awakened; this was repeated on several evenings on different patients with a uniform result. Bisulphide of carbon and oil of peppermint were used under the same conditions, but only one-third of the cases gave positive results, showing that it was the action of the amyl nitrite on the circulation which awakened the patients.

In the treatment of the disturbances of sleep any—

1. Digestive derangements must be attended to, since this is one of the most important causes to be considered.

2. Toxic disturbances of sleep are much more common than is supposed, *e. g.*, coffee, tea, tobacco, the products of gout, etc. The diet, hygiene and exercise should be attended to and hypnotics should rarely be used.

3. Circulatory. Heart weakness and functional disturbances of the circulation will often cause deranged sleep. With an excited circulation, a warm

bath, or even a foot bath on retiring, will induce sleep. Bromides with a trace of aconite are also beneficial but digitalin is recommended in heart weakness, given before meals and at bedtime. Digitalin is also prescribed for the deranged circulation which is manifested in cold and clammy hands and feet, which often prevent sleep long after retiring. Relief is obtained also by plunging the members alternately into basins of hot and cold water.

4. Nervous. In many cases the cutaneous lesion will be but one of the signs of a general breakdown, resulting from excessive or injudicious use of the brain; in other cases overwork, social or other dissipation, is the cause of derangement of sleep. The treatment consists of good and proper feeding, nerve tonics, friction of the surface, *e. g.*, rubbing the body and limbs with a Turkish towel after a brisk sponge with tepid water before retiring.

5. Psychic. Mental cares, whether of business, domestic or social, may act as powerful depressants and proper hypnotic remedies should be recommended.

6. Cutaneous. In many instances the cause of sleep disturbance is one of the factors already mentioned and when the patient is thus deprived of sleep the pain or itching asserts itself. For the treatment of pain as a disturber of sleep the specific treatment for syphilis is used and opium is also recommended; galvanism is very valuable for the pain accompanying or following herpes in old people. Care should be taken in the proper application of the remedies ordered for the lesions of the skin. Concerning internal remedies, the preparations of opium are perfectly futile for securing sleep when it is disturbed by itching. Bulkley recommends bromide of soda with tincture of aconite. Tincture of gelsemium in increasing doses, given every half hour, for three doses, is also well spoken of by the author. Phenacetin often proves a valuable hypnotic, but sulphonal is unsatisfactory. In many cases a drink of warm milk or gruel or weak beef tea, taken before retiring will induce a good sleep if four hours has elapsed since the last meal.

Dr. James C. White of Boston, in a valuable paper on "The Prevalence of Germ Dermatoses" (Transactions of the American Dermatological Association, 1896), gave the results of his experience during the previous year at the Massachusetts General Hospital. In his remarks on erysipelas where the traumatic origin is not apparent there was no doubt that slight abrasions of the cuticle will account for the entrance of the *Fehleisen streptococcus*. He has frequently stopped a long series of recurrences of erysipelas by making the patients give up the habit of continually picking the nose. He recommends highly the use of a lotion of carbolic acid one drachm and alcohol and water, of each eight ounces.

With reference to furuncles, the majority of the cases occurred in the summer months among infants of the poorer classes as a sequel to heat-rash, eczema and other forms of dermatitis induced by heated rooms, foul clothing, uncleanness and improper food. He advises the use of a wash of corrosive sublimate, one grain to the ounce, once or twice a day, and the application of a salve of salicylic acid, half a drachm, and carbolated cosmoline, one ounce.

In connection with the subject of ringworm he quotes from Sabouraud's investigations, where the principal varieties are described, *viz.*: 1. *Trichophyton megalosporon* (endothrix), the ordinary benign form of the scalp and general surface, in children mostly. 2. *Trichophyton megalosporon* (ectothrix), which is always of animal origin, *e. g.*, horses and cats. 3. *Trichophyton microsporon*, which is really a small-spored microsporon Audouini. This third variety is the most common, most contagious and rebellious of the ringworms. It is the cause of the epidemics which run through schools and asylums and which last for many months or years.

In conclusion he says that perhaps 25 per cent. of all cases of skin diseases occurring in dispensary practice are probably caused by vegetable parasites and are, therefore, preventable affections.

In a very interesting and practical discussion on "The Value and Limits

of Usefulness of Electrolysis in Dermatology" (Transactions of the American Dermatological Association, 1896), by the members of the association, the views expressed were about as follows: Electrolysis for the removal of hair was of all means the best and only method and it was most useful in dealing with stiff hairs; but as far as its employment for lanugo hairs was concerned, there appeared to be some difference of opinion. In connection with nevi, the use of electrolysis was limited to those of the small variety, but in the removal of warts the results were satisfactory. The needle should not penetrate too deeply into the warts, otherwise a scar would be left. Electrolysis has also been found useful in "spider cancer," with small telangiectasis, and in rosacea affecting the nose. In hypertrophied cicatrices from strumous glands of the neck, reduction of the puckering of the part, together with the superficial tags and elevations, could often be brought about.

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INSIST ON A FAIR FEE.—"I never send for Doctor Smith unless I fear that I am very sick or that I may have a protracted illness. Dr. Jones calls at a dollar and I always send for him for slight disorders." What greater compliment could Dr. Smith receive and how slow is the progress of Dr. Jones from the above commonly heard statement.

Large numbers gauge a man's capacity and skill entirely upon the fee. Dr. Jones may be a well-read and a most practical physician, yet he will not be appreciated until his fee grows to meet or exceed that of Dr. Smith.

Your patient is not getting on to suit his friends and they advise him to leave a town of say one hundred thousand and seek medical or surgical aid from some men in the East, who will not look at a patient under a twenty-dollar bill. Aside from this your eastern friend will invariably have some pet formula or plan of treatment to recommend and you are lucky to be able to hold your patient upon his return. By a fair fee we do not mean an exorbitant price, but one large enough to convince the patient

that it is no cut rate on the ordinary price. If your patient finds himself too poor to pay the regular fee, it is far better that you treat him gratuitously than to accept a half fee. He will then not brand you as a cheap-rate doctor, but as a charitable gentleman, deserving of patronage from such of his friends as are able to pay your regular fee.

It is a well-known fact that a patient is much more apt to sing your praises when he can feel that he owes you nothing, be this either as a result of a good fee, or services rendered without compensation.

\* \*

THE YOUNG DOCTOR.—Just now there are very many of him—the young doctor. From the numerous medical colleges all over the country he is coming forth in multitudes, in this merry spring time, armed with sheepskin, lecture notes, remedies and shining instruments and inspired by professional enthusiasm, self-confidence and the determination to quickly establish himself as the peer of the best in the estimation of an awaiting public. With his certain and rapid cures for most of the ills of the flesh, he is sure that he will soon be able to make a reputation which will throw his practical, but somewhat old-fashioned, preceptor quite in the shade. He has been restive during the last few months of his course, longing to try his powers, feeling quite sure that the world does not know what a great new light is about to burst forth above the medical horizon.

Readers, we have all been there—we know just how it is.

But the young doctor has many things before him besides professional *éclat* and a grateful world.

\* \*

SALICYLIC SOAP PLASTER FOR ECZEMA SCLEROSUM.—According to the *Canadian Practitioner*, the following is very efficacious: Emplastr. saponat. liquefact., 2½ oz.; oleo olivar, 5 dr.; acid. salical., 22 gr. The plaster is spread and cut into strips, which are firmly adapted to the affected parts and left in position for several days. Its great advantage is that it is not necessary to change it frequently.

MARYLAND  
**Medical Journal.**

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BALTIMORE, JULY 4, 1896.

THE enforcement of rigid and efficient food inspection has shown itself to be of great value in a large city and while some *Bread and Milk* zealous officers or inspectors may have done injustice to dealers, still, on the whole, this method of protecting the public against bad food supplies has been of the greatest benefit.

Milk was one of the first articles of food to receive close attention and now an inspector of bakeries in Baltimore will, it is hoped, remedy some of the existing evils in that industry.

While the outside of a loaf of bread may reach a very high temperature in the process of baking, it is doubtful if the center of the loaf is always thoroughly sterilized and hence any dirt or impurities in this part of the bread may not be deprived of their harmful properties, and one of the acts of the bakery inspector is to look after lack of cleanliness. It has often been reported that bakers sleep on their bread boards in small, badly ventilated bake shops and it is this glaring wrong that will first be righted. Then bakeries in

dark cellars and unhealthy places will no longer be allowed.

The city chemists will look for poisonous and dangerous products in fancy cakes and candies and for the detection of such things the municipal laboratories of chemistry and bacteriology will be called into requisition. Now, not only is the milk inspected, but the dairy stables will be carefully looked into and in the near future a veterinarian will be added to this food detective force.

When such work is undertaken in a truly honest way by competent men, it can be easily seen that much benefit will redound to the consumer of these products and no one but the unclean and dishonest dealer will object to any reasonable inspection.

The food detective force in some foreign cities is a very important part of the municipal government and demands large appropriations, which the city fathers of those enlightened places find it economy to pay. Unfortunately, the inspection in Baltimore can only be carried out within the city limits and in the case of dairy farms which are outside of this line some are near enough to supply milk to the city, but not near enough to come under the inspection rules.

As years go by these small but important beginnings will gradually grow until the dealer who sells impure goods or who maintains a filthy and unhygienic dairy farm will be compelled to reform and the supply of pure and wholesome articles of food, such as bread and milk, will be cheapest in the end.

\* \* \*

A GREAT surgeon once said that persons would entrust their bodies to the physician and the knife for operations

*The Feet.* and yet will go to the chiropodist for corns, ingrowing nails and such afflictions. The fact is it is greatly the physician's fault, who seems to think the care of the feet is beneath the dignity of the medical profession and should rank with hair cutting. The skillful and popular chiropodist rarely needs work; he has a large practice among persons who seek such treatment, because they know it gives relief. Why surgeons should not pay more attention to these troubles is a wonder.

The orthopedic surgeon gives some general advice about the care of the feet and shakes his head at pointed and misfit shoes, but the



old-time corn doctor reaps the harvest of these follies and pockets the money. Ingrowing toe-nail is a not uncommon affection and is extremely painful and too apt to recur when the same conditions are repeated. In some way the surgeon-chiroprudists, while they may not radically remove such troubles, still do give such intense relief that they are sure of a return of their patients.

Such work should not be beneath the dignity of the profession and men and women, usually ignorant in everything else, but of good address and a fund of experience and observation, should not be allowed to do work which belongs to minor surgery. The barbers no longer bleed, and why should men with little more knowledge, but with much skill and experience, claim the feet as their specialty?

The medical profession has no desire to compete with barbers and cut hair and shave, but they should be able to compete with chiroprudists and be able and willing to treat any deformities of the feet, from the humblest corn to the most severe ingrowing nail.

A general medical knowledge coupled with experience would soon put the ignorant corn doctor in the background and give the surgeon what belongs to him.

\*\*\*

THE Children's Fresh Air Society has discovered that many country people are willing, even glad, to receive *Vacations for City Children.* into their homes as guests very poor city children between 8 and 14 years who could not otherwise secure a summer vacation. Some 62 more homes having been offered last summer than the Society had money to send children to, the work of interesting the public in its aims and needs has been taken up with new vigor. Last summer 480 children were sent out to country homes and farm-houses in Maryland, Delaware, Pennsylvania and Virginia, at an average cost of \$1.50.

This form of preventive medicine appeals with special interest to physicians of conservative views who know how much better it is to give a child reserve-vigor than to cure it when diseased. The Society depends on voluntary contributions, and has no paid officers or agents. Physicians who would be willing to aid by interesting their well-to-do

patients in this work may obtain further information by addressing Dr. A. K. Bond, 889 Park Avenue, Baltimore.

\*\*\*

WHEN Dr. Chadwick delivered his able address before the Medical and Chirurgical Faculty on the occasion of *Medical Libraries.* the opening of its new building, the remarks there uttered not only made a great impression on all present, but editorial comments on this address, later published in this JOURNAL, were noted in many journals in America and Europe.

At that time attention was called to the fact that not only did the Faculty possess a library of rare and valuable works, but that other libraries in the city contained a few medical books of value and that many private libraries in Baltimore contained works of merit. Indeed so great was the interest there shown that one of the Faculty members then stated that he intended to make a catalogue of all the private medical libraries of Baltimore with the view of showing what literary medical treasures were to be found here.

It was probably this statement that prompted the publication in the May-June number of the *Johns Hopkins Hospital Bulletin* of what purports to be a list of scientific medical journals in public and private libraries of Baltimore. An examination of this list shows a large number of journals in several languages and of varied interest. It is a little unfortunate, however, that the title of this list should be misleading, because it is not a list of the journals in public and private libraries of Baltimore, for besides a mention of the few books in the Peabody and Pratt Libraries and of those in the Faculty Library, the rest are books in the private libraries of some departments of the Johns Hopkins University and in the private libraries of seven of the Johns Hopkins Professors.

While this shows what a valuable journal list these seven men possess, and while those who know them appreciate the liberality with which they so generously lend books to less fortunate physicians, still it is a pity that some attempt was not made to include lists in other private libraries.

Physicians of this State should so dispose of their medical books by bequest that the Faculty would inherit them.

### Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 27, 1896.

Diseases.	Cases Reported	Death.
Smallpox.....		
Pneumonia.....		13
Phthisis Pulmonalis.....		15
Measles.....	2	
Whooping Cough.....	8	1
Pseudo-membranous Croup and Diphtheria. }	7	6
Mumps.....	2	
Scarlet fever.....	12	1
Varioloid.....		
Varicella.....		
Typhoid fever.....	5	5

A French woman has discovered that the lemon makes a safe and effective pessary.

The American Microscopical Society will hold its next meeting at Pittsburg, August 18, 19 and 20, 1896.

Yale University has conferred the degree of LL. D. on Dr. W. H. Welch of the Johns Hopkins University.

Governor Morton has signed the bill making an appropriation of seventy-five thousand dollars for the Craig Colony of Epileptics.

The Baltimore and Ohio Railroad Surgeons held the semi-annual meeting of their medical association in Philadelphia last week.

Behring has given half of the money (\$5000) from his Albert Levi prize to the Prussian Government fund for the further study of the serum treatment.

The Twenty-Second Annual Meeting of the Mississippi Valley Medical Association will be held at St. Paul, Minn., October 20, 21, 22 and 23, 1896. Physicians are cordially invited to attend.

Dr. John M. Finney of Churchville, an uncle of Dr. J. M. T. Finney of Baltimore, died at his home in Harford County last week in his 73rd year. Dr. Finney was a graduate of the University of Pennsylvania Medical Department.

Dr. Joseph H. Branham, who recently resigned from the chair of anatomy at the College of Physicians and Surgeons, has been elected professor of operative genito-urinary

and orthopedic surgery, at the Baltimore University School of Medicine.

The American Orthopedic Association, at the meeting held at Buffalo, May 19 to 21, elected the following officers: Dr. Samuel Ketch of New York, President; Drs. H. M. Sherman of San Francisco, and W. R. Townsend of New York, Vice-Presidents; Dr. John Ridlon, Chicago, Secretary.

At the meeting of the American Association of Genito-Urinary Surgeons, held at the Hotel Brighton, Atlantic City, N. J., June 2 and 3, the following officers were elected for the ensuing year: President, Dr. Francis S. Watson, Boston; Vice-President, Dr. J. William White, Philadelphia; Secretary, Dr. W. K. Otis, New York.

The authorities in India have forbidden the use, by the natives, of the water bottle made of skin for transporting drinking water, and have supplied metal buckets instead. They also require all water to be boiled before being drunk. These precautions are instituted to prevent a return of the virulent epidemic of cholera that prevailed last year.

A Liverpool physician makes a portable spirit lamp out of a thermometer case, by simply fitting it with a few strands of lamp cotton and then filling with spirits. Screw on the top and place a piece of rubber tubing over the joint, making it spirit-tight. Good for sterilizing needles. A suitable companion to Pavy's urinary test case and for other purposes.

Prof. Edwin Klebs has been elected to the chair of pathology in Rush Medical College, Chicago. This college has recently been recognized by the Examining Board of the Royal College of Physicians and the Royal College of Surgeons of London, England. This recognition entitles its alumni to all the privileges accorded to the graduates of other institutions recognized by that board.

The bill establishing a National University of the United States has been reported favorably by the Senate committee. It grants a charter to the university, provides for its government, grants it the ground in the city of Washington designated by President Washington as a site for a national university, and appropriates \$15,000 for the fiscal year ending on June 30, 1897, and \$25,000 for the year following.

## WASHINGTON NOTES.

THE report for the week ending June 20, of the Health Department, shows that there was a material rise in the death rate during that week. There were 191 deaths as against 91 of the preceding week. Consequently the death rate went up from 17.2 to 22.8. This increase in the mortality of nearly 25 per cent. was mainly due to the deaths of a large proportion of children under 5 years of age. These numbered 66 as against 33 in the previous week and of these 57 were under one year of age. The principal causes of death were cholera infantum, diarrhea and enterocolitis. Of the contagious maladies there was one death each from measles, whooping cough and diphtheria and two from typhoid fever. There were six new cases of diphtheria and three of scarlet fever reported.

The Examining Boards have all been completed, each Board having five members, the Regular, the Homeopathic and the Eclectic schools being recognized. In addition there is a Board of Supervision, composed of two laymen and the president of each of the other Boards. It is expected that they will hold an examination in July.

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 Book Reviews.
 

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THE THREE ETHICAL CODES. That of the American Medical Association; Its Constitution, By-Laws, Amendments, Etc. That of the American Institute of Homeopathy; and that of the National Eclectic Medical Society. Limp cloth, round corners, 55 pages, postpaid 50 cents. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

The study of this little work is interesting in that it gives the codes of the three principal schools of medicines and shows the many points of resemblance as one would expect, for the code of ethics of any society as is noted here is the Golden Rule amplified but not improved and the concise manner in which the Eclectic school states its code is extremely well done. Physicians who have to refer to the code for guidance will hardly be as successful as he who knows by intuition and general education how to treat his fellow-man in any walk of life. This little book containing the codes of ethics is not a credit

to any school of medicine and it is the pity that the publication of such work should be necessary. A reviewer states that by comparing the Code of the Homeopathic Society with that of the American Medical Association, it will be found that several sections of the former are similar to the latter's code.

THE STOMACH. ITS DISORDERS AND HOW TO CURE THEM. By J. H. Kellogg, M. D. 368 Pages. Modern Medicine Publishing Co., Battle Creek, Michigan.

This book has been running a pretty severe gauntlet of criticism and has received some just rebukes for its undisguised "shop-talk," which the customs of good society, lay and medical, agree in discouraging.

It is decidedly unpleasant to have the train of therapeutic argument, booked for the supposed impersonal destination, switched so frequently and abruptly on a "Battle Creek Sanitarium" siding. Undeniably a bad blunder on the part of this very competent and clever writer is here committed.

If he could be heard in his own defence the retort might be somewhat as follows: Sanitarium experience can often only be given publicity in terms of specified dietetic and hygienic resources which necessarily must be presented in the form of monographs or apparent write-ups. Non-medicinal therapeutics is greatly neglected by the average practitioner who leaves the best part (not always the most convenient) of his armamentarium to specialists as well as quacks. Between the Scylla of the orthodox "medicine man" and the Charybdis of the newspaper advertiser, many puzzling proprieties arise, and patients often suffer long in consequence. Dr. Kellogg should re-edit his book, whose subject-matter in the main is excellent, in justice to his ability, versatility and reputation earned by large experience and original research.

THE NATIONAL FORMULARY OF UNOFFICIAL PREPARATIONS. Revised Edition. By Authority of the American Pharmaceutical Association, 1896.

The principal change noted in this edition is the adoption of the metric system, which is adhered to throughout. Certain standard preparations are recommended to be used in making others. Many excellent preparations are noted and the work will have its uses for druggists. One of the editors of this work is Mr. Charles Caspari, Jr., a well-known pharmacist of Baltimore.

## REPRINTS, ETC., RECEIVED.

Pruritus of the Genitals. By Hunter Robb, M. D.

Cooper Medical College, San Francisco. 1896.

Adeps Lanae. "N. W. K." Anhydrous. New York.

Apolysin von Heyden. Schering & Glatz, New York.

Diseases of the Blood. By Dr. Alexander Rixa. Reprint from *Practical Medicine*.

Formalin Catgut. By Hunter Robb, M. D. Reprint from the *Cleveland Medical Gazette*.

Infantile Intussusception. By Frederick Holme Wiggin, M. D. Reprint from the *Medical Record*.

La Bicyclette. By Dr. Just Lucas-Championnière. Reprint from the *Revue Mensuelle du Touring Club de France*.

La Hernie Ombilicale. By Dr. Just Lucas-Championnière, Paris. Reprint from the *Journal de Médecine et de Chirurgie Pratiques*.

Fever in the Course of Bright's Disease and in Uremia. By Alfred Stengel, M. D. Reprint from the *American Journal of the Medical Sciences*.

Etude Clinique Sur 64 Cas de Trépanation du Crane. By Dr. Just Lucas-Championnière. Reprint from the *Journal de Médecine et de Chirurgie Pratiques*.

Sarcoma of the Choroid, Glioma of the Retina, and New Formed Blood-Vessels in the Vitreous. By L. Webster Fox, M. D. Reprint from the *Ophthalmic Record*.

Some Recent Important Advances in the Diagnosis and Treatment of Urinary Diseases in Women. By Howard A. Kelly, M. D. Reprint from the *Pittsburg Medical Review*.

A Case of Multiple Myxomata of the Uterus. Ulcerated Varicose Veins of the Left Leg. Hystero-Myomectomy. Recovery. By Hunter Robb, M. D. Reprint from the *Cleveland Medical Gazette*.

A Peculiar Form of Iritis Characterized by a Gelatinous Mass in the Anterior Chamber, at times Resembling a Cataractous Lens. By S. Latimer Phillips, M. D., Savannah. Reprint from the *Atlanta Medical and Surgical Journal*.

## Current Editorial Comment.

## PROGNOSIS IN PHTHISIS.

*North American Practitioner.*

THE anxious friends of a consumptive patient always desire to know how long the patient will live. In the majority of cases the answer the practitioner gives is merely a guess. Frequently the guess is a good one, but often it is a poor one, and not only the patient's friends, but his physician, as well, is surprised that the case is prolonged so many months.

## DECAY OF THE PRESCRIPTION.

*Bulletin of Pharmacy.*

MORE than a year ago, this journal, in an editorial entitled "Ready-made Therapeutics," exposed the danger to medical education which lurks in the multiform combinations exhibited in tablet triturates and compressed tablets. We showed that physicians were coming to rely more on proprietary compounds for the treatment of specific diseases, as also on the tablet combinations designated as bronchitis, rhinitis, cystitis, migraine, dyspepsia, etc. Instead of combining drugs intelligently and scientifically to suit the indications of the individual case, many physicians neglect their materia medica and therapeutics, and when at a loss for treatment promptly refer to the manufacturer's price list.

## THE PRACTICE OF MEDICINE IN NEW YORK.

*Medical Sentinel.*

THE field for the practice of medicine in New York City is not a desirable one. The profession is overcrowded in the medical Mecca of America, and it is to be yet more crowded. Dispensaries are increasing and their influence for evil upon the profession of the city is enormous. The post-graduate schools, originally of value to the members of their teaching corps, have made specialists all over the country, who have cut off much work which formerly went to New York from the doctors of the interior. Yet, in the face of all these oppressing facts, for the man of marked ability, deep learning combined with genius, New York is still the first city in the land. One has but to look over the progress of a half-dozen or a dozen of the leading lights of New York to see that by a few success in large abundance, even under present circumstances, can be attained in that city.

# MARYLAND MEDICAL JOURNAL

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WHOLE No. 798

## Original Articles.

### PRESENTATION TO THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND OF A PORTRAIT OF

*George W. Miltenberger, A. M., M. D.,*

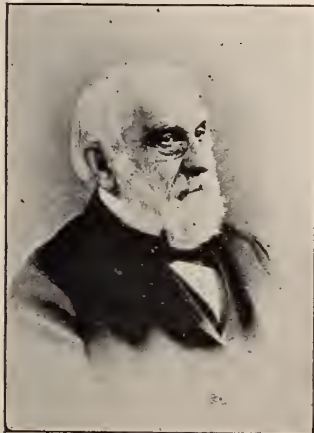
Honorary President of the Faculty of Physic of the University of Maryland and Emeritus Professor of Obstetrics.

ADDRESS DELIVERED ON THE OCCASION, APRIL 30, 1896,

*By Samuel C. Chew, A. M., M. D.,*

Professor of the Principles and Practice of Medicine in the University of Maryland;  
Ex-President of the Medical and Chirurgical Faculty.

MR. PRESIDENT AND GENTLEMEN OF  
THE MEDICAL AND CHIRURGICAL FACUL-



GEORGE W. MILTENBERGER, A. M., M. D.

tY: The durability of art has been the theme of many pens and of many tongues. To their perpetuity its achievements owe much of their highest value, for by their transmission from age to age the progressive history of civilization has been learned.

In regard to our own medical art we know that the earliest lesson taught by the father of medicine was that "life is short and art is long." Famous words which have echoed down the ages. When the shortness of life is referred to

by one who would naturally be inclined to magnify the art whose object it is to prolong life, it is an admission, not of the defect of the art, but of its necessary limitations. Lives "have their day and cease to be," but the healing art lives on, increasing continually in its resources and its power, quickened and stirred by an ever freshly springing life like that of the immortal tree whose leaves are for the healing of the nations.

And as it is with ours, so is it with others, the builder's, the sculptor's, the writer's and the painter's arts, that they have in them an element of everlastingness.

"Morning still opes with joy her lids  
Upon the stately pyramids,"

as she did nearly four thousand years ago, when the eyes of the patriarch perhaps gazed upon them as he lamented that his own days were few and evil. The life has long since passed away though extending to patriarchal longevity; the art endures and will endure forever.

Or take the case of sculpture even in its most ancient, and as it may seem

to us, its crudest, form. The Pharaohs, the Ptolemies, the Emperors have all long ago vanished away. The once mighty power of the Caliphs has waned. In the wonderful evolution of events and in fulfilment of Eothen's prophecy "the Englishman leaning far over to hold his loved India has planted his firm foot on the banks of the Nile and sits in the seat of the Faithful;" and still amid all these vicissitudes the Sphynx, "fashioned according to some ancient mould of beauty, some mould of beauty now forgotten," lies watching and ever watching with those same sad, earnest eyes.

So is it with literature. An ancient historian, Thucydides, who showed his appreciation of the power of the highest art, when, in speaking of the works which surrounded the Athenians, he said "the daily delight of them banishes gloom," looked upon his own work as a possession forever; and still the story of the strife between Athens and Sparta is read with profit by all who, as he says, "desire a knowledge of the past as a key to the future." A modern historian of our own time, Lord Macaulay, found his pleasure and pride in the thought that his work from its artistic form (and no one thought more highly of literary art than he) would be perused in the year 2000 or even 3000.

Still are read with unflinching delight the songs of the lyric poet of the ages who believed, and most truly believed, that in them he had made for himself a monument more durable than brass.

But more than any other artist, the painter, perishable though the materials for his conceptions are, shows us the contrast between fleeting life and what his art produces; perhaps for the very reason that in form and color his work seems nearer to the life itself. The apparent life and glow of his art remain when its subjects are no more, and thus he confers an earthly immortality.

"Once," says Lord Mahon in his History, "as Sir David Wilkie was gazing on one of Titian's masterpieces, the famous picture of the Last Supper in the Refectory of the Escorial, an old monk of the Order of St. Jerome came

up to him and said: 'I have sat daily in sight of that picture for now nearly three-score years. During that time my companions have dropped off one after another—all who were my seniors, all who were of my own age, and many or most of those who were younger than myself; nothing has been unchanged around me except those figures in yonder painting, and I look at them till I sometimes think that they are the realities and we the shadows.' "

The thought is at once striking and obvious, and it is not surprising and yet an interesting fact in literary history that another writer should have recounted his own similar experience in connection with a different picture and at a different place. In a note to his Poem on Italy, Samuel Rogers thus writes: "You admire that picture," said an old Dominican to me at Padua, as I stood contemplating a Last Supper in the Refectory of his convent, the figures as large as life. "I have sat at my meals before it for seven and forty years; and such are the changes that have taken place among us—so many have come and gone, that when I look upon the company there, upon those who are sitting at that table, silent as they are, I am sometimes inclined to think that we, and not they, are the shadows." Such is the immortalizing power of the painter's art, witnessed to alike by the Jeronimite in Spain, by the Dominican in Italy and by many other human hearts everywhere.

And what department of that art is it which most closely touches the heart and appeals to the affections? Surely it is the portrait painter's; for it peoples the imagination with the forms of those who have lived before us; it shows the fair faces of long ago "untouched by the dishonors of the grave," and still smiling down upon us from their canvases; it preserves the thoughtful countenances of scholars and statesmen; and, best of all, it keeps for us the lineaments of those who were and are dearest and best beloved, and thus "fixes in despite of death and time the marvels it hath wrought." This it is which enables the portrait painter's art to give more than

mere pleasure; which endues it with a sanctifying power.

Tonight we behold the tribute paid by this noble art of portraiture to one who is in all respects a most fitting representative of our own art.

In your presence, Professor Miltenberger, I may not say all which the earnest conviction of my judgment, and, let me add, the deep feeling of my heart, would prompt me to give utterance to. But this at least I may say, and I know the statement will receive universal assent from all here present, that no one among us so well as yourself illustrates and represents in his single person the various departments of medical teaching and practice in which we are all in one way or another severally engaged. You are here, sir, an honored teacher among your pupils, a father among your children. You are surrounded by those whom you have instructed in almost every department of medical science and art. At various periods in your long and versatile career you have taught your pupils anatomy, pathology, clinical surgery, clinical medicine, therapeutics and obstetrics. With a slight paraphrase of Johnson's words I may say, "*nullum fere medendi genus non tetigisti nullum quod tetigisti non ornavisti.*" Out of the fulness of your own acquirements you have imparted knowledge, and out of the earnestness of your own zeal you have inspired enthusiasm. It is fitting then in every way that members of this Faculty representing the profession of Maryland should in this portrait render to you the tribute of honor and esteem of which it is a token, and should seek by the power of art to perpetuate as far as possible your presence with ourselves and with our successors forever.

Gentlemen of the Faculty, we are, I think, most fortunate in obtaining in this portrait not only a most excellent likeness of our distinguished and honored colleague, but also an admirable work of art in that the artist has sought and found and fixed forever the exact expression and attitude of professional occupation. This is realistic, and it is also idealistic in the best

and highest sense. A portrait may be successful in what belongs to art and yet wanting in something needed to make it a true delineation of its subject; and on the other hand it may be a likeness and yet lacking in proper artistic conception. But in this picture nothing seems at fault.

"The painter poring on the face  
 . . . has found the man  
 Behind it, and so painted that his face  
 The shape and color of a mind and life  
 Lives ever at his best and fullest."

An illustration may be found in it of the teaching of Sir Joshua Reynolds, that "in portraits the grace and the likeness consist more even in the general air than in exact similitude of feature." To the fullest measure of this idea the accomplished artist, Mr. Corner, has succeeded. He has produced not only the "general air" so admirably, but the exact similitude also and has thus realized in his conception the careful teacher, the thoughtful counselor, the beloved physician and the faithful friend.

#### DR. MILTENBERGER'S REPLY.

Mr. President and Gentlemen:—What can I say to you? Having reached the age of which Holmes says: "I have known some old men who welcomed the gradual infirmities of age as a signal of the coming rest," and recognizing and appreciating the inevitable, I have yet flattered myself that I would retain to the end, at least partially, the power of expression. But this, too, fails; you have deprived me of it. Your kindness and courtesy have paralyzed the tongue which, recreant to its trust, fails to obey the will. Like the needy knife-grinder, "Story, God bless you, I have none to tell!"

For 55 years I have lived and labored in my profession. Whatever I have been, whatever I am, I owe to my profession, to its institutions, to its noble brotherhood, from whom I have never received aught but kindness and consideration beyond my deserts. If unwittingly I have ever brought the slightest reproach upon the dignity and honor of the profession, I now and here re-

pent me in sackcloth and ashes. If unconsciously I have ever wronged any, even the youngest member of the profession, in thought, word or deed, I beg him to accept my acknowledgment and to extend to me his forgiveness.

For the kind hands extended to me ; for the loving words offered to me, all the more grateful that his father's son

uttered them ; for the loyal hearts to-day opened to me ; for this crowning triumph of my life ; for this great and abounding solace of my old age ; for the pure and unselfish light which gilds and illumines the last few years, it may be the last few days, leading to the Hereafter ; God knows, from my heart I thank you.

## THE PHYSICAL DIRECTOR IN THE SECOND AND NINETEENTH CENTURIES.

READ, IN PART, BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL, 1896.

*By Edward Morton Schaeffer, M. D.,*  
Baltimore,

Member of the American Association for the Advancement of Physical Education.

(CONCLUDED.)

“ DE SANITATE TUENDA.”

GALEN.

CHAPTER 9, CONTINUED.

“ In those overcome with shame there is an increase of natural warmth, while at first all warmth quickly recedes to the inner parts, but then collects and consequently grows, partly through this aggregation, partly through the constant movement ; for the respiration of the one ashamed is not undisturbed, but is from within out, and is in its relations with the entire blood many times upset, just as is the breathing of those who are in pain or fear.

“ Digging is something that requires strength and vigor, and so is driving four horses abreast a tolerably strong exercise, but still not a rapid one. So when one lifts a very heavy load, and either remains standing on the same spot or advances somewhat ; and even mountain climbing is of this kind. In this latter, the limbs which are first set in motion raise up and bear as a burden all the rest of the body. Rope climbing, which practice we have boys take on the athletic field, is for the purpose of invigoration. So he who has grasped a rope or a bar raised up high, and holds hanging fast thereto for quite a long

time, undertakes an exercise to which power and strength belong, but no speed ; likewise is it with him who stretches forth or retracts both hands and keeps them clenched quite a while together, without trembling. But let him have someone step near him and attempt to draw both hands away without his yielding, so he invigorates his muscles and sinews still more, for these are especially concerned with all such exercises. [Movements of opposition, leaving out wrestling, already known to the Greeks.]

“ Yet more so, if one will grasp a weight with the finger tips, each hand by itself, of the kind like the weight clubs on the plaza, and move the hands quietly forwards and backwards. But if you bid one violently draw you down and put you under, whilst you not merely with the hands, but also with the thighs and back, struggle to remain immovable and unbending, it will be no slight exercise for the strengthening of the members. Thus the noted Milo is said to have practiced by sometimes permitting one to attempt to thrust him away from his chair [that would especially exercise the thighs] ; sometimes when he wished to train his hands he challenged them to open his



fist ; another time, we are told, having a weapon or something else of that sort in his hands, he would hold it out towards some one who had the desire to take it away. These exercises serve at the same time for an exhibition of very great strength, and for practice. One may employ and invigorate the strength of individual parts, when with entwined hands and fingers he either grasps another round the waist, or has himself grasped and then bids his opponent extricate himself, or gets himself free. The same thing results if one seizes another by the side who has bent over forwards, clasps him around the loins, raises his burden and carries it back and forth, and still more if one so engaged bends himself forward and backwards ; for thus can the entire back be methodically strengthened. Similarly act those who push with their chests opposed to each other and then draw back violently, and those who hang on the neck of an opponent and drag him down. The same thing is done in an upright position, apart from a special ground or deep dirt, or any firmly packed spot. The exercises of wrestlers, however, for practice of strength require soft ground or a special ring. Such are the following : A wrestler grasps with both his legs one leg of an opponent, brings his hands up and plants the one which is facing the entwined leg forcibly upon his adversary's neck and the other on his arm. The hands may be placed up over the head and this bent back with great force. Such wrestling exercises as these are strong practice for both contestants, as indeed is true of all that happens when one encircles with his legs one or both of another. On the gymnasium ground

there are numerous other exercises of power, in all of which the pedotribe possesses experience and dexterity, but he differs from the gymnast (hygienist) as a cook differs from a doctor."

## CHAPTER 10.

"It is now time to take up those exercises which call for speed without force and strength. Here belong running, sparring, hand-wrestling and practice with the bag and small ball, where those who take part run hither and yon some distance away from each other. For example, the plethron (100 ft.) running and dumb-bell practice. In the first game, frequently alternating while running back and forth in the plethron, not making any bend or curve, the player each time shortens his course a little and at last remains standing after one step ; but in dumb-bell practice, the player, rising on tip-toe and stretching out his hands, moves them quite rapidly, while he stretches backwards with the one and forwards with the other. This exercise is best taken while standing near a wall, so that in case of a possible fall you may touch the wall and



WRESTLERS.

easily right yourself again ; where the stumbling is inconsiderable, this exercise loses in vigor.

"Quick movements not demanding strength are those indulged in by parties dancing alone or with each other (waltzing). A quick movement can be executed if one, standing erect, turns about and whirls the one next to him rapidly. Likewise, keeping the legs straight, spring in quick succession directly backwards, then alternating the legs, spring forward. A quick movement of equal value may be taken with

the hands, without clubs, by speeding similar movements to a very rapid degree and, as you please, clenching the fists or leaving them open.

“Now for those requiring intensity. This, as stated, is a combination of the strong and rapid kinds, for the strong movements named can be made intense if one adds exercises of speed. Such hefty exercises embrace, especially, prolonged digging, disk throwing, jumping and every continuous movement without rest. For example, throwing heavy weights in quick succession or moving quickly in heavy armor. However, those who take such exercise are likely to rest once in a while and one has here to observe the difference between continuous and interrupted exercise. All those previously mentioned are the rather associated with intermissions and especially such as are occupations, not merely exercises, as rowing and digging. On the contrary, all those requiring a less expenditure of strength are the rather without rest, such as continued running and protracted marching.”

#### CHAPTER II.

“These are then collectively the varieties of bodily exercises. Apart from inherent differences just named, some lay the stress on the hips or the hands, or the legs; others, on the contrary, on the entire back, or merely the thorax or the lungs. Walking and running are appropriate movements for the legs, hand contests and sparring fights for the hands, but for the hips continuous stooping and raising whilst a weight is lifted from the ground or borne in the hands constantly. Some place in front of them heavy dumb-bells, about six feet apart, then stoop in between them, lift them up, bending over forwards, taking the left hand one with the right hand and vice versa, and then replacing each one; and this they do in frequent succession, without budging from the spot. By this movement it is rather the side portions of the back which are exerted, as are the parts adjacent to those previously named. Suitable exercises for thorax and lungs are moderately vigorous inhalation and

quite loud calling, besides those already specified for the entire vocal apparatus. An enumeration of these is in my discussions on the voice.

“Having come thus far in our treatise, it will not be amiss to enumerate those of the bodily members to which certain plainly perceptible movements are proper, and those to which only slight and insignificant ones belong; also such movements as are voluntary or are excited by others. This discrimination will be very much to the advantage of the gymnast for the purpose of setting all parts of the living body in motion at one time through itself or its own powers, at another time with the aid of others and through others.

“To be sure, all voluntary activity of the muscles, sinews and tendons, are specific movements; but when they become somewhat violent, they exercise, in addition to the parts named, the arteries, also; the bones, veins, ligaments and other parts of a living body, every one of them, are moved in conjunction. Those movements which are not activities fall into three classes; some arise of themselves in the living body, others come from without, and yet others are produced by drugs. Of themselves come the movements of the heart and blood-vessels; from without, those brought about by ships, by riding, carrying burdens, driving, and by hammocks, swinging cradles, or with little children in the nurse's arms. With movements arising from without is to be reckoned the rubbing. For it is not so with riding as in driving, especially when a person rests quietly, stretched out in a wagon, that one is merely shaken by that which is carrying him, without himself doing anything; but the back must be held, the sides of the horse tightly embraced by both knees, the legs stretched out and the attention fixed on what is before one; thus the vision is trained and the neck strengthened. Especially will the viscera in such exercises be shaken up well. This is no less the case with jumping; and in a minor degree, through the swaying movement upon a wagon.

“When it is desired to put the contents

of the abdomen in stronger agitation it is necessary to take up the vigorous exercises specified, and especially the rubbing with an encircling binder. The masseur should stand behind the subject and move around lively, now to the left, now to the right, with his hands, while the person inclines to the side which is being rubbed. Similarly the abdominal viscera are exercised by vigorous inhalations and cries, as also by exhalation, both for its own sake and to acquire the control used in singing and playing of flutes.

"The control of the breath—*cohibitio spiritus*—whereon the ancients laid great stress, is very fully discussed by Mercurialis, A. a. O. Lib III, cap vi; Lib VI, cap iv) is an exercise no less for the abdominal muscles than for those of the thorax. A part from what has already been stated, this holding the breath has still another by no means insignificant value, on which account it is employed at the end of physical exercise. . . . As said, many movements of the living body are neither exercises of the parts themselves nor succeed such activities, but are produced by and through others, as as in the case of driving or navigating, persons being rubbed, or resorting to the cleansing actions of emetics and cathartics. The hygienist is not concerned with these, however, but with those brought about by rubbing, the regimentarian should especially be acquainted. For it belongs to their art to know the inherent virtue in all movements, just as I think it is the business of the assistant to know each exercise in particular detail. For example, if I was asked to give instruction in fencing, I would refer the matter to a fencing master, but on witnessing a bout I could say

exactly what force was expended in each of the exercises and what parts of the body were enlisted. . . . (The pedotribe is the servant of the gymnast in the same sense as the cook is the ally of the doctor.)"

## CHAPTER 12.

"The gymnastic trainer of such a youth as he with whom we have to do, namely, one in the best physical condition, knows the effect of all bodily exercises and chooses those suitable to each condition, selecting the happy mean between errors on both sides. For the best bodily condition needs neither rapid nor slow exercise, but a moderate and suitable kind; neither the strong and vigorous, nor the weak and indolent, but also in this respect moderation is best, for the finest condition should not be changed, but should be preserved.

"For my part I have in numberless cases treated men with weak bodies who were in consequence continually plagued by sickness, and restored them to health solely by gymnastics, without taking them from their accustomed bodily exercises. If the man



THROWING THE DISCUS.

was a dancer, or a fencer, a pancratiast or wrestler, or whatever he was, I had him go through all the different movements of his vocation in my presence and selected therefrom those best suited to the condition noted."

How is the body to be kept in good physical condition?

By choosing for it a happy mean in rubbing, exercise, baths, food and sleep, taking neither what is too weakening nor too hardening (for the one makes it sensitive to external forces—the effect of the other is injurious to growth.

How best to reach this end. . . .

On the first day opinions have a wide range, but on the second, third, fourth and remaining days the course proceeds in a more determinate way. "Let him undress in a thoroughly warm atmosphere," says the prescription of Aegimios. Then the purpose of the rubbing is to soften the parts, which is evidenced by the more vivid color extending over the body, by the greater pliability of the limbs and by the readiness to take up all motions with ease. Next let the youth practice until the body swells [warms up], takes on a lively color and the motions become easy, uniform and harmonious. Thereupon, perhaps, may be perceived a sweating, accompanied with warm evaporation. One must stop if any change takes place in the conditions named. If the swelling of the body, for example, evidently subsides, the youth must be made to rest at once, for if he continue exercising, some of the juices [vital fluids] will be lost, the body becomes thin and dry and declines in growth. And likewise if the glow of color vanishes, for chill will be induced.

When the lightness, harmony and uniformity of movement is evidently lessened, stop at once; or in case of change in the amount or nature of the sweating.

He must not immediately take a bath under such circumstances, but if one wishes to stop his pupil at the acme of his practice, have him keep quiet; and if, on holding the breath, there ensues a feeling of weakness, anoint the body with oil and follow by rubbing.

The instructor of the youth must, above all, exercise judgment over the food, drink, sleep and outings of his pupil.

From the 14th to the 21st year I do not permit a youth to take a cold bath, in order to promote his growth as much as possible, but when he has his growth, then I take the cold bath into consideration.

For old people, bodily exercise is no less a necessity than for young persons, since with them there is danger of losing the natural warmth.

No, old man needs complete rest, nor on the other hand vigorous exercise.

To stimulate the bodily warmth, quicken the circulation in old age, skilful rubbing with oil in the early morning immediately after awakening is good, to be followed by a walk and a drive.

Whilst exercises of the lower extremities are more suitable for developing the region of the chest, those of the upper limbs are more suited to the bladder and kidney regions; but for the spleen, liver, the intestines and rectum, as they lie in the middle of the lower parts, all exercises are equally well adapted.

I once took a boy, 13 years old, and looked after him during the remaining years of his growth according to the rules laid down and succeeded in making out of him a youth of pleasing and symmetrical development. On the first day, I smeared him all over, twice in succession as is my custom, with liquid pine-resin, (liquidam piceam resinam—Book IV, end of chap. viii), and I ordered him to run, but not fast nor far. On the second day I gave him a rubbing, moderately vigorous and not long continued, using an application of fat, and then had him run some more, but no faster than the other time. Of course, later on, I had the so-called apotherapeutic rubbings given. Furthermore, I had him take walks at first moderate and then increased, watching, besides the other parts of his legs, especially the veins that they did not dilate more than was good for the proper nourishment of the legs. It is, indeed, prejudicial (although the flow of the fluids is promoted) when in course of time the feet bend inwards, and the proper nourishment of the legs is interfered with.

Not merely must one attend to this sign but also observe whether the legs are overheated, and whether there is a feeling of fatigue. If none of these signs appear, increase the number of walks and runs and prescribe a third smearing of the resin. If, however, one of them is observed, have the legs elevated on a couch, the amount of these items diminished, fewer walks and runs, and the rubbing given from the extremity upwards.

When the legs become natural in con-

dition through this expedient, continue as before with a slight increase of exercise, etc. A person with fleshy legs but slender arms must practice exercises which employ the hands; and *vice versa*. The rubbings and applications of resin are to be used similarly as in speaking of the legs.

When a gentle rubbing does not bring about any deep penetrating effect, then will flexion of the parts and holding the breath prove helpful.

The bending will drive forth any deposits under the skin, for which purpose the masseur draws the parts which he rubs with one hand, tense with the other. The holding of the breath has likewise the object to assist the secretion or expression of matter deposited. Holding the breath presses down on the diaphragm and the effect is gotten whilst at the same time the abdominal muscles are contracted. In addition, the individual parts of the body are rubbed; belly, back, sides, chest and thigh may be closely wrapped with bandages, and vigorous movements made against the bandages. (Dr. Coxe observes that Galen's binders after rubbing produced something of the effect of "Junod's boot.")

A considerable difference in persons to be treated will be noticed, some being unusually weak for the exercise, although they have not yet reached the seventies, while many are stronger than they, although over eighty years of age.

The weaker class should get their exercise preferably by riding or driving rather than on foot.

Galen (says Dr. Frank) laid great stress on these rubbings before and after exercise. That before is called *Tripsis Paraskeuaskine* (preparatory), the other, the apotherapeutic rubbing. Dr. Frank continues: The apotherapy is a part and a variety of bodily exercise. As a part of them it forms the finale. Its purpose is to accelerate the secretion of retained matter and to guard the body against exhaustion. The rubbings were accompanied by flexion of the parts rubbed and holding of the breath. "They should be neither vigorous or

slow; and as many hands as possible should be employed, so as to leave no part uncovered or exposed to the cold. For this and other reasons, the body is treated with oil."

Obesity was treated gymnastically (De. Sanit. Tuend. VI, 8) and Galen relates the interesting cure of a boy with misshapen thorax (Brustkorb.) remedied by arm-movements, singing exercises, and holding of the breath. (V. 10.) Galen describes gymnastic therapeutics for old age, as did Aretaeus (in chronic affections). Orthopedic practice requiring gymnastics was less developed among the ancients.

Hippocrates in the book of the joints has some remarks on spinal curvature showing a true natural observer. Yet while the formation of a kyphosis is described, only that lateral form of spinal curvature is mentioned which occurs in the course of pulmonary or true pleuritic affections, whereby evidently scoliosis associated with empyema is meant. To the now most common variety of spinal curvature, called by me habituellen Brustscoliose. . . . there is no allusion by Hippocrates, Aretaeus, Celsus or Galen. This affection appears to have been entirely unknown among the old Greeks and Romans, which finds its explanation in the accustomed care for the development of the body by gymnastics, and the avoidance of all clothing compressing the thorax, as well as of all occupations associated with faulty carriage of the body. Towards the end of the sixteenth century, when already in France the corset-fashion prevailed, Severin Pineau first speaks of the high and swollen shoulders of the French maiden, what later J. Riolan (*Encheiridium Anat. et Pathol.*), Paris, 1658, corroborates.

The origin of teaching on chronic scoliosis can only be traced back as far as C. Th. Ludwig (*Advers Medico-pract.*, Vol. II, Leipsic, 1771). Therefore, Galen could not yet speak of the application of gymnastics to scolioses, although such cases in our time, at least among females, form the largest contingent in all remedial-gymnastic and orthopedic institutions.

The pendulum of medical enquiry will swing between the second and nineteenth century thought and practice, in this hygienic arc, with delightful ease of vibration.

#### THE MODERN PHYSICAL DIRECTOR.

The modern physical director may be defined as a medical specialist whose sphere is educational, and whose resources are the agencies of natural, non-medicinal therapeutics. He (or she) is preëminently a health specialist. Prevention is his motto; bodily perfection his aim; the problems of growth and nutrition his study; health and symmetry of mind and body his aim.

This term is usually applied to those who have charge of the physical education work in properly equipped schools and colleges and who exercise a general hygienic supervision over student life. Pedagogical gymnastics, as it is called, links the rational growth and education of the "mind-body" coördinately with the developmental training of the "body-mind," and the result attained is natural symmetry and vigor, with power to endure and achieve.

Health exercises, or drills, are, in proper systems, based upon anatomical and physiological laws, elaborated with the exactness of other professional prescriptions. An expert branch of knowledge in itself, adapted to meet modern educational requirements, develop or strengthen neglected vital functions, restore physical and mental balance, and antidote the effects of unhygienic environment and forced intellectual strain.

Thus defined, you will see that pedagogical gymnastics has no affiliation either with the placebos of old-time calisthenics, or the physicking of athletic excess. It was not born solely of the esthetic or play instinct, invaluable as such factors are, nor of the political needs of the retired pugilist; nor of the patriotic and military spirit, which latter is virtually a foe in thin disguise; but, inspired by the old Greek conceptions and gymnastic cult, it has arisen as a product of scientific child-study and modern biological and psychological research.

It is distinct from medical gymnastics, which is, however, a collateral branch, applicable to diseased conditions.

Says Dr. Jacobi, in speaking of prevention in nervous diseases of children: "Perhaps the greatest negligence on the part of medical men is exhibited in regard to mental overwork. Our schools have become hot-houses in which spinal curvatures, near-sightedness, anemia, neurasthenia, chlorosis and cerebral exhaustion and disease are being bred in incredible numbers. Even the apparent offset to this mental overwork—gymnastics or "calisthenics," exercise in the same building, as part of the curriculum—adds [may add] to the general exhaustion. It is time that the medical profession looked into the increasing degeneration of the people resulting from the overtraining of the young brain, ninety per cent. of which is not attained until the seventh year, and the full growth not reached before the fourteenth or seventeenth. Physicians will do well to be no longer afraid of the charge of going into politics. If they do not wish to be politicians, let them be something better and turn statesmen."

In conclusion, the reign of natural therapeutics can be widely extended only by heartier co-operation of the laity and the general profession. These principles and methods are recognized as of universal application to disease and their use by the general practitioner can no longer be considered visionary or impracticable, and be left to the enriching of irregulars. They are, however, at the present time more feasibly carried out in special sanitariums.

Dr. Baruch quotes from a recent letter of Dr. Vogl, the medical director of the army at Munich (*Medical News*, April 25, 1896): "The adverse position of the profession towards hydrotherapy injures the respect for our science; it would not otherwise be possible that so crude a water quack as 'Father Kneipp' could maintain his position. In many desperate cases this empiric has obtained successes which cannot be denied, and in cases in which physicians had tried all medicinal agents, but not even a cold compress."

"In this country, too, the medical profession will lose much vantage ground if it continues to neglect hydrotherapy in chronic diseases . . . where it should be applied, as it is in typhoid, under the frequent supervision of the medical attendant. The technique should be adapted to the conditions of the patient and to the indications of each case, which are liable to change and which cannot be appreciated by bath attendants, no matter how familiar they may chance to be with the treatment."

Hydrotherapy has already proved itself an invaluable adjunct in the treatment of the physically defective and the youthful criminal classes.

Boards of managers of institutions for the insane are hard to move in the direction of providing better bathing facilities, better food, better and more non-political attendants on the wards, more resources for diversion and occupation.

These are the essentials of the alienist's natural pharmacopeia. Dr. Cowles of the McLean Asylum speaks of his two gymnasiums for male and female insane, under expert supervision, as his "essential workshops," "houses of daily entertainment and cure," of the first importance for therapeutic uses.

"The gymnasiums and all they imply are most necessary from my point of view, the most interesting feature of all our new work, for that which is pleasing, humane and medically useful."

If mental disorders are symptoms of bodily diseases, insanity a disease of "disturbed balance" from weakness of body and will, then moral and hygienic nursing are the chief measures for recovery, and food, baths, diversion, exercise and rest, the inherent and natural curative agencies to invoke.

In this sense, there is a physical director role, as you will all agree, for every broad-minded specialist to fulfill in his community.

The disgracefully high mortality rate *peculiar* to the young of man, the largely unnecessary prevalence of woman's diseases, the tolerated and often legalized manufacture of nervous disorders and insanity, the opprobria of infection in civilized lands, the ignorance of dietetic economy among the masses, the apathy of health officials and public sanitarians, *the mal-hygiene of school life*, these are some of the domains and conditions which the benign prophylaxis of the Art Preservative is now entering and transforming.

## WHEELS, SADDLES AND DISEASES.

*By John Turner, M. D.,*

Prosecutor and Assistant Demonstrator of Anatomy, University of Maryland, and Physician to Children's Home of Catonsville.

WHEELS have become a real craze with all ages and sexes. That craze is not temporary, but conspicuously permanent. Every livery firm in town knows this too well. There are a great variety of wheels and saddles on this market; one dealer said there were 63 different patterns for sale here.

All wheels are practically the same make, but the saddles differ materially, from the long, short, wide, round, flat, air-tight and wicker saddles to a board. I have used, for test only, ten saddles, in three month's time, averaging one week's use for each. Without question, the Christy, Säger and Duplex (which I

use) are the superiors to all others handled on the market.

The exercise is, if we listen to the popular world, beneficial to almost every type of humanity; young, old, weak, strong, fat, lean; and, indeed, some enthusiast (and you know this word comes from two Greek words, *en theos*, meaning "God in us"), has said that it will make the lean fat, and the fat lean, without moulding their countenances into the typical bicycle-face, so dreaded by the fair sex.

In two cases observed, it has certainly markedly benefited old rheumatics of long standing. There is reported in the

*Therapeutische Wochenschrift* for January, 1896, a case of a German physician, very old, and who had been suffering to a slight degree with empyema and arterio-sclerosis, who found great relief and rest after moderate use of the wheel daily. He used his handle bars high.

Dr. Voss has observed a case of sudden death in a rider occurring after ten minutes' ride. He had degeneration of the heart, supposedly from smoking strong cigars immoderately.

One French journal has reported three similar cases. We would advise, however, in passing over the subject, that patients with heart disease should generally be forbidden the use of the wheel.

Dr. Fürbringer has likened the exercise to that of mountain climbing. With each there was frequently great loss of flesh. He had lost five pounds in fourteen hours climbing the Alps; twice, however, he passed through snow drifts during the ascent. Anything that accelerates the pulse, he thinks, is bad for heart disease; and also for phthisical persons, if the disease be at all advanced. He knew of some cases of tuberculosis of perfectly healthy families, in consequence of Alpine tours; so we think would be the result if weak subjects over-exerted themselves on wheels. Fast walkers almost always die of phthisis, if records are to be relied upon. Two cake-walkers recently died suddenly in Kent County, Md., while in high glee at one of these festive occasions.

Some cases of my own during the past two years' observation are somewhat interesting.

CASE 1. A young man, aged 20, clerk; by bicycling, he seemed to have been cured of ulcerative cystitis. All treatment failed.

CASE 2. Man, retired, aged 60; greatly relieved of sciatica of long standing by riding two hours each day. I used twice weekly an electric battery during the same interval.

CASE 3. Boy, aged 14; never suffered with fainting and giddy spells till his father gave him a wheel. Since riding he has suffered with these attacks, but has gained 12 pounds in ten months.

CASE 4. Young man, aged 24, clerk; suffered invariably with frequent micturition every time he used his wheel, until he lowered the front part of his saddle, then he had no more trouble.

CASE 5. Married woman, aged 36, housekeeper; all feeling of rapture during coition lost, whenever she rides regularly some hours.

CASE 6. Young woman, aged 20; menses checked, till the front of her saddle was lowered. Later, she had no appreciable deviation from normal.

CASE 7. Married woman, aged 42, housekeeper; she declared that her wheel gave her a complete feeling of satiety, without irritation of any kind.

CASE 8. Young school girl, aged 17; she suffered with clitoritis to a painful degree. Her father readjusted her saddle to fit her more comfortably, and the disease disappeared without treatment. The organ was quite prominent, erectile and edematous.

CASE 9. Widower, aged 40, very fleshy; he had to frequently get down from his wheel and rub his thighs; they would get numb, "feel dead," as he put it.

CASE 10. Young man, aged 23, single; whenever he rides a long distance (30 miles) he suffers with erections, that are painful.

CASE 11. Young married man, aged 34, hatter; his left testicle always gets very cold and stays so for an hour or so. Why is this? I know no reason.

In my own case, I have tingling and numbness in my toes, with an intense desire to micturate after getting off my wheel, yet my general health is better. Riding in moderation is an excellent laxative and a most exhilarating tonic. Dr. Leyden highly recommends in moderation the use of the wheel, and particularly for women suffering with any nervous troubles.

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MENTHOL IN VOMITING OF PREGNANCY.—Dr. Weill states in the *Practitioner* that every form of vomiting during gestation can be relieved by a 20 per cent. solution of menthol in olive oil; dose, ten drops on sugar whenever nausea appears.



## Correspondence.

## AN EXPLANATION.

BALTIMORE, June 30, 1896.

Editor MARYLAND MEDICAL JOURNAL:

*Dear Sir:*—It is an inalienable right of every individual to have the privilege of vindicating himself. I, therefore, write to you in order to defend myself in the eyes of the medical profession in regard to a point about which the physicians of Baltimore must of necessity hear sooner or later.

For four years I have held the position of Lecturer on Applied Therapeutics in the Baltimore University School of Medicine. During this time I have discharged the duties of said position with satisfaction, as both the Faculty and the students have told me. Notwithstanding this, on last Saturday I learned (by accident, I may say) that at a recent meeting of the Faculty it was moved and carried to drop my name from the list of the Adjunct Faculty. This was done entirely without my knowledge, without even letting me know the reason for such action so that I could vindicate myself, and without courteously asking me to resign. As up to this hour I have received no official notification of the same, yesterday I tendered my resignation.

I subsequently learned that the reason that they assigned was that I have too much influence, which might be used to their disadvantage if I felt so disposed. This is but a flimsy excuse, for even if I did have so much influence (and I have not), it would have been more politic to retain me and try to ingratiate themselves into my favor. I have just cause to believe that their true reason was that they know that I am in possession of certain facts which, if revealed, would be detrimental not only to their school, but also to the private characters of some of the Faculty. If they press me, I am willing to disclose these truths at any time, and I am prepared to substantiate them by indubitable proofs.

For my part I am happy that I am no longer associated with some of the Faculty of that institution. I desire, how-

ever, to have this communication published in order to protect myself against any aspersions which they in their malignity may cast upon me; for this reason and no other.

I alone am responsible for every word here written.

Hoping that you will comply with my request to publish this and thus help me to vindicate myself, I am

Yours very truly,

EUGENE LEE CRUTCHFIELD, M. D.,  
1232 E. Preston Street.

## Medical Progress.

IPECACUANHA IN THE TREATMENT OF BEE-STING.—Dr. George King (*Therapeutic Gazette*) of the Calcutta Botanical Gardens was recently attacked by a swarm of bees while he was engaged in some work in Baroda. He was severely stung by the swarm on the hands, head, face and neck, no fewer than 150 stings being afterwards taken from his neck. Fortunately, Dr. King had some ipecacuanha powder with him, which he immediately had made into a paste and smeared over his head, face and neck. The effect of the ipecacuanha was most marked, preventing to a large extent the swelling and pain.

\* \* \*

INDICATIONS FOR NEPHRECTOMY.—Küster (*British Medical Journal*) restricts this operation to the following conditions: 1. Tumors of the kidney. 2. Tuberculosis of the kidneys; experience has shown that renal tuberculosis occurs very often primarily and unilaterally; it affects the genitals and the lower urinary passages more frequently than some other parts of the body. Severe persistent catarrh of the urinary bladder is one of the first symptoms which tuberculosis of the kidney presents; in cases of this kind nephrectomy gives excellent results, and complete recovery ensues. 3. Suppurating kidney caused by metastatic processes and foreign bodies, especially calculi. 4. Renal hemophilia. 5. Movable kidney. 6. Injury to the kidney. 7. Calculous diseases of the kidney. 8. Uretero-abdominal fistula.

MARYLAND  
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BALTIMORE, JULY 11, 1896.

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THE care and attention which the ancient Greeks paid to the body and to physical exercise has always attracted notice and admiration. The prominence which preventive medicine is taking in the treatment of disease at the present day has caused physicians to pause and review the work of the Greeks in their physical exercise and Dr. Schaeffer's paper on a comparison between the second and nineteenth centuries is full of interest and instruction.

There are many things which we of this advanced age may learn from early history, and it is a duty to glean over what was done so soon after the Christian Era, not only to show how advanced the Greeks were at that early stage of history, but to stimulate us to further study.

Physical exercise in all its aspects is taking up a large part of the attention of not only the so-called youth, but of many persons past middle life of both sexes. Golf, cricket, bicycling and many other such sports have changed the aspect of many trades and sorts

of business. While the bicycle makers are reaping a harvest, the tobacco shops, the saloons, the livery stable, the merchant tailors and the theater managers all complain of a loss of patronage.

This extreme state of affairs will find its natural level in time, but some of the good effects of outdoor exercise and of all kinds of healthy exercise will do more as a reformer than all the talking and writing possible.

Still such articles as Dr. Schaeffer has put out should be read carefully and should be an incentive to us of modern days to care for our bodies as did the healthy Greeks of that early period and thus try to keep off disease.

\* \* \*

THERE are very few persons who do not enjoy a real respite from the toil and worry of life's struggle, and yet so

*Rest.* many do not know how to rest in a way to bring the greatest benefit. Idleness is not always resting, for it is for some the hardest kind of work to be idle, and indeed in America to be without some fixed occupation is supposed to be very wrong.

The body not only needs rest at least once a week, but once or twice a year there should be a complete change of scene and climate. Those persons who boast of having taken no holiday for a long period of years are the ones who come to an early end, as a rule, and who go through life with a deep wrinkle in the forehead. Many a man can get no mental rest even when he is physically quiet. Napoleon tried the experiment of dividing the time decimally and allowing one day in ten for rest, but he soon found that the physical demands of the body would not allow work over seven days, thus showing that the selection of Sunday as a day of rest was no chance work.

Rev. Wilbur F. Crafts, in the *Health Magazine*, shows by graphic charts the necessity of a rest every seventh day. He found that the sleep of the night did not balance the toil of the day, but had to be supplemented in order to obtain the best health and the longest life by the weekly rest day. In this chart each downward line represented the expenditure of vital force in a nominal day's work and each upward stroke the recuperation of a night's rest. At the end of the first day of work man has lost a certain

amount of vital force which the following night's rest does not make up, so that the next morning he has only in part made up the loss of the day before and this continues each night, until on Saturday, as every one has experienced, he is especially tired and welcomes the day of rest.

This day of rest need not be kept in rushing from one church service to another with the idea of adding to one's spiritual account, nor should the day be spent in absolute idleness, but in a healthy change from the week day's work and an actual rest a part of the time. Even at one season of the year, and usually in July and August, in this climate, the body demands an entire rest and the hard worker sometimes enjoys for a short time an absolute period of idleness which should be followed by some pleasing sport or light recreation.

All persons need rest and there are few who do not earn it and that person who takes regular rest on Sunday and a summer vacation will live a happier and healthier and longer life.

\* \* \*

AN EXCELLENT symposium of six reports on pneumonia from as many children's hospitals or hospital wards is presented by the enterprising editors of the *Archives of Pediatrics* for April. The treatment varies very greatly from nothing at all except for rare complications, to that which is applied in ordinary private practice. A number of interesting points deserve brief notice.

In St. Mary's Free Hospital, New York, great accuracy in the differential diagnosis of lung fevers is apparently not sought, as symptoms of bronchitis with the appearance of unusual sickness and a temperature of 102.5° in the axilla or groin are diagnosed broncho-pneumonia. This seems a rather liberal interpretation of the phenomena presented. In treatment, however, the physicians seem to be wise and considerate. Morphia to control the cough might well, however, be replaced by codeia, which is usually efficient and less disordering to the digestive system. Alcohol is freely used, the patients being ill nourished on admission. Bathing is used in lobar pneumonia for excessive fever only in as far as it gives comfort. Calcium chloride is used

sometimes to promote freer bronchial secretion. Otitis media receives great attention and is believed to underlie the so-called cerebral forms of pneumonia.

In the Babies' Hospital, New York, great attention is given from the onset to feeding, as failure of nutrition is most feared. The stomach is reserved as far as possible for food. Mustard plaster, 1 to 6 of flour, is used, encircling the chest till the skin is reddened. Inhalations of creosoted steam by the croup tent are regularly used; occasionally turpentine or benzoin replaces the creosote. This usually controls cough. Whiskey or strychnia are the stimulants, or hot mustard baths. Oil silk jackets are always worn. Experience shows that cases lasting over a month die if kept in hospital.

The report of the New York Foundling Hospital taken with that preceding shows that the typical lobar or croupous pneumonia is very infrequent in infants. Treatment is symptomatic. For pleurisy when pneumonia is healed, aspiration of even 4 ounces may work a cure. Nitroglycerine 1-100 to 1-100 of a grain every 2 or 4 hours for threatening cyanosis is good. Other treatment is that of private practice.

Children's Hospital, Washington, D. C. For croupous pneumonia few examinations, plenty of cool drinking water, dry cups, then hot poultices and a cotton jacket. Treat the temperature only if disturbing the nervous system, then cold sponging. Quinine is the only drug antipyretic. For cyanosis hypodermics of nitroglycerine are sometimes wonderfully efficient.

In the Children's Hospital, Philadelphia, fever is little considered unless accompanied by nervous disturbance, when sponging or, rarely, cold baths are given. For embarrassed respiration, failing heart and strength a plunge for 2 or 3 minutes into a warm bath of 103° to 105° is very reviving. Turpentine or amber oil frictions are frequently used in broncho-pneumonia. Coal tar antipyretics and aconite are seldom used. The ammonia preparations are in favor with some of the staff, seldom used by others. Alcohol is reserved for emergencies.

In the Children's Hospital, Boston, little medicine is given. Poultices, pneumonia-jackets, antipyretics are discarded. Drugs are seldom given for cough or delirium. Alcohol is most used in the disease.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 4, 1896.

Diseases.	Cases Reported	Death.
Smallpox.....		
Pneumonia.....		8
Phthisis Pulmonalis.....		19
Measles.....	5	
Whooping Cough.....	5	7
Pseudo-membranous Croup and Diphtheria. }	4	1
Mumps.....		
Scarlet fever.....	13	
Varioloid.....		
Varicella.....		
Typhoid fever.....	4	

The University of Utrecht is two hundred and sixty years old.

Boston is to have a magnificent new hospital to cost \$3,800,000.

The Third International Congress of Dermatology will meet in London early in August.

Dr. John Morris is President of the Baltimore Society for the Prevention of Cruelty to Animals.

Plainfield, New Jersey, has a private company which disposes of house garbage in a sanitary manner.

The American Association for the Advancement of Science will hold its next meeting at Buffalo in August.

Dr. A. C. Abbott, formerly of Baltimore, has been elected Professor of Hygiene in the University of Pennsylvania, to succeed Dr. John S. Billings.

Guy's Hospital is greatly in need of money and a subscription has been started under the patronage of the Prince of Wales in order to raise the desired £500,000.

The American Public Health Association has issued a preliminary announcement of its twenty-fourth annual meeting, which will be held at Buffalo next September.

A scientific investigation was recently undertaken by the Imperial German Health Bureau to inquire into the suitability of the use of aluminum for cooking utensils. It

was proved that this metal is entirely free from communicating to food any poisonous salt, such as is given off by copper, tin or lead.

It is estimated that about 325,000 cases are treated gratuitously each year at the Berlin Polyclinics, a great percentage of which are conducted under the direction of private physicians. Of the number of cases treated it is claimed fully one-half are well able to pay. The medical profession is agitating legislation for correction of the matter.

They are now getting up X-ray companies. Articles of incorporation for one have been filed in Chicago a few days ago; and Newark, N. J., is the principal city for the carrying on of the company's business. The company will give exhibitions of the working of the X-rays in different cities and towns, and will make a bid to assist surgeons and physicians in making examinations.

A bill has been favorably reported in the House of Representatives providing that in all departments of the federal government business requiring the use of weights and measures shall be conducted on the metric system after July 1, 1896, and extending this system to the commerce of the country on January 1, 1901. Persons favorable to the measure are urged by its backers to petition their congressmen to vote for it.

A Brooklyn doctor is organizing a bicycle club to be made up exclusively of Brooklyn physicians. It is proposed to use the wheel in the discharge of professional duties, making calls, and so on. A number of doctors in that city have discarded the horse and carriage, finding the wheel much cheaper, and at the same time it affords some exercise. The promoters of the movement believe that a doctors' cycling club will lend dignity to the exercise.

The American Gynecological Society has elected the following officers at its recent meeting held in New York: President, Dr. James R. Chadwick of Boston; Secretary, Dr. J. Riddle Goffe of New York; Treasurer, Dr. J. M. Baldy of Philadelphia; First Vice-President, Henry J. Garrigues of New York; Second Vice-President, Dr. R. Stansbury Sutton of Pittsburg; Council, Dr. J. Taber Johnson of Washington, D. C.; Dr. Arthur Johnston of Cincinnati and Dr. Charles Jewett of Brooklyn, N. Y.

## WASHINGTON NOTES.

FROM the Weekly Report of the Health Department for week ending June 27, 1896, we learn that there was an increased death rate in the city last week as compared with the week before. The deaths numbered 145 as against 121 by the last report. The death rate was accordingly 27.36. This is 3.7 above the normal. The principal causes producing this result were mainly summer complaints among children, from which 34 deaths ensued, and of consumption, of which 22 persons died. Of the total deaths, 71, or nearly one-half, were children under 5 years of age. Other than these the range of diseases was confined mainly to those of the brain, heart and kidneys in about the normal degree. Diphtheria ended in 2 deaths, while 6 new cases were reported. No death nor new cases of scarlatina were reported.

The stated meeting of the Medical Society was held on Monday, at 8 P. M., the 6th inst. The report on the new resolutions and changes in the by-laws was read and approved.

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**Book Reviews.**


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A TEXT-BOOK OF BACTERIOLOGY. By George M. Sternberg, M. D., LL. D., Surgeon-General U. S. Army, etc. Illustrated by Heliotype and Chromo-Lithographic Plates and two hundred Engravings. William Wood & Company, New York. 1896. Price \$5.50.

Much of what is in the author's Manual of Bacteriology and his Immunity and Serum Therapy, both published several years ago, is included in the present volume, which is probably the latest of the numerous works on bacteriology. Dr. Sternberg has served a long apprenticeship in laboratories and is well able to record his extensive experiences. He has made some valuable additions and suggestions in the methods of cultivating and staining. While this large work is an excellent one in its way, there does not seem to be an especial demand for it at the present time. The first part treats of the classification, morphology and general bacteriological technology; the second part touches on the general biological characters of the bacteria; the third part, of the pathogenic bacteria; the fourth part, of the saprophytes. The author's

paper on the thermal death point of bacteria and his work on disinfectants as a member of the American Public Health Association are all incorporated in this volume. Photography, which is very exact, but hardly satisfying, is used very extensively. Dr. Sternberg has gleaned the literature of the subject very carefully and all bacteria, however little known or studied, receive mention and description. Some of the plates are especially fine and most of them are original. That extreme painstaking which is so characteristic of the author is shown in the thorough manner with which he has prepared this large work. The publishers have been very liberal with illustrations, but the book is almost too clumsy. The author's name and his position as surgeon-general of the United States Army as well as the actual worth of the book will cause a large sale.

THE STUDENT'S MEDICAL DICTIONARY; Including all the Words and Phrases generally used in Medicine, with their proper Pronunciation and Definitions based on recent Medical Literature. By George M. Gould, A. M., M. D., etc. Tenth Edition, rewritten and enlarged. Philadelphia: P. Blakiston, Son & Co. 1896. 701 Pages. Price \$3.25.

Dr. Gould is certainly to be congratulated on his success with the help of his enterprising publishers in issuing so many editions of this student's dictionary, as well as his larger unabridged work. There might, however, be some readers who would object to the title of this work, which says that the words "with their proper pronunciation" are included. Everyone acquainted with Dr. Gould's method of spelling will appreciate his efforts and know that he is at least sincere, but the readers of "medic" journals will wonder who buys all these dictionaries, for rarely does an article appear written after the extreme orthography which Dr. Gould advocates in all his works. The dictionary as explaining definitions is excellent and only excelled by his larger work, but as a guide to spelling it is in many places wholly unreliable, and while it may be "based on recent medical literature" it is hardly based on any modern standard dictionary. However, it has had a successful life and if this tenth edition means the tenth thousand then the success is truly phenomenal. The book is conveniently bound so that it remains open, the paper is unglazed and hence does not

blind the eyes, and the type is clear. This is probably the best medical dictionary for those who already know how to spell.

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REPRINTS, ETC., RECEIVED.

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The New Remedies. McKesson & Robins. 1896.

Reports of the Friends' Asylum for the Insane. 1896.

Apolysin von Heyden. Schering & Glatz. New York. 1896.

Eucaïne. By H. Kiesel, D. D. S. Reprint from the *Zahnärztliche Rundschau*.

Mortality from Casualties. Mutual Life Insurance Company, New York. 1896.

Urotropin. By J. A. Flexner, M. D. Reprint from the *American Practitioner and News*.

Souvenir of the Twenty-Sixth Annual Meeting of the National Eclectic Medical Association. 1896.

Bone Marrow in the Treatment of Various Forms of Anemia. By John D. Robison, A. M., M. D.

The Pathfinders. By James T. Jelks, M. D. Reprint from the *Journal of the American Medical Association*.

A Case of Double Salpingo-Oöphorectomy. By Hunter Robb, M. D. Reprint from the *American Journal of Obstetrics*.

Yeast Nuclein in the Treatment of Hip-Joint Diseases. By Charles W. Hitchcock, M. D. Reprint from the *New York Medical Journal*.

Bio-Chemistry in its Relations to Nervous Diseases. By G. W. McCaskey, A. M., M. D. Reprint from the *American Medico-Surgical Bulletin*.

The Modicum of Hearing of Deaf Mutes; How to Use and How to Improve it. By S. T. Walker, M. D. Reprint from the *Medical Fortnightly*.

Cases Illustrative of Different Forms of Color Blindness. By William Thomson, M. D. Reprint from the *Journal of the American Medical Association*.

The Significance of Gonorrhœa Occurring in Pregnancy, Labor and the Puerperal State. By H. Fehling, M. D. Reprint from the *Cleveland Medical Gazette*.

## Current Editorial Comment.

### CONSUMPTION CURES.

*Clinical Chronicle.*

CONSUMPTION cures come and go, but consumption goes on forever. Our therapeutic resources, to battle this foe, have not materially changed since the discovery of the bacillus tuberculosis. Tuberculosis is a complex disease in which improper food and assimilation, bad air, non-observance of proper hygienic laws from birth up, general environment, heredity, infection and the bacillus above named, all play an important part.

### DIAGNOSIS AND TREATMENT.

*Denver Medical Times.*

THAT doctors err in treatment and that quacks flourish on these errors is doubtless owing to a lack of thoroughness in diagnosis. No man can determine by a cursory examination the precise nature and extent of a chronic malady. Only when he has investigated carefully as far as practicable all the patient's organs, the blood, secretions and excretions, his morale and physique and idiosyncrasies, can the physician hope even to approximate the exact truth in his conclusions; and until he is prepared to make these efforts and take such pains he must expect to encounter chagrin and failure.

### NO PAY, NO WORK.

*Medical Record.*

IT has been decided by the Supreme Court of Illinois that the health authorities have no right to require physicians to report contagious diseases or births without remuneration. It is a nice question whether the physician, whose aim is the prevention as well as the cure of disease, is not morally bound to warn the community of danger when this can be done at a not unreasonable expenditure of time and labor. At the same time it is unjust on the part of the community to compel him to do so and even to force him under pain of imprisonment or a fine to pay for the postage on such notification. Of course, the State cannot afford to pay a large fee for such service and neither would physicians demand it, but it would seem as though a compromise might be effected whereby the physician would receive twenty-five cents for each notification of a case of infectious disease or a birth. Such a plan is, or was, in existence in Connecticut, and we believe worked satisfactorily to both the State and its medical benefactors.

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### THE PHYSICIAN'S LIFE AND WORK.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION AT ITS ANNUAL MEETING,  
HELD AT CUMBERLAND, MD., JUNE 4, 1896.

*By William F. Barclay, A. M., M. D.,  
Pittsburg, Pa.*

THERE is no more arduous and responsible calling than that of the physician. The knowledge required to succeed in the practice of medicine and surgery is greater than that of any other profession. A natural adaptation which begets a love for the study of the science of medicine is an essential prerequisite. A vigorous and healthy body and mind and a self-sacrificing spirit are necessary to fulfill the requirements of a successful physician's life. To be willing at all times to do that for others which you would not ask or expect them to do for you must guide and control the physician's spirit. A constant desire to help the sick and afflicted being actuated by a desire to do good to others, with the satisfaction that attends the hope of reward of those that are merciful.

A sure confidence in the action of medicines which begets their skillful use, in palliating and curing disease, is the essential of a successful clinician. The power of medicines over diseased conditions is measured by their known actions and judicious application. First study and know thyself; in so doing you will better understand those that come to you for help; learn to control your own spirit, and you will have a larger influence over others. A reali-

zation of your own mortality will teach you that other men must die. The appointed time in your history arrives when that which we call life ceases forever.

The atoms that enter into our first cause are governed by an essential power beyond our comprehension. We know that there is a beginning and an end of our vital existence, but the inertia of our individualization is not tangible. That life begins at the moment the atoms show an affinity, that enter into the molecules of our first being is indisputable. The vital force that animates our primary existence is constantly menaced by the causes antagonistic to life. It would aid us in our investigations if we could definitely ascertain the essence which sets our atoms in motion, and the power that equalizes their actions. Molecules have an affinity and laws governing them, which seem to be universal in animate and inanimate nature.

Forces beyond the control of the mind bring about the conjugation of the sexes which consummates the material part of the beginning of life. The mind certainly influences and impresses the atoms that enter into the new being, and there is no doubt the breaking up

of the molecules and the atoms form new primordial cells so that results pre-conceived and desired in qualities of mind, body and character have been certainly obtained. It is not to be wondered at that children of the same parents are entirely without resemblance to each other in mind, body, temperament and characteristics. The law that influences the results of desires of progenitors is not confined in its application to reason, but as well to all animals that have instincts. Those persons who have most carefully studied and observed the propagation of animals have availed themselves of the benefits arising therefrom by putting it into practice in the multiplication of the different species. The rods placed in the watering troughs had a potent influence on the cattle in the production of the stripes which were to characterize the belongings of the son. The selfish spirit of the son was enabled by the practice of this principle of reproduction to carry out his desire of gain.

The power of memory in animals is very remarkable and can be observed in its lowest forms. Injuries intentionally or accidentally inflicted upon animals cause them to fear its repetition and avoid the conditions present at the time of its infliction. It is a noticeable characteristic in all animals that in reproduction they select their partners, and that the most potential qualities in the perpetuation of the species predominates. Natural selection tends to strengthen animal life. Man in his reasoning does not display the wisdom in this law that instinct in animals directs. As we look into life, and its mysteries, we are amazed and are compelled to admit that there is much in it that is incomprehensible. "Truly man is fearfully and wonderfully made." With these thoughts before our minds we contemplate the work of the physician's life. A study of life without being able to correctly define it, and its perpetuation, perhaps comprehends a physician's life and work.

Personal consecration to the work and study of the science of medicine is indispensable with self-sacrifice even to

the injury of health and personal comfort are obligatory. Our civilization with its educational advantages and refinement has not lessened but increased the demands made upon physicians by the people. Impossibilities are expected, and when all that science and reason with experience can do has been applied to the sick and suffering, very often reflection and injustice are the faithful physician's reward. The moral force and courage required to sustain such injustice and ingratitude must be very great, nor is it to be wondered at that many of the ablest minds in the medical profession have turned aside the profession of medicine for some other calling where these injustices are not known. Labor incessant is the successful physician's duty to humanity in its varied requirements of the profession of medicine.

The highest moral character is the safeguard of the physician's life and nothing short of irreproachable standing in communities will meet the public demand. To know all things possible of the weaknesses, passions and frailties of human character and at the same time control your own personal feelings and sensibilities, as well as the sacred duty of eternal silence, is incumbent upon you toward those who come to you for counsel and help. It is not surprising that physicians become skeptical as to human character and it no doubt at times requires the broadest charity to even formulate a reasonable excuse for the depravity that almost daily comes in a professional way to your personal notice and consideration. To maintain and keep your own mind and heart pure will enable you to be charitable toward others.

There is no part of your career as physicians that requires more care than a fulfilment of your duty and obligation toward each other. To remember at all times that that which you crave of the members of the profession for your own good and comfort is due them from you. To forgive and forget the injustice that may be done to you by the members of your own profession requires very often not a little sacrifice on



your own part. It is to be regretted that the medical profession is divided into different schools whose theory and practice is entirely at variance and thereby conclusions are arrived at diametrically opposite in practice.

The different schools of medicine are continually striving to advance the systems of practice to which they adhere and at the same time disparage all others, very largely to the discredit of the profession of medicine. We believe that the regular school of medicine is the oldest and the best, as it selects that which is established and discards that which is not based upon sound scientific truth and verified by practical experience. It is not my desire to disparage any system of practice that has reasonable tenets and recognition at the hands of the people, but on the contrary, to ask a just comparison and abide the discrimination that is certain to follow all things where vital questions are at issue.

Life is a divine gift and its preservation a sacred duty. To be almost constantly in the presence of disease and its attendant horrors is the mission of the physician. To study and diagnose disease in its varied forms and judiciously select and apply the best known treatment and vary it from time to time, as circumstances and conditions may require, demands the closest observation and best judgment of the mind. Valueless is the knowledge required to diagnose disease in its varied forms without that intimate acquaintance of the action of medicines over disease conditions which enables the medical practitioner to palliate and cure diseases.

The germ theory of disease is established and the laboratory, with the benefits arising from research as to causation and treatment, is the crowning success of medical science. Pasteur was the pioneer of bacteriology and Lister applied germicide treatment in wounds and to these men we owe our lasting gratitude and humanity a debt that will immortalize their names. Isolation of the materies morbi and the selection of the germicide that quickly destroys their vitality and renders them harmless

to man establishes the value of antiseptics.

The boon conferred upon humanity by the antiseptic value of remedies known to render aseptic wounds as well as the destruction of disease germs is inestimable. Cleanliness is next to Godliness and nowhere is it more forcibly demonstrated than in the practice of medicine and surgery. We become enthusiastic at the results obtained in antiseptic surgery and I would suggest caution in the expression of opinion as to the carelessness of medical and surgical practice lest great injustice might be done to those practitioners who do not fully appreciate the value of antiseptic treatment. It has been demonstrated that the most distinguished members in the profession of medicine have obtained equally good results by the exercise of extreme cleanliness and that they ignore and denounce antiseptic means and the germ theory of disease.

I adhere to the germ theory and believe in internal and external antiseptic treatment. The duties and responsibilities of a physician's life claim his entire time and attention and it is incumbent upon him to take that care of his own mind and body that he can give his best efforts to his work. He should take regular rest and relaxation from professional work and by so doing he will be enabled to render a better service to those who claim his time and efforts. The unpleasant and laborious work of a physician's life is of that irksome character that day and night work imposes, without needful rest and regular meals, that life for him has few comforts or pleasures.

To announce to the friends and relatives of the diseased and dying the truth as it is impressed upon your mind by the evidences of impending dissolution is one of life's most unpleasant duties. It is at times your duty to break to the incurable the news that life's silver cord is upon its extreme tension and that its possibilities of endurance cannot extend beyond a fixed time. The good judgment and discretion you may exercise in the discharge of this sacred obli-

gation will add much to the confidence and respect of those that may need your services, as well as your own personal comfort. To be cheerful in your manners and conceal the sadness that must at times almost overcome your own spirit in the presence of disease, danger and death is an important requirement in your professional character.

Were it not that the natural tendencies of the vital forces are toward health, aided by your skill and treatment, with the pleasant results that are brought about, it would seem to me that more men would turn away from than follow the practice of medicine. You should have at all times the highest appreciation of the responsibilities that rest upon you, which teach all men the great need of honest, thorough preparation. That uneducated men dare assume the sacred responsibilities that rest upon the physician justifies the conclusion that much more care should be exercised in the admittance of students into our colleges than is at present apparent.

The fact that only about six per cent. of the graduates of medical colleges succeed in practice demonstrates more fully than anything else could that rare qualities of mind and character must attend the successful physician. As long as medical colleges are chartered and established for the purpose of furthering the selfish ends of those persons engaged in teaching medicine, so long will the medical profession be overrun and degraded by the impostor and charlatan. It is a better sign of preparation and fitness in physicians when the intelligent people are beginning to look into the character, education and stability of young physicians and refuse to employ or encourage those not at least fairly well equipped by that which should be required. The advantages afforded in our country by our schools, hospitals and other means of obtaining a thorough scientific medical education are unsurpassed.

At a time not long past, many physicians visited foreign countries for the purpose of attending schools of medicine supposed to be superior to those of the United States. I am pleased to state that

this fallacy, at one time so prevalent, is no longer of pecuniary advantage to the American practitioner of medicine. Medicine and the sciences required are taught theoretically and practically as thoroughly in our country as anywhere in the whole world. The preparatory education of students of medicine is no doubt, in many instances, insufficient and to this cause more than all others is attributable the want of preparation for successful practice.

Sentimentality should not enter into the physician's life and character, but rather reason and good common sense. The people expect the good physician to be a good man in the truest and best sense of the word. He should at all times be ready to render a reasonable service to the sick and afflicted when desired to do so, yet never obtrusive. The physician in his life and work should practice temperance and virtue that his example may be beneficial to society. He should not be fraudulent or deceitful in his dealings with the public; his fairness, honesty and sobriety will be an example and enable him to collect that which is due him for his services. The medical profession has not exercised the influence it should upon legislative bodies, in the enacting of laws for its own protection, as well as much that is demanded for the moral and physical welfare of the people.

The attitude of the physician before the people is that of a public servant, and it may be fairly stated that the opinion prevails that physicians are obliged by law to answer all calls and render services whenever it is demanded of them. The press is not slow to publicly announce a refusal on the part of physicians to attend sick calls where the largest responsibilities are to be assumed without the least hope of pecuniary remuneration. Through the assumption that such services are obligatory upon physicians, great injustice is done to their professional standing. The proposition that professional duty begets menial service contemplates contempt and robs him of the legitimate respect due him from the people.

It may be fairly assumed that the ed-

education received in foreign countries by our citizens that have been transported to us has much to do with the assumption that free medical treatment is imperative. Free medical treatment in foreign countries is provided by the governments, and is liberally paid for, and is not gratuitous on the part of physicians. The guaranteed freedom of our institutions has wrought great injustice to physicians, as the laws in our country are formulated, as far as possible, on the basis that medical service to the poor should be gratuitous. Hospitals, almshouses, reformatories and monopolies assume that medical services as far as possible should be secured without recompense. That the experience obtained in this way by physicians repays them for their time and services.

Physicians should demand a reasonable compensation for all services rendered, both public and private. The attending physicians and surgeons in some of our hospitals are generously paid and it may be stated that these institutions command the services of the best men in the profession and take away the reproach of charitable medical treatment that must fall upon the unfortunate poor. Medical charities are fast becoming a burden and reproach to the medical profession on account of the abuses that are practiced, and the great injustice done to physicians, especially the younger members of the profession.

The advice given by the philosopher to a young physician to keep his shop, and his shop would keep him, could not be demonstrated at the present time on account of the great impositions practiced by medical charities. The medical profession does not offer as many opportunities to the student as it has in the past, and the number that succeed is yearly growing less, when we consider the multitudes that are crowding into our medical schools. The reports from our larger cities of the meager earnings of medical men is becoming alarming, as the facts would indicate that the larger part of the members of the medical profession do not earn a comfortable livelihood. It would seem that the profession has been hindered in

its progress by a willingness on the part of its membership to serve charitable institutions, not to mention monopolies and associations where services are rendered to large numbers of persons, with the smallest possible consideration.

The advances in medical science are not commensurate with the demands made by the people upon physicians in the treatment of diseases and consequent disappointment of the sick in the relief afforded by reasonable care and skill. As a result of the claims made upon physicians, the best care and treatment rendered is not satisfactory, and suits for malpractice have been frequently instituted. The most skillful members of the profession have been selected, and great injustice done to their reputations, as well as great loss in employing attorneys to carry on a defence in court. It seldom falls to the lot of the penniless doctor, but to those who have accumulated means by industry and success in their business. Juries are frequently inclined in their sympathies and verdicts against the physician. Verdicts rendered are unjust, extortionate, and the damages sustained as considered by the requirement of reasonable care and skill do not justify the awards.

Physicians are largely chargeable with the custom of making criticisms upon the work of their fellow-practitioners, and thereby creating dissatisfaction in the minds of the sick and injured with the results obtained from medical and surgical treatment. Suits are generally instituted by the never-do-well class, who seldom pay physicians' bills. It is interesting to learn that in one hundred suits against physicians in the State of Pennsylvania, within the past twenty-five years, only eleven verdicts have been obtained; and the aggregate amount of money obtained would not pay the attorneys' fees. The legal profession has shown a disposition to encourage prosecutions against physicians for malpractice, but the courts have with great unanimity treated the medical profession with fairness and justice.

I recently read in a medical journal that of three thousand physicians, in

the city of New York, two thousand four hundred were foreigners. It is needless to comment upon this imposition upon American medical practitioners. In the city of Pittsburg, as far as my observations extend, the foreign innovation upon the profession, it may be remarked, that they neither have the confidence and respect of the profession or people. It is remarkable that presumption upon the American people should receive recognition, or that assumption of strangers should not be inquired into, as to character and professional attainment. There is at present an inquiry in our larger cities as to the meager earnings of medical men, and complaint that the profession of medicine does not afford a comfortable living. The first and important cause is medical charities; that thousands are treated free of charge who are abundantly able to pay, is established beyond all doubt by daily observations of physicians. The attendance given by physicians and surgeons to hospitals and institutions where charitable treatment is afforded requires much time and labor.

I would remark that I saw four men who had typhoid fever the past year, who went to hospitals to avoid paying physicians' bills, not to mention the large number affected with other diseases who availed themselves of the benefits of hospitals. The hospitals were paid, and the attendants attached to them, but the medical service was free. The State was bled, and all other sources from which money could be obtained to support the institutions. Justice demands that the unfortunate poor should be cared for by the State, but the burden should fall equally on its citizens. That physicians and surgeons should bear the burdens of medical service is unjust, and I have the satisfaction that I have not contributed to this imposition upon a great and honorable profession.

The never-pay class is a burden that must be borne; and I care to choose from personal knowledge the objects worthy of charitable care and treatment.

The moral and legal responsibilities are the same in the pauper and millionaire, and in many instances the atten-

tion demanded is greater by the former than the latter class. It requires discretion to determine when and where charity begins and imposition ends, and at all times it is best to err on the side of charity. We are members of a great and good profession, and we should exert our best efforts for the highest and noblest ends of the profession of general medicine.

In justice to medical history we as medical men should study, and perpetuate, the histories of medical men, and duly appreciate their lives and work. Our own country has produced an unusual number of distinguished physicians and surgeons, considering our national age, and it is a duty that we perpetuate their names and give them that place in history which their works demand.

It is remarkable that medical science has made such wonderful advances in recent years, so much so that the theories of five years ago are said to be old and gray. The advances in therapeutics determine the age of remedies and practically place them on the list of things that have been. The instrumental devices at our command aid in diagnosis, and largely abbreviate our time in diagnosing diseases. We reason from cause to effect, and much that has hitherto been beyond our comprehension is made plain from the effects of diseases observed upon the different parts of the organism. Pleasing as the consideration of the physician's life and work is we have consumed already more time than we should in a short paper such as this should be.

The work to be accomplished is so varied that it affords material for the different tastes and is suited to the conditions that meet the activities of the human mind. Diversified are the sciences that fit and enable men to scientifically pursue the practice of medicine, nor is it possible to know too much about that which concerns our lives and work. Natural science in its different departments is suited to the preparation of the mind for the study of medicine and enables the medical practitioner to more successfully discern pathological conditions.

I can only beg of you from this digression from our usual grist of scientific discussion in medical subjects a little consideration of our lives and work, with a few thoughts by the way-side of some things that should interest and impress us, as we pass our lives and form our histories. We are integral

parts of the great family medical, and each one contributes a part of its history.

When from year to year the volume is closed and the part each one has done is recorded we read with infinite satisfaction of the progress that has been made.

## REPORT OF AN AUTOPSY; WITH SOME PRACTICAL REMARKS.

READ BEFORE THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, MAY 14, 1896.

*By Edward Milholland, Jr., M. D.,*  
Baltimore.

TOWARDS the latter part of last summer I was asked to make a post-mortem examination upon a patient who died after a lingering illness. The history of the case, with a description of the symptoms of the ailment and the diagnosis, seem to me to be of interest.

The subject, a female, unmarried, about fifty years of age, and family history negative, had enjoyed good health until about eight months previous to her death. She had led a very regular and quiet life and no cause can be assigned for the beginning of her malady. When first seen she presented an array of symptoms suggesting a derangement of the stomach, the more prominent among which were pain at irregular intervals, a burning sensation in the epigastrium and vomiting. The vomiting occurred principally at night, but occasionally after taking food, and this was the most prominent symptom during the entire course of the disease, and was the one which especially required treatment.

An examination of the region of her stomach manifested only slight pain on pressure and no unnatural appearance of the abdomen. At this period, from the indications presented, she was believed to be suffering from dyspepsia, and the usual stomachic remedies were accordingly used, with strict regulations regarding diet. No improvement at all supervened, she steadily grew worse, though remedy after remedy was thor-

oughly tested, and well thought of before being prescribed. Her diet was, to a great extent, restricted to the use of small quantities of milk and lime water, and at times wholly suspended.

The act of emesis generally occurred without premonitory nausea, was accomplished with little effort, and during the earlier months the ejected matter consisted simply of the ingesta of the stomach. Later on the appearance of the vomit gradually became more significant until about two months before death, when it assumed a dark color suggesting the presence of blood, and to a great extent simulating the characteristic coffee-ground vomit. The patient became more and more emaciated, but at no time during her illness was she confined absolutely to bed.

The epigastric region was again repeatedly examined but no tumor could be detected. She was not inclined about this period to take any drugs, and her physician was discouraged in prescribing any, as all treatment proved unavailable. She complained of no violent pain, only a burning sensation, and no anodynes were required. Her physician had discontinued his visits, and she was not again seen until about a month prior to her death, when her abdomen was found enlarged, due to a dropsical effusion.

Previous to the onset of the ascites the opinion was expressed that her disease was carcinoma of the stomach,

though no tumor could be found. Subsequently the advent of the effusion rendered impossible all means of detecting a tumor by manipulation. Emaciation about this time was marked and vomiting occurred immediately after swallowing, so that the patient could retain nothing.

The diagnosis of carcinoma was arrived at by means of exclusion. It was no longer believed to be dyspepsia in any of its forms, nor chronic gastric catarrh, nor finally gastric ulcer, for there was no severe pain immediately after taking food and at no time was there a discharge of unaltered blood, which symptoms are characteristic of the last mentioned disease. The dropsy was believed possibly to be induced by a deeply seated growth pressing upon and obstructing the portal circulation, or perhaps by a secondary cancerous peritonitis.

Death finally occurred after an illness of eight months and the only pretext for obtaining a post-mortem was that the removal of the dropsical accumulation would render the body more presentable for burial. We regret that the autopsy was hurried, but the day was very hot, the body was on a low bed, the light was bad, and we had promised the family to be only a few moments at work.

Our real motive for obtaining the examination was not only to verify the diagnosis of carcinoma, but more particularly to ascertain the situation of the growth, fully believing there must be one, although the ante-mortem examinations failed to disclose it, and expecting to find it deeply seated, as previously intimated, and bearing such a relation to the portal system as to obstruct its circulation and thus explain the occurrence of the ascites, or whether it was to be attributed to a cancerous peritonitis.

The body, which was terribly emaciated, was turned on the side and the abdominal fluid removed by means of a trocar. The serum was straw-colored, not abnormal in consistency, and about a bucketful in quantity. After the body was placed on the back the collapsed

parietes of the epigastric region presented a small mound, and before the incision was made, we supposed that we were about to find a tumor. On opening the abdomen a surprise and puzzle were presented to us. The region of the abdominal cavity usually occupied by the stomach was almost a vacuity. For some moments it was difficult to decide what was the stomach, as the parts were all agglutinated and bound down firmly by adhesions.

What we at last concluded to be the stomach — though it resembled in size the transverse colon — was about four or five times smaller than normal. To verify that it was the stomach an incision was made into the organ, and two fingers were introduced, and the tip of one finger was turned upwards in a direct median line towards the esophagus. The walls of the stomach were about half an inch thick, quite rigid, did not collapse on cutting, and the cavity would not hold more than five or six fluid ounces. The pyloric region was even thicker than the rest of the organ and the outlet of the pylorus would admit only the tip of the little finger. There was no tumor of any kind.

The liver presented no abnormal appearance. The little mound or nodular surface, before mentioned, and which presented itself after the removal of the ascitic fluid, was now to be explained as due to the collapsed parietes of the abdomen falling upon an uncollapsed stomach. We now realized that there was not a carcinoma, but that we had before us that rare disease known as cirrhosis or fibroid induration of the stomach, or plastic linitis.

The medical literature on this disease is very scanty. Some of our well-known writers do not allude to it at all, and others speak of it as being very rare and dismiss the subject with a few remarks. With regard to the association of ascites with this affection, and the means by which it is brought about, but little is known. As soon as the serum was withdrawn and its clear nature observed we almost immediately abandoned the idea of its origin in a secondary cancerous peritonitis, for in peritoneal cancers

the dropsical effusion is almost always of a brown or brownish-red color from admixture with blood. Moreover, no tumor being present, and the portal system being uninvolved, it could not be attributed to any mechanical obstruction of the portal circulation.

There was extensive adhesive inflammation throughout the peritoneal cavity, as previously stated, and the ascites is to be accounted for in a simple chronic peritonitis induced by the primary inflammation of the stomach. Writers mention the fact that plastic lienitis is often the starting point of a chronic peritonitis with subsequent ascites, but advance no satisfactory account of its causal pathology.

The difficulty in making a positive diagnosis in gastric diseases is often due to the variability of symptoms. Frequently the more prominent symptoms indicative of gastric ulcer and carcinoma are absent, and Watson reports cases in which carcinoma of the stomach was found after death where no evidences of that disease were present during life. He says: "Carcinoma of the stomach has sometimes no symptoms at all, or none which the most sagacious physician would refer to the organ affected." He then goes on to describe cases in which

the symptoms in various individuals were wholly different. Fibroid induration of the walls of the stomach may closely simulate carcinoma of that organ, like the one just described, and it is necessary that we should be on our guard against such an error.

Although this disease is very rare yet we should not be too hasty in expressing a settled opinion until the presence of a tumor, attended by other general and physical signs, leaves little doubt as to the correctness of the diagnosis. And yet, on the other hand, we have the dictum of Fagge, a close observer and hard worker in Guy's Hospital, who says: "It must not be forgotten that in many cases of carcinoma of the stomach, and even in some cases of carcinoma of the pylorus, no tumor is at any time to be discovered."

And now, as a concluding remark, may it not be asked with practical significance, that if all the cases which have been diagnosed carcinoma of the stomach, and in which no tumor could be detected during life, were brought to the autopsy table, would not more cases of fibroid induration of the stomach be discovered, and the disease rendered less rare than it is at present supposed to be?

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## HEALTH BOARDS IN SMALL COMMUNITIES.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION, AT ITS ANNUAL MEETING, HELD AT CUMBERLAND, MD., JUNE 4, 1896.

*By E. T. Duke, M. D.,*

Health Officer for Cumberland; President of the Tri-State Medical Association, Etc.

In this advanced age of medicine no one will for a moment question the importance, the advantages, in fact, the necessity, of departments of health in large towns or cities. It is true, over-zealous or unqualified men conducting these branches of city government have brought reproach on a good cause and have frequently prevented the advancement of public health bureaus.

But no good undertaking should be made to bear the odium of incompetent or indifferent officials, nor should it be

judged entirely by the men who conduct it.

Rather condemn or praise it upon its own merits. Those who have given the subject attention and have investigated the workings of a department of health in our large cities cannot fail to be impressed with its importance and only the ignorant or wilfully prejudiced would question its power for good to the people, both in preventing and suppressing disease.

But I would go farther and advocate

health boards for small communities, believing they are not alone in keeping with our advance in medicine, but are essential for the well-being of all communities.

At the outset many obstacles will present themselves to discourage all save the enthusiast. But obstacles must be overcome and where can be found braver or more heroic men than in our own profession to accomplish this work?

Preventive medicine, it is true, does not appeal to the charlatan or to the miser, but does to the physician who has at heart the welfare of the community in which he lives.

It is then to the true physician that we must look for the spread of sanitary knowledge and lessons in the laws of health, even if it does diminish his bank account.

He may be somewhat of an enthusiast regarding the importance of educating people in sanitation, both public and personal, but I firmly believe the time is not far distant when we will be paid to prevent sickness instead of to cure our patients, to tell people how to live that they may be spared the pain and suffering of many of the preventable diseases.

The first necessity of a board of health in a small town is provision for its financial support. A moderate salary would justify a young physician in undertaking the work of health officer for a small town, as the duties would not be onerous and the position would bring some prestige with it.

Small fees for burial permits, certificates and other work would make the board, in part at least, self-sustaining. It would be necessary for the corporation authorities to make an annual appropriation for its health board; and men interested in the healthfulness of their town would certainly not regard such an outlay as extravagant.

The first essential for the successful conduct of a health department is a capable physician, well versed in modern sanitary measures, and if an enthusiast can be found he should be given the place, as he would take pride in making the board of some service in the work for

which it is intended. By an enthusiast I do not mean a "crank," but a physician filled with a desire to do all he can to prevent disease and preserve healthfulness.

What has been said applies more especially to small, incorporated towns, but there is a still wider field of sanitary work in rural districts. The county physician in some States, as in Maryland, is the county health officer, but his power and work are usually as limited as his salary; consequently little is accomplished. It would be a great saving if he were paid enough to justify his giving some time to sanitation, as epidemics of preventable diseases might thus be avoided or suppressed.

The county physician should be health officer not alone in name, but in reality, with full power and means at his disposal to meet any emergency.

It is quite easy to manage a department of health with unlimited appropriations, but much more difficult to carry on a successful work with a small amount of money.

Births, deaths and contagious and infectious diseases should be promptly reported to the department. For this purpose physicians should be furnished with postal cards with blank printed forms thereon. Whilst reporting cases is often regarded by physicians as a great hardship, the records are invaluable and furnish useful information both for physician and layman.

The monthly or quarterly report of the condition of health to the county medical officer from various physicians in different districts in the county and by him to the State Health Board furnish useful information which, if published annually, will serve to both interest and benefit physicians as well as other citizens. Copies of the State Board publications furnished in appreciation of local reports of physicians should in a measure compensate them for that work.

Just how the work of a health department should be conducted hardly comes within the scope of this paper, as each town or county will be able to determine that for itself. There are some things



that are essential for every successful department.

An efficient officer is first of all absolutely necessary, as upon him will devolve much of the work and most of the planning. If the mayor or other officers are interested, better results will ensue, as more liberal appropriations will be possible.

The physician acting as health officer

can see that the health laws now on the statute books are enforced by the proper officers, until the people will learn to respect the health department and obey its requirements.

This process of education, if followed, will grow to such an extent that the department of health, even in a small place, will come to be regarded as a blessing.

MIXED INTERPRETATION AND MIXED DRINKS. — An enterprising publishing house, says the *Medical Record*, has addressed a letter to the Brooklyn Board of Education, which brings out forcibly the ludicrous side of the Ainsworth Educational bill, which requires that children in the public schools shall be instructed in regard to the effects of alcoholic drinks. This firm offers to supply the city of Brooklyn, at the rate of \$30 a hundred, copies of a work entitled "The Bartender's Guide, or Fancy Drinks and How to Mix Them." This firm evidently believes that the intent of the bill is to teach children how also to prepare and to use alcohol.

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PUERPERAL TETANUS. — Drappier records (*British Medical Journal*) this somewhat rare complication as further proof of the danger of post-partum injection. This affection is hardly ever observed even in lying-in hospitals, and when it occurs it is usually as the result of obstetric operation, such as separation of the placenta, plugging of the uterus, version, perineal operation, etc. In the author's case it supervened after a particularly simple delivery, which did not require any interference whatever, and in which all the usual antiseptic methods had been employed. It declared itself on the ninth day and the patient succumbed on the eighteenth. The history of the case is otherwise curious. Injections had been ordered and were given by the husband, who did veterinary work. The writer concludes that infection must have been conveyed in this manner. The case itself also presented this curious point, that all the flexors were simultaneously contracted ;

subsequently all the extensors and the muscles of one side of the trunk. As a practical result the author thinks that, except in special cases, post-partum injections should be avoided and that even in the country they are as dangerous as in towns, as his case would go to show.

\* \* \*

EGGS IN THERAPEUTICS. — The *Medical Record* gives the following ways of using eggs in therapeutics: A mustard plaster made with the white of an egg will not leave a blister.

A raw egg taken immediately will carry down a fish-bone that cannot be gotten up from the throat.

The white skin that lines the shell of an egg is a useful application for a boil.

White of egg beaten with loaf sugar and lemon relieves hoarseness — a teaspoonful taken once every hour.

An egg added to the morning cup of coffee makes a good tonic.

A raw egg with the yolk unbroken in a glass of wine is good for convalescents.

\* \* \*

GUAIACOL IN PHTHISIS. — The use of guaiacol in pulmonary consumption has been much discussed of late. Dr. A. A. Stevens, in reporting four cases in the *University Medical Magazine*, concludes :

1. That guaiacol can be safely administered hypodermically without the aid of a vehicle.

2. That the antipyretic effect of the drug in phthisis can be best secured by its subcutaneous administration.

3. That the favorable influence on the course of phthisis of guaiacol exhibited *per os* is often more pronounced when the drug is given hypodermically.

## Correspondence.

HENRY SALZER.

Editor MARYLAND MEDICAL JOURNAL :

*Dear Sir* :—One of our greatest, one of our noblest, physicians has passed away.

Dr. Henry Salzer died at his residence, 1623 John Street, on the evening of June 19, in the 56th year of his age. To those who were intimately associated with the departed, his death was scarcely a surprise. During the last six months of his life his health had gradually declined, and although he still persevered in his arduous duties, as one of Baltimore's most eminent physicians, it was noticeable that his powers of endurance were upon the wane and that his favorite occupation became a burden.

The announcement of his death was nevertheless a blow to his numerous medical friends and a blow that would be the more keenly felt were it not for the knowledge that death could only appear to the deceased as a kindly friend, who put to an end his great physical and mental sufferings.

In Dr. Salzer the medical profession of Baltimore has lost one of its most eminent members, but those who will deplore his loss the most are his patients, who recognized in him not only the eminent physician, the brilliant diagnostician, but also the sincere and honest friend, who was ever ready to aid and counsel those in affliction.

Henry Salzer was born in the year 1840 in Babenhausen, a small town in Hessen-Darmstadt, Germany, where his father was a minister. After having received his preliminary education, he entered upon the study of medicine in the old University of Giessen, from which he graduated with high honors. For two years he was intimately associated with Professor Seitz as clinical assistant, and to his death remained sincerely and truly devoted to his old teacher. In the Austro-Prussian war, in the Franco-Prussian war and in our late civil war he rendered important services as army physician. His indomitable

courage in hastening to the aid of the wounded in the midst of battle brought him the iron cross. In 1872, while physician to the North German Lloyd Steamship Baltimore, he rendered valuable aid during the wreck of the ship off Hastings. A few months later he settled in Baltimore, where he practiced his profession up to the time of his death. During the early years of his residence in Baltimore, it is distressing to say, he did not meet with the recognition which his abilities and education deserved. Medical education in those days was primitive in America and the scientific physician from Germany was not accorded a hearty reception on the part of his American colleagues. The public, however, soon recognized his superior abilities, and ere long he was known as one of the most eminent physicians of the city. To the poor and the sick alike he devoted his energies with untiring zeal.

The establishment of the Johns Hopkins Hospital he hailed with justifiable delight and it may truly be said that there was never a more welcome guest at the meetings of the Johns Hopkins Hospital Society than Dr. Salzer ; all of its members were devoted to him and admired the earnest, scientific and always only *too* modest physician. In 1884 he was stricken with acute Bright's disease and for a while his life was despaired of. His recovery he really owed more to his personal scientific knowledge than to medicinal aid. From this time forth, however, his health did not permit him to continue his general practice and the last few years of his life were practically devoted to the special study of digestive and nutritional diseases and as a specialist in these subjects he certainly stood unrivaled in America. His ambition to become a teacher was fulfilled when in the summer of 1895 he was appointed Professor of the Diseases of the Stomach and the Intestines at the Baltimore Medical College. With the enthusiasm of a young man he gave himself up to teaching and surely there has been no more favorite teacher in Baltimore than Dr. Salzer. There can be no doubt, however, that to his zeal, in a

certain measure, his untimely end was due. With the care of a young teacher he was in the habit of preparing his lectures during the late hours of the night, after a day of arduous work in his practice; the midnight lamps could be seen burning in his study until one and two o'clock in the morning.

Shortly after Christmas his health broke down completely and he was obliged to abandon his lectures and clinics to the great regret of his students and colleagues. Still he persevered in his practice and finished the set of lectures that he intended to deliver at the college, with copies of which he supplied all his students in the same liberal manner which was characteristic of him through life.

Four weeks preceding his death an uremic attack caused his friends to fear for his life. Although he rallied from this, his health declined rapidly and on June 17th another uremic attack occurred, which led to the fatal end.

Dr. Salzer's contributions to medical science are not as numerous as would be expected, a fact for which his great modesty was entirely responsible. Those who knew him intimately, however, are fully aware that a more prominent gastro-enterologist did not exist in this country and that his name deserves to be placed on the same level as those of Ewald, Boas and Riegel in Germany. As a physician in the true sense of the word and as a man he will not readily be replaced and will forever live in the memory of the thousands he benefited and relieved.

*Requiescat in pace.*

C. E. S.

### Medical Progress.

THE ALIMENTATION OF INFANTS BY MEANS OF STARCHY FOODS. — At a meeting of the Berlin Medical Society, Dr. Heubner reported his experiments in this direction. In discussing this, the *Charlotte Medical Journal* says that it is usually claimed that new-born children cannot digest starches at all. This the author states is not the case. The ferment capable of digesting starch can

be recognized in several glands at the age of three weeks. Experiments were made with rice starch. Children about fourteen weeks of age were given rice starch and the stools analyzed. This showed that a percentage of the starch was absorbed. It is especially insisted upon by the author that this should not be taken to mean that children can be exclusively nourished with starchy foods. They require the albumen and fat so sadly lacking in the proprietary infant foods, and these latter also often contain cane sugar in large quantities, which is especially liable to fermentation. Starch, if used as an adjunct to the breast or cow's milk, should be that of rice, for the granules are smaller and more easily digested. A six per cent. solution is the best strength. Children do not digest thick, starchy food; it must be dilute.

These facts are interesting from an exact scientific standpoint, but it would be a great misfortune if they should be misunderstood and serve only to benumb the awakening consciousness of the medical profession of the great evils of the early use of starchy foods in infancy.

\* \* \*  
COCAINE POISONING. — Dr. E. Delbosc has made a critical study of cases of poisoning due to cocaine and he concludes in *La Clinique* that cocaine is less toxic in animals than in man. He could find after the most careful search in the literature but four fatal cases of cocaine poisoning and it is to be noted that the quantities taken were large, namely, 12, 18, 18¾ and 22½ grains. A dose of 3 grains has never proven fatal hypodermically, so that this dose may be used when necessary, but smaller doses will cause a large area of anesthesia.

\* \* \*  
A LAXATIVE POWDER FOR CONSTIPATION IN CHILDREN. — The following is recommended in the *Therapeutic Gazette*: Bicarbonate of sodium, 3 drachms; powdered rhubarb, 2 ounces; sulphate of sodium, 1 ounce; oil of peppermint, 20 drops. Half to one teaspoonful of this powder may be given in the morning before breakfast.

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BALTIMORE, JULY 18, 1896.

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SURGERY of the stomach is by no means a recent thing, but it has been much extended and improved within the present century and especially during the past decade. One of the most important surgical procedures for the relief of affections of this organ is gastrotomy. Formerly the term gastrotomy was applied to the operation of opening the abdominal cavity, but it is now restricted to the incision of the stomach itself.

Amongst the indications for gastrotomy, the presence of foreign bodies in the stomach is one of the most frequent. Operative procedures for the removal of foreign bodies from the stomach do not appear to have been undertaken until the year 1602, at which time Florian Matthias of Prague performed gastrotomy for the removal of a knife, nine inches in length, which had been swallowed by a man, 36 years of age, the patient making a good recovery. Since then gastrotomy has been done many times for the extraction of foreign bodies of various kinds and with almost uniformly good results.

Whilst the operation is easy of performance and successful in its results, many foreign bodies gain entrance to the stomach which do not require gastrotomy, but are voided by the natural method. Sharp-pointed small objects, like pins and needles, are best treated by the free exhibition of rice, rice pudding, or potatoes, in order to surround the sharp points and thus to protect the walls of the stomach and intestines from injury. There are also cases in which foreign bodies have become lodged in the lower part of the esophagus and cannot be removed from above, where it becomes necessary to open the stomach and introduce forceps into the esophagus from below and attempt the removal in this manner and often with favorable results.

Gastrotomy has also been frequently performed for the purpose of treating strictures of both the pyloric and cardiac orifices of the stomach, and after dilatation of the strictures has been accomplished, the incision is sutured and the viscus returned to the abdominal cavity. In a few cases gastrotomy has been performed in order to apply local treatment directly to the walls of the stomach; thus Rydygier has opened the stomach and excised an ulcer from its posterior wall and Bernays scraped out a cancerous pylorus through the same route. In all these cases the operative procedure is sufficiently simple.

When the operation is for the purpose of removing a foreign body, a median incision is the best and the abdominal parietes are incised in the linea alba from the xiphoid appendix to the umbilicus, the stomach seized with forceps and drawn into the wound, and after tucking gauze around the exposed part of the stomach, an opening is made into it, and the foreign body removed with finger or forceps. The opening is then closed with Lembert sutures and the organ dropped back into the abdomen, and the external wound sutured. No food should be taken for 48 hours, thirst being relieved by rectal enemata; after this time small quantities of milk may be taken, and after a week easily digestible food.

The same incision may be made for digital divulsion of the pylorus, or for scraping an ulcer or carcinoma on the interior of the stomach, but when it is desired to explore the esophagus or remove a foreign body from this tube, it may be better to make an oblique incision along the left costal margin (Fen-

ger's incision) and the stomach is then drawn out through the wound and incised and a finger or bougie introduced into the esophagus and the foreign body located and removed with suitable forceps.

In the case of a stricture impassable from above, it may be possible to introduce a bougie from below through an opening in the stomach, pass it through the stricture and bring it out of the mouth. A strong silk cord may now be tied to the bougie, and drawn through the stricture and brought out of the mouth, and by making sawing movements the stricture may be cut. This method is known as the string-saw of Abbe. The esophagus is now dilated with bougies introduced from above, and the opening into the stomach is sutured.

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PATIENTS and their friends so often complain and find fault with the fees of their physicians, usually when convalescence is complete, that it is a great relief to see the value for medical services named by the would-be patient.

An eccentric millionaire has offered a fee of one million dollars to the person who will restore his lost sight. He has atrophy of the optic nerve and it is likely that this fee will never be earned, but it only shows what value a man with the necessary money puts on his sight. The question will doubtless be raised whether this fee would be paid should sight be restored. Such fees should be collected while gratitude is fresh and the memory is green.

A man will grudge a paltry five hundred dollars to the surgeon who by skill and care saves his limb, but let this man lose that same limb later in a railroad accident and notice if he sues the company for only five hundred dollars. He sues the company for what his lost member is actually worth to him and he has forgotten what his faithful attendant did for him.

Medical service for the deserving poor cannot be too small and for the deserving rich cannot be too large. No medical man should spring a large price on a wealthy man just because he is wealthy, when he has charged one less well off a smaller fee for the same work, but in operative work the sum to be charged should be named and then if objections are offered the patient able to pay large

sums should be given a chance to seek out one who will work for less money.

If a surgeon is known to make high charges and the patients visit him and demand service without asking what the cost will be, no complaint should be made if it is high. No physician is obliged by law to render service if he does not choose to do so and where there is other medical talent at hand there is no cruelty or neglect.

The question of charging clergymen comes up again and again. Many of them pay nothing for medical services and seem to take it for granted that no fee will be asked. Because a man is a clergyman receiving a large salary and with small expenses, is there any reason why he should get free services from a young physician who is struggling to succeed? There is only one answer to this question. The clergyman should at least offer to pay and if the medical man prefers to make no charge or thinks it is policy to put the clergyman under obligations to him, then the clergyman cannot be blamed.

On top of all this false sentiment about physicians doing so much good and giving free services to clergymen, comes the statement that Louisville has imposed an income tax on physicians ranging from ten to one hundred dollars, according to the income received.

This of course will be fought, for class legislation should never be allowed. The laborer is worthy of his hire and the sooner that such false ideas of giving something for nothing are brushed away, the sooner will the public begin to understand that because a class of men, and women, too, follow a profession because they love it, there is no reason why their services should be given free or at a greatly reduced price when the ability to pay a full price is evident.

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It is very unfortunate that apparently intelligent persons should waste their time and take up unnecessary space in the *The Wheel*. daily press in endeavoring to show the moral harm done by the wheel. Anyone with evil tendencies can go down the wrong path without the assistance of the wheel. The bicycle has been the means of doing much good and because evil-minded old women of both sexes who have sown wild oats see the evil side of any sport bicycling should not be discouraged.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 11, 1896.

Diseases.	Cases Reported	Death.
Smallpox.....		6
Pneumonia.....		18
Phthisis Pulmonalis.....		
Measles.....	5	
Whooping Cough.....	11	3
Pseudo-membranous Croup and Diphtheria. }	2	
Mumps.....		
Scarlet fever.....	7	1
Varioloid.....		
Varicella.....	1	
Typhoid fever.....	6	7

Cholera is raging in Egypt and many new cases are reported daily.

Dr. Leloir, Professor of Dermatology in Lille (France) University, has just died at the early age of 42.

The British Medical Association will hold its sixty-fourth annual session at Carlisle, July 28, 29, 30 and 31, 1896.

A French physician is advertising for a healthy individual to sit in his office daily and play the part of a cured patient.

Dr. Andrew Annan of the class of 1827, University of Maryland, died at his home in Emmitsburg last week. He was in his ninety-second year.

The Virginia Hospital at Richmond has received a legacy of \$5000 from the estate of the late John Pope, making a total of \$7,500 given by Mr. Pope to the hospital.

It is stated in a drug journal that a well-known drug house of Baltimore makes its fluid extract of rhubarb from worm-eaten rhubarb, excreta, worms and all.

It is said that the New Mexico Territorial Board of Health recently recommended the use of the patent-medicine almanacs as receptacles for the sputum of consumptives.

Dr. Harry L. Clayton, aged twenty-six years and a graduate of the University of Pennsylvania, was drowned recently at Middletown, Delaware. He had practiced for a short time in Baltimore.

Harvard University very naturally objects to the action of a new medical school in Chicago in taking the name of Harvard, and President Eliot has filed a bill requesting a change of name of this new school.

Dr. J. H. Kellogg of the Battle Creek Sanitarium formally opened and dedicated the Workingmen's Home and Medical Sanitarium in Chicago, June 28. Addresses were made by Dr. Bayard Holmes and others.

Berlin, Vienna, Madrid, Naples, Moscow, Budapesth, Munich, Athens, are the first eight European universities in the number of students attending courses of lectures. Harvard is ahead of Oxford and of Cambridge.

The *Medical News* is authority for the statement that the little son of Professor Langerhaus did not die from the effects of the serum injection, but from a collection of vomited food which found its way into the trachea and produced strangulation.

Virginia no longer prohibits marriage with an aunt or uncle of a former husband or wife. Any marriage performed previous to the passage of this act of a woman to her brother's or sister's deceased daughter's husband shall be deemed binding and valid in law.

A wealthy and eccentric New Yorker who is blind from atrophy of the optic nerve and one of whose employees is in the same condition, has offered a fee of one million dollars to the person who will restore him his sight, the attempt to be first tried on this employee.

An English court has recently decided that an American physician with a genuine diploma from a recognized medical school is at liberty to practice medicine in Great Britain, but must not assume any titles implying that he is a registered British practitioner. The case was that of an American who appended to his name the letters, "M. D., U. S. A."

At the last meeting of the Virginia State Medical Examining Board, 11 applied from the University of Maryland, 10 were licensed and 1 rejected; 12 from the College of Physicians and Surgeons, 7 were licensed and 5 rejected; 5 from the Baltimore Medical College, 2 were licensed and 3 rejected; 1 from the Baltimore University, which was rejected; 4 from the Columbian University of Washington, 2 were licensed and 2 rejected.

## Book Reviews.

A SYSTEM OF MEDICINE; By Many Writers. In Five Volumes, Medium 8vo. Edited by Thomas Clifford Allbutt, M. A., M. D., LL.D., F.R.C.P., F.R.S., F.L.S., F.S.A., Regius Professor of Physic in the University of Cambridge, etc. Vol. I. Prolegomena and Infectious Diseases. 8vo. Pages 977. Price, Cloth, \$5.00. Half Russia, \$6.00. New York: The Macmillan Co., 66 Fifth Avenue. 1896.

Contents of Volume I. Division I. Prolegomena. Medical Statistics, Dr. Billings; Anthropology and Medicine, Dr. Beddce; On Temperament, Dr. Rivers; On the Laws of Inheritance in Disease, Mr. Hutchinson; Medical Geography of Great Britain, Mr. Hairland; Inflammation, Dr. Adami; The Doctrine of Fever, Dr. Burdon-Sanderson; The General Pathology of Nutrition, Dr. Mott; General Pathology of New Growths, Mr. Shattock and Mr. Ballance; Principles of Drug Therapeutics, Dr. Leech; Climate in the Treatment of Disease, Dr. Hermann Weber and Dr. Michael G. Foster; Artificial Aerotherapeutics, Dr. Theo. Williams; Balneology and Hydrotherapeutics, Dr. Hermann Weber and Dr. Parkes Weber; The Medical Applications of Electricity, Dr. Lewis Jones; Massage, Technique, Physiology and Therapeutic Indications, Dr. Kearsley Mitchell; The General Principles of Dietetics in Disease; or, the Feeding of the Sick, Sir Dyce Duckworth; The Diet and Therapeutics of Children, Dr. Eustace Smith; Nursing, Miss Amy Hughes; The Hygiene of Youth, Dr. Dukes; Life Assurance, Dr. Symes Thompson.

Division II. Fevers. Part I. Insolation or Sunstroke, Sir Joseph Fayrer. Part II. The Infections. The General Pathology of Infection, Dr. Kanthack; Septicemia and Pyemia, Mr. Watson Cheyne; Erysipelas, Mr. Watson Cheyne; Infective Endocarditis, Dr. Dreschfeld; Puerperal Septic Disease, Dr. Playfair; Furuncle, Carbuncles, Dr. Melsome; Epidemic Pneumonia, Dr. Whitelegge; Epidemic Cerebro-Spinal Meningitis, Dr. Ormerod; Influenza, Dr. Goodhart; Diphtheria, Dr. Gee, Dr. Thorne, Dr. Kanthack and Dr. Herringham; Tetanus, Sir George M. Humphry and Dr. Sims Woodhead; Enteric Fever, Dr. Dreschfeld; Cholera Asiatica, Dr. MacLeod, Mr. Ernest Hart, Dr. S. C. Smith, Dr. Kanthack and Mr. J. W.

W. Stephens; Plague, Dr. J. F. Payne; Relapsing Fever, or Famine Fever, Dr. Rabagliati and Dr. Wesbrook.

As may be seen by the titles of the chapters and divisions of this work, it is a very ambitious undertaking and is full of valuable information. The chapters of this first volume are rather disconnected but most of them are very complete and are the result of a large experience. Any part may be read independently of the rest. Drs. John S. Billings and J. K. Mitchell are the only two American writers and most of the work is from a British standpoint. Dr. Adami's section on Inflammation is a gem in itself. Sections on Life Assurance and the Hygiene of Youth are unique in works of this kind and are well worth a careful study. Sections by Sir Dyce Duckworth on Diet and Feeding of the Sick and Eustace Smith on the Diet and Nursing of Children are of especial interest at this season of the year. In the treatment of diphtheria, antitoxine receives a just but not enthusiastic notice. The book is up to date. The publishers have turned out a beautiful piece of work, well printed on good paper and most conveniently bound to stay open at any page. The remaining volumes will be looked forward to with some pleasure.

## REPRINTS, ETC., RECEIVED.

- Albany Medical College. 1896.  
 Aseptolin. By Cyrus Edson, M. D.  
 Report of the Robert Garrett Free Hospital for Children. 1896.  
 Ninth Annual Report of the Country Home for Children, of Baltimore City. 1895.  
 Catalogue of Medical and Surgical Publications. J. B. Lippincott Co. 1896.  
 Price List of Chemical and Pharmaceutical Preparations. Sharp & Dohme. 1896.  
 Annual Reports of the Manager and Officers of the State Hospital of New Jersey. 1896.  
 India; the Colorado Desert for Health. By Walter Lindley, M. D. Reprint from the *Medical Record*.  
 Antitiphthisin in Tuberculosis. By C. P. Ambler, M. D., Canton, Ohio. Reprint from the *Medical Record*.  
 Report of 182 Cases of Pulmonary Tuberculosis treated at the Wingate Sanitarium, Asheville, N. C., with Antiphthisin and Tuberculoidin-Klebs. By Karl Von Ruck, B.S., M. D.

## Current Editorial Comment.

### PARTNERSHIPS.

*Kansas Medical Journal.*

THERE is nothing more detrimental to the prospects of a bright young physician than a partnership with an old established physician who does not choose to introduce him to his best practice. A few words of scant praise like "O, he's a very good fellow," or to a patient for whom the young man has prescribed "Yes, that's all right; but I'll just give you another prescription," are all small things, but they are sufficient to forever defeat the successful issue of that man's efforts in that locality.

### THE BICYCLE CRAZE.

*Medical and Surgical Reporter.*

OF all the "new things" that the last years of the departing century has seen, from electricity to skiagraphy, from the kodak to the "new woman," nothing has taken hold upon the people like the "wheeling craze" as it may be called in the absence of a better term. Young and old, of both sexes, all shapes and sizes, of every shade of religious and political belief, are enthusiasts, and no one is exempt from the possibility of catching the fever even by being crippled, since a notable figure in this city is a man whose legs are apparently paralyzed and are shrunken and deformed from the knee down but who yet spends many hours on a wheel especially built for him.

### MEDICAL INSTRUCTION.

*Medical Herald.*

THE neglect of mental training in the acquisition of what is called an education is the fault, if not the crime, of the age. The goal and ambition of life is material prosperity, not the wealth of thought; and only those things are chiefly esteemed of value and importance which contribute to the pleasures of the body. In the collegiate course of medical schools, the aim is the diploma on the quickest and easiest terms. It is the wand that is to open the avenues of professional success, and a power to convert the common metal into the noble. The thought-work demanded and necessary is not sought nor cared for; the training of the mind is not considered—only the acquisition of such knowledge as shall secure the one end before the mind.

## THERAPEUTIC NOTES.

INFUSION of cinchona is often better tolerated than quinine.

\*

CREOSOTE will often prove valuable in bronchitis of a chronic type.

\*

CANNABIS INDICA is particularly useful in the treatment of senile pruritus.

\*

A PASTE of pulverized ipecac is said to be a valuable local application in bee stings.

\*

ASTHMA is often due to the presence of small adenoid vegetations in the naso-pharynx.

\*

IN obstinate cases of biliary colic, try nitroglycerine in one one-hundredth grain doses.

\*

FOR suppurating soft corns, try an ointment of red precipitate, one drachm to the ounce.

\*

AN Italian physician now uses calomel for all kinds of dressings of wounds and sores where he formerly used iodoform.

\*

COCAINE and bromide of sodium are incompatible, and serious consequences might arise in case they were administered together.

\*

FIVE-drop doses of the fluid extract of eucalyptus are recommended for the distressing cough which accompanies measles in young infants.

\*

IN incipient inflammatory diseases, inject one-quarter grain of pilocarpine muriate dissolved in fifteen minims cherry laurel water at 98°.

\*

A WRITER poured the bisulphide of carbon on cotton in an open mouthed bottle and held it against the forehead of several patients with nervous headache, relieving every case.

\*

THE addition of a small amount of sugar greatly increases the solubility of borax. It will also rapidly liquefy a solution of gum arabic which has become gelatinous from the presence of borax.

\*

ROBERTS is thoroughly convinced that in properly selected cases excision of spina bifida is not justifiable, but will be found satisfactory in relieving the patient from the disability due to this congenital effect.



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## Original Articles.

### NEWSPAPER RABIES.

READ AT A MEETING OF THE AMERICAN NEUROLOGICAL ASSOCIATION,  
PHILADELPHIA, JUNE 3 TO 5, 1896.

*By Irving C. Rosse, A. M., M. D., F. R. G. S.,*  
Washington, D. C.

A HACKNEYED topic, but one of never failing recrudescence at this season, is hydrophobia. Whether it is or is not a specific disease the late paper of Dr. W. T. Walker of Virginia and the comments of the Pasteur people as to the said paper being utterly unworthy of notice, show that there is still much doubt, uncertainty and even hostility in the minds of medical men as to the value of the so-called anti-rabic vaccination, and even as to the existence of a special and distinct disease known as hydrophobia.

In newspaper rabies from the bite of a rabid animal, occurring from a few days or even two years after the bite, the symptoms are too well known from familiar headlines to require enumeration here.

While various citations, ancient, foreign and current, go to show the widespread dismay and terror respecting the unseen and unfelt mischief from the ravages of mad dogs, there occur, on the other hand, the expression of doubts of a preponderating character by able physicians who look upon the disease, miscalled hydrophobia, as proceeding from the bite of a dog, as nothing more than one of the instances of *delirimenta* among the learned ; or as a purely con-

tingent disease depending for its existence upon some peculiar individual state of mind and body, or upon the seat and nature of the wound independently of virus communicated by the bite.

Among the latter concurrents may be mentioned one whose name carries with it all that is estimable for integrity, learning and skill, the celebrated Heberdeen, who at the age of ninety-one, in full practice in London, declares he never saw the disease arising from the bite of a rabid animal ; but he decidedly mentions having witnessed the principal symptoms of hydrophobia, namely, the extreme dread of all liquids. (*Comment de morb. hist. et curat*, p. 136.)

In 1826 an English surgeon, Mr. Lee, wrote a work to prove the non-existence of hydrophobia, and went so far as to inoculate himself with the saliva of a rabid dog. About the same time Dr. Gerard of Paris and others essayed books with a similar object in view.

Besides the works written to prove the non-existence of rabic virus, the nosological lists of past days admit *spontaneous* hydrophobia, in which the incidental loathing of liquids occurs in several inflammatory and nervous affections.

Further exponents of the medical

mind in this direction were come across by me when at work on the Index Catalogue of the Library of the Surgeon General's Office, where occur references to hydrophobia by the hundreds under the sub-headings of hysterical, nervous, simulated, spontaneous, etc. Some of these references go back to the Homeric era and the time of Cellius Aurelianus, who taught that the disease may develop in man in a spontaneous manner.

I am aware that it is an unenviable position to controvert a long established delusion and appearing on the minority side of a question to launch one's little bark upon a troublesome sea; but if doubting men had never set face against false belief and torn away the veil of darkness many of our intelligent and respectable citizens, of Massachusetts for instance, would still testify in capital cases as to the existence of the "evil eye" and to having seen witches riding on broomsticks through the air.

Without going into elaborate discussion of the subject, let us determine, if possible, the present status in regard to that uncertain disease, which writers since the time of Galen admit often exists without the symptoms from which it takes its name.

During many years of travel in parts of the world where hydrophobia is supposed to be distributed geographically, I have been unable after diligent inquiry to obtain personal information of a single case, and many of the oldest practitioners of great experience in the latitudes of canine rabies tell me that they have never seen a case. In fact, my experience in this direction has been about as fruitless as the search for well authenticated instances of shark bites, which I have spent years in investigating.

In Asia Minor and in Constantinople, the home of pariah dogs, one never hears of hydrophobia. The Secretary of the Japanese Legation in Washington tells me that he has never known of the disease in Japan, and that in Korea, with more dogs than any other country, such a thing as hydrophobia is unheard of. In Germany we hear but little of it, many years going by since a case

was reported in Berlin; in London, with its five and a half million inhabitants, but one case was reported in 1892; and the *St. James Gazette*, of March 17, reports that "8000 stray dogs have been captured, not one of which has shown symptoms of rabies." The same regarding captured dogs applies to Birmingham.

The statistics of New York for 35 years show nine years in which no death occurred and two successive years in which there was not one.

At a recent discussion of this subject before the New York Academy of Medicine, Dr. Landon Carter Gray said that there is not a neurologist in New York who had seen a case in his practice; that very few physicians in the country at large had ever seen one, and that he during twenty years had seen but one case, and, to use a Hibernicism, he would not swear to that.

Dr. Birdsall had never seen a case of rabies, but had seen a number of pseudo-rabies from fright, excited by the bite or scratch of a dog. None of these died.

Dr. H. P. Loomis said that of 20,000 necropsies at Bellevue Hospital eight cases of alleged hydrophobia showed no gross pathological lesion.

Dr. J. M. Byrom said he had been engaged in experimental investigation for three years; that the sub-dural inoculation of rabbits was not always fatal, since five or six per cent. recovered; that immunity was not uniform after inoculation by the ascending series of Pasteur; inoculations under the skin scarcely ever produce symptoms, never rabies. Rabbits paralyzed with sub-dural inoculations, if made to bite other rabbits failed to produce in them rabies. He had never been able to produce laboratory rabies and from this get a virus which would cause rabies in animals when injected under the skin.

Dr. Spitzka, who has showed that symptoms resembling rabies may be caused by inflammation of the brain and its meninges, said that cases recorded heretofore as rabies presented complex symptoms common to many different diseases; and that there were a number

of intrinsic as well as facultative affections among dogs that present these symptoms.

Dr. Joseph Collins, of the New York Post-Graduate Medical School, informs me that he has no faith whatever in the cases of hydrophobia or alleged hydrophobia, or in the alleged cases of hydrophobia, spurious or genuine, treated in the so-called Pasteur Institute of New York.

In a late report to the Medical Society of the State of Pennsylvania, Dr. C. W. Dulles, after six years spent in collecting cases of hydrophobia, says that a considerable number are utterly incredible and wholly spurious; that in France, the hot-bed of hydrophobia and other neuroses, more people die now from this disease and "Pasteur's disease" than used to die formerly from hydrophobia; and that the claims of cure rest upon the stupendous fallacy of having "cured" about 1,400 Frenchmen a year — more persons than have died of hydrophobia in the United States in a century.

The chief reason then for skepticism in regard to this badly elucidated disease seems to be the faulty nature of the evidence. Many of the alleged cases, when thoroughly sifted, resolve themselves into some distinct recognizable disease, general, hysterical or nervous, in which terror and expectant attention are the main factors.

The annals of medicine since the time of John Hunter, who sneered at hydrophobia, abound in cases in which persons bitten by supposed rabid animals have manifested violent symptoms of hydrophobia, which have instantly disappeared on producing the animal in good health. False or simulated hydrophobia has in numerous citable instances rapidly vanished on the show of a little decision on the part of the doctor or other person.

Post-mortem examinations have often dispelled alarming announcements of hydrophobic outbreaks; and "genuine cases of hydrophobia" have turned out to be something else after such examination. On the other hand, the characteristic lesions of hydrophobia are found in perfectly healthy dogs.

Recent advance in the study of nervous diseases shows that the lower order of animals is subject to many of the same diseases that inflict man. Dogs are subject to leucocythemia and small-pox and may be protected by vaccination. They have also gonorrhoea and I have seen one with seminal emissions and another with hemorrhoidal tumors. Besides they have dreams, illusive transformations, epilepsy and delirium. The last named could be easily mistaken for what is called hydrophobia. Moreover, many of the mental disturbances supposed to be peculiar to rabies may be produced in dogs artificially.

I am not aware that anyone has yet isolated the microbe of hydrophobia. What purports to be such is also found in the healthy dog. There is besides no symptoms of hydrophobia that may not be produced in dogs inoculated with decayed fluids, the spinal cord of a calf, or with soap, or with olive oil injected into the circulation.

As to Pasteur's anti-rabic vaccinations, the statistics both in this country and abroad do not warrant definite results. Many persons who have been inoculated at the Pasteur institutes have not previously been bitten by rabid dogs, while many others inoculated after the method have died of what is called hydrophobia. Careful collection of statistics show that in France the number of deaths from hydrophobia is greater than it was before Pasteur. The introduction of the "infallible method" has failed to prevent or eradicate rabies in dogs and in no part of the world has it diminished the number of deaths from hydrophobia.

The principal contributors to the subject of late appear to be a few Italian and French physicians and the public press. That the Latin race find more of this disease than others may be accounted for on demographic grounds similar to those familiar to English-speaking neurologists, namely, that many of the deductions of the Salpêtrière do not apply to the Anglo-Saxon race.

German writers on *Thierheilkunde* make occasional reference only to *Was-*

*serscheu* and to *Maulkorb*. The *St. James Gazette*, advocating the muzzling order, was one of the principal promoters of the late mad dog scare in England; while the numerous journals of our own country, chiefly those of the Eastern towns, give reckless, exaggerated and irresponsible accounts of a badly elucidated disease, the risk of incurring which is absolutely infinitesimal compared with that of riding a bicycle or being run over in the street. During six years Dr. Dulles of Philadelphia has collated seventy-eight cases claimed to be hydrophobia, most of which he says are utterly incredible and wholly spurious; but admitting them all as true, hydrophobia gives a yearly average of but thirteen cases for the entire United States, or about one case a year to four and a half million inhabitants. (No one has yet claimed the large money award offered by various kennel clubs, and by several physicians, to anyone producing a well authenticated case of hydrophobia in either man or beast.)

On the whole, then, induction from bibliographical references, experimental research and clinical experience seem to warrant these conclusions:—

1. That the notion of a toxico-rabic bite is an old one, being mentioned by Homer but not by Hippocrates.

2. But few physicians have seen a genuine case of this badly elucidated symptom complex known as hydrophobia.

3. Among competent surgeons and neurologists there exists a wide difference of opinion and even irreconcilable diversity, as to the existence of genuine hydrophobia in man.

4. Concerning the exact value of the Pasteur method there is also considerable diversity of opinion, if not preponderant evidence of an adverse nature.

5. And there is a difference of opinion as to whether pseudo-hydrophobia ever produces death.

6. In view of the uncertain knowledge of this subject, which extenuates somewhat the circumstances of sensational items, newspapers are hardly to blame for spreading statements inconsistent with biological or medical facts, since they merely reflect public opinion by holding the mirror up to nature and give us, so to speak, a radiograph of what is going on in the minds of medical men.

## FURTHER OBSERVATIONS UPON THE TREATMENT OF CERTAIN PUS TUBES BY DRAINAGE THROUGH THE VAGINA.

*By J. Mason Hundley, M. D.,*

Associate Professor of Diseases of Women and Children, University of Maryland.

I KNOW in advocating the method of vaginal drainage for the cure of certain pus tubes I am one of a small minority. There are very few men today, possibly more than a few years back, treating these tubes in such a manner; in fact, some of the more radical men have expressed it as their belief that this method of dealing with pus tubes is only resorted to by the timid—those who fear to operate by the abdominal method—they claim that it is only palliative and that the patients are not cured.

This assertion I am prepared to disprove by the cases herein reported; these patients say they are well, and

they are certainly symptomatically cured. Their uteri and appendages may be left bound by adhesions more or less extensive, but we have grown too conservative to remove ovaries and tubes simply because they are adherent. We have learned that women may have adherent tubes and ovaries without suffering the slightest inconvenience. I believe this method of vaginal drainage is going to grow in favor; and I further believe that in the acute cases of salpingitis where we find the pelvic roof solid with exudate, as often happens after abortions, that much can be done to prevent the disastrous results that follow

many of the cases by timely puncture through the posterior fornix, thereby instituting drainage.

Of course it is perfectly plain that only certain pus tubes can be so dealt with. In the cases treated by me after this method the tubes and exudate have been situated deeply in Douglas' pouch, making it easy after going through the vagina and peritoneum to keep well within this mass of exudate, directing the finger to one or the other side and breaking up all pockets of pus. If there is any doubt in the operator's mind as to whether the general peritoneal cavity has been entered it is always best to open the abdomen; in fact in several cases I have opened the abdomen that I might guide the vaginal finger and in that way be certain of doing more thorough work.

Celiotomy may be demanded later in a certain proportion of the cases for removal of diseased tubes and ovaries and possibly the uterus. If such be the case the improved condition of the patient with freedom from sepsis at this time will very greatly enhance the chances of recovery. I am convinced had any of the eight cases operated on forming the basis of this report been subjected to a prolonged abdominal operation death would have resulted; they were intensely septic, and most of them had albumen and casts in their urine. Of the eight cases operated on I have selected four, as I am able to give the ultimate results of the treatment in them. Of the others I cannot speak with any degree of certainty, as I have been unable to communicate with them. The histories of the cases reported I shall give in detail, and in doing so hope to make clear the conditions which prompted us to deal with them by the vaginal route.

CASE I.—Mrs. K. M., white, aged 29, married, mother of two children, has had three miscarriages; menstruated regularly up to July, 1895, which month she missed. About the first of August she had a profuse uterine hemorrhage which lasted two hours. She thought it was a miscarriage and did not seek medical aid; she continued to bleed off

and on and not improving, on the 26th, sent for her family physician. He thought she had had an incomplete abortion and called me in consultation three days later.

When I saw her on the 29th, she had a malodorous bloody discharge from the vulva. Bimanual examination revealed the vaginal roof firm and unyielding, the uterus fixed and the posterior fornix bulging within the vagina. The woman looked septic, was vomiting and suffering severe pain, temperature 100°, pulse 130, abdomen greatly tympanitic; large doses of morphia hypodermatically were resorted to to mitigate the pain. The woman's condition was anything but encouraging; she was so ill that I did not advise her removal to the hospital. Diagnosis, pyosalpinx, the result of an abortion.

She was operated on the 30th of August, about one month from the time she was first taken ill. The cervix was steadied by a tenaculum forceps, and with a long, sharp-pointed pair of scissors an opening was made just behind the cervix through the posterior fornix. I think fully eight ounces of pus escaped. The finger was introduced into the pus cavity, and as it appeared to be the only one nothing more was done except to irrigate with hot normal salt solution; the cavity was drained by the insertion of a large rubber drainage tube; irrigation was done through the drainage tube once daily for thirteen days, when the cavity had become nearly obliterated, temperature normal and convalescence well established. There remained quite an amount of exudate binding up the uterus and right tube and ovary at the time I discontinued my visits. The left tube and ovary did not appear to be involved to any extent. The uterus was also curetted and its cavity irrigated. The woman was on the street in four weeks and is now four months pregnant.

CASE II.—Mattie J., aged 19, colored, married four years, no children, no miscarriages. Was well up to July 4th, 1895, on which day was taken with severe crampy pains over the entire hypogastric region; she vomited off and

on, had fever and night sweats. She suffered continuously with severe pain and the above symptoms from July 4 to October 29, when she entered the University Hospital. About the middle of August, she noticed her abdomen was enlarged, which enlargement had steadily increased. She did not menstruate in September or October; her face was edematous and so were her feet and ankles.

She was greatly emaciated, her temperature fluctuated between 99.4° and 102° F., pulse 90 to 120. Bimanual examination revealed the true pelvis filled with a firm unyielding mass. Possibly fluctuation can be gotten just behind the cervix. On the left of the uterus and reaching nearly to the level of the umbilicus is a cystic tumor. On the right and in the same position, though reaching only to the upper border of Poupart's ligament, is a similar cystic mass. The entire lower abdomen was dull on percussion; tympanitic resonance can be gotten about the umbilicus, dull in the flanks, which dulness disappears upon change of position, making it clear that fluid is free in the abdominal cavity. Analysis of the urine revealed albumen and tube casts. Diagnosis, pus tubes. She was operated on November 1, 1895. The abdomen was opened and a quantity of bloody fluid evacuated, intestines and omentum were deeply injected and obscured from view by firm adhesions the tubes and uterus. It soon became evident to my mind that to work from one to two hours in the abdominal cavity, with the patient in the condition she was, meant death.

The abdominal wound was protected by sterile gauze and the pus tubes opened through the vagina, guided in a measure by a hand in the abdomen. I should think a pint or more of pus was evacuated, both tubes were involved, but by careful manipulation all pockets of pus were broken into and good drainage secured, large rubber drainage tubes were inserted and iodoform gauze placed around the tubes in the vagina. The abdominal wound was closed and the woman put to bed. She continued to improve from the first, was out of bed

in three weeks and left the hospital December 13, about six weeks from the time of operation.

When she left there was still some discharge of pus from the vaginal opening. She was anxious, however, to pay a visit to her home in Cambridge, Maryland, and we allowed her to go with the promise that she would return, as I felt a hysterio-salpingo-oöphorectomy would be necessary in her case. She did not return and I heard nothing of her until April 15 last, when Dr. Goldsborough of Cambridge, who saw her in consultation and advised her to enter the University Hospital, told me she was well.

CASE III.—Mrs. Mc. J, white, one child, six miscarriages, the last miscarriage occurring eight months ago, making it about fourteen months at this writing. She says she had some uterine hemorrhage from the time of the miscarriage in March to about the middle of May, at which time she was curetted. After this curettement she began to improve and felt perfectly well until about the first of last October. She noticed at that time a yellowish discharge from the vulva with some burning and smarting about the external genitalia. She was treated at the time by dilatation of the cervix and insertion of iodoform gauze. After that, applications of iodine were made. She had five such applications, when she became so ill she thought it best to secure the services of another doctor. Her second attendant, appreciating the serious condition she was in, called me in consultation.

I found that she had been taking large doses of morphia for the relief of pain; her temperature was 102° F., pulse 120, abdomen was tympanitic and exquisitely tender, so tender that it was impossible to make a satisfactory examination; by bimanual examination, however, I felt certain that she had a left pyosalpinx. The tube was situated in Douglas' pouch and I advised opening it through the vagina, as the woman's condition was not at all favorable to a prolonged abdominal operation. She had been ill in bed for a month when I was called in, and though her pulse was only 120 its character was poor indeed.

She was admitted to the University Hospital December 2, 1895.

On the third I opened and drained the tube through the vagina; a free opening was made in the posterior fornix just behind the cervix; no pus escaped; a finger was introduced and directed to the left side, keeping well within the mass and close to the broad ligament, when about half an ounce of pus was evacuated; the tube was drained with a rubber drainage tube.

The next morning her temperature was normal and pulse about 75. One could hardly believe the changed condition for the better in so short a time. She began to improve from the first, appetite returned, pain subsided, opium no longer needed, temperature remained normal, and she left the hospital on the 22nd, just three weeks from the day of admission. I have heard from her on several occasions since the operation. She has had no relapse and has attended to her duties as clerk continuously since.

CASE IV.—I was called in consultation to see Mrs. A. R. of Baltimore, on the 30th of last April, and obtained the following history; Widow, 28 years of age, had one child and one miscarriage; the miscarriage occurred eighteen months prior to my visit. She was perfectly well thereafter. On the 13th of April while on the street her menstrual period appeared, but instead of being painless she was seized with violent pains in the lower part of her abdomen. She managed, however, to reach home unaided and sent for her physician, who treated her from that time, the 13th of April, to the 30th, when I was called in consultation. To make the history a short one, I learned from her attendant that she had suffered violent pain during that time, had a quick pulse and temperature of  $102^{\circ}$  to  $103^{\circ}$ , unable to retain, a greater part of the time, only the smallest amount of nourishment, bowels moved involuntarily and frequently for the past few days prior to my visit, her abdomen was enormously distended. She presented a very accurate picture of profound septic intoxication. A vaginal examination revealed a fluctuating

tumor mass presenting within half an inch of the vulvar opening, rectal examination revealed the pelvis filled with a fluctuating mass, bimanual examination gave on the left, nearly on a level with the umbilicus, a similar fluctuating mass which seemed to be connected with that of the pelvis. The diagnosis was a left pyosalpinx. She entered the University Hospital on the evening of the day I saw her, and was operated on the following day. An opening was made through the posterior fornix just behind the cervix, when an enormous amount of pus escaped. I then introduced a finger and found that the original abscess cavity had most probably ruptured, with the formation of a secondary abscess higher up nearly on a level with the umbilicus.

The abdomen was now opened and such was found to be true. The higher abscess cavity led down by a constricted canal to the larger cavity; lying in this upper cavity was a necrotic ovary and a portion of tube. I attempted to ligate off the tube and ovary, but my ligature went through the tissues as if it were cheese. I had finally to ligate at the entrance of the tube into the uterus and far off on the pelvic side, and in that way secured my vessels. A large rubber drainage tube was passed from above into the vagina and out at the vulva. The abscess cavity (the upper one) was thoroughly washed out and the abdomen closed.

The woman, taking into consideration her profoundly septic condition, has made a wonderful recovery. I here exhibit her chart that you may see the rapid fall of temperature and improved pulse rate.

In conclusion, as said in the beginning of this paper, only certain pus tubes are to be dealt with in the manner herein advocated, and I cannot too strongly impress upon you this one fact, your diagnosis must also be correct, and in any event the woman should be prepared as for celiotomy, for however accurate a diagnostician one may be it is not at all impossible to mistake an ectopic pregnancy for a pus tube, to open into the former and not be prepared to

open the abdomen on the shortest notice would likely mean death to the patient from hemorrhage.

I hope I have not made the impression that we treat all pus tubes by drainage through the vagina. Far from it. We try not to suit the patient to one special operation, but rather the operation to suit the individual case; there-

fore there are cases, we believe, that are best treated after the manner above detailed, there are others we would not think of dealing with other than through the abdomen. I know from clinical experience that this is a valuable procedure in properly selected cases, and gives results that never can be hoped for by the abdominal route.

## ABORTION; AND THINGS ADJACENT.

By *E. H. Judkins, M. D.*,

Portland, Maine.

THE recent letter received by Dr. Fleming and published on page 461, of the last volume of the JOURNAL, suggests a somewhat amusing invitation to assist a lady out of trouble, which was sent me. It is but a small sample of daily occurring incidents, to which the profession is subject, in the various insulting proposals of pregnant "female women"—as Artemas Ward called them.

DECEMBER 8, 1890.

DR. JUDKINS

*Dear Sir:*—I write you as I am not able to come. I am not well I am having an awful trouble with the left side of my Bowels it feels when I sit down as though there was a stick Pressing from the chair through the left side and it is dreadful sore and have not had my monthlys for two months and I would like to have you send me some medicine to Bring them on for if I am in family way I do not want it for we are Poor with family Enough more than we are able to take care of now and my health is not Good Enough to curry another child and if you will Please send me some medicine and send the Price will Pay you when we come to town again Please send it By the Bearer.

Whether this woman is through her troubles I have not heard, but hope the stick feeling is no longer present. In fact, I think she was rid of it, some way, not long after; and without any assistance—medical men not being available.

In another neighborhood, a woman who weighs 400 pounds sent for the doctor

in hot haste, and upon arrival she was found screaming and squatting over a vessel. Inquiry revealed that a mouse had run up her leg and hadn't come down again!

"Dickery, dick, dock;

The mouse ran up the clock."

And, sure enough, examination showed a dead rodent curled up in the depths of the vagina. One of the women present, who was not very fond of the patient, whispered: "The mountain labored and brought forth a mouse."

Near the first patient lived an elderly lady, who supposed she needed a supporter and bought a high-priced but very cheap wool concern, attached to a stick in the shape of a pessary. It may have been a stick of this sort that pressed through the other woman's viscera; but in this case the wool was left inside, detached from the rest, and remained in the vagina until so decomposed and foul, that I think it was the worst smelling substance that ever came in contact with my olfactory vents.

Speaking of commerce, at one time, Sir W. Temple remarked that there was no vent for any commodity except wool; but in that neighborhood there has since been more need for ventilation than opportunity to sell such material!

Three times in as many months, after settling, as a stranger and a young medical man, in the neighborhood above referred to, I was asked to perform abortion, which proposal was invariably declined with the indignation it deserved;



but a "female fiend" of an abortionist not far away always kept physicians busy attending her hellish work. If any doctor wants a special practice there is an opening ever ready in that line. To the honor of the profession few physicians ever embrace the opportunity.

#### ANTIDOTES FOR POISON.

The experiments of Dr. Moore of New York, confirmed by those of Graham Chambers of Toronto and others, have shown that potassium permanganate, grain for grain, completely decomposes morphine, but much more rapidly in acid media than in neutral medium.

It seems, however, that the claims of the Alsatian chemist, M. J. Althal, who also discovered that the permanganate acted as an antidote to phosphorus,

muscarine, strychnia, colchicine, oil of sabine and oxalic acid, are modified by the fact that it has no effect on phosphorus in the presence of other organic matter; nor has it any antidotal effect on strychnine in the presence of albumen; and the latter with peptone, etc., deoxidizes it before it has any effect on oxalic acid, and the reaction between it and acetic extract of colchicum is not rapid enough for any effect in the presence of albuminoid bodies in the stomach.

It may be stated that several cases of strychnine poisoning have been cured with camphor; and experiments on cats, dogs and rabbits, giving them strychnine, followed by camphor, showed no ill effects to the animal, which invariably died from the same amount of strychnine without camphor.

**PURPERAL ECLAMPSIA.**—How to treat puerperal eclampsia is very carefully and systematically considered by Dr. S. Seabury Jones in an especially prepared paper in the *Medical Record*. He concludes:

That puerperal eclampsia is due mainly to the non-elimination from the system of the pregnant woman of toxins which are the direct and natural product of the physiological processes incident to her condition, or to the conversion into toxins of such products and their non-elimination, and that the nervous tension of the pregnant woman predisposes to the disease.

That while albuminuria during pregnancy should lead to grave apprehension, yet many women who present this symptom escape convulsions (about seven out of eight), while convulsions may be met with in women whose urine has remained free from albumen until the onset of the convulsions.

That he who saves four out of five women who have been attacked by eclampsia before or during labor may consider that he has been fairly successful.

That we have medicines powerful for good, and that they should be given a fair trial before resorting to accouchement forcé in actual convulsions.

That at a period when the fetus is viable, especially at the end of the eighth month, if the patient suffers from severe premonitory symptoms, such as anasarca, severe and persistent headache, and the eye symptoms, and particularly if the evidences of nephritis have persisted for some time in spite of treatment, premature labor should be induced in the interest of the mother and child.

That in the actual presence of convulsions we should endeavor to overcome them by the use of proper medicines and remedial measures, notably by the use of *veratrum viride*, morphine, chloral and chloroform, rather than appeal to the emptying of the uterus.

That in *veratrum viride* we have a remedy powerful for good when properly used, but that of Norwood's tincture it is better not to inject more than five to ten minims for the initial dose, to be followed by doses of five minims at intervals as required to hold the pulse, and that it is well to combine it with morphine.

\* \* \*

**MYDRIATICS.**—The *Canadian Practitioner* says that atropine is no longer used abroad as a mydriatic; scopolin has entirely supplanted it, because it does not cause glaucoma, like the former.

## Medical Progress.

ADVERTISING IN MEDICAL PUBLICATIONS.—The average reader is supposed to look with scorn on the advertisement and yet he should always read every advertisement of something new. Mr. L. J. Vance, in writing in *Printers' Ink* on this subject, says: The number of people in the United States who are interested in drugs and medicines constitutes an important element of our population. Some think the doctors are a peculiarly favored class. In the quaint language of an old writer, "physicians, of all men, are most happy; whatever good success soever they have the world proclaimeth, and what faults they commit the earth covereth."

In the matter of publications devoted to their interests the doctors certainly have no reason to complain. Two hundred and fifty papers are enumerated in the American Newspaper Directory, which may be classed under the heading of "Medical." This is five times the number of legal publications. And yet there are not five times as many doctors as there are lawyers.

Hence, the question may be asked "Why are there so many medical papers?" The answer can be best stated in one word — advertising. It is advertising that is responsible for so many medical papers. The advertising of drugs and medicines has now reached enormous proportions. Many of the medical papers have been wonderfully successful in obtaining a large and lucrative advertising patronage.

The advertising in medical papers is made up, for the most part, of preparations and things used by doctors in their practice.

A few other publications restrict their advertisements to those relating to, or connected in some way with, the profession. But all the other medical papers are ready and willing to take advertisements of any respectable kind or nature. Thus, you will find in these papers miscellaneous advertisements, such as those of bicycles, typewriters, cameras, harness, wagons and railroads. I cannot help mentioning, because it seemed so

out of place, the conspicuous advertisement of an undertaker in one of the Western medical papers.

Not a few medical journals are published primarily to advertise their editors and proprietors among their professional brethren. Some are the organs of book clubs and associations of doctors, who find their profit chiefly in the exchanges and books for review they receive.

With hardly an exception patent medicine advertisements are excluded. And yet you will find in the most conservative and exclusive medical journals advertisements that come dangerously near the line. There are quite a number of preparations that are not only indorsed but used by reputable physicians. They differ from the ordinary patent medicines, in that the formulæ, physiological effects and therapeutic indications are known.

My own opinion is that the maker of a medical preparation would do well first to secure the good-will of doctors. Then he may find it easier to introduce it in families and among the people. Otherwise he is likely to meet with strong opposition from the profession in many unexpected quarters, and his preparation is labeled "patent," and that is enough. It is a significant fact, worth noting here, that some of the popular remedies were advertised in medical papers before they appear in the city and country papers.

\* \* \*

THE DEVIL'S ADVANCE AGENT.—This is the term, says the *American Medico-Surgical Bulletin*, applied to the bicycle by the Woman's "Rescue League" of Washington. The ladies composing the league have issued a circular beginning with a number of whereases, and ending with the statement that the bicycle was causing an alarming increase of immorality among women, since it offers them opportunities for — the circular does not state what — and that as a result women are going to the devil or the devil is hot after them — it is not exactly clear which. All this is a revelation to us, since not alone do our wives and our children ride the

wheel, but we are acquainted with a number of the relatives of professional men who are likewise addicted to this apparently most iniquitous habit, and we had thought that the women folk, instead of deteriorating, were rapidly improving in mind and in body, and we had been told in confidence by a professional brother, whose name shall not appear here in print, that he had come to the conclusion that the wheel had benefited his mother-in-law, since the old lady no longer spied on him — an evidence of morality instead of, as we would expect after reading the circular we are quoting from, immorality. Apparently, so far as our observation extends, the "rescue leaguers" are much astray in their powers of observation. Possibly did the members of the league ride the wheel they would not find time hanging so heavily on their hands as to give them opportunity for libeling their sex. It is just possible that the members of this league are either old maids who have none to think enough of them to buy them a bicycle, or else they are afraid to appear in bloomers — for self-suggestive reasons.

Seriously, a body of women might find better to do than to issue such a tirade against a sport which has done wonders to improve the physical and thus the mental condition of woman. We have in mind, of course, the judicious use of the bicycle, fitted with proper saddle, and ridden in the proper position. Strange it would be if the wheel were the agent for harm which these misguided women claim after all that has been written in favor of it by men of distinction in medical circles. It takes women away from the cares of house and family and thus rests her mind. It gives her that exercise which, were it not for the bicycle, it is questionable if she would take at all. It prevents the growing maiden from lying around the house reading unhealthy novels. It tends to cause that restful sleep which is so essential to healthy nerve action. And so we might continue to sing the praises of the bicycle were it not a task of supererogation at this late date. Sufficient that we have entered protest

against the ravings of the circular which this league has sent out, a protest which we believe will meet the approval of every man who cares either for the physical or the mental and the moral tone of womankind.

\* \* \*

THE BACTERIOLOGICAL DIAGNOSIS OF MALARIA.—In the May number of *Archives de Médecine Navale et Coloniale* and quoted in the *Lancet*, Dr. du Bois Saint-Sevrin has a short paper on the best way to identify the presence in human blood of the parasite which M. Laveran regards as the exciting cause of malarial fever. Dr. Saint-Sevrin, who is Professor of Bacteriology in the Naval School at Toulon, believes firmly in the specific character of the alleged hematozoa and, manifestly ignoring some recent developments, even goes so far as to assert that for some years the fact has not been seriously contested. He thinks that the reason why so many conscientious observers fail to find the parasite is because they follow defective methods of research, being misled by their habitual guides. The writers of treatises on microscopical procedure, while correct for the most part, nevertheless copy each other in perpetuating certain erroneous indications, which tend to lead neophytes away from the proper path. For example, they all maintain that the patient whose blood is to be examined must not have taken any quinine for a considerable period, but in upwards of 100 cases, all taking the alkaloid, Dr. Saint-Sevrin never once failed in demonstrating the specific agent. It is essential, however, that the blood for examination should be drawn at the commencement of a malarial paroxysm. Another erroneous indication consists in recommending the employment of fresh blood without the use of staining reagents. It is true that by this method alone can the flagellated bodies be demonstrated; but these, though academically interesting, are not essential from a diagnostic point of view. The small, recently developed bodies, almost entirely free from pigmentation, are what we have chiefly to depend upon for purposes of identification and even with ex-

perienced observers there is often great difficulty in detecting them when staining material is not employed. During the period of apyrexia in a patient who is taking quinine regularly the hematozoa, as a rule, cannot be demonstrated in peripheral blood; they only make their appearance on the advent of a febrile paroxysm. The writer endeavors to account for this by the hypothesis that the parasites are momentarily lodged in the spleen, but the explanation is scarcely all-sufficing. Dr. Saint-Sevrin's paper, which is illustrated by an admirable colored plate drawn by M. Boyer, terminates with the following conclusions: 1. Double staining with eosine and methylene blue constitutes the most favorable procedure for a rapid examination of paludal blood. 2. Canada balsam forms the best mounting for preserving the preparations. 3. Bacteriological examination should invariably be undertaken in all doubtful febrile cases. 4. In many cases prognosis and treatment cannot otherwise be established.

\* \* \*

#### QUADRICEPS EXTENSOR RUPTURE.—

Dr. John B. Walker reports in the *American Journal of the Medical Sciences* 255 cases of rupture of the quadriceps extensor muscle and its tendon above and below the muscle, from which he draws the following conclusions:

1. In recent cases where there is not much effusion and the joint is apparently not opened; where the separated ends can be approximated and detained by suitably adjusted pads, the mechanical treatment may be carefully considered. In the hands of the intelligent general practitioner this method may be expected to bring about a complete recovery in the larger number of cases. From nine to twelve months will be required to re-establish fully the normal functions.

2. A too prolonged fixation in bed is unfavorable to an early recovery, therefore early massage and passive motion are strongly advised.

3. The skilled aseptic surgeon who primarily resorts to the operative method in suitable cases (but the age and vital-

ity of each patient must be most carefully considered) may quite reasonably hope to obtain a better result in a larger number of cases and save his patient three to six months' time.

Catgut, kangaroo tendon, or silkworm-gut should be used, and when there is much effusion drainage should also be employed.

4. When the separation is greater than one and one-half inch or when the case has not recovered under the mechanical treatment, the operation is indicated.

5. As the length of time required for treatment is a very important consideration, so the operative method, which has diminished this period and also succeeded in a large number of cases without increasing the danger, will be more often indicated and more frequently applied in the hands of the skilled surgeon.

\* \* \*

PERITONEAL ADHESIONS AS THE CAUSE OF PAIN.—This has been made the subject of study by Bouquet de Jolinière (*British Medical Journal*). After showing how adhesions between different organs in the abdomen may be a cause of various symptoms, the writer points out more especially the manner in which various grave forms of diseases may be simulated by chronic peritoneal adhesion. In the case of the stomach, adhesions may cause much pain, together with dyspepsia and vomiting. Pain in the gastric region is a constant feature, but varies very much in its characteristics, such as resembling stabbing, dragging, feeling of weight, etc. It occurs at variable times in relation to food, sometimes immediately, sometimes after an hour or so, and may increase in intensity till the patient vomits. During fasting the pain is usually absent. The pain may radiate, or be localized, or may have its point of maximum intensity at the pylorus. Next in importance as a symptom is vomiting, which very often completely relieves the pain. There may be other secondary symptoms as the result of the derangement of the gastric function. The author points out the difficulty of

diagnosis in such cases and gives as an instance the account of a patient in whom various gastric diseases, such as ulcer, had been diagnosed. By means of laparotomy considerable adhesion was found between the stomach, the liver and the transverse colon. These adhesions were thick and hard and great difficulty was experienced in separating the stomach. Such was the feeble state of the patient that he was not expected to recover. He, however, did so completely. In this case it was impossible to discover the cause of the adhesions. Intestinal adhesions also have more or less pain as a constant feature and in such instances there is also great variation in the characters of the pain. Adhesion of the gall bladder is also a cause of pain closely resembling biliary colic. The author believes that surgical interference is the most promising treatment and the prognosis, strange to say, is rather good.

\* \* \*

THE PERILS OF DOING GOOD. — The *Lancet* relates an account of how Mr. Auchinleck of Harcourt Street was charged before Mr. Swifte, Q. C., with having committed an assault on a married woman named Lepper in the month of February last. Mrs. Lepper stated on examination that she was twenty-three years of age, married for about thirteen months, and had no children. Having suffered from illness last February she was recommended to consult Mr. Auchinleck and did so on two occasions, on the second of which she was assaulted. Mr. O'Shaughnessy, Q. C., in addressing the Court, said that it was a fortunate thing in the interest of truth and to prevent the occurrence of shameful blackmail actions that he was entitled, under the Criminal Law Amendment Act of 1885, to examine the defendant, who would tell his worship that the woman first consulted him in the ordinary way; that on a subsequent occasion she requested to be examined and was examined, and that he had never used the expressions or done the acts imputed to him. There was a long delay about these proceedings. There were present

in court two medical gentlemen of the highest eminence in their profession in the city, who would state that medical men had often the greatest difficulty in dealing with the maladies peculiar to women, and that charges such as had been made on the present occasion were very frequently made against medical men under similar circumstances. Mr. Auchinleck, the defendant, was now examined and deposed to the facts put forward by counsel, stating, moreover, that he had been for twenty-three years practicing in the city of Dublin, his practice being largely in connection with midwifery; that he was married and had a wife and five children who lived with him; and, finally, that in cases of this kind, leaving the question of blackmail out of the question, it was a fact well known in the profession that medical men never knew what women might possibly say or do. Dr. William Josiah Smyly, master of the Rotunda Hospital, and Dr. More Madden, obstetric physician to the Mater Misericordiae Hospital, were also examined and supported Mr. Auchinleck in his statement that charges of the sort were likely to be made by married women under similar circumstances and that, in fact, it was one of the dangers connected with the treatment of married women suffering from such maladies. Dr. More Madden stated that he considered this woman to be laboring under a hallucination. Mr. Swifte, in dismissing the case, said from the bench that the question for him was whether he thought a jury would convict in the case of a man of irreproachable character favorably known in the city for twenty-three years. He thought that the delay in taking proceedings and the fact that Mrs. Lepper did not give any alarm or make any complaint at the time would weigh very much in the matter and prevent any jury from convicting in the case. We congratulate Mr. Auchinleck upon the result of this case. Charges of this kind are so easy to bring and so hard to refute that we almost think the wisest course would be for medical men to refuse to examine women except in the presence of a third person.

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CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

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BALTIMORE, JULY 25, 1896.

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IN a recent number of this JOURNAL, reference was made to the list of journals published in the *Johns Hopkins Medical Libraries* *Again*. *kins Medical Bulletin*, purporting to be a list of all journals contained in the public and private libraries of Baltimore. Occasion was taken to speak in highest commendation of the large journal list taken by the few public libraries and the seven members of the Johns Hopkins Faculty, and at the same time to speak in praise of the kindness and willingness with which these men lend their journals whenever asked. The *Bulletin* in replying to this suggested that the defect might be remedied if the editor of this JOURNAL would supplement the list with one of his own making from the private libraries omitted from this list. The object of this JOURNAL was not to make any complaint at all, but to object to the title, which would lead one to believe that no other physician of Baltimore had journals worth noting, except the seven men mentioned. This was done with no spirit of fault-finding, but simply as a friendly correction.

That the MARYLAND MEDICAL JOURNAL is not alone in the criticism that this list is imperfect is shown by the editorial comment from the *Journal of the American Medical Association*:

"In the May-June issue of the *Bulletin* of the Johns Hopkins Hospital there is given what should be a very useful list of the scientific medical journals in public and private libraries in Baltimore. It includes besides medical journals a large number of scientific publications which are, as the compiler says, 'somewhat remote from scientific medicine and biology,' and omits many medical journals. In fact, it is much fuller as regards foreign than American journals, and here it is open to criticism. A list purporting to be that of the 'scientific medical journals,' by wilful or inadvertent omission of certain journals that ought to be available in series in Baltimore libraries, while including others no better entitled to the term scientific, is open to the accusation of making invidious distinctions. Certainly some of the less than thirty existing American medical journals here included are no better entitled to be designated as scientific than a large number of those omitted of the series ought to be found in Baltimore libraries.

"The phrase 'somewhat remote from scientific medicine' covers the astronomical and mathematical publications included in the list, though the adjective 'altogether' would have been more appropriate. The numerous natural history and physical publications may have a remote relation to medicine or may contain articles of some medical interest, and their appearance here is less objectionable.

"The list is interesting, not only for its omissions of American medical journals, but also on account of some of the European deficiencies. There is, aside from transactions, etc., a notable dearth of Italian and Scandinavian literature, and some special and general journals of note among the German and French publications are lacking. Such deficiencies are of course of less consequence in Baltimore, only forty miles away from the great medical library of the Surgeon-General's Office, but one can not help noticing them, if they occur in a city that has so many claims to be considered a center of medical learning and progress. It is probable, however, that the list is incomplete and

will very soon need thorough revision; but as an experiment it is useful and suggestive. It would be well could it be followed by other similar publications of the resources of other centers in medical literature, more carefully and discriminatingly prepared and covering a wider field, including not only the foreign periodicals but a full series of those published in this country. There are undoubtedly some American medical publications of only moderate scientific interest, but there are many more than seems to be recognized at Baltimore that are indispensable to a reference library with any claims to completeness."

\* \* \*

THE advice given by Phoebus Apollo to Phaethon when the latter was about to start off in the sun chariot is of a kind to be recommended to many persons. The middle course is the safest and so the timely article of Dr. Rosse on the kind of hydrophobia usually described by the press should receive the careful scrutiny of common sense and reason.

There are many persons who believe, with some good grounds of support, that no such disease as hydrophobia exists and it most certainly does not appear as often as one would be led to believe by the constant killing of dogs in hot weather.

It is certainly true that all animals, and especially those which cannot sweat as man, but which have to rely on the water evaporation from the tongue as a means of losing heat, suffer intensely in the warmest weather, and because a dog acts queerly in hot weather there is no reason why he should be shot. The mere slaughter of the dogs without an examination defeats the object in view.

If it can be proved that the dog is only suffering from temporary cerebral congestion from the extreme heat and recovers in a day or two, then the relief to the person bitten and his friends is great, but if the dog be killed nothing is proved and the anxiety is great and for weeks every disorder and nervous trouble produced by the extreme tension of suspense in the one bitten is attributed to the action of the germ of rabies.

If there is one question on which the public needs enlightening it is on that of rabies and what it is. The cures effected by the various Pasteur institutes are, some of them, actual cures from that disease and prevent the ad-

vent of the disease just as vaccination will keep off smallpox, but many anti-rabic injections ease the mind and are examples of *post hoc*. The patient is sure that some of the poison has been introduced into his circulation, so he straightway betakes himself to one of these institutes and undergoes the treatment, returning to his friends and home entirely well.

In so many instances this is a species of faith cure and yet the results are just as satisfactory, for in many cases, whether the poison had entered the system or not, some evil effects would have followed the bite and this the treatment will keep off. There are, however, many cases in which the dog has genuine hydrophobia and in which the anti-rabic treatment, as suggested by Pasteur, effectually removes all danger and cures.

The only way to distinguish between true hydrophobia and pseudo-hydrophobia is rather a dangerous experiment for the persons bitten. Pathologists all firmly believe in Pasteur's treatment and produce figures to show that many cases of hydrophobia exist, while, on the other hand, practitioners doubt the occurrence of so many cases and are skeptical at the brilliant array of statistics.

The paper of Dr. Rosse is a very proper one to call attention to the extremists both for and against, and persons should read and not be hasty in believing in rabies unless adequate proof has been brought forward.

\* \* \*

THE formal opening of the bacteriological and chemical laboratories last Wednesday in connection with the Health *The Municipal Laboratories.* Department marks an epoch in the history of sanitary affairs in Baltimore. In the chemical department water analyses, examination of suspected foods and drinks will be undertaken, while in the bacteriological laboratory under Dr. William R. Stokes, not only will work be done for the city, but facilities for diagnosing diphtheria will be given the profession as is done in other cities. The diagnosis of typhoid fever by bacteriological methods will be the next step in this laboratory. These advances reflect great credit on Dr. McShane, his assistants and on all those who have aided in this work. Physicians should avail themselves of the privileges afforded by these laboratories.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 18, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		4
Phthisis Pulmonalis.....		18
Measles.....	5	
Whooping Cough.....	6	3
Pseudo-membranous Croup and Diphtheria. }	4	2
Mumps.....	5	
Scarlet fever.....	7	1
Varioloid.....		
Varicella.....		
Typhoid fever.....	6	6

There is a smallpox outbreak at Key West Florida.

The Faculty Library will be open daily from 10 A. M. to 11 P. M.

The subject of free baths for women is being agitated in Baltimore.

Ohio has the excellent feature in its medical law of recognizing no foreign diplomas.

Alais, France, where Pasteur did most of his work, will soon have a statue of that scientist.

Several fatal cases of poisoning from "snow balls" have been announced, but none in Baltimore as yet.

Drs. S. Griffith Davis and Fred. Caruthers have been elected physicians to the Baltimore General Dispensary.

Dr. Samuel Sexton, the eminent otologist of New York City, died at his home last week in his sixty-fourth year.

The Bay View Board has taken no further steps in reference to the Baltimore University Hospital on Bond Street.

At a trial in France the Roentgen rays were used to prove a point and clear a surgeon of the charge of malpractice.

At the last meeting of the Richmond Academy of Medicine and Surgery, Dr. W. S. Gordon read the paper of the evening on Typhoid Fever.

The Mayor and City Council of Baltimore are endeavoring to so regulate the street railway system that much of the unnecessary noise will be done away with.

The new chemical and bacteriological municipal laboratories in connection with the Health Department of Baltimore were formally opened last Wednesday.

Smallpox is very virulent in the seaport towns of Cuba and especially at Santiago de Cuba, where it is estimated that one-eighth of the inhabitants have this loathsome disease.

Dr. Hugh Hamilton of Harrisburg, Pa., has been appointed Secretary of the Section on Midwifery, Diseases of Women and Abdominal Operations, in the Second Pan-American Medical Congress.

The New York Board of Education requires each member of the Normal College graduating class, if she desires a position as teacher, to pass a physical examination. Unless she passes this she cannot teach, however capable mentally.

A very muscular physician came upon an office thief in the act of opening his safe. The crook, to avert suspicion, pretended he had called professionally. The physician examined him, collected a fee of ten dollars and then turned him over to the police.

In 1892 the Royal College of Physicians of London appointed a committee to revise the "Nomenclature of Diseases." This work has been completed and the third edition of a book of more than 500 pages has been issued and a copy will be sent free to every member of the profession in England.

A physician of Baltimore, who has the good of medical education at heart, has made the very sensible and practical suggestion that there should be an inspector of medical schools to see that the required standard was rigidly adhered to and to compare the facilities offered with the enticing statements made in the catalogues and annual circulars.

The American Dermatological Association will hold its annual meeting at Hot Springs of Virginia, September 8, 9 and 10. Many interesting papers have been promised and the Committee on Arrangements states that it will spare no efforts to make the meeting a grand success. The Secretary of the Association is Dr. Charles W. Allen, 126 East Sixtieth Street, New York.



## Book Reviews.

THE MULTUM IN PARVO REFERENCE AND DOSE BOOK. By C. Henri Leonard, M. A., M. D., Professor of the Medical and Surgical Diseases of Women, Detroit College of Medicine. Flexible leather, 143 pages, price 75 cents. Detroit, 1896: The Illustrated Medical Journal Co., Publishers.

This is a recent edition of the Dose Book, of which the title page informs us some forty thousand copies have been issued. The present edition is printed on very thin paper, and is bound in red leather, round corners, so as to make it especially light and handy for the pocket; the weight is not two and a half ounces. Besides the doses of some 3,500 preparations being given, it has numerous tables, such as the solubility of chemicals, pronunciation of medical proper names, poisons and their antidotes, incompatibles, tests for urinary deposits, abbreviations, table of fees, etc. It will be found a handy pocket companion.

### REPRINTS, ETC., RECEIVED.

Catalogue of the University of Pennsylvania Department of Medicine, 1896-97.

Aeroporotomy, Etc., Etc., By S. W. Kelley, M. D. Reprint from the *Colorado Medical Gazette*.

Preliminary Report on Stafford Mineral Spring near Vossburg, Mississippi. By W. S. Rowley, M. D.

A Brief Description of the New Lakeside Hospital. By Hunter Robb, M. D. Reprint from the *Cleveland Medical Gazette*.

Reduced Period of Intubation by the Serum Treatment of Laryngeal Diphtheria. By Edwin Rosenthal, M. D., Philadelphia.

The Localization of Lesions in the Pons and Preoblongata. By Charles K. Mills, M. D. Reprint from *International Clinics*.

Hydro-Galvanism of the Urethra. By Robert Newman, M. D., New York. Reprint from the Transactions of the Electro-Therapeutic Association.

The Association of Hemianopsia with Certain Symptom Groups, Chiefly with Reference to the Diagnosis of the Site of the Lesion. By Charles K. Mills, M. D., and C. E. De Schweinitz, M. D. Reprint from the Philadelphia Hospital Reports.

## Current Editorial Comment.

### CHARITY.

*Cincinnati Lancet-Clinic.*

THIS is the name of a loving mantle that covers a multitude of sins. Unfortunately, because of the good name of the mantle, it is not infrequently counterfeited, and made to do service as a blanket for the shielding of that which is more or less of a pretense.

### FAKE CURES.

*American Medico-Surgical Bulletin.*

IN this age, when the operative mania prevails so extensively that good old-fashioned medicine has, of necessity, taken a back seat, the desire for a record causes many a surgeon to forget that cure is not complete because the patient has been deposited alive in bed, and that statistical data are made up from ultimate cures and not on statements made before the patient has emerged from the influence of the anesthetic. It is a brilliant thing to open the abdomen and in short order deposit in a dish a tumor nearly as large as the patient, but if the case dies or remains ever thereafter an invalid the justification for the operative procedure may fail entirely.

### THE NURSE'S DRESS.

*New York Medical Journal.*

It is important that a nurse should be suitably clothed, whether she is at work in a hospital or in a private house—not necessarily as to the outward insignia of her calling, which, indeed, religious and lay organizations have sometimes made fantastic. If a nurse's dress is a matter of importance in cases of non-infectious disease, of how much greater import is it when she is dealing with communicable maladies! It makes no difference whether it is a member of the family or a trained nurse that attends at the bedside, so far as the hygienic point of view is concerned; in severe cases she is occupied with the patient for day after day, in the most intimate contact with him, continuously exposed to pathogenic material emanating from his person or from his excretions or floating in the air of the room, and she can not avoid handling his linen and that of the bed. She should therefore be dressed in such a way that infectious germs will cling to her as little as possible.

**Publishers' Department.**

**COMMUNICATIONS.**— All letters intended for the Subscription and Advertising Departments of the JOURNAL should be addressed as below.

**ADVERTISEMENTS.**— Copy for advertisements should be received not later than Saturday to secure insertion the following week.

**PHYSICIANS** when writing to advertisers will confer a favor by mentioning this Journal.

MARYLAND MEDICAL JOURNAL,  
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**Convention Calendar.**

AUGUST							SEPTEMBER							OCTOBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
..	..	..	..	..	..	1	..	..	1	2	3	4	5	..	..	..	1	2	3	
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
23	24	25	26	27	28	29	27	28	29	30	..	..	..	25	26	27	28	29	30	31
30	31	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	

**State Societies.**

**SEPTEMBER, 1896.**

8-10. VIRGINIA, at Rockbridge Alum Springs, Va. J. F. Winn, M. D., Secretary, Richmond, Va.

17. MISSOURI VALLEY, at Council Bluffs, Ia. Donald Macrae, Jr., M. D., Secretary, Council Bluffs, Ia.

IDAHO, at Boise City. W. D. Springer, M. D. Secretary, Boise, Idaho.

**OCTOBER, 1896.**

13-15. NEW YORK, at New York. E. D. Ferguson M. D., Secretary, Troy, N. Y.

1-2. UTAH, at Salt Lake City. J. N. Harrison, M. D., Secretary, Salt Lake City, Utah.

15-16. VERMONT, at St. Johnsbury. D. C. Hawley, M. D., Secretary, Burlington, Vt.

**National Societies.**

**AUGUST, 1896.**

12. NEW MEXICO MEDICAL SOCIETY, at Socorro. H. M. Smith, M. D., Secretary, East Las Vegas, New Mex.

18-21. AMERICAN MICROSCOPICAL SOCIETY, at Pittsburg, Pa.

26-28. CANADIAN MEDICAL ASSOCIATION, at Montreal, Canada. F. N. G. Starr, M. D., Secretary, Toronto, Ont.

**SEPTEMBER, 1896.**

8. AMERICAN DERMATOLOGICAL ASSOCIATION, at The Springs of Virginia.

22-24. AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, at Richmond, Va.

15-18. AMERICAN PUBLIC HEALTH ASSOCIATION, at Buffalo, N. Y.

17. MEDICAL SOCIETY OF THE MISSOURI VALLEY, at Council Bluffs, Ia.

25-27. AMERICAN ACADEMY OF RAILWAY SURGEONS, at Chicago, Ill.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION, at Boston, Mass.

**OCTOBER, 1896.**

20. MISSISSIPPI VALLEY MEDICAL ASSOCIATION, at St. Paul, Minn. H. W. Loeb, M. D., Secretary, St. Louis, Mo.

**PHARMACEUTICAL.**

MESSRS. REED & CARNRICK of New York have received many favorable reports from physicians throughout the country on the value of Peptenzyme in cholera infantum.

WHEELER CHEMICAL WORKS:—*Messrs.*: Your agent while here left us a sample bottle of Noitol. I set the bottle on a shelf and thought nothing more about it till one day a man called with an aggravated case of tetter, one that had resisted all remedies known in this part of the world, and, as a last resort, I gave him this bottle to try. He used only part to effect a cure. I then took the rest home and used it on one of my little boys, with the same result. Please send me one-half dozen. I want to give it a further trial. —Yours, Dr. H. R. Benjamin, Tampa, Fla.

THE students who enter upon their studies this fall at the College of Physicians and Surgeons of Boston will find many improvements and modern facilities at this reliable old co-educational institution. The *Boston Herald* of July 8 publishes a description and presents an illustration of the buildings with the additions being made. In the alterations and improvements of the two buildings, the corporation intends that nothing shall be left undone that may contribute to the benefit of the students of the college, so that it may retain its reputation as the first co-educational institution of New England, and keep its stand in the front ranks of medical colleges.

ACTION AGAINST SUBSTITUTORS.—The extent to which the evil of substitution has advanced in the last few years is seen most plainly in the facts brought to light through the vigorous action of Messrs. Fairchild Bros. & Foster of New York against the nefarious practice of certain pharmacists of substituting inferior preparations for their products. This firm has, through original lines of experimentation and liberal outlay, produced certain articles of intrinsic value in which great reliance is placed by successful practitioners everywhere. In many instances it has been found that when Fairchild's Essence of Pepsin was prescribed some other preparation practically worthless was substituted by the unscrupulous druggist. We quote the following paragraph from the firm's letter issued to physicians:

"We regret that we are forced to take these active steps for the protection of our interests. We sympathize with the druggist and know something of the many difficulties with which he has to contend. We have always tried to be fair and square in our dealings with the trade. We ask only for that to which we are entitled, and every conscientious druggist will recognize the justice of our demands."

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

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### A CASE OF OSTEO-MYXO-CHONDRO-SARCOMA.

READ BEFORE THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C., MARCH 3, 1896.

By *G. R. Lee Cole, M. D.*,

Washington, D. C.

IN presenting this paper, ostensibly a report, I may be considered to have gone out of my course to interpolate a little literature anent the subject of sarcoma. It is not my purpose to go minutely into the general subject, but to quote barely enough that is old to be reminiscent, and enough that is new to remind you that old sarcoma is no exception to the territories recently invaded by the inoculation, or as I wish I could say, invariable annihilating germ or its disease-destroying product.

1. Sarcomata occur quite often in hollow bones (myeloid tumors or central osteo-sarcoma), usually in the form of giant-celled sarcoma; they especially attack the lower jaw, next the tibia, radius and ulna. These tumors often contain mucous cysts and spherical or branched osseous formations; they are circumscribed nodules, mostly forming in the medullary cavity, which gradually destroy the bone, but in such a way that new bone is constantly developed from the periosteum, so that the tumor, even if very large, often remains covered entirely or partially by a shell of bone; the diseased bone then appears puffed up like a bladder, and the tumor does not always cause a complete solution of its continuity.

When these sarcomata occur in the lower extremity they become very vas-

cular; a number of small traumatic aneurisms develop in them, and a true aneurismal murmur may be heard in them, so that they are often considered and described as true bone-aneurisms. The cysto-sarcomata, compound cysts, which are occasionally seen in bones, especially in the lower jaw, also in large hollow bones, have usually developed from osteo-sarcomata. Central osteo-sarcomata are usually solitary, very generally infectious. In the lower or upper jaw they are apt to come at the time of the second dentition, rarely at the first; in the long bones I have only seen them at middle age; of the tumors called epulis (the word means located on the gums) a large number belong to these giant-celled sarcomata; their location on the gums is generally only apparent; they usually spring from cavities in the teeth, and have started from carious roots of teeth.

Some also call epithelial cancer epulis. It is well either not to use such terms, or to restrict them by certain adjectives; as sarcomatous, fibrous, carcinomatous epulis, etc. Peripheral osteo-sarcomata or periosteal sarcomata (osteoid-chondromata of Virchow) are quite malignant; they either have granulation structure with osteoid tissue as in osteophytes, and are partly ossified; or they are very large-celled myxo-sarcomata,

also partly ossified. The rapidity of the course varies greatly; sarcomata of the lungs have been observed after them.

2. Sarcoma of the bones is frequently called osteo-sarcoma, but this term should be dropped, because it signifies a tumor containing bony tissue, and this is not true of all sarcomata of the bones. In the study of these tumors, it is important to distinguish between those of periosteal or subperiosteal origin. The former are rather less malignant, probably because they are quite frequently of the giant-celled variety, which has a slow course and very little tendency to invade the surrounding parts or to cause metastatic tumors.

But round-cell and spindle-cell tumors also occur centrally, and do not appear to be less malignant than the subperiosteal tumors. The giant-celled variety can often be dealt with by a purely local operation, and even if recurrence takes place, it is time enough then to treat the disease by amputation.

Sarcoma of the bones is not infrequently multiple, as in the case reported by Coats, in which the sternum, ribs, humerus, femur and nearly all the vertebrae are affected in the course of five years, or as in that of Nasse, who found tumors in the pelvic bones, ribs, vertebrae, tibia and both femora, but could not decide which was primary growth. While secondary deposits in the ribs are frequent, primary sarcoma is rare in these bones, and the cases reported by Brandl, Seydel, Humbert, Jarubin and Mikulicz deserve notice.

Crandl could find only five cases in surgical literature. In at least two cases the attempts at removal compelled the resection of portions of the diaphragm, but the patients recovered. Another rare situation is the hyoid bone, in which position Korner has recorded a case operated upon by von Bergmann, which occurred in a girl of eighteen and which secondarily involved the esophagus. A doubtful case treated by operation has also been reported by Le Dentu, in a woman of 71 years. In the way of pathology Habernern has collected five cases, showing that sarcoma

may develop from the callus at the seat of the fracture.

Berliner brings additional evidence to prove that the idea of Virchow, Huter and others is incorrect, and that sarcoma of the bone is not limited in its advance by the epiphyseal line of the bone, but may cross this barrier. The statement of Borck, that not a single case was on record in which amputation at the hip had cured a case of sarcoma of the femur, has aroused interest in the subject of the results to be expected after operations for sarcoma of the bones. In regard to the hip, Borck himself quotes four cases in which the patients remained well for over two years after operation — one for 27 months; one for 30 months, with "nodules" on the back and arms attached to the bones (hardly secondary tumors); one for three years, and one for 13 years, with a suspicious tumor of the arm. The last two cases certainly deserve to be classed as cures.

Rose relates a case in which he amputated at the hip-joint in a woman of 24 years, and at the same time excised a recurrent nodule in the scar of a breast removed three years before and obtained a cure, for she lived seven years, finally dying of gout. Küster reports a case which had been without recurrence for three years. Gross, in a collection of 90 cases of sarcoma of the long bones, observed sufficiently long after operation, found 26.6 per cent. of cures, the patient remaining well for three years or more. His tables show well the difference between the giant-cell and other tumors, for in the former 40 per cent. of the patients remained well for three years or more, while of the latter only 17 per cent. were cured.

Nasse, in 39 cases from von Bergmann's clinic, corroborates Gross's figures, obtaining 22 per cent. of cures, and his results are more reliable than Gross's since they represent the results of an uninterrupted series of cases at one clinic, while Gross selected his at random from the records of surgical literature. Coley reports from the New York Hospital 9 cases of round-cell and spindle-cell sarcoma in which three patients died, one had a recurrence, one was lost

sight of and four remained well for two, three, eight and nine years respectively. Chavasse, in a table of cases of removal of the scapula and arm for tumors affecting the former, found in 38 cases, 9 deaths, 9 patients lost sight of, 13 recurrences and 7 patients well (3 for 18 months, 2 for 2 years, 1 for 6 years and 1 for 9 years).

About October 1 of last year I was asked to see L. E., an intelligent girl of 15 years, who for ten months had been watching the gradual growth of a lump on the inner aspect of the right leg, a little below the knee. The growth, now having attained the size of a very large lemon, had been poulticed and painted with iodine, from time to time, for the purpose of causing its disappearance and for the relief of pain, which at times was described as severe and increasing daily. The growth presented a regular oval contour situated on the inner flat surface of the tibia, about one and one-half inches below the knee; to the touch it imparted a firm, somewhat elastic and crepitant sensation without thrill; there was no murmur and pressure made the pain unbearable.

The tumor was immovable under the skin. The patient was pale, somewhat emaciated, but not cachectic in appearance; the temperature  $101.2^{\circ}$ , pulse 120, but increased considerably upon the slightest exercise. I believed the growth to be sarcomatous and so informed the parents and explained the probabilities of such a growth, but encouraged them with the hope that it might be of a less serious nature. After two weeks of tonic treatment the patient was etherized; an incision immediately over the tumor exposed a fibrous-looking mass covered with periosteum, quite easily broken down with the fingers, after opening the periosteum; its interior presented a very vascular and somewhat of a medullary arrangement, but not connected with the medullary canal of the bone; the growth seemed to be mostly periosteal. In order to make the operation as clean as possible I chiseled out about  $\frac{3}{16}$  of an inch of bone, immediately under the site of the tumor.

The somewhat uncertainty of the diagnosis, the opposition of the parents to amputation in view of the doubt, and the hopeless hope of a negative microscopic examination of the specimen impelled me to make as clean an excision as possible, to leave the wound open, to watch it carefully and await a positive microscopic diagnosis. Owing to the length of time required for the decalcifying process, in this instance, a necessary delay occurred in the microscopic report. There were no vessels to tie, but there was considerable oozing.

The wound, which was dressed with iodoform and bichloride dressing, did well apparently until November 23, when I noticed one or two suspicious looking granulations, very red, and much softer than the other growth and apparently periosteal (the bone having become entirely obscured by apparently healthy tissue on November 20, the date of the previous dressing). I endeavored on November 23 to obtain an earlier report from the specimen under examination and was informed that several unsuccessful attempts had been made to get a good section and that the decalcifying would have to be thorough before a proper section could be made; the negative report received on December 4 explains, I think, the difficulty and the necessary delays.

The growths in the field meanwhile rapidly increased in size and number, the larger ones becoming covered with a greyish, partly transparent membrane, bleeding upon the slightest touch, but not painful. As I felt so sure that the first examination would reveal the true nature of the tumor it did not occur to me, until a report of the same had been received and was negative, that a second examination was necessary; the new growth meanwhile having unmolested sway, with apparently less bone and patience in its make-up and a great deal more malignancy, as was shown by the second report of the specimen (new growth) submitted December 4, from which I obtained a report December 19, together with a report from a better prepared (more thoroughly decalcified) specimen of the first growth to the ef-

fect that the proper classification of the tumor would be osteo-chondro-myxosarcoma. Chondromatous character conspicuous, sarcoma apparent, but enough to make sure, myxoma and fibrous shown. Round-cell, neither large nor small.

Further local treatment was not considered and the limb was amputated through the lower third of the thigh. The wound first healed by immediate union, but on the twelfth day there was some suppuration, due possibly to the development of scarlet fever in the house with the sister of the patient, who during the period of incubation and early eruption had had access to the room. The patient's general condition improved from the first operation, but for several days before the amputation had begun to show the inroads of the disease upon the general health.

The stump is entirely healed. A glandular enlargement, about the size of a pigeon's egg, which made its appearance in the apex of Scarpa's triangle about four days before the amputation, was not removed owing to the bad condition of the patient when the amputation was completed, and because the belief was entertained that the growth was not sarcomatous, as systemic infection usually occurs through the vascular rather than the lymphatic system, which belief was subsequently verified by the gradual disappearance of the growth after amputation.

The results of Coley and others with inoculations of the streptococcus erysipelas, while fair, have not been generally satisfactory. Many prominent

observers have failed to obtain sufficient results to commend it, but in inoperable cases I certainly think it should at least be given a trial. It is to be lamented that, with so rapidly infectious and destructive a pathological process as sarcoma, we are constrained to lose valuable time in awaiting diagnosis and until more adequate means for the early recognition of this and other varieties of tumor are at our command, the treatment, even in operable cases, must necessarily be tentative.

I think it is in this class of cases that in the future, especially in private practice, we are to anticipate legal complications, for as law has precedence over equity, our well-meant, but misdirected efforts would leave us without redress in the courts, while on the other hand, danger of delay is especially liable to occur in bony tumors when chemical treatment (decalcification) of the suspected tissue must precede the microscopic examination.

It must then be obvious that the surgeon's position in such cases entails no little embarrassment, for the pursuance of a well-meant effort might involve the sacrifice of limb, if not life (by surgical accident), with a suspected case, subsequently proven benign by post-operative examination, while delay in tampering with questionable therapeutic agents and waiting for microscopic diagnosis would further the liability to systemic infection and launch the patient beyond the chance of successful surgical intervention.

The authors quoted in this paper are Billroth, Curtis, Virchow and others.

FORMIC ALDEHYDE IN GONORRHEA IN WOMEN.—De Smet (*British Medical Journal*) has made large use of this compound, which is a mild caustic, and he claims very good results. Sixty cases, some very obstinate, were cured. The vulva is washed in a 1 in 1000 aqueous solution, the speculum introduced, and a stronger mixture (2 to 5 in 1000) poured into the vagina. All folds, as well as the fornices, and the cervix are well washed with the solution. If the

uterine cavity and the cervical canal are involved a 2 in 1,000 solution is injected. When there is laceration of the cervix a tampon, soaked in 1 in 1000 of formic aldehyde is left for two or three hours in the vagina. These applications cause no pain. They are repeated daily or every other day. When fungous endometritis is present, the curette must first be used. After a few applications the discharge diminishes, and soon disappears.

## SOME CLINICAL FACTS CONCERNING EYE STRAIN.

READ BEFORE THE PENNSYLVANIA STATE MEDICAL SOCIETY, HELD  
MAY 19, 20, 21, 1896.

By Jean Saylor Brown, A. B., M. D.,  
Williamsport, Pa.

IT IS exceedingly interesting and instructive to observe and follow the lines of controversial argument on various topics that are carried on by people of high intelligence, especially when the questions under consideration are purely theoretical, speculative or *a priori*.

The extent to which such questions can be discussed by brilliant minds has no end. In all controversies the end in view is the ascertaining of facts, and where we have facts at our command, it is a useless waste of time and gray matter to theorize as to the possibility of their existence, especially in as important a field as that of medicine; consequently, I shall approach this subject by first presenting facts in the way of clinical cases. From these facts, discussions of a problematic character, involving an effort to solve the reason for the facts, will sooner lead us to an intelligent understanding. "Theories are evanescent, but facts are forever facts."

CASE I, aged 33.—Always had more or less headache, intensifying at intervals to a severe neuralgic pain, beginning in the right eye, and extending over that part of the head. He cannot remember when he did not have a chronic sore throat; has used an atomizer daily for twenty years to relieve the sense of discomfort and post-nasal dryness. When he had taken cold, which was with every change of weather temperature, it was so much worse that he had with it fever and so much constitutional disturbance that he was compelled to stay in the house, and have his physician. This with "catarrh of the stomach and bowels" that never seemed to "stay cured," made his life anything but comfortable. I know he had careful, intelligent medical attention, for during the time I had been his family physician. For ten years he had seen

many good specialists. As to his eyes he had "myopic astigmatism," for which he had been fitted early in life. I found in addition a short muscle of the right eye. During one of his severe exacerbations of pain, ten degrees of prism gave him relief in a few minutes. Usually the pain lasted all night. I operated April 3, 1894; since that time he has had not only freedom from pain, the distressing pain in his head, and all throat and stomach symptoms, but a greatly improved condition of general health, weight, etc.

When I asked him what I should say of him in my present paper, he replied: "Say anything you want; I can endorse it no matter how strong it may be."

CASE II, aged 55.—When about fourteen she had the first of a series of paralytic attacks; at that time the right side only was affected, but other attacks followed and the whole body was involved. There was at first a peculiar sensation in the finger tips, then pain beginning in the back of the neck, and extending over the top of the head to the outer canthus of the right eye. The tongue was cold and numb; both sensation and motion were affected, and the power of speech interfered with. The attacks came from one to three times in a month, and continued from a few hours to several days at a time.

She has been my patient for more than twenty years, with others consulting. She was subjected to various kinds of treatment, prominent among which were blisters applied over the upper dorsal region. These gave temporary relief, but neither blisters, electricity, massage or internal remedies, all of which were faithfully tried, proved curative.

Two years ago I operated for exophoria of the right eye. Has had only

one very slight attack since, although she has been under the constant strain of caring for a sick mother, who has serious heart trouble.

CASE III, aged 48.—For many years had a distressing sensation as if a band about two inches wide was drawn tightly over the top of his head. Nearly always felt depressed, such an utter inability for either mental or physical exertion, that it often required a great effort to attend to business. Was fitted with glasses by various specialists, some of them noted ones, but the lenses prescribed always seemed to make his head feel worse rather than better.

Nearly two years ago he came under my care. I was greatly puzzled over the case for a time, as it seemed impossible to bring the eyes to one point, but they finally fused under  $60^\circ$  of prism. I kept him for a week under all the prisms I could adjust in spectacles, and then operated on the left externus, when he fused under  $10^\circ$  of prism base in. A few months later, a tenotomy of the right externus relieved all his uncomfortable symptoms.

CASE IV, aged 38.—Has always been extremely nervous, but all the symptoms gradually increased until she was so bad that she had a kind of nervous shock whenever anyone approached her, and sometimes actually screamed if anyone suddenly came in sight, or she heard a voice but saw no person.

The lower part of her body had a peculiar sensation of weakness and loss of power. She passed very large quantities of urine and passed it very often, always having to get up several times in the night. In December, 1895, she consulted me, a pair of "fog" glasses was put on and for the first night in many years she did not get up once to urinate. The urinary trouble really disappeared at once, but some nervous symptoms remained and six months after she had an operation on her right eye, from which time there was gradual but decided improvement in all the symptoms, until at the present time she calls herself well and says she has gained at least 30 pounds in weight.

CASE V, age 31.—Three years ago this

woman came to me with the following history: Comparatively well and strong until she was twenty years of age, then when climbing a fence she fell a distance of six feet, sitting violently on the ground.

She was prostrated for several days and has suffered ever since with constant backache; the latter increasing to a severe sick headache at each menstrual epoch. After several years these came regularly every two weeks and were brought on any time by attending an evening entertainment; even a few hours in bright sunlight would precipitate an attack of severe headache, with intense nausea and vomiting, lasting from twenty-four to forty-eight hours. I found a displaced and congested uterus; when this was relieved the backache disappeared and the constant discomfort in the head, but there was no change in the periodical headaches. She had for years been wearing glasses fitted by an oculist. Over a year ago she returned to me. I then began to investigate her eyes. Both near and distant vision were imperfect. Examination showed R. E.  $\frac{2}{40}$ ; L. E.  $\frac{2}{50}$ . At the near point could not read Snellen's No. 5, at fourteen inches.

R. E. manifest hypermetropia 2 D,  $\frac{2}{20}$ . L. E. manifest hypermetropia 2.25 D,  $\frac{2}{20}$  manifest. Esophoria  $9^\circ$ , right eye plus 2 D.  $\odot$  prism  $3^\circ$  base out; left eye plus 2.25  $\odot$  prism  $3^\circ$  base out, gave her normal, distinct vision and she was able to read Snellen's type No. 1, from 10 to 14 inches. The six months she wore these she was relieved of all headaches, except those of the menstrual period, but these lasted longer, often four days, leaving her greatly prostrated. She pleaded for an operation, and after a tenotomy we found we had secured normal vision in that eye.

Two weeks later we secured the same result by operating on the other eye. She has not had so much as a suspicion of headache since the last operation, has no need for glasses for distant vision; for reading I have her wear, to rest the eye, plus 1 D.

CASE VI, age 53.—Had suffered from early girlhood from cramps in the fourth



toe of right foot and spasm of the esophagus. Had attacks once or twice every day, sometimes, especially the cramp in the toe, lasting for many hours. The spasm of the esophagus was more likely to occur after taking food or drink, but was, by no means, confined to that time. A band of muscles near the upper part and a band near the lower part were apt to be affected at the same time, having imprisoned gases or liquids in the intervening space, causing intense distress until the spasm was relieved and the retained matters pressed either into the mouth or stomach. But perhaps the most intense suffering came from the toe, the pain sometimes extending to the hip and being so great that she was obliged to remove her shoe wherever she might be and often necessitated walking from the street car to the house in her stocking feet. She often felt that she would willingly submit to an amputation of the whole foot to be rid of the trouble. She was wearing, plus 3, D, with plus 0.50 cy for distance. Plus 5, D, with plus 0, 50 cy for reading. I increased the strength of the spherical to a slight fog for distance and 5° of esophoria disappeared in two weeks.

After wearing this for several weeks with almost entire relief, I operated, after which she had perfect relief, for many months. Then after a long and exhausting illness, on a day when she had been especially taxed mentally, she would have slight traces of the old pain.

CASE VII, aged 52.—At the age of 19, during his sophomore year at college, after having studied hard and being "run down" without warning, had the first epileptoid attack, followed by others at irregular intervals; always at night. He left school and began light manual labor, but still the attacks came. Under the use of large doses of bromides they finally came only one every six weeks. When I first saw him, nearly a year ago, he was covered with the bromide acne. We at once stopped all medicine. The tests with prisms showed a manifest hyperphoria of the left eye; this developed to 10°. He wore that amount of prisms four months, and had during that time but two attacks. These

both came when his glasses were broken and he had been without them for forty-eight hours. As he was greatly averse to wearing glasses permanently, he wanted an operation. After this was done, he went over four months with no attack, and greatly improved in general health when, after spending four days with some friends in New York, taking, as he modestly admits, about three dozen Manhattan cocktails, and smoking to excess, he had one. He is not given to the taking of intoxicants, and as that amount of unusual dissipation might give any of us an attack, like "Rip Van Winkle," "we won't count that one," and he has had none since.

CASE VIII, aged 33.—From her earliest remembrance had trouble with her eyes, pain if they were used much, has worn glasses for mixed astigmatism since she was 18, has also been subject to attacks of great discomfort in the head, especially the occipital regions, a sensation as if the head grew large and then small, and after this feeling passed away, so much soreness remained, that she could not bear the occiput to touch the pillow. For these conditions she had a great variety of treatments, such as blisters, over the mastoid processes, and when in boarding school, hot baths followed by cold effusions.

In spite of all, however, the attacks increased in frequency and severity, until she became very nervous. When worried or excited would lose consciousness for a few moments or seconds. Was married about twelve years ago and since that has had nine pregnancies, but all except the last resulted in either miscarriages or premature births. Two years ago I operated for hyperphoria of the right eye. She now wears only a I D, for near work. Since the operation she has been relieved of the distressing head symptoms, and only once since, and that more than a year ago, has had an unconscious spell. Six months ago she gave birth to a strong healthy child at full term.

CASE IX, aged 70.—For at least 35 years was a great sufferer from neuralgia in the head, face, neck and chest. For some years the eyes did not seem to

be affected, but about fifteen years ago began to have pain in them also, and looking in certain directions there seemed to be a mist in front of them. These neuralgic pains were almost always felt in a greater or less degree, but every month, or even oftener, she was confined to her bed for some days suffering intensely. She consulted many physicians (among them one of our most distinguished specialists on nervous diseases, under whose care she remained a whole year) and she tried many remedies, and had glasses fitted by several different oculists, but only experienced very temporary relief, until August 15, 1894, I discovered  $4^{\circ}$  of exophoria and prescribed in connection with the glasses she was wearing, a  $2^{\circ}$  prism base in for each eye, and she has been entirely relieved of all neuralgic pain, from that time to the present.

CASE X, aged 33.—Father of the patient suffered from severe headaches, and finally died insane. When she first came to me was so nervous that I could get no history, and I will only mention a few facts of which she wrote me afterward. She writes, "After an unusual strain caused by writing several days my health suddenly seemed to give way, first a severe nervous headache, then a long train of terrible nervous symptoms. I had constant pain in my eyes and head, and a sound of rushing water in my ears. I could not think on any one subject more than a few minutes at a time. I would then feel tired beyond expression. Sometimes the nerves through my head seemed to be twitching. I could feel the pain shooting from the right eye through my head to the neck, through the shoulder down to my finger tips. A disagreeable drawing feeling through the head just back of the ears, or at the base of the brain, was nearly always present. At times I would lose control of my mind altogether; these spells would last for about an hour. The care of my child, three years old, affected my nerves in such a manner that for fear of hurting her or something worse, I would scream at the top of my voice. The pain caused by moving my eyes was so great, and a

bright light so intolerable, that I usually kept my eyes bandaged. When I came to you I had been in this condition for many months; I had been fitted with glasses two years before I became ill."

I had much trouble in keeping my patient quiet long enough to make my tests; her movements were constant and seemed choreic; this with her intense dread of opening her eyes made it very hard. However, after I succeeded in placing  $10^{\circ}$  of prism for hyperphoria, she was much relieved; two days later after the first operation, all the nervousness abated; then operated for exophoria, after which her condition seemed perfectly normal. At this time she returned home looking bright and happy, a great contrast to the thin, haggard, melancholy little woman who came to me. Six months later she wrote "I have improved right along since the operation, no trouble with the drawing pains in my head, no trouble with my mind at all; I can use my eyes for sewing, writing, etc., more now than at any time since I began to wear glasses three years ago; I weigh more now than I ever did, have gained over twenty pounds since I saw you."

CASE XI, aged 39.—As this was a hospital case, I quote a few facts from the records. "Admitted October 4, 1895; about five years before began to have pain in the loins and back, so severe as to incapacitate him for work. This continued for two or three years, when he noticed that he passed an abnormally large quantity of urine; sometimes it was passed every hour, and at times retained for many hours. These and other symptoms, among which were very severe attacks of pain, had led to the belief that he had stone. On admission he walked with great difficulty, leaning heavily on his cane. Legs stiff and not well controlled, toes dragging somewhat, reflexes increased. These symptoms more pronounced on the right side. Hearing very imperfect in both ears, more deaf in the right ear, watch could only be heard faintly when placed close to the meatus. Soon after his admission he was etherized and thoroughly examined for stone,

but none was found. His eyes showed the following condition. Hypermetropia, 2.50 D. Manifest hyperphoria, L. E.  $5^{\circ}$ , latent,  $25^{\circ}$  esophoria, R. E. manifest  $5^{\circ}$ .

As soon as he was wearing  $20^{\circ}$  prism vertically, there was a marked change in his mental condition. At first he seemed sullen and stupid, and it was with great difficulty that I could get him to understand and reply to my questions, now he took great interest in the tests and replied promptly, easily extended his formerly cramped fingers and said he had no longer pains in his back and limbs. I then operated on the short upper muscle. Again I quote from the records: "October 21, eyesight improved in regard to distance. Hearing very much improved, watch now heard plainly, in the more deaf ear eighteen inches from meatus. Walking somewhat improved, still uncertain, not much control over flexors, urine in all ways normal, as to manner of passing, number of urinations daily." I was much interested in this case and very anxious to continue treatment, but he was a township ward, a hundred miles away, and no one to pay for him further. I had him but four weeks, when he was removed, and I have not heard from him since.

CASE XII, aged 11.—This lad came to me a year ago for stammering. I gave him instructions for breathing, gymnastics, etc., at the same time finding him hypermetropic with esophoria, I put on him 2 D. to fog his vision and  $10^{\circ}$  of prism. There was a very little improvement in the next six months. I then operated on the short muscles, and at the end of another six months wrote asking his teachers to report his condition. Received the following reply: "We see a wonderful improvement in George. At the beginning of the term it was almost impossible for him to recite, as he could scarcely say plainly two words in succession. We tried different ways of having him recite, but it did not help him in the least. We began to think the effort was an injury to him, but after the operation was performed, we began to notice an improvement,

and he has continued to improve gradually until now he can read and recite with very little hesitation, and sometimes with no hesitation at all. It seems to have encouraged him very much, he is doing so much better in his studies."

CASE XIII, aged 33.—When five years old this patient had measles. The eyes were blind for several days. He was taken to a London hospital and told that his eyes were "turned around," but that if he had glasses he would grow out of it.

But for some reason no attempt was made to fit him. He always had trouble in school, could not see what was on the blackboard or study his book with satisfaction, and he was glad when at the age of twelve he was apprenticed to learn the trade of a furniture finisher.

It was difficult for him to see unless he had a very bright light and was very close to his work. As time went on he developed intense photophobia and was obliged to wear a shade to shield his eyes, and in fact often worked by touch instead of sight. Even then about once a week had such severe burning pain in his eye that he was obliged to give up work and lie in bed for a day or two. When about 23 he came to this country and consulted eye specialists (seven in all). One gave him glasses which he wore 9 months, but his eyes seemed worse than before. He became discouraged and returned to England, spent six weeks in a homeopathic eye hospital, and a month at Moorfield Hospital, London; various tests and examinations of the eye were made and glasses prescribed. Those they gave him at Moorfield he was able to wear about an hour at a time, and then remove them to rest his eyes. The prescription was:

R, plus 2 D, with plus 5, 50 D, cyl, axis vertical,  $\frac{6}{24}$ .

L plus 1, 50 D, with plus 5 D, cyl, axis vertical,  $\frac{6}{18}$ .

After two years he threw them aside and tried other oculists. Mydriates were used and ophthalmic examinations made, but he obtained no relief. In August, 1894, a Williamsport optician sent him to me. He came hoping an

operation might relieve him. There was hyperphoria of the right eye, and esophoria of both eyes. At intervals of two weeks, the needed tenotomies were made. The burning pain was gone, he looked far or near with ease. He has worked steadily ever since with no return of any uncomfortable sensations.

**THE BICYCLE AND THE NERVES.**—Dr. Frank R. Fry, in discussing the effect of the use of the bicycle on the nerves, says in concluding an article in the *Medical Mirror* :

I would say that I do not believe much will be attained in general or theoretical discussions of the good and bad effects of the wheel on the various parts of the human organism, but that reliable conclusions will only be reached by careful analysis of abundant statistical information which may only be accumulated slowly and with care. To this end I am trying to preserve some notes. I realize that to be available for statistical purposes they must cover a reasonable space of time and extend to the various phases through which our nervous cases pass in the ordinary course of the maladies from which they suffer. Our notes must be mature enough to eliminate the element of prejudice.

Thus far I have encountered no instance of nervous malady which could with reason be claimed to be characteristic of bicycling. I have heard of such. I may also state that I have not found instances to convince me that this exercise is especially or primarily injurious to the nervous system. Perhaps this is because the possibilities of the fast wheel have not been exemplified in our community to the extent they have when it has been longer and more in vogue. However, I think it safe to "go slow" on the wheel, both in riding it and in forming our conclusions about it.

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**THE TREATMENT OF RHEUMATISM.**—Dr. T. H. Barker of Louisville, in a paper in the *American Practitioner and News* on the treatment of acute, articu-

**CASE XIV**, aged 60.—Frequent analysis showed this patient had had for more than a year albumen and tube casts (large and small). Three months after an operation for exophoria, the most careful microscopical tests (at home and in New York) discovered not the slightest trace of albumen or casts.

I present this case without comment.

lar, chronic and muscular rheumatism, concludes that :

1. In acute cases the salicylates will cure a large number in fewer days than any other known mode of treatment.

2. In chronic cases the salicylates are unquestionably serviceable, either alone or in combination with other drugs.

3. While the salicylates neither prevent nor ameliorate the cardiac complications (except by lessening the number of days the patient is exposed) they certainly do not produce nor aggravate this complication.

4. Under the salicylate treatment relapses are not so frequent as in other modes of treatment provided the administration of the drug is not suspended too suddenly after the cessation of the pyrexia and articular symptoms.

5. In uncomplicated myalgia the salicylates render little or no benefit.

6. As from fifty to sixty per cent. of all cases of rheumatism are attended by cardiac complications, the proper protection of the heart is the most important indication to be fulfilled.

\* \* \*

**ROUTINE URINARY ANALYSIS.**—Dr. M. H. Fussell probably reflects the opinion of the modern scientific physician when he advises, in the *University Medical Magazine*, a routine examination of the urine of each patient. Further comment is unnecessary. He says in conclusion :

1. Examine the urine of every patient when he comes under your care.

2. If the case be a chronic one, make urine examinations at stated intervals whatever be the ailment.

3. Always examine the urine for albumen, for sugar, and microscopically.

SUMMARY OF THE EXAMINATION HELD BY THE BOARD OF MEDICAL  
EXAMINERS OF MARYLAND, MAY 14, 15, 16, 1896.

No.	Graduate of	Practice of Medicine.	Hygiene.	Pathology.	Anatomy.	Physiology.	Obstetrics.	Gynecology.	Materia Medica.	Therapeutics.	Chemistry.	Medical Jurisprudence.	Surgery.	Total.	Average.
1	University of Md.	85	80	77	100	95	100	90	87	90	80	95	80	1050	88½
2	Balto. Med. College.	90	85	75	90	80	90	84	75	82	70	54	85	960	80
3	Phys. & Surg. Balto.	100	95	88	85	75	90	85	85	93	98	98	95	1087	91
4	M. F. City of Mexico.	50	75	11	60	70	83	81	65	75	80	75	90	815	69
5	Balto. Med. College.	75	75	78	87	91	90	85	75	78	80	75	90	979	81
6	University of Md.	90	90	89	100	100	90	75	80	90	75	52½	1015½	84	
7	" Penna.	100	100	86	88	90	96	96	98	96	98	100	95	1147	96
8	" Md.	90	90	85	98	90	96	93	84	88	80	80	90	1054	88
9	" "	85	75	73	95	75	93	83	78	82	75	52	85	958	80
10	Phys. & Surg., Balto.	85	80	77	90	80	96	90	74	80	92½	92	80	1019½	85
11	University of Penna.	50	75	53	65	60	78	67	73	75	84	72	50	801	67
12	" Md.	75	75	70	94	92	92	77	85	84	20	53	85	882	69
13	" "	70	70	49	90	85	91	86	80	88	75	25	75	876	74
14	Phys. & Surg., Balto.	80	80	75	90	80	84	66	75	82	25	10	60	805	69
15	" "	85	80	100	78	70	87	90	78	82	44	53	75	922	78½
16	University of Md.	75	70	45	88	80	96	78	73	82	30	23	70	815	68
17	" "	90	85	79	90	100	90	87	85	88	95	70	85	1041	87
18	Balt. M. C., Un. of Md.	75	70	75	95	90	83	83	80	90	90	96	70	1032	83½
19	Balto. Med. College.	90	80	81	80	60	92	87	71	80	61½	61	85	908½	77
20	Phys. & Surg., N. Y.	100	100	100	90	78	100	100	80	80	100	100	80	1108	92
21	University of Md.	80	75	61	95	100	85	88	78	85	79	80	75	981	82
22	Balto. University.	75	80	60	83	75	85	63	71	78	79½	91½	85	925½	77
23	Balto. Med. College.	90	75	77	85	50	90	82	80	85	56½	69	75	914½	76
24	University of Md.	80	80	65	96	90	93	91	80	82	75	75	90	997	83
25	" "	90	85	85	88	80	90	95	84	90	71	75	90	1023	85
26	Phys. & Surg., Balto.	90	85	79	88	85	100	100	85	85	98	92	95	1082	90
27	University of Md.	90	95	82	100	100	100	87	84	82	98	100	90	1108	92
28	" "	75	75	85	88	94	96	90	85	92	92½	75	98	1045	87
29	Balt. Un. & Md. Un.	85	85	84	95	85	85	80	75	85	88	96	95	1058	86½
30	Md. U., P. & S., Balto.	90	90	82	96	96	85	87	82	85	83½	75	80	1021½	85
31	Balto. Med. College.	80	80	86	98	90	85	91	85	92	83½	75	90	1075½	86
32	Phys. & Surg., Balto.	60	50	76	90	70	75	81	75	80	26	76	75	843	68
33	University of Md.	90	90	85	80	85	96	96	77	85	88	77	90	1029	87
34	" "	75	75	75	65	70	83	85	75	75	75	75	95	933	78
35	Balto. Med. College.	65	70	29	60	50	90	90	76	80	—	—	75	685	68
36	" "	75	75	83	75	75	90	87	85	80	70	63	73	932	78
37	Phys. & Surg., N. Y.	85	75	75	95	90	85	80	90	89½	86	80	1020½	85	
38	Balto. Med. College.	75	65	48	75	35	83	75	60	78	94	82½	85	855½	71
39	Phys. & Surg., Balto.	95	100	79	83	90	90	87	95	98	94	82½	98	1091½	91
40	Balto. Med. College.	85	65	75	95	90	96	96	78	88	62	28	98	953	79
41	Phys. & Surg., Balto.	90	90	88	100	90	100	90	78	80	92	100	80	1098	90
42	" N. Y.	100	100	89	60	40	96	94	70	85	91½	78	85	988½	82
43	" Balto.	100	95	84	84	98	90	85	80	86	98	100	95	1005	91
44	University of Md.	95	90	75	100	100	96	86	80	90	90½	70	90	1062½	89
45	Balto. Med. College.	75	70	76	96	98	90	90	85	88	60	75	80	983	82
46	" "	35	40	17	63	75	87	82	76	86	05	00	70	676	53
47	" "	90	90	82	100	90	90	80	85	90	75	70	90	1042	86
48	" "	90	80	75	30	20	100	100	70	82	75	75	80	877	73½
49	Phys. & Surg., Balto.	85	85	79	98	100	100	100	90	90	91	84	85	1087	91
50	Balto. Med. College.	70	70	75	68	72	90	83	80	75	54	52	80	869	72
51	University of Md.	75	75	75	85	85	90	89	78	96	76½	79½	80	993½	86
52	" "	75	90	67	72	50	85	86	75	80	39½	32½	85	857½	62
53	" Penna.	100	100	91	85	90	100	100	85	90	100	100	98	1139	94½
54	Phys. & Surg., N. Y.	95	95	93	60	75	90	90	75	75	81	86	78	996	83½
55	Balto. Med. College.	50	55	47	75	80	72	58	68	75	—	75	75	625	55½
56	" "	75	75	78	100	100	90	90	78	70	90	85	90	1021	85½
57	" "	80	85	39	90	50	90	85	80	85	80	43	90	888	74
58	" "	80	85	85	90	95	90	85	85	85	95	100	75	1050	87½
59	" "	75	75	75	78	26	90	82	78	80	40	52	70	821	68
60	University of Md.	90	85	75	90	100	90	83	80	85	67½	100	75	1020½	85½
61	Phys. & Surg., Balto.	75	75	23	90	70	85	92	80	85	10	—	80	765	63
62	University of Md.	80	80	72	100	100	100	100	80	84	88	84	85	1059	88
63	" "	90	90	100	95	90	96	90	80	95	100	100	95	1121	93
64	" "	50	60	95	92	100	96	96	86	90	85	85	75	1010	84
65	Jefferson M. C., Pa.	80	80	69	88	75	80	90	71	78	85½	75½	75	946½	79
66	University of Md.	80	85	75	80	80	95	90	84	90	88½	78	90	1015½	85
67	Phys. & Surg., Balto.	75	80	33½	80	80	75	60	85	82	75	96	80	901½	75
68	Col. Univ. of Wash'n.	75	80	69	90	70	91	75	78	86	75	50	95	924	77
69	Balto. Med. College.	75	75	48	78	65	87	87	75	72	60	38	90	850	70
70	" "	75	60	36	96	75	85	74	80	82	70	50	80	863	71½
71	University of Md.	85	75	79	90	100	90	89	80	88	50	50	85	961	80
72	" "	100	100	80	100	95	100	100	92	88	100	100	100	1155	96
73	Phys. & Surg., Balto.	100	90	100	98	100	96	85	85	90	81½	90	80	1097½	91½
74	Balto. Med. College.	50	50	72	94	81	93	56	80	75	36	26	75	788	65
75	University of Md.	90	90	62	95	75	100	100	85	90	91½	86	75	1034½	87
76	" "	85	90	80	98	95	90	95	85	90	100	96	90	1100	92
77	Phys. & Surg., Balto.	85	85	56	90	65	96	75	80	88	89	95	90	988	87½
78	University of Md.	80	80	50	98	80	90	85	77	80	50	65	90	931	78
79	Woman's M. C., Balto	80	85	70	65	60	90	90	45	65	67½	75	70	862½	62

A general average of 75 being required, it will be seen from the above table that of seventy-nine applicants, twenty-one were unsuccessful.

## ANATOMY.

1. If the common carotid artery be tied just above the omo-hyoid muscle, through what channels will the collateral circulation be carried on?

2. If a sharp instrument should enter the center of the eye in front, and pass directly through it, name the different media and coats of the eye it would injure, commencing in front.

3. Bound Scarpa's triangle, and give the position of the femoral artery to the triangle, and the relation of the nerve, artery and vein to each other.

4. What arteries are the following a branch or continuation of—posterior temporal, occipital, middle meningeal, inferior dental, facial, vertebral, ulnar, superior epigastric, superficial epigastric, peroneal, dorsalis pedis, and deep external pudic?

5. Name the cranial nerves and main distribution.

6. Name all ligaments of the knee joint.

## PHYSIOLOGY.

1. What physical conditions are necessary for absorption?

2. What are the accompaniments of muscular contraction?

3. What changes does the blood of the pulmonary artery undergo in its passage through the lungs?

4. What are the functions of the bile?

5. Describe the character of the respiration when the vagi nerves are in action, and when the higher centers are not.

6. What nerves are engaged in the reflex act of deglutition?

## MATERIA MEDICA.

1. What is *cimicifuga racemosa*? How used, and in what doses?

2. What are the respective sources of guaiacum and guaiacol? What therapeutic action is claimed for each?

3. Give the adult dose of acetate of zinc, aqueous extract of opium, spiritus etheris compositus, strychnia sulphate, codeia sulphate, chloroform, ammonium bromide, Fowler's solution, Donovan's solution.

4. In how many ways may drugs be introduced into the system? Which is the most prompt and which the tardiest?

5. What are medicines that influence circulatory action called? Give an example of each.

## THERAPEUTICS.

1. Name three coal tar derivatives; their therapeutic effects and dangers.

2. What is the therapeutic effect of ammonia carbonate?

3. Why should the mild chloride of mercury be avoided during the administration of muriatic acid?

4. What are the therapeutic effects of *ignatia* (*ignatia*)? On what system does it act?

5. For using quinia hypodermically, what

salt would you prefer? What would you try to avoid, and what advantages would you expect to derive from this form of administration?

6. What are the general and therapeutic uses of potash permanganate?

7. Name several antipyretics. How could you employ them?

## CHEMISTRY.

1. What is an element? A compound? A mixture?

2. Define and give an example of each of the following: (a) acid, (b) base, (c) hydrate, (d) salt.

3. What chemical changes take place in decaying bodies?

4. Explain briefly *Marsh's* test for arsenic.

5. What are the properties and uses of glucose?

6. Describe a urinometer and explain its uses.

7. Describe the modes of procedure in making an ordinary analysis of urine.

8. Give the composition of *three* of the most common forms of urinary calculus.

## MEDICAL JURISPRUDENCE.

1. What principal points should be noted in all cases of suspected poisoning?

2. What are some of the *secondary* causes of death by wounds?

3. What are the symptoms of poisoning with aconite?

4. What are the symptoms of poisoning with carbolic acid?

5. What are the signs or indications of death?

6. What is meant by asphyxia? Syncope? Coma?

## PRACTICE.

1. Give the diagnosis and treatment of typhoid fever.

2. Diagnose incipient phthisis.

3. Give the diagnosis and treatment of diphtheria.

4. Give the etiology, symptoms and treatment of cirrhosis of the liver.

5. Give the diagnosis, symptoms and treatment of angina pectoris.

6. How would you treat pulmonary hemorrhage, hematuria and hematemesis?

## HYGIENE.

1. What measures should be taken to limit and prevent the spread of infectious diseases?

2. State the period of incubation of smallpox, of cholera and of yellow fever. How long should each be quarantined against?

3. What important points should be observed in locating and constructing dwelling houses?

4. What is the best method of disinfecting clothing and bedding that have been exposed to contagious disease?

5. What impurities are sometimes found in drinking water? What diseases may be pro-

duced by using it? What is the best method of purifying the same?

6. Mention the most desirable factors in the location of a resort for consumptives?

SURGERY.

1. What is congestion?
2. What is inflammation?
3. What is an aneurism?
4. How would you reduce and treat a dislocation of the lower maxilla? of the elbow?
5. How would you diagnose and treat a simple uncomplicated fracture of middle third of forearm? of middle third of humerus?
6. How would you treat a stricture of urethra?

PATHOLOGY.

1. Give the pathology of acute catarrhal enteritis.
2. Describe the staphylococcus pyogenes aureus. What lesions does it induce? How does it gain entrance to the body?
3. Give the morbid anatomy of acute yellow atrophy of the liver.
4. Give the morbid anatomy of pulmonary gangrene.
5. Give the pathology of acute hepatitis.
6. What pathological conditions give rise to pulmonary infarctions? Describe a pulmonary infarction.

OBSTETRICS.

1. Name and describe the diameters of the superior strait.
2. Name and describe the sutures of the fetal head.
3. Describe the mechanism of labor in a first position vertex presentation.
4. State the function of the "bag of waters" and the treatment it should receive at your hands.
5. State your treatment of post-partum hemorrhage.
6. Give the essential points in the diagnosis of a shoulder presentation and your method of delivery.

GYNECOLOGY.

1. Name the several uterine displacements and give the prominent signs connected therewith.
2. What are the physical signs of subinvolution of the uterus?
3. What disease would you suspect in a woman (who had passed the menopause) with an offensive and bloody vaginal discharge?
4. Define amenorrhea, dysmenorrhea, menorrhagia and metrorrhagia.
5. Describe the broad ligament.
6. Wherein is the use of the uterine sound dangerous?

REPORT OF THE STATE MEDICAL EXAMINING BOARD OF MARYLAND.

*Tabulated Statement of Examinations from the Organization of the Board, June, 1892, to May 14, 15, 16, 1896.*

School of Medicine from which Applicants Graduated.	Number of Applicants.	Number of Licenses issued on First Examination.		Failed at First Examination.	Withdrawn.	Number of Applicants Second Examination.	
		Number of Licenses issued after Second Examination.	Number of Licenses issued after Second Examination.				
University of Maryland.	116	106	9	1	1	1	
College of Physicians and Surgeons, Baltimore.	59	47	12	0	2	1	
Baltimore Medical College.	59	41	17	0	1	1	
Baltimore University School of Medicine.	14	5	9	0	1	1	
Woman's Medical College of Baltimore.	5	4	1	0	0	0	
Howard University, Washington, D. C.	4	0	4	0	1	0	
Georgetown Medical College.	1	1	0	0	0	0	
Columbian University, Washington, D. C.	1	1	0	0	0	0	
University of Pennsylvania.	12	9	3	0	1	1	
Jefferson Medical College.	5	3	2	0	0	1	
Physicians and Surgeons of New York.	6	5	1	0	1	1	
University of the City of New York.	2	2	0	0	0	1	
Bellevue Hospital Medical College.	1	1	0	0	0	0	
University of Virginia.	1	1	0	0	0	0	
Medical College of Virginia.	1	0	1	0	0	0	
University College of Medicine, Richmond.	1	1	0	0	0	0	
Harvard Medical School.	1	1	0	0	0	0	
Medical College of Alabama.	1	1	0	0	0	0	
University of Louisville.	1	0	1	0	0	0	
University of California.	1	1	0	0	0	0	
Medical Faculty of the City of Mexico.	1	0	1	0	0	0	
Phys. & Surg. of New York and Baltimore Univ.	1	1	0	0	0	0	
Baltimore Medical College and University of Md.	1	1	0	0	0	0	
Baltimore University and University of Md.	1	1	0	0	0	0	
University of Md. and Phys. & Surg., Baltimore.	1	1	0	0	0	0	
Total,	297	238	62	1	9	9	

## Society Reports.

### THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

MEETING HELD MARCH 3, 1896.

At the meeting of the Clinico-Pathological Society of Washington, D. C., held March 3, 1896, at the office of Dr. Snyder, the following pathological specimen was presented by Dr. Leech: Appendix vermiformis removed post-mortem. He gave a very interesting history of the case and operation for the relief of the same. He thought that in such cases as the one cited a search should always be made for the appendix and when discovered the abscess cavity should be thoroughly washed out.

*Dr. Glazebrook* said that he had been examining all cases upon which he had occasion to make post-mortems in his capacity of deputy coroner, during the past year, for the purpose of locating the appendix vermiformis, by following the line of Dr. McBurney.

In at least 25 per cent. of the cases examined the appendix has been found an inch or more from this location. The appendices varying in length and loose and movable are quite often considerably displaced from their usual position.

We cannot then depend upon this line of Dr. McBurney in locating the appendix vermiformis. He agrees with Dr. Leech in regard to these fecal concretions; while these concretions often are found in appendices wherein no inflammation is present, still where the appendix is small a foreign body like this would cause pressure and gangrene would occur. He thought that in Dr. Leech's case had the surgeon gone farther in his exploration better success might have followed.

*Dr. Kelley* said that in regard to the exact location of the appendix, he agrees with Dr. Glazebrook as to its varying position, and in females where some abdominal inflammation has existed the appendix would be found still farther out of the way. He thought the operation in Dr. Leech's case might have been carried farther.

*Dr. Cole* thought that the subperitoneal appearance of the abscess was due to a walling off of the pus. He thought with Dr. Leech that the operation should be pursued to the point of locating the appendix; but he would not like to suggest that it should be removed.

*Dr. Snyder* spoke of the variable location of the appendix vermiformis. It is more often low down in the pelvis of the female than the male, often below the brim. The consensus of opinion in regard to the operation for appendicitis is to cut down on the appendix; if you find it, remove it; if not, irrigate the cavity and pack, and allow the adhesions to obliterate the abscess. He thought the nucleus of these concretions was mucus first rather than fecal matter, and this gives it the layer or stone-like appearance. He does not think Dr. Van Rensselaer found his cavity, as it was not in the peritoneal cavity, and he thought his conservative treatment was proper.

*Dr. Olin Leech* has always advocated an early operation in appendicitis, and if the operation had been pursued farther in the case under discussion he thought the chances of the patient's recovery would have been much better, particularly if the operation had been done 24 hours earlier.

*Dr. Van Rensselaer* said that no subject in surgery is more discussed at the present day than the treatment of appendicitis, and we still are far from a decision as to the best treatment to be used. He does not think 24 hours made any difference in the case reported. Most surgeons evacuate the pus cavity and then pack it. Some cases of infection seem to be so much more virulent than others. It is a most difficult thing to tell what to do in all cases. It is still a mooted question.

*Dr. Frank Leech* said that 24 hours did not in his opinion make any difference in his patient's chances of recovery.

*Dr. Richardson* presented a pathological specimen of a damson seed taken from the esophagus of a child at the post-mortem examination. The child was two years old, emaciated. In the right



pleural cavity two ounces of pus were found and the right lung was collapsed.

The left lung and pleural cavity were normal. No rupture of the esophagus was found at the examination. The foreign body was found in the esophagus with the point of the seed imbedded in the tissue, which was just on the point of ulcerating through. There must have been a very small perforation of the wall of the esophagus following this ulceration, allowing pus to escape into the pleura, and secondary pleurisy took place. The child had undergone great suffering and discomfort from inability to swallow food for some time prior to death.

*Dr. Cole* read the paper of the evening on the REPORT OF A CASE OF OSTEO-MYXO-CHONDRO-SARCOMA. (See page 271).

*Dr. Wellington*, in opening the discussion, said there was one point upon which sufficient stress had not been placed in the paper and that was the frequent occurrence in children of osteo-sarcomata. The delay in receiving the microscopical report was rather discouraging and deplorable. Adjoining joints are usually not affected, the disease seems to pass around them. Sarcomata are frequently mistaken for abscesses. *Dr. Cole's* case was evidently subperiosteal.

*Dr. Frank Leech* remembers seeing several cases of osteo-sarcoma in children during his service at the Children's Hospital.

*Dr. Glazebrook* had seen several cases of the central variety of osteo-sarcomata in hospital practice. Three cases were in young men between twenty and twenty-five years of age, all of active occupation. In one of the cases the hip-joint operation was done by the slow method so as to save the patient all the loss of blood possible. The head of the femur was untouched, the shaft was worn thin. A large amount of fibrous tissue is usually thrown out around these growths. He does not agree with one of the authors quoted by *Dr. Cole* as to the recurrence of the tumor.

*Dr. Cole* closed the discussion by saying that the positive diagnosis of

the case was deferred until the receipt of the report of the microscopist, and this delayed the treatment of the case somewhat. His preceptor, *Dr. Smith* of Alexandria, had always taught him that a pathognomonic symptom of osteo-sarcoma was the bony plaque feeling under the hand experienced in the examination of these cases for diagnosis.

*Dr. Richardson* called to mind four cases of osteo-sarcoma seen by him in the Pennsylvania Hospital; all were operated upon without a microscopical diagnosis, the operator being sufficiently satisfied of the diagnosis because of the presence of this symptom.

R. T. HOLDEN, M. D., Secretary.

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## Medical Progress.

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LONGEVITY INFLUENCED BY WATER. —Solid and dry as the human body appears, says the *Charlotte Medical Journal*, water constitutes more than one-fourth of its bulk, and all the functions of life are really carried on in a water bath, and, although the sense of thirst may be trusted to call for a draught of water, when required, the fluid can be imbibed most advantageously for many reasons besides merely satisfying thirst. In the latter stage of digestion, when comminution of the mass is incomplete, it is much facilitated by a moderate draught of water, which disintegrates and dissolves the contents of the stomach, fitting it for emulgence and preparing it for assimilation. Hence the habit of drinking water in moderate quantities between meals contributes to health, and indicates the fact that those who visit health resorts for the purpose of imbibing the waters of mineral springs might profit by staying at home and drinking more water and less whiskey. Water is the universal solvent of Nature, and the chief agent in all transformations of matter. When taken into an empty stomach it soon begins to pass out through the tissues by an osmotic process into the circulation to liquefy effete solids whose excretion from the system is thus facilitated.

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BALTIMORE, AUGUST 1, 1896.

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REFERENCE was made in these columns not long ago to a new specialty which a physician had announced, *Another Specialty*, namely, that he would take up the specialty of general medicine and would treat all cases entrusted to him by specialists and would return them when necessary.

Now, however, there comes a different kind of specialty which, the *North Carolina Medical Journal* announces, has been invented by a Baltimore physician whose name for good reasons is withheld. This enterprising man has sent a copy of the following letter to the doctors of North Carolina:

BALTIMORE, Md., June 13, 1896.

*My Dear Doctor:*—Since retiring from mercantile pursuits about a year ago, I have devoted my time to the hospitals of this city, and during this period the demands upon me have been such that I am forced to offer my professional services to those seeking medical treatment from North Carolina (for a reasonable compensation) and with the assistance of my professional friends, hope in this way to contribute to the wants of suffering humanity. I not only relieve the physician at home from the expense of a visit (which as you are aware seldom compensates him for his time and trouble) but I save the patients more than my fee by the

advice given, in recommending them where to go and whom to consult. I am personally acquainted with our best professional men, and those to whom I have taken patients have been moderate in their charges, and have extended to me that courtesy due our profession. Should cases be presented to you, requiring hospital treatment, I will feel under many obligations if you will refer them to me, and will gladly take charge of them on arrival in this city, and will look after their comforts. With assurance of my high regard and best wishes, I am, dear doctor,  
Yours sincerely,

P. S.—Patients will write or telegraph time and route by which they will arrive in this city, so that I may meet them.

The *North Carolina Medical Journal* is naturally very much surprised at this stroke of enterprise and is at a loss how to classify this new specialist. It is not exactly the same thing as one of Cook's personally conducted tours, but the position is one in which a commission may be obtained, both from the hospital and from the patient.

There is no question but that in this case competition has begotten ingenuity and this good disciple of Æsculapius who has made himself a sort of *cicerone* among the hospitals will henceforth be seen piloting the main, halt and blind from the stations and boat landings to the various hospitals, and who knows but what in the near future this stroke of genius may not suggest to the hospitals and medical schools not only to send out circulars and reports, but to have runners at the stations to call out the names of the hospitals and the physicians employed.

The physician who has thus shown himself a Napoleon is not known to this JOURNAL, but his name and address will be awaited with pleasure that the profession may become acquainted with the founder of this new enterprise shown.

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At this season of the year impure milk is an especially dangerous article of diet for infants. Dr. W. H. Wells *Acute Milk Infection*. says in the *Philadelphia Polyclinic* that intestinal disease is common with the children both of the poor and the well-to-do and its cause is due to poisons introduced with the milk into the system. Cholera infantum, he says, is never found in babies fed entirely from the breast. Breast-fed babies do, however, have intestinal disorders from impure water and from dirt ingested by finger sucking.

The symptoms of cholera infantum are

about the same in each case. Vomiting, purging, rapid emaciation, all tell the story of this disease. The prognosis is bad with many cases. The main points in treatment are to take the child absolutely from a diet of milk and all substances containing it, and also to free the system as quickly as possible from the milk poison with which it is charged. The plan recommended by Dr. Wells is to give no food for twenty-four hours or longer and during this time to administer cold sterilized water into which fifteen to twenty drops of good brandy or whiskey have been dropped, every hour. Some of it will be rejected and some retained and assimilated. Cold albumen water may also be given.

Washing out the stomach and intestines when the child can stand it is very effective. Skin sponging will be grateful and later nutritive enemata may be tried. They may be made with albumen, meat extract or meat juice. There need be no hurry to begin milk again. The sick child should not be held in the arms, but put on a cool, hard bed. Sea air is very beneficial in such cases. In many instances recuperation is rapid.

Drugs should be used as little as possible, but when indicated they should not be spared. The bichloride of mercury, calomel, betanaphthol bismuth are excellent intestinal antiseptics. For secondary use the arseniate of copper. The opiates are best omitted.

\* \* \*

NOT believing that they are rheumatic, Dr. Berg (*Pediatrics*) discusses the joint complications of scarlet fever under the above title. He has seldom met them out of hospitals.

There are four varieties in this as in other acute infectious diseases. 1. A simple dry inflammation with little swelling. 2. A simple synovitis with serous effusion and swelling, which, with the accompanying and less prominent inflammation of the joint structures, gradually subsides in a week or so. 3. A simple synovitis, going on it may be to suppuration, but especially characterized by osteitis with or without bone necrosis. 4. A rapidly fatal condition in which there is purulent inflammation of many joints, which quickly destroys them and involves in suppurative processes even the shafts of the bones.

The cause of these four forms of polyar-

thritis is a mixed secondary infection. It is apparently due neither to the scarlatinal virus nor to that of rheumatic fever. Dr. Berg strongly suspects that this secondary infection is feebly contagious. The prognosis is good for the first and second class, almost hopeless in the fourth. By massage and passive motion, patients of the third class will usually recover free motion.

As to the treatment, he recommends prevention of contagion by separation as far as possible of patients from each other, and prevention of the secondary auto-infection of patients by frequently irrigating the throat. Pain may be eased by phenacetin cautiously used. Salicylates and other antirheumatics seem to do no good. In severe cases, joint drainage, etc., may demand consideration.

\* \* \*

IN this issue are presented the questions with the results of examinations of the State Board of Medical Examiners of Maryland, together with a tabulated report of the work of that board since its formation in 1892.

Many persons have taken occasion to cast slurs on examining boards, saying that the men on them not being connected with medical schools have no experience in such work and ask absurd questions which they themselves would not be able to answer. Others maintain that such tests are not fair.

It must be, however, admitted that State examinations are on the whole a great benefit to the profession and to the public. There is attempted an equalization of all graduates and a general standard of all physicians in one State is held. If States could agree on a national board by which any physician could practice anywhere in the United States it would be a little more fair.

In looking over the reports of any board it is seen that graduates from some schools always stand high with some exceptions, while other schools show a majority of rejections. The natural conclusion is that all medical schools do not maintain the same standard.

If the State board could have additional powers whereby they could demand that schools keep up to a fixed standard and give all the facilities set forth in their catalogues and prospectuses, the number of failures at the State examination might not be so large.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 25, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		8
Phthisis Pulmonalis.....		20
Measles.....	2	
Whooping Cough.....	6	1
Pseudo-membranous Croup and Diphtheria. }	3	7
Mumps.....	1	
Scarlet fever.....	8	
Varioloid.....		
Varicella.....		
Typhoid fever.....	11	3

Mumps is prevalent in Paris.

The Sultan has a tumor of the spine.

The King's Daughters of Staunton are about to build a hospital in that city.

Koch has gone to Danzig to look into an outbreak of Asiatic cholera in that city.

The first woman to practice medicine in Austria is Dr. Gabrielle Baronin Possanner.

The Philadelphia Polyclinic has elected Dr. Judson Daland professor of diseases of the chest.

Iowa is considering a bill to compel physicians to submit to an examination every five years.

Objection has been made in Boston to the erection of a consumption hospital in a good neighborhood.

North Carolina has such a strict drink law that dentists are not allowed to prescribe whiskey in that State.

A very flattering call to Dr. Victor C. Vaughan from New York City has failed to entice him away from Ann Arbor.

Dr. David Wade, a retired physician of Liberty, Virginia, died last week after a short illness, in the 76th year of his age.

Dr. N. S. Davis, Jr., has been appointed Secretary of the Medical Faculty of Northwestern University, to succeed Dr. Frank Billings, who has resigned.

A total abstainer for fifty-six years has on the completion of his ninetieth year given \$250 to the London Temperance Hospital.

The New York Board of Health is doing good work in condemning rear tenement houses. As New York has no alleys, the rear houses are cut off from light and ventilation.

Dr. Mazyck P. Ravenel has resigned as State Bacteriologist of New Jersey and will now fill the position of director of the laboratory for the Pennsylvania Live Stock Commission.

The United States Marine Hospital at Chicago, Ill., is to have an addition of an operating amphitheater, with all the latest appliances for aseptic work. The structure will cost \$6970.

Dr. William Macewen, Regius Professor of Surgery at the University of Glasgow, will deliver the first course of lectures of the Lane Course of Medical Lectures at Cooper Medical College, San Francisco.

Dr. Robert Abbé has resigned as professor of surgery from the Post-Graduate Medical School and Hospital of New York and Dr. Thomas E. Satterthwaite has been appointed consulting physician to the hospital.

Since the death of the late Czar Alexander III of Russia it is said that his eccentric *Leibarzt* Professor Zacharjin of Moscow will give up his chair in that university and Dr. Tschirkoff of Kieff will succeed him.

A member of the Zurich Medical Society recently exhibited a self-registering clinical thermometer on which there were no degree marks. The instrument could be left with the patient's family to take the temperature in the absence of the physician, and the latter could then read it by means of an attachable scale of glass or metal.

Hereafter, the meetings of the Medical and Surgical Society of the District of Columbia will be on the first Thursday of each month. At a recent meeting, Dr. E. L. Morgan was selected to represent the Society at Alexander's Jennerian Centennial on May 22, 1897, at the Vaccine Farms. Dr. I. S. Stone was selected as the Fraternal Delegate to the Medical Society of Virginia at Rockbridge Alum Springs, September 8, 9 and 10. Dr. L. Eliot was elected Delegate to the Second Pan-American Medical Congress, to assemble in Mexico during November, 1896.

## Book Reviews.

PROSPECTUS OF THE HOSPITAL FOR THE RELIEF OF CRIPPLED AND DEFORMED CHILDREN, BALTIMORE. Surgeon-in-charge, Robert Tunstall Taylor, M. D.; Assistant Surgeon, N. E. B. Iglehart, M. D.

In the division of specialties there are few more important than the care of crippled and deformed children. Almost every city has an institution for the care and cure of these helpless individuals, and this institution in Baltimore has opened with every facility and encouraging support for a successful undertaking. Dr. Taylor, who has given most of his professional life to the study of these deformities, shows in the last report of his hospital a very large percentage of cures and cases of improvement.

The hospital is provided with facilities for the treatment of the various spinal curvatures by apparatus especially designed by Dr. Taylor. This hospital is supported entirely by voluntary contributions and especial pains have been taken to give help only to the needy poor. Not only have board, lodging and treatment been given to many of these little patients, but apparatus has been provided in some cases. This hospital is destined to do a good work.

## REPRINTS, ETC., RECEIVED.

1896-97 Announcement of the Medico-Chirurgical College of Philadelphia.

Annual Announcement of the New York Post-Graduate Medical School and Hospital, for 1896-97.

Some Phases of Syphilis of the Brain. By Charles K. Mills, M. D. Reprint from the *Medical News*.

Sponge Grafting in the Orbit for Support of Artificial Eye. By E. Oliver Belt, M. D., Washington, D. C. Reprint from the *Medical News*.

Orrhotherapy in Diphtheria. By E. Fletcher Ingals, A. M., M. D., Chicago. Reprint from the *Journal of the American Medical Association*.

First Annual Report of the Lane Hospital, including Dispensary Clinics of Cooper Medical College, as Out-patient Department, San Francisco, 1895.

## Current Editorial Comment.

### THE CONTRIBUTOR.

*Maryland University Bulletin.*

WHAT a pity that it is no part of an editor's duty to prevent a contributor from writing himself down an ass. It would seem a most natural act of charity to decline an article obviously ruinous to its author, for no man who writes is ambitious of ignominy.

### WHO PAYS THE DOCTOR?

*Kansas Medical Journal.*

THIS is an important question. A person gets suddenly sick, or is injured. Every sympathetic friend runs or telephones for a doctor, and either gets nobody or a dozen according to apparent ability to pay. Perhaps the messenger leaves his name or card with directions to call upon such a person. The doctor goes. Who is to pay the bill? From the nature of his calling he cannot in every case, particularly in emergencies, stop, and like Parhasius and the Captive, passively look upon the writhing luckless person before him and ask who is to be responsible for my bill? He must often act upon appearances and must often rely upon implied obligations, when, if it were in any other calling the difficulty could be obviated by an express agreement prior to the rendition of the services.

### THE POLITICS OF MEDICINE.

*Atlantic Medical Weekly.*

THE newly fledged physician who has successfully passed his examinations, and who, possessed of the required diploma and abundant and up-to-date knowledge of pathology, theory and practice and therapeutics, essays to make a living, will not struggle long in his endeavor to build a lucrative practice before he discovers that there were omitted from his college curriculum several topics which play an important part in his life, and that every day emergencies arise concerning which he is woefully ignorant. The political economy of the medical life is not taught in our schools today, yet it is as important a factor in the successful pursuit of our profession as any branch which receives more attention; and as most men practice medicine for the livelihood it gives them, it would seem logical to give to medical students such instruction as will enable them to cope successfully with the various difficulties.

## Publishers' Department.

**COMMUNICATIONS.**—All letters intended for the Subscription and Advertising Departments of the JOURNAL should be addressed as below.

**ADVERTISEMENTS.**—Copy for advertisements should be received not later than Saturday to secure insertion the following week.

**PHYSICIANS** when writing to advertisers will confer a favor by mentioning this Journal.

MARYLAND MEDICAL JOURNAL,

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## Convention Calendar.

AUGUST						
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## State Societies.

## SEPTEMBER, 1896.

8-10. VIRGINIA, at Rockbridge Alum Springs, Va. J. F. Winn, M. D., Secretary, Richmond, Va.

17. MISSOURI VALLEY, at Council Bluffs, Ia. Donald Macrae, Jr., M. D., Secretary, Council Bluffs, Ia.

IDAHO, at Boise City. W. D. Springer, M. D. Secretary, Boise, Idaho.

## OCTOBER, 1896.

13-15. NEW YORK, at New York. E. D. Ferguson M. D., Secretary, Troy, N. Y.

1-2. UTAH, at Salt Lake City. J. N. Harrison, M. D., Secretary, Salt Lake City, Utah.

15-16. VERMONT, at St. Johnsbury. D. C. Hawley, M. D., Secretary, Burlington, Vt.

## National Societies.

## AUGUST, 1896.

12. NEW MEXICO MEDICAL SOCIETY, at Socorro. H. M. Smith, M. D., Secretary, East Las Vegas, New Mex.

18-21. AMERICAN MICROSCOPICAL SOCIETY, at Pittsburg, Pa.

26-28. CANADIAN MEDICAL ASSOCIATION, at Montreal, Canada. F. N. G. Starr, M. D., Secretary, Toronto, Ont.

## SEPTEMBER, 1896.

8. AMERICAN DERMATOLOGICAL ASSOCIATION, at The Springs of Virginia.

22-24. AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, at Richmond, Va.

15-18. AMERICAN PUBLIC HEALTH ASSOCIATION, at Buffalo, N. Y.

17. MEDICAL SOCIETY OF THE MISSOURI VALLEY, at Council Bluffs, Ia.

25-27. AMERICAN ACADEMY OF RAILWAY SURGEONS, at Chicago, Ill.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION, at Boston, Mass.

## OCTOBER, 1896.

20. MISSISSIPPI VALLEY MEDICAL ASSOCIATION, at St. Paul, Minn. H. W. Loeb, M. D., Secretary, St. Louis, Mo.

## PHARMACEUTICAL.

DR. J. HOPEWELL MAY of Waynesville, N. C., read a paper recently before the North Carolina Medical Society on Pyelitis, which was generally discussed by the members present and has since been reprinted in the *North Carolina Medical Journal*. Dr. Booth and Dr. Hodges, who participated, related their clinical experiences and observations, a part of which is here reproduced.

DR. BOOTH:—In these cases of pyelitis caused by the presence of calculi, I believe that with the proper diagnosis made early, we can save patients by the use of Buffalo Lithia Water. There is nothing like Buffalo Lithia Water to dissolve calculi. While we have various other valuable remedies that have the power of dissolving calculi, that No. 2 Buffalo Lithia is simply wonderful. I have seen a number of calculi cases where I have had nephritic colic stop entirely for years and not return. I believe that this is one of the greatest and best remedies we have in the early stages of pyelitis caused by the presence of calculi.

DR. HODGES:—I wish simply to make a remark concerning the effective qualities of Buffalo Lithia Water in the treatment of pyelitis. I second what has been said by Dr. Booth, and I say it because I know of its true value. It is an agent that is always at hand, and that is easy to procure. We need some remedy to fulfill all the indications that are necessary. I can say that I know of no one remedy that we have which so fully justifies our confidence as Buffalo Lithia Water, and especially that from spring No. 2, when there is much acid, and there is nearly always a very acid reaction in cases of pyelitis. This No. 2 also has what we all know as strongly solvent powers, as all the cases that have been reported except one has been due to calculus, it is evident that this water has a tendency to do away with the cause of the disease, and is therefore a valuable remedy. I have seen it used in pyelitis time and again, in hospital practice and in private practice. One thing necessary is to use it freely, and I am confident that unless there is a very large calculus, or unless it is an extreme case, benefit will be induced therefrom. I have found No. 1 good also, and I can strongly offer these remedies to those members of the Society who have not used the water, to use it, because I have seen the effects of it.

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### GASTRIC ULCER.

PRESIDENT'S ADDRESS, DELIVERED BEFORE THE CLINICO-PATHOLOGICAL SOCIETY,  
OF WASHINGTON, D. C., MAY 19, 1896.

By *Henry B. Deale, M. D.*,  
Washington, D. C.

THE subject of gastric ulcer, always one of intense interest to the general practitioner of medicine, has in the last few years assumed a position that entitles it to the consideration of not only the physician, but also the general and abdominal surgeon;—this is evidenced by the fact that at the meeting of the British Surgical Association in 1894, it formed the principal topic for discussion.

It was a surprising revelation to me that numerous autopsies have shown gastric ulcer to be present, either in the fresh state or as healed cicatrices, in from 2 to 5 per cent. of deaths from all causes, and it is only fair to add that the proportion approximates nearer the latter (5 per cent.), than the former.

The disease is known under various names, viz.: The ulcer of Cruveilhier (who gave the first, or at least a very early, accurate description of the condition); the perforating ulcer of Rokitsansky, chronic eroding gastric ulcer, rodent, round and peptic ulcer.

Stohl (*Deutsches Archiv für Klinische Medicin*), reports that in 3476 autopsy reports at Zurich fresh or healed ulcers were found in 75, or 16 per cent.; Jaksch records 57 round ulcers and 56 cicatrices in 2330 autopsies, about 1 in 20, or 5 per cent.

Welch gives the average as 5 per cent. in death from all causes.

These figures are sufficient, I think, to prove the existence of gastric ulcer to a much greater extent than we are led to believe from our clinical experience.

Strictly speaking, this condition is not an ulceration but a necrosis, it consists in the rapid localized destruction of the mucosa and submucosa, and in some instances of the entire wall of the stomach, which may suddenly terminate in fatal hemorrhage, perforation, or more frequently in cicatrization.

These necrotic areas may be single or multiple, and show some tendency to arrange themselves linearly. The mucosa is destroyed to the greatest extent, and the other coats progressively less and less outward, due apparently to the distribution of the particular artery supplying this area.

The edges and floor are clean, not ragged, every filament of dead tissue being digested; the shapes vary as well as the size, ranging from  $\frac{1}{4}$  inches to 2 inches. When healing has taken place they resemble Peyer's patches after typhoid fever; the mucosa is never repaired and it is doubtful if epithelium ever reappears upon these destroyed areas.

On the serous coat of the stomach op-

posite the ulcer a fibrinous patch of lymph is often thrown out, which becomes attached to the liver, pancreas or other adjacent organs; these adhesions act as conservative factors in cases of perforation.

The sex and age predisposing to this condition may be answered in a general way by affirming that the female sex and the third decade of life have furnished the greatest number of those recorded; but this statement must not mislead us in diagnosis, as both sexes and all ages have shown this pathological change and little can be gained by further comparative examination in these particulars.

The location of the ulcer or ulcers is one of very much more importance and is worthy a careful review, as the prognosis has been proven often to depend upon this factor.

The ulcers are most frequently found on the posterior wall or lesser curvature, at or near the pylorus.

Of 793 cases collected by Welch, 288 were on the lesser curvature, 235 on the posterior wall, 95 at the pylorus, 69 on the anterior wall, 50 at the cardiac, 29 at the fundus and 27 on the greater curvature.

Hamilton found, in 220 cases, that 86 were on the posterior wall, 55 on the lesser curvature, 32 at the pylorus, 13 on both anterior and posterior wall, 10 on the anterior only, 5 on the greater curvature, 4 at the cardia, and in 15 on both posterior wall and lesser curvature.

Of these 1013 cases, 679 occurred either on the posterior wall or the lesser curvature, or over 66 per cent.; 321 on the posterior wall alone, or 31 per cent., and 343 on the lesser curvature, or 34 per cent.

These figures verify the recorded experience of all observers consulted, and must impress us that there is some selective cause acting to render these locations more prone to ulcerative changes, besides these locations may to a certain extent be considered more favorable from the greater probability of adhesions to neighboring viscera than if located elsewhere.

**Etiology.**—The exciting cause or causes of gastric ulcer form one of the most fascinating studies in medicine, and though many ingenious and plausible theories have been advanced, I can not but think we have yet to discover the real etiological factor. The most generally credited explanation is the embolic theory due to an embolus occluding one of the gastric arteries, not only depriving the supplied area of its nutrition, but also the neutralizing power of the alkaline blood upon the acid gastric fluid; this being the case, the mucosa of this deprived area is promptly digested by the gastric juice, and a necrosis or ulceration, equivalent to the area thus supplied, results.

This theory seems not only plausible, but is upheld by experimental evidence.

Panum found by driving numbers of small emboli into the gastric arteries through a catheter introduced in the crural artery in a dog and pushed up into the aorta, that many had penetrated and were caught in the small arterial branches of the wall of the stomach, and in from 9 to 10 hours afterwards there were characteristic ulcers in the mucosa.

Colnheim injected the emboli directly into the gastric arteries with like results.

Conclusive as this evidence apparently is—there are wanting certain proofs to make it a positive cause, viz.: 1. Emboli have rarely if ever been found in the gastric arterial branches of ulcer; 2. In the vast majority of cases of ulcer there does not appear to be any source of embolism; 3. Ulcers artificially produced heal rapidly (2, 3 or 4 days) and show no tendency to become chronic or even sluggish in their healing.

These reasons seem sufficient, if not to disprove, at least to prevent, the entire acceptance of the embolic theory as the causative factor.

An altered equilibrium of the relation of the gastric juice and the blood (by an hyperacidity of the former and an impoverishment of the latter) has also been proposed as an explanation; but I must confess that I can not see how a very circumscribed area only would suffer, thereby producing one or even more



ulcerated spots, the rest of the mucosa remaining intact, when such general condition exists; the causes existing over the entire surface of the stomach, why does not a general and diffuse necrosis of the walls result?

In 30 cases where careful examination was made, 20 per cent. failed to show free hydrochloric acid; although hydrochloric acid is supposed to be in excess in gastric ulcer.

Böttcher announced that he found numerous colonies of micrococci on the margins of gastric ulcers, but his report has never been verified so we cannot yet at least accept the mycotic origin of ulcers.

Among other causes suggested is the impairment of the nervous supply. One observer found by severance of certain nerves this condition of the stomach walls resulted; another found it following an injury to the cord or brain.

Atheromatous condition of the arteries, spasm of the blood-vessels, are also given.

The effect of pressure upon the walls of the stomach, causing obstruction of some nutrient artery, or a minute strangulation of the mucosa, as a result of occupation necessitating stooping or the habit of tight lacing in women, is a possible and very probable cause in many cases. This is upheld by the class of people usually affected, servants, tailors, shoemakers, etc.

One observer states that in 20 per cent. of cases occurring in women there was evidence of tight lacing resulting in atrophy of the liver.

The location of the ulcer may also suggest this as a causative factor—the posterior wall and lesser curvature having less freedom of movement are more liable to pressure and consequent strangulation.

Gastric ulcer terminates in cicatrization, hemorrhage, perforation or death from inanition.

A healed ulcer or ulcers usually give rise to symptoms of habitual dyspepsia, followed by dilatation of the stomach, especially if the ulcer has been located near the pylorus; this is the case even if no contraction results, for it is always

an irritable spot and food throws the muscular ring into contraction, thereby preventing it (the food) leaving the stomach, with consequent fermentation and dilatation.

These ulcers heal without puckering unless caused by adhesion of the serous coat.

Hemorrhage is often the first diagnostic symptom and the gravity of its appearance is naturally upon the amount of blood lost as well as its persistency or reappearance. It is said to occur in about one-third of all cases, due to the erosion of some artery, and is the direct cause of death in from 3 to 5 per cent. of all gastric ulcers.

Perforation into the greater abdominal cavity occurs in  $6\frac{1}{2}$  per cent. of all cases (Welch). This is necessarily a grave event. Of 75 cases collected by Stohl, 20 per cent., or 15 cases, were fatal, 11 due to perforation, the other to hemorrhage, intercurrent diseases or exhaustion.

Pick collected 28 cases of perforation of the diaphragm, in 20 of which the perforation was direct, the remaining 8 indirect following subphrenic abscess. In 9 cases the left pleura and in 7 the left pleura and lung were perforated. In one case the abscess opened into the right pleura, 6 cases ruptured into the pericardium, and 4 into the pericardium and heart, into the mediastinum in 1, and in another case the abscess ruptured into the anterior thoracic wall.

Fistulous connections with various organs have been observed, while in a few cases a carcinomatous degeneration of the ulcer has occurred.

The symptoms as referable to the stomach are uncertain and often entirely wanting.

Pain, though usually present, has no peculiarity to distinguish it; even pain following the taking of food is inconstant, and the symptoms are often not such as to lead us to a correct diagnosis.

Hematemesis is often the only symptom that reveals the true condition—cancer being the only disease with which it then can be confounded—this is eliminated by absence of tumor and the pro-

gressive characteristic course of the malignant disease.

Chronic gastric catarrh, cardialgia, ulcer and cancer in their early stages, all present about the same clinical picture.

The chemical examination of the gastric fluid for excess of hydrochloric acid is an inconstant factor and by no means a pathognomonic indication.

The treatment after recognition of ulcer is absolute rest for the body and stomach, no food, or only the blandest, should be allowed.

Medicines are of little avail and are used on purely theoretical grounds; the only two worthy of mention are nitrate of silver for its caustic effect, and subnitrate of bismuth for its supposed protective action in coating the walls.

Savelieff suggests a method to produce this latter effect; he gives 10 grammes (150 grains) of bismuth in 200 grammes (6 ounces) of water on an empty stomach, after which several swallows of water are taken—the patient to remain in an horizontal position for an hour at least; in 11 cases so treated the results were excellent, no constipation following.

One author suggested the syphoning off of the water by a stomach tube shortly after this draught has been taken.

A comparatively new field has been opened to the surgeon in the treatment of the sequelae, viz.: for severe and frequent hemorrhage, perforation and pyloric stenosis. At least two successful cases have been reported for operative interference in hemorrhage.

Pearce Gould collected 25 cases operated upon in England for perforation, with 8 recoveries; and Albers reports 7 operations for pyloric stenosis, with 5 cures.

The very excellent article in the *Medical News* of April 25 and May 2, 1896, on "The Surgical Treatment of Gastric Ulcer," by Dr. Robt. Weir had not been seen until after this paper was written.

These records, meager as they are, seem sufficiently favorable to warrant surgical measures in these most unfortunate incidents of the disease.

I must still further crave your indulgence while I briefly relate the history of two cases of gastric ulcer which have come under my own observation.

The first case is one to which I have once before referred incidentally in this society, but I wish to take this opportunity to put it on record, as I consider that it is unique in many features.

Mrs. X., a widow 60 years of age, while always of frail constitution, had been in failing health for several months following an attack of la grippe; she complained only of a constant boring pain behind the right scapula—her appetite and digestion were good, indeed she often remarked that it was fortunate that her stomach was in such good condition. She was seen by several physicians with me and various opinions expressed. One physician diagnosed thoracic aneurism and this seemed probable to me as well. Two or three nights before her death she had a profuse hemorrhage of about half a pint of blood from the stomach, succeeded at intervals of several hours by two others equally large, dying on the third day of exhaustion. The autopsy revealed multiple ulcers of the stomach. I have counted fifty odd scattered over the entire surface of the stomach, of all sizes and shapes from a pin point to two inches, the greatest number on the posterior wall. No aneurism of the aorta existed, nor could any eroded artery be discovered (specimen shown).

The second case is a young woman now under my care. She is about 25 years, married, white, never robust. About five years ago, while under the ministrations of another physician, she had a profuse hemorrhage from the stomach, since which time she has had four other acute attacks of stomach trouble, in all but one of which she has had hematemesis; during the intervening periods she suffers from symptoms of indigestion and a constant dull pain in the epigastric region. The pain is uninfluenced to the slightest extent by the taking of food. Her appetite is fickle and rather capricious.

The diagnosis made is one of chronic gastric ulcer rather than recurring ulcer,

It is customary for the retiring president at this time to add a few words other than those of a medical nature. Mine are few and entirely commendatory; for I cannot think the most querulous could discover much to criticize adversely in the work and interest of the past year. I congratulate you upon it.

I will also take this opportunity to thank the society for the honor of having been your presiding officer during the year, and while the duties of this office cannot be considered very arduous, nevertheless they have been rendered less so by the universal courtesy and interest of the individual members.

## EPIDEMIC TYPHOID FEVER.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, JULY 14, 1896.

*By William S. Gordon, M. D.,*

Professor of Physiology, University College of Medicine, Richmond, Va.

My design in this paper is not to treat the subject exhaustively, but to present a running commentary on about twenty-five cases of typhoid fever occurring in an institution for boys of which I was at one time the attending physician.

The disease made its appearance early in September, 1895, and prevailed until the close of the year. If dysentery and gastro-intestinal disturbances be included, the whole number of cases would amount to thirty-five or forty. Under the measures adopted, with the intelligent and unremitting attention of a trained nurse, we were fortunate in having no deaths.

The first cases owed their origin to the use of polluted well-water; while others, occurring later in the epidemic, were due, in my opinion, to the use of water from a polluted stream. The cases developed after the usual incubating period—two or three weeks from the entrance of the poison into the system; and the arguments for the correctness of my views as to the cause of the outbreak are irrefutable. It is needless to discuss this portion of the subject.

I had a hospital erected for the patients and the directions regarding disinfection and other hygienic measures were faithfully followed by the head nurse.

The grouping of the cases enabled me to observe, to the best advantage, the difference in the course of the disease, the symptoms and the response to treatment in individual cases; and the dem-

onstrations that a common infection may produce many exceptions to the ordinary and classic symptoms of the typical disease was conclusive. I am also further established in my belief that the cases of so-called typho-malarial fever are, in the large majority of instances, cases of atypical typhoid fever, the difference in symptoms being partly accounted for by the concentration of the poison and the susceptibility to it of the individual constitutions.

In most of the cases the invasion was abrupt, resembling that of malarial fever or the grip. Epistaxis occurred in a few cases. Constipation was oftener present than diarrhea. The highest temperature was  $105\frac{3}{5}^{\circ}$ ; the most rapid pulse about 130. Headache was common and either a decided chill or chilliness was the rule at the onset. The cutaneous eruption occurred in several cases. Right iliac or abdominal tenderness, with tympanites, was almost uniformly present. The brown, dry tongue was noticed here and there, while marked nervous symptoms—muttering delirium and semi coma—occurred in a few instances and active delirium in two. Sweating was observed occasionally and bronchitis was rarely absent. The fever was, at times, irregular; but the morning remission and afternoon rise were quite constant. In one or two cases the pulse-rate was slow and the beat sluggish and, I might say, distrustful. Serious hemorrhage from the intestines occurred in only one case.

The shortest duration was about ten days—the longest nearly two months. Post-typhoid insanity of a mild type occurred in one instance. Sore feet was a prominent symptom in one case and was much complained of by the patient.

Several patients had pain in the joints. Obstinate constipation developed in three or four cases, requiring mechanical means for its relief.

Such was the general course of the epidemic.

My routine plan of treatment was to put the patient to bed immediately, reassure and quiet his mind, have his clothing changed and his skin cleansed, order a liquid diet—milk or milk and broth alternately—and quinine to gentle cinchonism if the symptoms of typhoid fever were not sufficiently marked to justify a positive diagnosis.

My experience with quinine leads me to believe that it will almost infallibly cut short a malarial fever, but never typhoid. In the latter disease, I have seen the drug reduce the temperature, as it often does in other fevers; but, on the other hand, I have also seen the temperature rise after its administration. This result may be due at times to the natural course of the disease, but at others it is doubtless owing to the irritating effect of the agent upon some constitutions. My rule, therefore, is to discontinue it if the fever does not yield in several days and not to resume it until convalescence, when with some preparation of *nux vomica* or other tonic it is of great service.

Sweet and buttermilk were the basis of dietetic treatment, especially the former. Buttermilk, or sweet milk, with strained oat-meal gruel, served a good purpose in the cases characterized by constipation and mild symptoms; and in these I also used occasionally steamed eggs, beef extract and fresh crackers soaked in milk. If the fever rose I returned to milk alone or milk and broth. When diarrhea was present milk and barley gruel, or milk with arrow-root, proved very serviceable; or milk and lime-water alone. In other cases, a pinch of salt in the milk rendered it agreeable and evidently more digestible.

The free use of pure water was ordered. The adaptation of the diet to the requirements of individual cases is, in my opinion, one of the most important measures in the successful management of typhoid fever.

Chloral-thymol was used freely with good effect.

For the fever, sweet spirits of niter, spirit of mildererus and tepid baths were used. The patients were bathed by running oil cloths under them and sponging freely when necessary. These measures sufficed to keep the skin and kidneys active. Constipation was relieved by enemata every other day, or every day, according to indications, with an occasional dose of oil if required. Diarrhea was untreated except when the passages were more than three or four in the twenty-four hours. Bismuth, or bismuth and paregoric, answered every purpose. The brown, dry tongue and meteorism were in nearly every instance relieved by an emulsion of turpentine, to which the bismuth, or bismuth and paregoric, was added, when required to keep the diarrhea in check. Salol was employed in several cases and appeared to act well.

Epistaxis had to be controlled in one case by the injection of a strong alum solution into the nares. Cold cloths to the head mitigated the cephalalgia.

Turpentine stupes were used for abdominal pain. I wish to say a few words with regard to the use of turpentine. There is no one drug which, it seems to me, meets so many indications and my increasing experience with it leads me to have an increasing respect for its power. I do not claim infallibility for it, but it is a stimulant, a diuretic, an antiseptic, a healer of intestinal ulcers and of inflamed mucous membranes in general and a styptic. In my hands it has rarely failed to accomplish some good—notably in lessening the meteorism and restoring the dry, brown tongue to its moist condition.

In many of the cases, dilute phosphoric acid appeared to render the patient more comfortable. It is a mild feeder of the nervous system and refrigerant. Alarming hemorrhage occurred in one

case. The nurse had been prepared for this, and narcotized the patient promptly with paregoric, administering turpentine, withholding all food for twelve hours, applying an ice-bag to the abdomen, and enforcing absolute repose of body and mind. Insomnia was met with cold sponging, accompanied with stimulation in cases of exhaustion. The bromides acted well on several occasions. I did not have to use opiates, but have used them with marked beneficial effect in nerve exhaustion and active delirium.

Bronchial symptoms were treated with turpentine plasters. One of the youngest cases had to be fed by enemata for a short while. In this case, and one or two others, the heart was so weak at times that I almost despaired of being able to strengthen it, but the free use of whiskey and strychnine accomplished all that could be desired.

One of the worst cases was that of the young man who assisted the head nurse in her arduous work. He walked into my office with the disease well developed, and was sent to the Virginia Hospital, where, under the skillful attention of Dr. Vaden, the house physician, and the nurses, he had a long but successfully fought attack of the disease. I do not know whether he disregarded my orders as to the polluted water, or whether he was negligent in handling the patients and received the poison at close range, so to speak.

In this case, Cheyne-Stokes respiration was marked for several days, while as much as one-fifth of a grain of strychnine within two or three hours was, on one occasion, with other measures, required to sustain his flagging heart. In this case, also, the meteorism yielded promptly to salol and gave no further trouble. The slowing and strengthening effects of digitalis on his heart were noticeable.

I do not believe that we have any specific treatment for typhoid fever. Hundreds of physicians have hundreds of remedies, but the disease is apt to run its course. The very fact that excellent results are reported from so many different kinds of treatment is sufficient proof that nothing has the same influ-

ence for good in typhoid infection that quinine has in malarial diseases. I do not believe, therefore, that typhoid fever is aborted in the sense that the germ is destroyed; but I do believe that its course may be abridged or modified by appropriate treatment adopted—in the early stages, especially—of the disease. Furthermore, there can be little doubt in the mind of the close observer that intestinal antiseptics and elimination are very important elements in correct treatment. This does not imply such a purgation as would tend to irritate an inflamed or ulcerated bowel, nor such an attempt at antiseptics as would be likely to kill the patient and not injure the germ, which is also engaged in the effort to kill.

This epidemic convinces me additionally of the facility which water offers for the conveyance of the typhoid infectious material. It cannot be held that the germs may not be borne at short distances in the atmosphere, breathed in and lodged in the alimentary canal. Air can float germs as well as water, but from the very nature of things it can be easily seen how much more liable the system is to be infected by the germs of typhoid fever in water than in air. The rapid multiplication of the germs in water and milk must be borne in mind.

As already previously intimated, the study of this, as well as other epidemics, proves conclusively that one poison does not, in each case, produce necessarily the same set of symptoms. The very opposite symptoms, in typhoid fever, of diarrhea or constipation, may be noted. In one case, the fever may run a classical course; in another, it may hardly rise above the normal, or else be subnormal. And the remark applies to other symptoms. Before we finally sanction the name of a new disease—typho-malarial—it must be clearly defined to what extent the symptoms of a typical typhoid fever may be observed.

I do not claim that my methods in the treatment of the present epidemic are superior to those adopted by clinicians of wider experience. In the treatment of any one symptom, various remedies, acting practically in the same way, may

be employed. I have laid down only the general lines of therapeutics, as I conceive them, while I reiterate my fixed belief that until a true typhoid

germ-destroyer is discovered, we must depend upon careful hygienic measures, intelligent nursing and judicious intestinal elimination and antiseptics.

## IS ALCOHOL A STIMULANT?

*By Edward Anderson, M. D.,*

Rockville, Md.

THE question that forms the title of this paper has been asked in many of the medical journals of this country and reminds one of the dispute that once arose in regard to the color of the chameleon. As the story goes, one contended that it was one color and another that it was a different one. The creature settled the dispute by telling them that both were right and that its color depended upon the color of the object upon which it was placed.

Whether alcohol acts as a stimulant or not depends upon the condition of the system at the time it is taken. Most men do not require it at all, others need it occasionally and some all the time. With these last, if the stomach is in a fit condition to receive it, it acts as a stimulant, otherwise as a depressant.

I have under my care a gentleman who will drink to excess whenever his digestion is in shape to do so. At first he will pour the whiskey down by the tumblerful and for a time it tones him up and makes him feel better, but in a few days his tongue looks as though a snail had crawled over it, he begins to vomit, his pulse becomes intermittent, and the more whiskey he drinks the weaker he gets.

We of the medical profession see cases of this kind every day, do what we will to prevent them. Where there is a thirst for strong drink, alcohol is generally needed and if taken in moderation will most always do good. In phthisis pulmonalis nothing will take the place of good whiskey and where it is assimilated will do more good than all other remedies combined.

There lived in this neighborhood six

brothers, all tuberculous. Two of them never touched strong drink of any kind. One of these died at twenty-four from tuberculosis, in some form, the other at forty-five, from pulmonary consumption; the third got drunk occasionally and lived to be fifty-seven. The other three were inveterate drunkards and each lived to be between sixty-five and seventy years of age. Had all of these men used a reasonable amount of whiskey they might have attained the age of their father, who indulged moderately and lived to be seventy-five.

Though a teetotaler myself and one who preaches against alcohol as a beverage at all times and in all places, I must confess that I have saved many lives by its timely administration and that I would not like to be obliged to practice medicine without it. All physicians should advocate temperance, but misrepresentation injures any cause.

SUFFICIENCY OF MILK AFTER BIRTH.—Buchmann (*British Medical Journal*) observed one hundred and twenty-six lying-in women in the obstetrical wards of the Halle clinic from February to May, 1895, inclusive. He wished to ascertain the proportion of cases where the mother was able to suckle her child. Out of the one hundred and twenty-six cases, eighty-three (or 65.9 per cent.) had sufficient milk when discharged between the tenth and twelfth day. The percentages recently reported from Bâle and Stuttgart were much lower. More statistics of this kind are called for, as they throw much light on the health and strength of women in different regions.

## Society Reports.

### RICHMOND ACADEMY OF MEDICINE AND SURGERY.

MEETING HELD JULY 14, 1896.

Dr. Landon B. Edwards, President, in the chair.

*Dr. Wm. S. Gordon* read a paper on the TREATMENT OF TYPHOID FEVER, WITH A REPORT OF CASES. (See page 295.)

*Dr. J. W. Long* asked the temperature of the baths used, and if they were the only antipyretics employed.

*Dr. Gordon:* The temperature was a little below normal, and gradually reduced. He endeavored to reduce the temperature by nature's method, through the skin. He certainly would not use the Woodbridge method in atypical cases, especially where constipation is marked.

*Dr. Jacob Michaux* wished to give some personal experience. He desires to call attention to the great good obtained from the use of strychnine. Benefit is derived through two channels: the effect upon the heart, the effect upon the nervous system, both being "toned."

One of the most important duties falling upon the doctor in typhoid fever is the maintenance of the integrity of the stomach. Take care of the stomach, and the patient can better bear disease, especially if the siege be a long one.

Another observation is, we are often too nervous about the diarrhea. It is eliminative and unless the number of actions is sufficient to weaken the patient—say over six or seven a day—it is better to let it alone.

The subject of antipyretics in typhoid is an important one. He is afraid of coal-tar preparations, as they are too depressing. The administration of water is of vast importance—allow it freely for drinking purposes, as it aids the emunctories. When used externally, no antipyretic can compare with it, it reducing fever decidedly and safely.

He prefers the use of whiskey to brandy—being cheaper and obtainable in a purer state. It should, however, be used cautiously, but persistently.

*Dr. Geo. Ben. Johnston* said *Dr. Gordon's* paper suggested some points upon which he wished to speak. He has no belief in the existence of typho-malarial fever. The reports of so-called typho-malarial fever are cases of atypical typhoid. It has been his experience that we see very few typical cases in this region, the majority being the so-called typho-malariae, in which quinine produces little or no effect except to aggravate the insomnia of the early stage, increase nervousness, and but seldom appreciably reduce temperature. If the last is effected, the advantage is dearly bought.

Now, he never administers quinine beyond the point of testing the fever, and if no response is early elicited, he abandons it.

Regarding the coal-tar preparations, he agrees with *Drs. Gordon and Michaux*. No harm—on the contrary, much good can be obtained from the use of small doses of phenacetin in the early stage, for cephalalgia and the general aching. He would not continue its employment later, when the circulation is depressed. For the relief of epistaxis, a 10 per cent. solution of antipyrine sprayed in the nostrils is efficacious.

Regarding turpentine, it is an old friend, and physicians are too apt to overlook it. *Dr. Gordon* is right in valuing it, being especially useful in the later stages.

Comparing first, the old depletive treatment—large doses of calomel and copious bleeding, and second, the expectant plan, with the modern method, the essence of the latter-day success may be summed up as—1, absolute rest in the recumbent posture. Nothing is more dangerous than to allow the patient to sit up even for stool; 2, abundance of such food as will sustain and not irritate, viz.: sweet and buttermilk, thin broth and copious draughts of pure water, which carries off effete material; 3, thorough ventilation, even in winter.

*Dr. Edward McGuire* believes in little medicine; many cases can be treated without it. It is most important to preserve the stomach. He wishes to go on record as opposed to all antipyretics ex-

cept water. For the first two days he gives quinine for diagnostic purposes.

Regarding rest, he agrees with Dr. Johnston, for we can never tell, even in mild cases, the extent of typhoid lesions. He impressed the importance of administering abundance of liquids, and referred to Pepper's success with nitrate of silver.

*Dr. J. A. Hodges:* Cases vary so much that it is difficult to establish any routine plan of treatment. His method may be divided into—1. Nutritive and tentative, comprising nourishment, rest, attention to the *primae viae*, strychnine and digitalis; for diarrhea, beta-naphthol and copper arsenite with morphine. He has never seen the latter combination fail. 2. Modified Brandt, which he administers himself. No coal-tar product should be given in a disease whose tendency is to devitalize. 3. Chlorine treatment, which he has used since it was first introduced. For meteorism, sordes, tympanitis and diarrhea, he has not seen the time when it has not done more than turpentine.

*Dr. Hugh M. Taylor* thought in transfusion of normal saline solution, we have an agent of great potency in treating the depression of typhoid fever which threatens life by the heart. Within the past week, this had been impressed upon him. In the seventh week of fever, a young woman was apparently dying from exhaustion. Was cold and sweating and unconscious from great depression. Respiration, 30 or 40; pulse, 140, and absent at the wrist. The continuance of life seemed a matter of only an hour or two. Whiskey and strychnia and digitalis and caffeine and uitro-glycerin had been pushed as rapidly as was thought safe, with no perceptible influence for good. A quart or more of saline solution in the cellular tissue of the thigh and shoulder became diffused by massage, but apparently was not taken up by the vascular vessels; certainly produced no appreciable effect upon the heart. Such was the undistended condition of the blood-vessels, even after cording up the arm, that it was difficult to find a suitable vein. Into the open vein the sharp point of

the glass pipette of an eyedropper was fastened by a ligature, and the other end of the pipette was fastened in the end of the long tube attached to a fountain syringe. This quickly improvised transfusion apparatus acted nicely. By the time as much as a pint of fluid had been introduced into the vein the pulse was full and strong, and the introduction of a quart in all increased the volume and arterial tension until the moribund patient's pulse was stronger than that of any of the attendants. The skin became dry, the color to the face and lips more natural and the extremities warm. Not much improvement in the breathing was noticed; and while the volume of the pulse was so much improved, its rapidity was not correspondingly decreased. The pulse-rate continued very rapid, and the respiration rapid and shallow.

The improvement, after the transfusion, lasted five or six hours, at which time the pulse lost in volume until the wrist-pulse was indistinguishable. Transfusion direct was again resorted to with the same encouraging result of increasing the arterial tension and drying the skin, but no effect upon the pulse-rate or the respiration was apparent. This last function became more and more embarrassed, and was the ultimate cause of death.

His experience in this case impresses him with the belief that we have in transfusion a means of great value in the depression incident to hemorrhage in typhoid fever, and possibly an adjunct in the depressed circulation resulting from any one or more of the many complications arising in typhoid fever.

*Dr. J. W. Long* agrees with the treatment given by Dr. Gordon with the exception of digitalis. The criterion of its value is the effect in the case under observation. In some, it acts well; in others, it makes the heart weaker.

Regarding shock sometimes observed in administering the bath, it may be obviated by constant friction to the extremities while the patient is in the water.

*Dr. Arthur Jordan* adds his evidence



as to the success of the chlorine treatment. He believes that in the course of time the antiseptic method will be the accepted one. He thinks that the patient is often over-fed, verified by the tympanites and the appearance of indican in the urine, indicating fermentation in the bowel.

Diagnosis may be made by microscopic examination of the blood. In the first week, there is an increase of polynuclear cells in cases where complications, as of lung and kidney disease, may ensue. In the second week, there is an increased lymphocytosis diagnosing typhoid from other infectious diseases. In every instance, the nucleus of the lymphocyte is larger than that of the leucocyte, indicating nature's method of cure. Another condition is the marked increase of polynuclear cells which, if occurring in the third week, shows suppurative processes to be abnormally increased.

*Dr. J. W. Henson* said the action of digitalis is uncertain because of the uncertainty of the preparation.

*Dr. George Ben. Johnston* said the Brandt method is the most satisfactory antipyretic measure. The danger line of typhoid is a temperature of  $103^{\circ}$ . He has seen a temperature of  $104^{\circ}$  reduced in fifteen minutes to normal; he had seen it kept down for twelve hours; has seen it rise again in two hours.

*Dr. Landon B. Edwards* thought the abuse of some of the coal-tar derivatives had been emphasized too much in this discussion. It was undoubtedly because the gentlemen had used too large doses of phenacetine, antipyrine, etc., seeking too immediate results. It is too much forgotten that while large or even beyond moderate doses of phenacetine — anything more than four or five grains — reduces arterial pressure, *small doses increase and maintain the same*. Doses of this drug not exceeding two or three grains, every three or four hours, so as not to exceed twenty grains a day, are safe, and usually effective in keeping the temperature down to  $101^{\circ}$  or  $102^{\circ}$ . In moderate doses, it will not reduce the temperature beyond the normal. It is a curious fact that it acts

best in reducing fever temperatures during the hours after ten or eleven o'clock in the day, and there is not much to be expected of its after-midnight's administration. There is no objection to combining it with strychnine or digitalis, as he often does. He almost invariably combines it with some antiseptic, such as salol. Like salol, phenacetin is taken up chiefly from the small intestines. And it is not improbable that its long-continued use in small doses favorably influences the typhoid ulcers of the small intestines; for the value of phenacetin, as of antipyrine, as a local application to ulcers in general, is too well known by practitioners to need emphasizing. Between these doses of phenacetin, he has come to rely with much confidence upon the "chlorine treatment," as described many years ago by Watson, later by Murchison, and more recently by Yeo. In a broad-neck twelve-ounce bottle, put fifteen grains of chlorate of potash; add slowly one drachm of strong hydrochloric acid. The characteristic greenish vapor develops. Add gradually an ounce or two of distilled water, pouring it down the side of the bottle, and put in the stopper so as to let none of the chlorine vapor escape. After awhile, whatever quantity is not absorbed by the water, settles on its surface. Then gradually add more water, and so proceed until the bottle is filled with water. These details as to the preparation are important; for, as Mr. Hugh Blair remarks, a different chemical result follows if water is added in advance of the hydrochloric acid. Dose of this mixture, an ounce every two to four hours. If the taste is disagreeable, add an ounce of syrup of orange peel to the twelve-ounce chlorine mixture. Yeo claims that 24 to 36 grains of soluble quinia added to this mixture helps its antifebrifuge action; but Dr. Edwards has been better satisfied with the phenacetin in the manner spoken of. As to the chlorine mixture, it promptly cleans the tongue; it perfectly deodorizes the bowel discharges in two or three days, and especially when combined with the phenacetin treatment, it reduces the febrile temperature;

it maintains physical strength and mental clearness; assists in assimilation of food; acts its part as an antiseptic, and shortens the average course of the fever.

Of course, such is not the full line of treatment, for recumbency, quiet of surroundings, composure of mind, the sufficient use of water as a drink, and the topical use of cool water sponging or wet packs, the supply of proper nutritious fluid diet, etc., are essential. Half the battle, it may be, depends on the faithful, well-trained nurse; but fully the other half depends upon the able, experienced and an ever-watchful judicious doctor who does not become a routinist. For the past eight years, Dr. Edwards has adopted the general line above described, with the loss of a single typhoid patient; and that one, in July, 1891, was a case in which he did not follow out the principles above spoken of. That case set in as a profuse hemorrhagic case. Incidentally, he remarked that *early* profuse, repeated typhoid hemorrhagic cases are those that appear to set at defiance the results of any plan of treatment yet devised. In comparing his result with those who adopt the Brandt, or the Woodbridge, or any other specific plan of treatment, he sees no reason to prefer a change of base.

Carter, Czerna, and others, long ago pointed out that *small doses* of phenacetin increase arterial tension; while all agree that *large doses* reduce the same, and that it acts directly on the thermogenic centers, lessening the production of animal heat and slightly decreasing heat dissipation. Of course, these remarks are intended to discuss but a partial phase of the important subject of treatment of typhoid fever, and are brought out only because of the surprising disfavor in which coal-tar antipyretics seem to be held by some of the speakers tonight.

In closing the discussion, Dr. Gordon congratulated the Adademy on the unanimity of opinion regarding the subject under discussion and was gratified to have his own views corroborated by the expressions of the different speakers.

He hoped that Dr. Jordan and others, who were devoting special attention to the examination of the blood in disease, would continue a work which, to a greater or less extent, will give us the priceless advantage of accurate diagnosis in the early stages of fever and other morbid conditions. He looked for great discoveries in this department of pathology.

Personally, he had expressed himself as not unwilling to use the coal-tar antipyretics, when indicated in the first days of fever by a sufficiently strong pulse and high temperature. Several patients in the group had been given phenacetin with benefit. And so he agrees with Dr. Edwards that the drugs in question may prove of great service if administered in judicious doses and under justifying circumstances.

With regard to digitalis, Dr. Long had misunderstood the tenor of his remarks, which was to prove that this drug may serve a good purpose by slowing and consequently strengthening an exhausted and rapidly-beating heart. This agent stimulates the inhibitory vagus and its action can, as a rule, be controlled equally as well as a great many other agents are controlled. It must be reliable and, when used generally, be administered when the patient is recumbent in order to obtain the best effects. He cited the case in which its effects were so marked as a commentary upon Dr. Osler's remark that, personally, he is not convinced that digitalis does good in the failing heart of fevers. The results observed from its use alone, or combined with strychnine, will sometimes be entirely satisfactory. He would not continue it unless its physiological action was produced within a reasonable length of time.

Dr. Taylor's case, in which he had been a willing and profited assistant, was well worthy of mention. He had never before seen so prompt a relief of the symptoms of collapse; and the possibilities of direct transfusion in conditions which were favorable to permanent benefit from this measure were difficult to estimate.

He would be glad to use the chlorine

treatment so highly lauded by Drs. Hodges and Edwards and intended to do so when opportunities presented for this or any other special antiseptic remedy. In referring to turpentine the design was only to emphasize the numerous indications occurring at the same time which could be met with this familiar, but none the less valuable drug.

Dr. Pepper's statement (quoted by Dr. Edward McGuire) that one hundred consecutive cases of typhoid fever occurring in private practice and first seen, as a rule, in the early stages, had been successfully treated with nitrate of silver alone or in combination; and that under this invariable treatment in all private cases, for a period of ten years, no death had occurred, was well worthy of consideration, coming from so high an authority. Dr. Frederick P. Henry of Philadelphia had commented, however, upon Dr. Pepper's statement, referring to the fact that the cases were in private practice and that the unusually excellent results were doubtless largely owing to the great advantage of early and good hygienic and medicinal treatment which Dr. Pepper's patients enjoyed.

Dr. Gordon said, in conclusion, that in his opinion, relapses were due, in the vast majority of cases, to dietetic indiscretions or to a too early rising from bed. It was quite true that relapses did occasionally occur when no special cause could be assigned; but, in his experience, relapses had been owing to the disregard of his injunctions as to diet and exercise. Too much stress could not be laid upon this point.

MARK W. PEYSER, M. D.,  
Secretary and Reporter.

### Medical Progress.

SUBLIMATE INJECTIONS IN PERNICIOUS ANEMIA.—Patera (*British Medical Journal*) reports the case of a lady, aged 33, seen by him in January, 1895, with a history of severe anemia, fever, vomiting, insomnia and extreme debility of a year's duration, and attributed to severe uterine hemorrhage in the early part of 1894. The usual remedies were tried,

but with very little success. The red blood corpuscles were very much diminished in number. There was no albuminuria and no hematuria. Some blood was vomited on one or two occasions. Temporary improvement followed the author's treatment, but when next seen in December, 1895, the patient reported herself no better. Daily injections of 5 mg. of sublimate were then practiced for the space of two months, with excellent results. The anemia disappeared and the patient radically improved, put on flesh, lost her palpitation, giddiness and sense of fatigue and felt well in every way. The author refers to another case of severe anemia successfully treated in the same manner. It raises the question whether pernicious anemia may not be due to some hitherto undiscovered germ which is killed by the germicidal action of the sublimate.

\* \* \*

A NEW METHOD OF TREATMENT BY HEAT OF SOFT CHANCRES.—Dr. Audry of the Toulouse Faculty has devised, as described in the *Lancet*, a modification of the heat treatment of soft chancres introduced three years ago, by Dr. Welander of Stockholm. Dr. Audry employs radiant heat supplied by the thermo-cautery, the button of which is held for a few seconds at a distance of three or four millimeters from the sore previously washed and dried. Should the point of the thermo-cautery be fine it must be brought to a white heat; if larger, to a dull red heat. Exposure to this radiated heat for the period indicated has the effect of thoroughly drying the ulcer, on the edges of which there now appear sanguinolent striae. Too long exposure determines a raising of the surrounding epidermis and a reddening of the skin. A single *séance* is stated to be usually sufficient to transform the chancre into a simple ulcer, which soon cicatrizes under the influence of any antiseptic powder. The rapidity of the healing is due to the absence of the scab that always follows the direct application of actual or chemical heat. The pain is said to be quite endurable, being less than when the actual cautery is employed.

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It is not well to base statistics on one-sided reports. To say that cycling is dangerous because a few riders get hurt would be very wrong, unless the whole number of those riding were known. It is commonly said that only the good swimmers are drowned and this would seem to be true if only the drowning accidents were noted, but few persons take account of the lives that are saved through a knowledge of swimming.

In 1889, Dr. Irving C. Rosse read a paper before the American Medical Association at its meeting in Newport, on Bathing and Boating Accidents, in which he looked at the subject from all sides and in which he showed the importance of a knowledge of the manly art of swimming.

Those who visit the seashore know how exhilarating it is to battle with the breakers and what excellent physical exercise this is, if not carried to the point of exhaustion. Dr. Rosse, who is himself an athlete of no mean repute and who is an expert swimmer, speaks of it as a means of exercise, which is not to

be despised when carried out properly. The growing youth should be taught to be as much at home in the water as on land. The bather and swimmer is not only toned up and braced by this sport, but the muscular system is developed and all the bodily functions are favorably influenced.

The dangers of the sea from sharks and such like are greatly exaggerated, and the advantages of knowing how to swim are so many that no such weak objections should be brought up. The best swimmers are often drowned, it is true, but this is because they are careless.

A convalescent is told to walk a certain distance and he boldly starts out, forgetting that he must walk just as far on the return trip. He is tired out. The expert swimmer attempts to reach a certain point in the water; he starts out with vigor; he finally reaches the desired point, and then a sort of daring getting the better of his discretion, he tries to swim back and sinks from exhaustion. Such a thing could not happen to the persons not able to swim.

Then, too, the swimmer, like other persons, may be subject to cramps or may be so imprudent that he plunges into the water after a full meal or when too heated.

Statistics have shown, according to Dr. Rosse's investigations, that taking all things into consideration, it is the swimmer who has the greatest number of chances to be saved when precipitated into deep water, whether he be impeded by clothing or not.

As a part of the general system of education, swimming should be prominent and instead of attempting to teach the many ways of resuscitating persons who have been submerged to the point of unconsciousness, the art of swimming should be taught all those who indulge in other sports and should be a part of the education. Then not only would the general physical welfare of the growing youth be advanced, but the number of bathing and boating accidents would be greatly lessened.

\* \* \*

THERE are few specialists who are not biased to some extent. The heart specialist too often finds a heart murmur which he unconsciously magnifies until the poor patient is frightened into a genuine illness.

Dr. Aloysius O. J. Kelly has made some very pertinent remarks in the *Medical News* on the significance of murmurs in the diagnosis of valvular disease of the heart. When the sounds of the heart were first studied and their points of greatest intensity made out on the chest wall, it looked as if a heart murmur could be detected with almost mathematical exactness and to a certain extent this is true.

Knowing that a certain sound occurs at a certain time and hearing a murmur replacing that sound the natural inference is that that murmur displaced the normal sound and knowing the physiology of circulation and heart contraction, the diagnosis was made at once. Gradually, however, it has been seen that false deductions were too often drawn and while the young diagnostician did not have a fly in his stethoscope, as Holmes relates, still he mistook adventitious sounds which were evanescent for organic trouble or did not take into consideration all the various causes which could disturb the heart's rhythm and thus cause a temporary murmur.

Anyone with a good ear and a knowledge of topographical anatomy and physiology can make a diagnosis of a murmur, but not so many can interpret these sounds. Dr. Kelly points out what other diagnosticians should always take into consideration, namely, that a murmur is not pathognomonic of an organic heart trouble. Other things must be taken into consideration, for every one knows that serious organic disorders have been present when no murmur could be detected.

Therefore in making a diagnosis it is never well to overestimate any one sign or symptom and draw false conclusions which may often do more harm than the supposed disease itself.

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THE report of the "American Pediatric Society's Collective Investigation into the use of Antitoxine in Diphtheria in Private Practice," given at Montreal in May and just published in the pediatric journals, shows that of 615 physicians who responded to enquiries addressed to them by members of the society more than 600 favored its use. There were given also in the report some statistics from city health boards.

The serums used were those of Behring, the New York Board of Health, Mulford, Aronson and Roux, all said to be efficient;

and of Gibier, stated in the report to be unsatisfactory. After hearing and discussing the report, the Society resolved:—

That antitoxine should be administered as early as possible on a clinical diagnosis, without waiting for bacteriological culture.

That for patients over 2 years, with laryngeal stenosis or any other severe form of diphtheria, the initial dose is 1500 to 2000 units. This may be repeated once or twice at 18 to 24 hours' interval if there is no improvement.

That patients suffering severely under 2 years, severely affected, should receive an initial dose of 1000 units, repeated at 18 to 24 hours' interval, if necessary.

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THE reader will remember with what interest this new operation upon the prematurely ossified cranial vault was welcomed *Craniectomy in Idiocy and Imbecility.* some years ago. Unlike many surgical innovations, it has held its own against the tests of time. The results of accumulated experience with it are interesting as presented by Dr. Dana in *Pediatrics*, from a review of 81 cases, 14 of them his own.

Of the 81 cases, 35 are reported improved, 22 not improved and 24 died. In 11 of these, more recently reported, better results were gotten; 6 improved, 3 did not, 2 died. The improvement rate Dr. Dana thinks certainly too high. There are two classes of idiots and imbeciles which he thinks may gain benefit from it—first, idiots congenitally deficient from faulty brain evolution, not from hemorrhage, traumatism or inflammation, nor with double paraplegia, hemiplegia; and second those feeble-minded who can walk and help themselves somewhat.

It is not a complete cure, there is only a resulting improvement. Noisy idiots become more manageable and teachable. Epilepsy is often suspended for a long period, but can not be proven wholly cured by the operation. Moral imbeciles become often more tractable, their morbid impulse less violent. Dr. Dana thinks the improvement after operation is pedagogic, due chiefly if not wholly to the increased and wiser care and oversight given the child at the time by the nurses and doctor.

The old idea that it gave the brain a better chance to grow is exploded. He still thinks the operation justifiable.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 1, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		5
Phthisis Pulmonalis.....		29
Measles.....	4	1
Whooping Cough.....	7	2
Pseudo-membranous Croup and Diphtheria. }	4	2
Mumps.....		
Scarlet fever.....	7	1
Varioloid.....		
Varicella.....		
Typhoid fever.....	10	3

China is having a very bad time with the plague.

Sweden is said to have a death rate of 90 per 1000 from alcoholism.

Springfield, Massachusetts, has a new hospital under the charge of the Sisters of Providence.

Physicians are now classed as hazardous risks by the best accident insurance companies.

Some physicians of Kentucky have banded together and demanded payment of all bills within thirty days.

Birmingham, England, has a hospital which has been endowed at a cost of \$2,000,000 by the workingmen of that city.

One thousand dollars have been granted by the Rhode Island State Board of Health for the suppression of tuberculosis.

Dr. Edward Playter, who has recently written a book on Consumption, has just opened a hospital for the treatment of that disease in Ottawa.

The Chicago Board of Health carefully supervises all ice and makes a distinction between ice used for consumption and that used for cooling.

Mansfield, Ohio, has for years enforced the law recently enacted by the legislature of New York that fish, game, poultry and meat shall not be exposed in front of a store or too prominently inside.

The French Government requires all imported cattle to be tested with tuberculin unless they are to be slaughtered immediately.

*Printer's Ink* is authority for the statement that Munyon's Homeopathic Home Remedy Company netted \$267,000 from last year's business.

The President of the Maryland State Homeopathic Society considers the refusal of Dr. Osler to consult with a physician of his school as an insult.

Captain James E. Pilcher, M. D., has taken charge of the Department of Military Surgery, and Dr. Webb J. Kelly of the Railway Department in the *Columbus Medical Journal*.

The United States Marine Hospital Service in its *Public Health Reports* has issued a supplement containing mortality statistics of 1461 cities and towns in the United States for the year 1895.

The new hospital for consumptives recently begun by the Sisters of Mercy in the Adirondacks is now almost completed. It is called "Sunrise Mount" and is two thousand feet above sea level.

By the will of the late Mr. James Gregg of Baltimore, \$5000 is left in trust to the Union Protestant Infirmary, \$2000 to the Nursery and Child's Hospital and \$1000 to the Presbyterian Eye, Ear and Throat Charity Hospital.

The Sixth Annual Meeting of the American Electro-Therapeutic Association will be held on Tuesday and Wednesday, September 29 and 30, and Thursday, October 1, 1896, in Allston Hall, the Studio Building, on Clarendon Street, near St. James Avenue, Boston, Mass.

According to the *Sanitarian* the following figures show the cost of nourishment for the various nations: The average Englishman consumes \$250 worth of food per year; Germans and Austrians, \$216 worth; Frenchmen, \$212; Italians, \$110; and Russians only \$96 worth. In the consumption of meat the English-speaking nations are also in the lead, with 128 pounds a year per capita of the population; the Frenchman using 95 pounds; Austrians, 79; Germans, 72; Italians, 52; Russians, 50. The consumption of bread is reversed, as compared with meat; the English use 410 pounds a year; the French, 595; the Austrians, 605; Germans, 620; Spanish, 640; Italians, 660; Russians, 725.

## Book Reviews.

THE LARYNGOSCOPE. A Monthly Journal devoted to Diseases of the Nose, Throat and Ear; for General Practitioners and Specialists. Editors: Frank M. Rumbold, M. D., M. A. Goldstein, M. D., St. Louis, Mo. Volume I, Number 1. July, 1896. \$2.00 a year.

This is a new enterprise which starts out with an excellent number. The contributors to the first volume include such names as J. Mount Bleyer, Seth Scott Bishop and others and each article is very fully illustrated. The plan of this new journal is about the same as most monthlies. The number of associate and foreign editors is large enough to guarantee a great variety of material. The publishers have opened this number with a large number of good advertisements. The *Laryngoscope* deserves success.

### REPRINTS, ETC., RECEIVED.

Report of St. Joseph's Hospital of Baltimore.

Bellevue Hospital Medical College of the City of New York. Circular of Information, 1896-1897.

Implantation of a Glass Ball in the Orbit after Enucleation of an Eye. By L. Webster Fox, M. D.

Clinical Examination of Deaf Mutes. By S. T. Walker, M. A. Reprint from the *Cincinnati Lancet-Clinic*.

Ophthalmia Neonatorum. By Wm. Cheatham, M. D., A. B., Louisville. Reprint from the *Virginia Medical Semi-Monthly*.

Report for the year 1895-96, presented by the Board of Managers of the Observatory of Yale University to the President and Fellows.

The Technics of the Trial Case; or Subjective Optometry. By A. Edward Davis, A. M., M. D. Reprint from the *New York Medical Journal*.

Announcement and Catalogue of the Medical Department of Columbian University, Washington, D. C. Seventy-Fifth Session, 1896-1897.

Bathing and Boating Accidents. By Irving C. Rosse, A. M., M. D., Washington, D. C. Reprint from the *Journal of the American Medical Association*.

## Current Editorial Comment.

### A DUTY.

*New England Medical Monthly.*

IF it were not for the support that the medical journals receive from the advertiser, not one of them could afford to present the amount of reading matter they do, nor of that excellence. Look over the advertisements, they are educational, they keep you posted on the new remedies as they come out, the new instruments as they are invented, and the new aids for the doctor, so as to enable him to keep up with the times, and render the practice easier.

### THE PHYSICIAN AS A CITIZEN.

*Philadelphia Polyclinic.*

THERE is no doubt that medicine requires not only close and constant devotion to study, but that the physician shall be within ready call of those to whom he has undertaken to minister. It is quite evident, therefore, that close and continuous devotion and engrossment in public matters and the undertaking of a large share of the direction of political movements is incompatible with the active practice of the profession. So much being granted, however, it is also quite evident that a physician may, without detriment to his professional studies, and without neglect of his patients, give a portion of his time and thought and action to the public welfare; how much and how applied, circumstances and individual discretion must determine.

### MEDICAL ETIQUETTE.

*American Medico-Surgical Bulletin.*

A BREACH of professional etiquette in an older member who has achieved fame and distinction in his profession is open to pretty much the same censure as would hinge on a case of breach of military discipline. If the superior officer is fit to hold rank as such he should be a model for the subaltern. The code observed by Hippocrates will not stand for all time; the liberality of thought and speech and action that is characteristic of our institutions of this day demands philosophical treatment for problems of this character instead of biased determination to adhere to principles long since modified or rendered impractical and inoperative by the march of time; and the younger member must take the initial step if he would assert his right.

**Publishers' Department.**

PHARMACEUTICAL.

**COMMUNICATIONS.**— All letters intended for the Subscription and Advertising Departments of the JOURNAL should be addressed as below.

**ADVERTISEMENTS.**— Copy for advertisements should be received not later than Saturday to secure insertion the following week.

**PHYSICIANS** when writing to advertisers will confer a favor by mentioning this Journal.

MARYLAND MEDICAL JOURNAL,  
 Washington Office, 209 Park Avenue,  
 913 F Street, N. W. BALTIMORE, MD.

**Convention Calendar.**

AUGUST							SEPTEMBER							OCTOBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
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2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
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30	31	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

**State Societies.**

- SEPTEMBER, 1896.
- 8-10. VIRGINIA, at Rockbridge Alum Springs, Va. J. F. Winn, M. D., Secretary, Richmond, Va.
  - 17. MISSOURI VALLEY, at Council Bluffs, Ia. Donald Macrae, Jr., M. D., Secretary, Council Bluffs, Ia.
  - IDAHO, at Boise City. W. D. Springer, M. D. Secretary, Boise, Idaho.
- OCTOBER, 1896.
- 13-15. NEW YORK, at New York. E. D. Ferguson M. D., Secretary, Troy, N. Y.
  - 1-2. UTAH, at Salt Lake City. J. N. Harrison, M. D., Secretary, Salt Lake City, Utah.
  - 15-16. VERMONT, at St. Johnsbury. D. C. Hawley, M. D., Secretary, Burlington, Vt.

**National Societies.**

- AUGUST, 1896.
- 12. NEW MEXICO MEDICAL SOCIETY, at Socorro. H. M. Smith, M. D., Secretary, East Las Vegas, New Mex.
  - 18-21. AMERICAN MICROSCOPICAL SOCIETY, at Pittsburg, Pa.
  - 26-28. CANADIAN MEDICAL ASSOCIATION, at Montreal, Canada. F. N. G. Starr, M. D., Secretary, Toronto, Ont.
- SEPTEMBER, 1896.
- 8. AMERICAN DERMATOLOGICAL ASSOCIATION, at The Springs of Virginia.
  - 22-24. AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, at Richmond, Va.
  - 15-18. AMERICAN PUBLIC HEALTH ASSOCIATION, at Buffalo, N. Y.
  - 17. MEDICAL SOCIETY OF THE MISSOURI VALLEY, at Council Bluffs, Ia.
  - 25-27. AMERICAN ACADEMY OF RAILWAY SURGEONS, at Chicago, Ill.
  - AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION, at Boston, Mass.
- OCTOBER, 1896.
- 20. MISSISSIPPI VALLEY MEDICAL ASSOCIATION, at St. Paul, Minn. H. W. Loeb, M. D., Secretary, St. Louis, Mo.

DR. WARREN BROWN of Tacoma, Washington, in a paper on "Peroxide of Hydrogen," read before the Washington State Medical Society, and published in the *Medical Sentinel* of Portland, Ore., February, 1896, after alluding to its method of manufacture, speaks of it therapeutically as follows: Gonorrhoea may often be aborted by using a full strength hydrogen dioxide injection immediately on the very first appearance of discharge. The injection should be used four to six times in twenty-four hours and retained for five minutes. Cystitis, where pus is voided with the urine, often yields rapidly to injections of a solution containing two ounces to the pint. Otitis media is treated by hydrogen dioxide solutions in various strengths from 6 per cent. upward. Eye diseases, where there is a purulent external inflammation, are constantly being benefited by this agent. The Wills Eye Hospital, Philadelphia, uses a 50 per cent. strength of the so-called 15 volume solution. Blepharitis marginalis is quickly cured by touching the edges of the lids once or twice daily with a strong solution, care being taken to avoid getting it into the eye. Ulcers of all kinds improve rapidly under its use, and for treating and cleansing venereal sores, as chancroids, etc., it is of great service. Empyema, especially where there is from the first a stinking sanious exudation following incision, is very satisfactorily treated by washing out the cavity with a solution from one-half to full strength. Applied to the cervix uteri, adherent mucus is removed and our medications can be applied. For flushing out a mammary abscess cavity this agent is invaluable.

We have in peroxide of hydrogen a prompt, safe and efficient germicide. By its oxidizing power it rapidly decomposes pus, diphtheritic membranes and other morbid putrifying material. It is a thorough deodorizer, and as a cleansing agent for foul wounds, abscesses, etc., it has no equal. Of the different preparations of peroxide, Marchand's has been most uniformly satisfactory. Since writing the foregoing paper my attention has been called to hydrozone, a stronger solution of peroxide of hydrogen, which for some months I have been using with much satisfaction.



# MARYLAND MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

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## Original Articles.

### MEDICAL CHARITY ABUSE. THE REASONS AND RESULTS.

*By Arthur D. Mansfield, M. D.,*

Member of the Presbyterian Eye, Ear and Throat Charity Hospital Staff.

THE present law of cause and effect is as applicable to medicine, as it is to law itself. The fundamental principle is recognized when we enunciate that certain effects and certain results always follow certain causes, is seen when we study the questions of social economy in a public charity dispensary.

It is not the province of the writer to prove in this article that medical charities are abused; that is a conceded fact, a recognized evil, just as everyone grants that murder, stealing and embezzlement are known to exist; these crimes are older and consequently well known, but the abuse of medical charities, while not so grave, yet is working harm in directions which the vast majority of people are hardly aware. The law of cause and effect is applicable to the medical charity abuse.

There are distinctly two causes that produce the abuse, that permit its existence, and just as surely will the effects follow. In stating the reasons of the existence of this abuse boldness is requisite, because the cloak of clarity is taken from the shoulders of some and the true condition of affairs is revealed, and consequently the truths related here may not be palatable to some. If medical charities are abused the natural question follows, why does this abuse remain un-

corrected? Why does it thrive and flourish? We will endeavor to show how this abuse has grown, how it is growing, and what the results are likely to be.

Simply the reasons for this condition of affairs are two-fold. The two reasons why this medical charity abuse was born, has grown and is still growing is found in the human heart of mankind; the first reason is found in the heart and head of the chief of the free dispensary seeking glory for himself (and money as well indirectly) and the second reason is found in the sordid nature of mankind to obtain something it needs, if that something can be found, for nothing, even though some lying and falsifying is necessary. The first reason. Every dispensary and hospital has at its head and in authority one or more medical men that could stop the abuse if he or they wished; more often is it in the hands of one man, than in the hands of many. Every free dispensary has a "chief of the wigwam" and sub-workers. The sub-workers generally recognize the evil, generally recognize that it should be corrected, generally recognize that it is deplorable, but the chiefs of the several wigwams go merrily on their ways and if a sub-worker talks too much he is advised to leave the

camp, but some day a "Daniel will come to judgment."

Rules are the order of the day in dispensaries that open the doors widely to the public generally and welcome all classes of mankind without any restrictions whatever; all that apply will be gladly treated so that the hospital reports can come out the end of the year and say "so many thousands were treated here last year;" "so many hundreds were operated upon." "What a glorious work this hospital is doing;" "how it is alleviating suffering humanity," etc., and then the donation blanks are handed around and next year still more are treated; but how about the fact that only one-half of those treated are really deserving on account of their financial condition and the other half are able to pay? How about the lessons of pauperism inculcated in the public?

I am firm in the belief that from *fifteen to twenty medical men in this city could correct the dispensary abuse if they would.* Is it not deplorable that a few men have in their control such a momentous question as the pauperizing of a community and the deprivation of a host of men of their means of sustenance? The hands of the men that do the work in our dispensaries are really tied, rules are of such a character, authority of such a kind that the workers can do nothing but "kick" — there is some virtue in kicking, though, for it will finally do something. Why do the workers stay and stand it? Oh, that is another question, a question too broad in itself to take up here; it is a side issue. Why do preachers stay and fight the devil? Is it not easier to leave him alone? The question why do men stay in dispensary work when they know it is abused is an individual question, and not collective. Each man must decide that for himself.

The main question before us is "The Reasons of the Existence of Medical Charity Abuse and the Results." *Plainly the bosses make no effort to correct medical charity abuse, rather do they welcome everybody irrespective of dress, appearance and positive personal knowledge of their circumstances.* Precious few are

turned away from the doors of our free dispensaries and those few are turned away to the private offices of those fortunate enough to be in a position to claim them. *Medical charity abuse exists. Medical charity abuse is recognized yet medical charity abuse still grows.*

There is another, the second reason, why medical free dispensaries are abused; two factors at least are always necessary to lead to a cause producing a deleterious result, a desire on the part of one, and a willing activity on the part of the other. The heads of dispensaries are not alone to blame; they are the main contributing factor and the people are the other factor. There is in the heart of mankind an original and inborn desire to obtain things necessary for as little money exchange as possible; that is commendable, but when lying by acts and words supplement the desire, then the act becomes a crime, morally at least; such is the condition of the human race in reference to dispensaries. Men, women and children will lie to obtain treatment and medicine free at a dispensary that they know they should pay for, simply because the institution exists for those unable to pay, and the authorities know this class should not be treated, but the desire for glory and prestige, and the possible chance of a dollar and perhaps a "dog in the manger" idea that if they treat them no one else can, causes the individual in authority to let them go. Do they act rightly or not? Mankind will lie when payment of money is involved.

No better illustration of this is seen than in the study of human nature and character in a hospital where free medical attention and free medicine are supplied. We know how mankind desires to keep down the assessment amount so that taxes will be just as small in amount as possible yet compelled to be pretty near just in the assessment for fear of the penalty the law inflicts. With the multiplicity of free dispensaries and the willingness with which all classes are taken in and treated renders the free hospital a place for the student of human nature. Strange phases of humanity are seen there; people frequent dispen-

saries that, judging from their mode of living and external appearances, one would think belong anywhere else except in a place for the poor. It is becoming quite fashionable to go to free dispensaries; it is a fad. One would be surprised if he knew the proportionate number of people to the inhabitants of Baltimore that frequent our charity hospitals. Hospitals are growing year by year in numbers and even those that exist are constantly being enlarged and reports growing yearly.

Hospitals are enabled to grow and increase from two causes: First, absence of any taxation. Secondly, appropriation from the State and city of money. Not only does the State and municipality relieve these hospitals of taxes but even assist by the voting of monies. Hospitals do good, plenty of good, but I am of the firm belief that they do incalculable harm and injury to many classes of society—time alone will tell. I believe that the State and city are pauperizing the community and assisting in filling the almshouses and poorhouses, which are already filled to overcrowding. There is a prevalent idea that the State will provide for every one that will not provide for himself, never once drawing the distinction that *will not* and *can not* are vastly different.

Year by year more people rush to dispensaries; it is more like the entrance to a circus than anything else the way people clamour and seek medical assistance rushing and pushing each other out of the way so that it is necessary for the services of one or more men servants to preserve anything like decency or order. Visit a dispensary during the working hours and see the struggling mass clamorous for attention; it is increasing year by year. Each year shows the hospital reports larger than the preceding year, with the consequent necessity on the part of the hospitals of enlarging their buildings; then follow appeals to the State and city for aid by appropriation of money and the philanthropic and religious element of the community is called upon to donate. *Donate to what? Donate for what? To pauperize the community year by year and*

*prevent honest men from making an honorable and just living.*

This charity abuse of medicine does not alone affect the comparatively large number of men that depend upon the profession of medicine for a living, but is much wider in its scope, affecting as well druggists and men who depend upon the sale of drugs as a means of sustenance. As the writer has urged in previous articles, this question is not one that applies to any class of men such as physicians, but is one of much wider and more extended scope. It is one of social economy. How long will it be before this pernicious idea of obtaining something needful without any effort or cost on the part of the one needing the something will spread to other callings of life? I believe it has had its incipency in the medical charity scheme. Everyone grants that charity is greatly imposed upon.

Do medical men in charge of medical charities make any effort to correct this abuse? A great responsibility to be so lightly handled and brushed aside as some medical men do this great question. Medical charity abuses are but the beginning of the karyokinetic changes that occur in the cell transformation of the human heart, which will divide and subdivide in its desires for everything needful for the being itself and the quintessence of the evil division will be to obtain something needful for nothing, no matter what the cost to the human conscience, or how great the harm done to one's fellow man. I fail to see any charity in helping those that are fully able to help themselves. Why is it done? Medical charity abuse is but the beginning, because in it we have something tangible, yet intangible, something of real value, yet also intrinsic value; something that is absolutely necessary and something that everyone needs sooner or later; something that appeals to all stages and conditions of life, applicable to the rich, the poor, the high and the lowly, the king and the peasant, the infant child and the adult, the male and female, all kinds and conditions of human kind. Medicine and medical advice, the former

abundant, the latter of a varied character. Medicine, the chessmen, while the medical adviser, the player, moving the pawn, the knight, the king, the queen, the castle, etc., as occasion requires, and yet success in chess is won in as many different moves and as many different ways as health is restored by the use of as many different drugs in the treatment of a given malady. Wherein is the efficacy of medicine? How great a role does nature itself play in a given cure?

Would it not be parallel and equally as commendable for a philanthropist to endow a large clothing house and distribute clothing to everyone that called as it is for our endowed hospitals to give out freely and indiscriminately that which means as much to the physicians and druggists as clothing does to the tailor and clothing house, namely, their very existence and living. Would it not be foolish and eccentric for a man of means to distribute groceries and food to eat, freely and indiscriminately, as hospitals do medicine and medical advice, and yet is it not necessary for medical men to live as well as grocers, bakers and butchers? Not a word against giving to deserving, but giving to the undeserving. It works injustice to the giver, receiver and the distributor. All three are included in the injury done. Is not the medical advice, as well as the medicine, a necessity? Do not necessities become of value in proportion to the effort on the part of the individual?

I would like to know if the druggist and physician do not depend upon the sale and demand of medicines and medical advice as much as the grocer and baker and butcher does upon the sugar, bread and meat? Our present system of medical charities I denounce as pernicious and wrong, and further, no effort is being made to correct it by the men who could correct it if they would only say the word and give the necessary instructions to those who are actually doing the work. Why is this so? Because these men are thereby advertised by their dispensaries and hospitals—and I say *advertised*, because I mean *adver-*

*tised*, a means of advertisement that pays wonderfully, because it increases the amount of work done in private channels. *Hospitals and free dispensaries are for the exclusive benefit of the few to the exclusive injury of the many.*

Charity covers a multitude of sins. Charity is the largest newspaper advertisement in this country, for on the obverse side of charity are printed in bold, large, indelible letters the names of many medical men in this country, and on the reverse side can be read the obituaries of many shattered young men and vain efforts of worthy ones for a reputation. Most people think that the heads of charitable institutions are very charitable and noble, when in reality the same motives actuate them as actuate others. Money, glory and advancement; if such be not the case, why does not some man at the head of a charitable institution come out in print and deny this abuse of charity? The reason is that they fear the other hospitals will not do the same thing and that if they turn away people who are unworthy, why Dr. Blank will reap some glory and reputation; that is the reason why free dispensaries are fighting each other for all the people they can treat so that they can make a boast at the end of the quarter of the year how the hospital has grown, how much good it has done, how much it has done for the advancement of science, etc. Yea, how has the hospital grown upon the financial ruins of those that positively make its existence possible; how much good—and how much harm as well; advancement of science, yes, but would not science be advanced just as much by close attention to more worthy cases? It is noticeable that free dispensaries are overcrowded and when overcrowded there is of necessity rapid work and rapid work means careless work. Why are men complaining of this abuse of dispensaries if they do not feel it? It is not localized to Baltimore, Philadelphia, New York, or Chicago; it is not only to be found in this country, but in European countries efforts are being made to bring this matter before the general medical profession.

The causes, the reasons of its exist-

ence and following growth are to be found in the human heart and in the original nature of mankind, namely, in the desire for glory, reputation and money on the part of one factor and the willingness of the other factor to obtain something needed for nothing; that is, no actual outlay of cash money for it. Having gone into the causes and reasons of the birth, existence and rapid growth of free dispensaries, what are the results that naturally flow from such an evil? Shall men abandon medicine? Shall men forsake a calling in life that they have devoted ten, fifteen or twenty-five years of their life that they may become proficient members? Shall they remain in medicine and by silence eke out a miserable existence, or shall they yield and enter another pursuit for which they are entirely unsuited on account of their natural inexperience?

Is there no place in life for the reputable, honest and honorable man of medicine between the free indiscriminating hospitals and the glaring advertising men of the daily papers that have remedies for every conceivable malady and disease and selling for twenty-five cents or one dollar and properly labeled so that a rheumatic cure cannot be sold by mistake for a sure cure for syphilis or gonorrhoea? I repeat, is there not a place in this world for an *honest man* trying to compete with these two factors that everyone knows exists? How can a medical man of today "hustle" in any other way than to "hustle" to breathe? Has a medical man no place today except at the head of a free dispensary or as an advertiser of guaranteed cures? Shall medical men remain quiescent and allow men in every other calling of life energize and "hustle," while they must remain inactive because some bygone, antiquated ancestors in medicine, long passed into chemical changes, laid down certain rules for medical men of all ages to observe? It is not the theory of life in these *fin de siècle* days of the nineteenth century to take life quietly and expect the necessary income to flow in or come in without any effort on the part of the individual, but the watchword of the day is "hustle" and medi-

cine needs "hustle" to make it a success. If the doctor waits for people to come or be sent by other doctors he will surely be left.

Have medical men no appeal from the rules of so-called ethics? How many medical men observe ethics of the heart? Shall medical men quietly allow hospitals and free dispensaries to take their living right away from them by treating those willing to be treated free; and enterprising business men take those who are willing to pay? The question that forcibly presents itself to the writer is this: Should oculists quietly remain in their offices waiting for people to come to them when special dispensaries of this city are crowded daily with cases oculists should have, being treated free (that is the reason they are there) and enterprising opticians doing a good business and treating those that are willing to pay?

The question does not apply alone to oculists, for if it did the writer "would not have any standing in court," but it applies to every medical man. The results of all results will be that medicine must be reformed. The age is active, industrious and the present methods of medicine are antiquated—I mean the business methods; as a science it has advanced wonderfully, but that is a digression, that is an entirely different question. Medicine has a business management as well as a scientific management and the same manager rarely does for the two departments. Many doctors would make "a blooming success" of life if they only employed a business manager and they alone attended the scientific part of the matter. Many men are eminently successful in what they do, but the trouble is they do not do *much of it* simply because they disregard the business department. Any free dispensary could be made self-supporting if managed by business methods. Hospitals either give away freely or sell at cost what they may distribute. How are they supported, then, except by the donations of the charitably inclined and appropriations from the State and city?

What are going to be the results of such a condition of affairs? Briefly, I

think a reform in medicine is coming. What the nature of that reform will be is prophetic at present and consequently doubtful; but that the medical men of today have a question to settle is as sure as daylight. The question is how shall we compete with free dispensaries and advertising (I will not say "quacks," because I do not believe that "advertisement" and "quack" are synonymous) men I will say? Both these factors are in our midst; to those who have plenty of money I have nothing to say; to those who must engage in the warfare of life for a living, I say there are two enemies that must be fought or you must drop out of the arena of life's battles. It is not necessary that you should vanquish them, but you must hold your own. I do not believe in closing dispensaries or of driving "quacks" from the State, because both the dispensaries and the "quacks" are the supply of the demand, but medical men must hold their own with these two classes and live.

Men are rushing into the medical profession every year in large numbers, simply because they think it is a "snap," but instead of finding it a gold mine or even a silver mine at 16 to 1, they find it necessary to have money outside to keep up so-called "professional dignity," which is more of outward appearance and inward turpitude than otherwise, for the professional courtesy of today goes for just what it is worth and not what it seems. The profession of medicine, financially, is not at this low ebb entirely on account of the existing financial condition of the country from silver versus gold, but this question of free dispensary abuse is to a very large extent responsible for it. Self-preservation is the first law of nature. Man must look to the needs of his physical nature and those dependent upon him first and notions afterwards. I believe that reputable medical men will gradually break the ranks and laws of so-called professional dignity. It is a beautiful theory, that of being professionally dignified, but it is a shifty, weak foundation to put a superstructure upon in these "matter-of-fact" days. Do medical

men help one another or do they scramble, I mean *scramble*, after the almighty dollar just like other ordinary mortals? Does not the cheapest doctor always have the choice, other things being equal? Is it not a common reply of a patient that "Dr. Blank only charged me so much"? Is it not a matter of dollars? If not a matter of dollars, does it not take dollars from another source to pay for what you need? Can one pay his tailor or servants with professional dignity and courtesy? It is very well to talk of the high calling of medicine, but if our debtors do not appreciate this high calling by a substantial money return, be sure the creditors will not do it either.

Pluck, energy, industry and ordinary intelligence are the requisites of medicine, as in other callings of life. Medical men cannot be blamed for breaking the ranks because the conditions that exist at the present day prevent the vigorous growth of the young medical men. It takes an old established medical man to hold his own today, and how many of these are doing any more than holding their own? Then how can a young man grow in strength when all the odds are against him? Medical men, both old and young, established and struggling, can feel by the electric thrill of the daily income that some potent factor is at work in the neighborhood (I mean the ubiquitous dispensary). Young man, are you on the right course? Look, study well the existing conditions and then make the plunge. "Be sure you are right then go ahead." Who ever hears of re-enactment or repealing existing unwritten laws; they are traditional, handed down from antiquity. It is beneath the dignity of a medical man to have anything to do with any money exchange. Why, their services are invaluable—not so, their services have a moral value just as any other services have. Custom is the excuse for all changes, that which is not customary is erratic, wrong, fanatical and revolutionary.

The free dispensary abuse is here for solution; if it cannot be corrected it must be endured; then it is for each

individual to decide as to how he shall endure it; if he is going to endure it by starving, that is his own lookout; if he will endure it by exposing it, that again is personal; if he will endure it by changing his methods, then again it is the individual acting. Medical men of Baltimore shall not have the excuse of saying that they had no idea dispensaries were so abused; if they do not know it, it is because they do not want to know it.

If every medical man could have a dispensary of his own, then the question would be solved, but that is not at all practicable, for every dispensary "blows the horn" of some one or more men. Work in hospitals is very much like the prodigious amount of work done by such eminent artists as Rubens, Michael Angelo, Raphael and others. We see in foreign art galleries scores and scores of paintings, frescoes and mosaics said to be done by this or that artist; we wonder how any one man with just two hands could do so much work, while in fact the man who did do these pieces of art is unknown. Just so in hospitals, the bulk of work is done by the workers while the boss man obtains all the credit. *Is not that so?*

I firmly believe that medical men will in the near future be compelled to do one of three things if they wish to avoid a mere existence; first, leave medicine all together and engage in another pursuit; second, open private dispensaries of their own, if the necessary cash is available; in other words, make a purely honorable and not monetary pursuit of medicine; third, seek advertising that is perfectly legitimate in other pursuits of life. I see no escape.

Résumé.—The reasons of the existence of the free hospitals and free dispensaries are to be found in the desire for glory, reputation and wealth on the part of a few medical men; second, the willingness on the part of the general public to obtain some needed advice and treatment for nothing, which has led to the abuse of the same, even though both doctor and patient know that the abuse is working evil among all classes. The results and consequences I firmly believe to be very grave and will eventually bring about the needed reform in medicine by which the same business principles will be applied to medicine as in all other callings and pursuits of life which are honorable and which are followed as a support.

PROLAPSE OF PLACENTA: FATAL HEMORRHAGE.—Chevillot (*British Medical Journal*) writes of a woman, aged 24, who suffered from almost constant flooding during the last month of her third pregnancy. Labor pains began and flooding became severe. The medical attendant, who lived far off, arrived after some delay, and found the placenta completely free in the vagina. He extracted it and delivered the child with forceps. The patient was extremely exhausted, and died an hour later in spite of all efforts to revive her.

\* \* \*

WOUNDS OF THE PERITONEAL CAVITY.—Dr. L. McLane Tiffany, in reporting in the *American Journal of the Medical Sciences* four cases of wounds of the peritoneal cavity with the operations, thinks the following propositions are justified:

1. A penetrating wound of the peritoneal cavity is not accompanied by symptoms commensurate with the extent of the injury.
2. Many fatal lesions may be present, yet give rise to no marked symptoms.
3. Fatal lesions may exist, yet shock be wanting.
4. The wound of entrance should be enlarged, and, if the missile have entered the abdomen, a section is called for.
5. Operation is proper soon after the injury, before the peritoneal membrane has become infected, or much blood lost.
6. Flushing the open peritoneal cavity with hot water or hot, normal salt-solution is an excellent stimulant to the heart.
7. The abdominal wound should be closed when practicable with drainage.

# THE SPECIAL TREATMENT OF SPRAINS OF THE ANKLE JOINT.

By *L. W. Glazebrook, M. D.*,  
Washington, D. C.

THE subject which I have selected for my paper this evening is one which should be of interest not only to the orthopedic surgeon and general surgeon, but also to the general practitioner.

My attention was called while reading the *New York Medical Journal*, dated February 16, 1895, to an article written by Dr. V. P. Gibney of New York City, entitled "Treatment and Results Obtained in Sprains of the Ankle Joint." It is chiefly to the method of treatment suggested in this article that I call your attention.

During the last year of my medical studies in the College of Physicians and Surgeons, New York City, in 1890, Dr. Weir first called my attention to the treatment of this common complaint, by the use of adhesive straps. Subsequently in my three years' hospital service I was able to carry out his suggestions. It was at this time that the profession in general seemed to favor immobilization of the part, chiefly by the use of plaster bandages. I therefore had an excellent chance to compare the different methods in use.

I am sorry that no records of these cases have been preserved by me, although my preference was decidedly in favor of the strap method.

Since reading Dr. Gibney's paper, I have not only taken more interest in the management of this condition, which is as a rule so carelessly passed over and in many cases left after a few days to the care of the patient and his friends, but decided to keep a record of future cases.

The two most common types which have come to me have been the acute variety and a certain number which may be for convenience classed as chronic which as a rule has been carelessly man-

aged. Before entering into a consideration of the special method of treatment, I wish to call your attention to the gross anatomy of the articulation more often involved.

We find first that three bones enter into the formation of this ginglymus joint, the lower extremity of the tibia, or the internal malleolus, the lower extremity of the fibula or the external malleolus and the upper convex surface of the astragalus, with its two lateral facets. The convex surface of the later bone fitting into the well formed arch made by the other two. The tibia and fibula we find bound tightly together by means of the interosseous anterior and posterior tibia-fibula ligaments; we further find the three bones held in close apposition by the anterior tibio-tarsal, internal lateral (deltoid) and the external lateral ligaments, giving us a well supported ginglymus or hinge joint. The articulation thus formed, without taking into consideration its other support, tendons, etc., cannot but impress one with its remarkable compactness.

By comparing the internal lateral ligament with its fellow of the opposite side, we find it to be more compact, broader and of more continuous attachment, we find the external practically divided into three fasciculi, with a narrow attachment and three separate origins, giving one the appearance of not only being less compact, but of a delicate construction.

In addition to the above ligaments and lying in close contact we find a number of strong tendons encircling the joint. The extensors on the outer aspect with the tendo Achillis behind and the flexors on the inner side. The anterior tendons being tightly bound down by the annular ligament, the



nerve supply being chiefly from the posterior tibia as it passes behind the inner malleolus, the anterior tibia and the musculo-cutaneous branches of the later supplying the region, which I have found more often affected, namely the external side of the joint.

In sprains of this joint we have the force applied generally upon the external or internal lateral ligaments, there being, therefore, exaggerated eversion or inversion of the foot. As you well know, the compactness of the articulation varies greatly. How often we meet with patients who tell us that their ankles turn very easily and often from the most trivial cause. In cases of this kind when we examine the part, we find freer motion and a certain looseness of the articulation, in addition to a marked elasticity, apparently of the ligaments.

As above stated, in the large majority of cases I have seen, I have found inversion of the foot, with apparent injury of the external ligament. The degree of injury to the ligament varies greatly in each case. There may be simply exaggerated stretching of the elastic ligament with no rupture, or rupture of a portion of the ligament, as is often the case with the outer ligament, when only fasciculi may be torn. Again, there may be no rupture, but a fracture of the malleolus.

I shall not attempt in the brief time allowed me to even mention the past treatment of this condition; suffice it to say, that many continue suffering for a long time and even lame, because the condition is too often carelessly passed over by the physician in attendance. In fractures, etc., a surgeon is generally called in, but in this condition, in which the results are at times on account of improper management even more serious, they are contented with the application of heat, cold, elastic bandages and stockings, ending with a protracted use of crutches, with necessarily confinement to bed and a long absence from work.

In regard to the use of crutches, it has been my experience that it seems to be particularly hard to get the patient to give them up. The advantages of this plan of treatment will be readily

appreciated by those that have tried it, having the advantages of being rational, easy of application and thoroughly acceptable to the patient.

Supposing that either of the varieties exists, say the acute variety, we find the foot and leg rapidly becomes swollen, sometimes enormously, acutely painful, due no doubt to the rapid effusion, causing pressure; discolored on account of the rupture of the small vessels, with the foot everted or inverted in a certain number of cases. In other words we have the cardinal signs of inflammation. As we would naturally expect, the first thing to be done is to relieve these symptoms.

It is my custom as soon as I recognize the condition, to have the patient put to bed, the foot elevated in a comfortable position from eight to fourteen inches; after this has been done I order some soothing lotion, preferably "lead and opium," which is added to hot water, in which cloths are soaked and applied to the entire part. Any of the different methods in vogue may be used, the idea simply being to get a hot, moist dressing applied as soon as possible, which shall remain upon the part until the swelling has at least in part subsided.

If these instructions are carefully performed within from six to twelve hours, the pain has been relieved and the swelling disappears. At the time if an examination be made we will generally be able, perhaps for the first time, to make out the extent of the injury. I do not deem it necessary to wait for too long a time for the swelling to disappear before applying the straps. The chief object to be desired is to strengthen or add support to the part and to get the patient upon the injured part as soon as possible. If the straps are applied before the swelling has disappeared entirely, it will be necessary to reapply the straps.

As to the method which I prefer, I will refer you to Dr. Gibney's paper, but as some of you may not have the time to read the descriptions of the method, I will describe it or at best quote Dr. Gibney.

"A strip of adhesive plaster (rubber)

about twelve inches in length is applied, beginning at the outer border of the foot, about its middle, under the plantar arch. The second strip is applied vertically and passes from about the juncture of the middle with the lower third of the leg, down alongside the tendo Achillis, over the heel and terminating at a point just above the internal malleolus, but posterior to this. The remaining strips were applied in the same way, one overlapping the other, about one-half, until the whole external malleolus is covered."

The chief advantages which I have derived from this method of treatment is: First, that your patient loses only from two to six days from his work. Second, that he does not need or require the use of crutches. Third, that the relief from the strapping is almost immediate. Fourth, that the after-pain and discomfort so often seen is not present. Not only in the acute variety, so-called, but in those patients who for a long time after an injury to a joint complain of soreness, pain and are forced to limp or seek support, is it equally beneficial.

I shall not attempt to cite the cases which I have treated since collecting this list of cases; there are fourteen, ten having been seen immediately after the injury and four for the chronic condition. It will only be necessary to mention a characteristic case of the two especial varieties, with the clinical picture.

February 6, 1895. Mr. W. M., aged 20, clerk in Southern R. R. Ankle "turned" under him on his way home from work, pain being so severe that he fell. I saw the patient in an hour and after examination found the foot and leg badly swollen, foot inverted, localized pain on pressure over the outer malleolus. Foot elevated and hot applications as above ordered applied during the night.

"In the morning, twelve hours later, straps were applied and I assisted the man to his feet and insisted that he walk across the room. To this he strenuously objected, but after some persuasion he did so and finding it only slightly painful, continued to do so. On the

third day patient walked six squares to my office where, finding the straps loose, I reapplied them. He returned after a week and complained of no pain or pressure or discomfort whatever. As a precaution, I reapplied straps. I have frequently attended him since, but he never complained of the ankle.

August 5, 1895. Miss B., aged 20, gives the history that six months previous she had turned her ankle very badly. She sent for her physician, who said it was nothing serious and advised rest in bed, liniments, etc., for ten days and afterwards secured for her a pair of crutches, on which she was able to get around the house for six weeks. After this the pain and weakness still giving her much trouble, he ordered an elastic anklet, which she now wears.

After examination I found some thickening just below the outer malleolus and at the same point marked tenderness on pressure. I at once advised against the elastic support and strapped the ankle. She expressed gratification as soon as she began to walk and declared that it had apparently added support and relieved the pain. The bandage was reapplied in five days and she was advised to do as much walking, bicycle riding, etc., as she desired.

After a week I again for the third time dressed the ankle. At the end of this week she assured me that she had no discomfort and thought it unnecessary to return. I therefore made the last dressing. I have repeatedly seen her since and she never fails to express gratification.

In closing I wish to state that I do not think there is any doubt but that unless the effusion, which results immediately after such an injury, is made to disappear by pressure exerted in the place, the pressure upon the nerves and tendons will cause such symptoms as described in the second set of cases. That this is relieved by prompt and equable pressure applied over the seat of the condition and at the same time giving needful rest and support to a sprained or even lame ligament and yet keeping up the motion of the part, which is most important.

## Society Reports.

### CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

MEETING HELD MARCH 17, 1896.

At the meeting of the Clinico-Pathological Society of Washington, D. C., held March 17, 1896, the paper of the evening was read by Dr. Glazebrook. Subject, THE SPECIAL TREATMENT OF SPRAINS OF THE ANKLE JOINT. (See page 316.) In the absence of Dr. Baker, who was to open the discussion, the chair called on Dr. Clark to fill the office.

*Dr. Clark* said that Dr. Gibney did not claim originality in this dressing, but saw it applied by a surgeon in London four or five years ago. The inversion seems to be the general direction of these sprains. The outer malleolus extends farther down, and the external lateral ligament is very much stronger on that side, hence the frequent occurrence of inversion of the foot.

Distinction should be made between sprains and strains of the ankle joint, as of course the treatment depends on this differentiation. The reason why strapping with adhesive strips is better than plaster of Paris dressing is that it affords a firm support, limits exudation and relieves pain. The amount of exudate is limited very considerable by the support.

The movement of the joint which is permitted and rendered bearable by the strapping also limits the amount of exudate. He had seen chronic troubles of the ankle joint treated by Dr. Shands with adhesive straps, and although some had been of months' duration, they were relieved.

*Dr. Wellington* saw one case of ankle joint sprain treated by strapping. It had first been treated with a plaster cast; one month after the removal of this dressing the patient was still unable to stand on the foot. Adhesive straps were applied and the patient was able to walk very soon with comparative ease.

*Dr. Stone* spoke of the relief afforded

patients by strapping joints in gonorrhoeal rheumatism.

*Dr. Clark* thought it was very important to see these cases quite soon after the injury, when we can strap the joint, accomplish a speedy cure and avoid much trouble afterwards.

*Dr. Kelly* had a patient with a severe sprain of the knee joint; a plaster cast was applied, but after the swelling subsided the bandage would not stay in place. He strapped the joint about every five days for six weeks and a good recovery followed.

*Dr. Glazebrook*, in closing the discussion, said that he was rather disappointed in not hearing more discussion of such an important subject. The great objection to the plaster cast dressing in this injury is that the pressure is distributed from the toes to near the knee, and this will not present and remove exudate at the seat of injury like the local strapping. The patient can use the joint at once with the strapping and he always urges patients to get on their feet as soon as the dressing is completed. The old style was to strap all around the joint instead of applying the straps to the exact seat of injury.

R. T. HOLDEN, M. D.,  
Secretary.

## Medical Progress.

### PROGRESS IN PEDIATRICS.

By A. K. Bond, M. D.,

Clinical Professor of Diseases of Children,  
Baltimore Medical College.

#### ENLARGEMENT OF MEDIASTINAL GLANDS.

Enlargement of mediastinal glands with caseous degeneration is reported by Dr. Beattie (*Pediatrics*) to have produced some peculiar symptoms in a child of six months. There was expiratory dyspnea with absence of the inspiratory dyspnea usually reported; the chin was extended in getting breath, instead of depressed as is usual, there was almost complete absence of the customary stridor. There were sudden grave attacks of dyspnea, cyanosis and general rigidity. Post-mortem showed a caseous gland discharging into trachea.

## INFANTILE SCURVY.

Infantile scurvy was discussed by Dr. Burr in the Pediatric Section of the American Medical Association. It is frequently reported now as the result of exclusive diet of artificial foods destitute of fresh milk, likewise in diet of sterilized milk (Dr. Townsend, *Boston Medical and Surgical Journal*, May 21). He reported a case in a child 13 months old. There was great wasting with purpuric spots going on to suppuration. Diet was changed to cows' raw milk, scraped beef and orange juice. Recovery in six weeks.

## NASAL FEEDING IN DIPHTHERIA.

Nasal feeding in diphtheria, especially in intubation cases, is discussed by Dr. Jackson (*Archives of Pediatrics*). It is employed in the Boston City Hospital in every case of intubation. A funnel and Jaques soft rubber catheter 7 to 15 F. is used. It is oiled and passed quickly along the floor of the nares. A small quantity of water is allowed first to flow in, then the milk or medicine (without air), lastly a little water. The tube is pinched tightly in withdrawal. This feeding is repeated every 4 hours. There is little irritation, no tendency of tube to enter the trachea.

## A BALTIMORE HEALTH OFFICE LABORATORY.

A Baltimore Health Office Laboratory has been established for the examination of milk and drinking water, and a system for examination of diphtheritic material at public cost is to be undertaken. These advances will meet the approval of every physician. Meanwhile the laying of nest eggs for epidemics is allowed to continue unchecked in the building of houses on foul, undrained lots and the neglect of public sanitation of smaller streets and alleys. We must not be discouraged if the noble steed of public sanitation insists on advancing against the enemy tail-end first, provided he "gets there" eventually.

## DEATH AFTER ANTITOXINE INJECTIONS.

Death after antitoxine injections is still occasionally reported. Experiments on guinea pigs and rabbits are said to show that it does not result from

the serum itself, even if it is thrown directly into the veins; nor from the carbonic acid present in the serum. The very unlikely hypothesis is broached that the injectors were neglectful in the fatal cases and threw air into an accidentally punctured vein. Further investigation is needed.

## THIGH FRICTION IN FEMALE INFANTS.

Thigh friction in female infants is discussed by Dr. Townsend (*Pediatrics*) with the report of five cases in which it began under the age of one year. It is a habit that grows in frequency of paroxysms. There is rigidity, flushing, then relaxation. The parents consider it to be a convulsion, or an amusing, "cunning little way of acting." Whether sexual feeling is present or not is disputed, but the paroxysm ought to be recognized by the physician and checked at once by restraint, diuretics, relief of irritation, etc., as it seems undoubtedly to end in genuine masturbation if allowed to continue until the child is older.

## NIGHT-TERRORS.

Night-terrors of unusual type are commented upon by Dr. Osler (*Montreal Medical Journal*). One case reported was relieved to some extent by removal of pharyngeal vegetations, another was benefited by diet. A third, which might be termed day-terror, as it occurred not only during sleep at night, was cut short by a whiff of chloroform administered whenever its onset was threatened.

## PYELITIS IN INFANCY.

Pyelitis in infancy is the subject of an interesting article by Dr. Wolfstein in *Archives of Pediatrics*. He reviews the scanty literature of the subject and reports a case from practice. The child, sixteen months old, had febrile attacks, not yielding to quinine. There was no vulvo-vaginitis, no dropsy, but the urine had an offensive odor, for which the mother sought advice. The specific gravity was 1007; color pale; albumen a decided trace; no sugar; abundant deposit of urates (acid sodium), of pus cells, but with no casts nor erythrocytes. Under acetate of potassium with citrate

of lithium and plenty of water, fever, cloudiness and sediment quickly diminished.

\* \*

HOW TO STOP CRYING BABIES.—The *Albany Argus* is quoted in the *Albany Medical Annals* as explaining how the inmates of a New York Nursery are forced to hold their peace. Though the sound of a baby's crying is never agreeable music even to the most devoted mother, it has been held for centuries that this was an affliction from which there was no escape. It has remained for the very new women who are in charge of a well-known New York nursery to discover that an infant's screams are wholly superfluous in a well-regulated home. This is the method by which discontented babies are persuaded to hold their peace: As soon as a child begins to cry the nurse catches it up, holds it gently and places her hand over its nose and mouth so that it cannot breathe. The crying ceases directly and the child is allowed to breathe freely again. Should it a second time attempt to scream the same simple and effectual method is applied. This is repeated till the baby imagines that the painful stoppage of the breath is caused by its own efforts to scream and so is careful to keep quiet.

The nurses attest that this regime works to a charm, that the most well-bred quiet is always preserved in the nursery and that the self-control exhibited by tots of three months old, even when in actual pain and distress, is something remarkable. Roaring will, therefore, be eliminated from the accomplishments of the modern baby.

\* \*

VAGINAL FIXATION AND PREGNANCY.—Kossmann (*British Medical Journal*), in fulfilment of a promise to report on a case where he had performed vaginal fixation and the patient had become pregnant, demonstrated the patient after recovery from labor at term. She was able to go about till the moment that labor set in. The waters began to escape six hours before the first pains;

within eight hours the child was born spontaneously. The vertex presented in the second position. There was no flooding, the puerperium was normal, and the child, a robust female twenty inches long, was reared.

\* \*

MALARIA IN LOUISIANA.—Dr. C. D. Simmons, in discussing malaria as it occurs in his State, Louisiana, in the *Medical News*, and the use of quinine as a remedial agent, in speaking of the dependence of the plasmodium of malaria upon oxygen and the manner of the action of quinine, concludes that if his theory is correct "the antimalarial action of quinine is dependent on the condition of the red cells; if they are filled up with parasites, their oxygen absorbed, thinned in ranks, disabled for active duty, as we find them in chronic malarial poisoning, very little good can be expected from the use of quinine. In looking about for a remedy to fill all indications, as existing in a condition as pictured above, nothing approaches so near an ideal drug as arsenic in the form of Fowler's solution. It is my belief that arsenic benefits these sufferers of malarial toxemia, chiefly through its direct blood-building power. I have not met with a single contraindication to the use of arsenic in these troubles, which is more than I can say of any other remedy for the disease. I often give Fowler's solution four or five times a day in three drop doses. In this way it has a tendency to check waste, relieve engorged liver and spleen, and exhilarate the patient. Of course, as a rule, quinine is the greatest of all remedies for malaria, but in just such cases as I have described it will often fail. It is well known to physicians residing in the malarial belt that quinine often proves a powerful irritant to both the alimentary and urinary tracts. It would be a bold man that would force quinine upon a case like this, by giving it subcutaneously. We have other drugs, such, for instance, as iodine, iodide of ammonia, mercury, nux vomica, iron, the mineral acids, and phenacetine, that serve as well in time of need."

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MARYLAND MEDICAL JOURNAL,

209 Park Ave., Baltimore, Md.

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BALTIMORE, AUGUST 15, 1896.

THE subject of dispensary and hospital abuse is such an important one that once more does Dr. Mansfield *Hospital and Dispensary Inspection* take up the cudgels in defence of the physicians who are imposed on by this pseudo-charity. It is a fact that the apathetic condition of the majority of men will often allow a great wrong to go unrighted for years until a reform is well nigh impossible.

Since Dr. Mansfield writes as a member of the staff of the Presbyterian Eye, Ear and Throat Charity Hospital it might with some justice be supposed that his field of observation lies in that institution and that many persons unworthy of medical charity receive it there without a question. No other member of the staff has replied to these statements and as yet no physician has taken any steps to show that any institution in the city is free from this fault.

The vigorous attacks and statements of Dr. Mansfield contain much that is well worth considering and after brushing aside his oratorical effects, many unpleasant truths will

be found which have not been defended by any institution. Dispensaries and hospitals are abused in all cities and few defenders are found to stop this growing abuse. Persons who pay their rent and board because they must do it or perish will leave their doctor unpaid because when once well they know the physician has either no power to extract money from them or does it very seldom. If physicians would make more of a business of the practice of medicine and demand payment where it should be demanded, they would also obtain greater respect from the public. The "good fellow" who can be imposed on by any one is rarely respected although his society may be courted when a favor is to be asked.

The opposite step from the abuse of the dispensary and hospital, and thus indirectly the abuse of the physician, is the abuse of the patient. The Bay View Board recently made statements reflecting on the condition of the Baltimore University Hospital on Bond street, the nature of these statements being published in the press. From them it might be inferred that there was some irregularity between the number of city patients treated in that institution and the bills presented for such treatment. It was also maintained that the hospital was not in a good sanitary condition. Whether this latter fact is true, any one has the right to find out for himself by visiting that institution.

The fact that a number of hospitals do wrong and only one is caught may lead the careless observer to think that all other hospitals are perfect except the one named. If the city pays for the treatment of certain patients it has the right to demand a fair return for this money expended. The result of this accusation and investigation was not made public, but the hospital brought forward a physician who stood for the sanitary condition of that hospital.

The conclusion of the whole matter is an Utopian suggestion that all hospitals and dispensaries receiving city and State aid as well as freedom from taxation should be under inspection and should be obliged to come up to a standard. Physicians are examined by State boards and graduates of various schools are measured up without reference to the school. Not many years ago such an ordeal would have been considered too ideal.

Nothing is impossible. If one institution

treats those who are known to be able to pay, even if a small charge is made for the prescription, while another institution falsifies its accounts and does not exercise the proper sanitary care, if these things are true, then, it would hardly be too ideal for a number of inspectors, be they detectives or not, to quietly drop in at unexpected intervals and make notes of what is going on.

Few private individuals would transact their own business as the ordinary municipal government is conducted. If money be paid out its equivalent must be demanded for it and impositions are not practiced as a rule in private concerns.

Therefore let the hospitals and dispensaries of Maryland and Baltimore take more pains to do justice to their patients, taking proper care of the deserving and refusing to treat all those able to pay, even though the temptation to keep good material be strong.

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GASTROSTOMY is the term applied to the formation of an artificial fistula between the stomach and the external abdominal parietes, and it differs from gastrotomy in the fact that the opening is designed to be more or less permanent, whilst the incision in gastrotomy is sutured at once.

Gastrostomy is an operation of recent introduction, as it was first performed by Sedillot of Strasburg in 1849, with a fatal result, and it is said to have been performed twenty-eight times before a successful issue was obtained. Sidney Jones of England in 1874 is supposed to have been the first operator to save his patient. The early mortality was large, but at the present time the proportion of recoveries is much increased.

The indications for the performance of gastrostomy are very clear and relate entirely to stenosis of the esophagus, whereby feeding is prevented, or rendered difficult. One of the most frequent causes of this interference with deglutition is carcinoma of some portion of the esophagus, whilst the ulceration and contraction following the ingestion of caustic liquids furnishes another. These two conditions form the vast majority of the indications for gastrostomy, but it is possible that spasmodic contraction of this tube, or pressure from without, may so interfere with natural feeding as to threaten the life of the patient from starvation.

Whenever the individual is gradually wasting from interference with deglutition, gastrostomy ought to be performed without delay. The operation should be done before the patient has been reduced to the last extremity.

By the older methods gastrostomy was attended with serious inconveniences, as the gastric contents constantly escaped from the fistula, causing painful excoriations, but at the present time this leakage has been overcome by the methods of Witzel and Frank. In Witzel's method an incision is made parallel with the left costal margin, the stomach exposed and a tube or catheter placed upon the external surface of the organ and infolded by means of sutures for the distance of two or three inches; at the lower end of the tube a small opening is made into the stomach and the tube passed through it into the interior of the viscus. The stomach is attached to the margins of the external wound, which is then closed in the usual manner.

By this method a long, narrow track is formed which permits the introduction of food and which collapses when the tube is removed and when properly performed there is no leakage whatever.

This operation is only applicable when the fistula is intended to be permanent. In the Frank operation, or to be more accurate, the Ssabanajew-Frank operation, an attempt is made to establish an oblique canal through which a tube may be passed, but which collapses when the tube is removed. An external incision is made about an inch from the left costal margin and parallel with it, and the stomach is exposed and drawn into a cone-shape with forceps or a ligature. A second incision is made above the ribs and one to two inches distant from the first, and the skin between the two is dissected up so as to form a bridge, under which the apex of the cone is passed and sutured to the skin; both incisions are now sutured. An opening may be made at once into the exposed apex of the stomach, but it is better to wait twenty-four or forty-eight hours before doing so, unless the condition of the patient is such as to demand immediate feeding.

The results of this operation are exceedingly good and the fistula may subsequently be closed if the necessity for its continuance should cease.

### Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 8, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		4
Phthisis Pulmonalis.....		21
Measles.....		
Whooping Cough.....	6	4
Pseudo-membranous Croup and Diphtheria. }	5	1
Mumps.....		
Scarlet fever.....	11	
Varioloid.....		
Varicella.....		
Typhoid fever.....	20	4

Virginia physicians are taxed more heavily than Louisville physicians.

Dr. Isaac Ott is dean of the Medico-Chirurgical College of Philadelphia.

Chicago has cut down her death rate by coolly adding to her population.

Mr. William Steinway of New York has given \$5000 to New York hospitals.

The University of Jena has conferred the honorary degree of M.D. on Bismarck.

The University of Michigan is considering the extension of its medical course to six years.

Owing to lack of appropriations, the publication of *Climate and Health* has been discontinued.

Dr. Joseph M. Toner, a graduate of Jefferson Medical College in 1853, died recently near Pittsburg.

The Canadian Medical Association will hold its next meeting in Montreal, August 26, 27 and 28, 1896.

Seventy-eight physicians were licensed at the last meeting of the State Board of Medical Examiners of Colorado.

The American Association of Obstetricians and Gynecologists will be held at Richmond, September 22, 23 and 24, 1896.

The Mississippi Valley Medical Association will hold its next meeting earlier than first announced, September 15, 16, 17 and 18, at St. Paul.

Dr. C. S. D. Fessenden, United States Marine Service, died last month after a short illness. He was born in 1828.

Dr. I. N. Love has severed his connection with the Marion-Sims College of Medicine of St. Louis, much to the regret of that college.

The various New York hospitals and other charities, which receive over twenty million dollars, will hereafter be regularly inspected by a committee.

Dr. Samuel Wilks, President of the Royal College of Physicians, has been appointed one of the physicians extraordinary to the Queen in the place of the late Sir George Johnson.

As a result of the ballot cast on the permanent location of the *Journal of the American Medical Association* Chicago received 2128 votes, Washington 810, New York 24, Baltimore 4.

Dr. Edward N. Brush has been elected Professor of Psychiatry, Dr. Flora Pollack Lecturer on Embryology and Dr. Ida Pollack Lecturer on Bacteriology in the Woman's Medical College of Baltimore.

Mme. Bazanova, a Moscow lady well-known for her philanthropy and generosity, has recently given 515,000 roubles (\$270,000) to the University of Moscow, to found a clinic with twenty-five free beds for diseases of the ear, throat and nose.

Dr. James G. Kiernan of Chicago has resigned the editorship of the *Medical Standard* of that city after ten years' service, in consequence of a disagreement between himself and the publishers as to the character of advertising admitted.

Under the provisions of the new medical practice act of the District of Columbia no fee is to be exacted from women desirous of practicing midwifery there. Physicians moving from States where medical laws exist shall be entitled to registration and certification without examination.

It is announced that the extremely valuable collection of books, manuscripts and prints relating to American history made by Dr. Thomas Addis Emmet is to be added to the New York Public Library, but to be kept together and called the Emmet Library. Dr. Emmet's public spirit in thus placing at the disposal of the public the fruits of a life-long labor of love cannot be too highly commended.



## Book Reviews.

MOODY'S MAGAZINE OF MEDICINE; Volume I, Number 1. Ralcy Husted Bell, M. D., Editor, Atlanta, Georgia. Twenty cents a number; \$2.00 a year.

This latest candidate for medical recognition is a combination of a scientific and semi-literary style. The alliterative title in red ink on the outside reminds one strongly of the standard literary monthlies. The style of this publication is probably suited to the part of the country in which it is published, but it will hardly appeal to the physician reading for a purpose. Each month a portrait of the principal contributor will appear on the outer page and this month Dr. Virgil O. Hardon's face shines out. It is hard to see what the connection is between medical journals and nude women, but as a frontispiece of this periodical is a fine engraving of a very shapely young woman who seems to be posed for the warmest kind of weather. As Dr. Hardon appears on the outer cover as the principal male contributor, it may be inferred that this well rounded young woman is the person in charge of the women's department. Atlanta is not a large city, but it has many medical journals and Moody's is the newest in the field there.

It is always doubtful if the combination of a scientific publication, like a medical journal, with the ordinary literary monthly is a wise union. There are several medical journals, all monthlies, which publish regularly a short story, usually containing medical references, and most often containing reports of improbable and impossible surgical operations, and such work appearing in a medical journal would seem to receive, as it were, the sanction of the medical profession. It would be well to keep medicine and the ordinary short story apart.

### REPRINTS, ETC., RECEIVED.

Intra-Ocular Growths. By L. Webster Fox, M. D. Reprint from *Dunglison's College and Clinical Record*.

Operations Performed in the Eye Department of the Medico-Chirurgical Hospital. By L. Webster Fox, M. D. Reprint from the *Ophthalmic Record*.

Valedictory Address to the Graduating Class of the Medico-Chirurgical College of Philadelphia. By L. W. Fox, M. D. Reprint from the *Medical Bulletin*.

## Current Editorial Comment.

### DEATH SCENES IN FICTION.

*Medical Record.*

WE do not see on what ground, either of art or science, of public good or private morals, the publishing of medical descriptions of death in popular novels can be justified. We do not mean to say that the novelist should not allow his patients to die if circumstances compel it, or that he should not describe the way they die in as pathetic, dramatic, or tragic a manner as he chooses. But to introduce into the pages of novels technical descriptions of death from diphtheria, opium poisoning, tuberculosis, or other malady, is offensive to good taste and is a misuse of the art of fiction.

### THE SIN OF SUBSTITUTION.

*Medical Record.*

ASIDE from the question of fair dealing between man and man, of ordinary justice in trade, and common honor in protecting the consumer, this outrageous practice of substitution not only tends to distrust of the one in whom every confidence should be placed, but is a direct menace to the skill of the physician and the faith he may have in well-tried drugs. Further than this, the very life of the patient may hang upon the culpable waste of time that a substitution may entail or the substitution may eventually cheat the innocent sufferer of the only chance of ultimate recovery.

### CYCLING FOR WOMEN.

*Medical Summary.*

THE judicious use of the wheel is a most desirable means of gaining fresh air and exercise, possibly a step forward for the betterment and more healthfulness of the women of the land, a much desired desideratum for the future welfare of this country. The fatigue in moderate bicycling is slight, the muscles are exercised, and the lungs are well inflated. However, under the most favorable circumstances, this kind of exercise may easily be overdone as well as any other, and in consequence the most dire results may follow; but the wheel used moderately and judiciously we believe can produce no harm. Of course the all-important matter in connection with riding the bicycle is the possession of a suitable saddle.

**Publishers' Department.**

**COMMUNICATIONS.**— All letters intended for the Subscription and Advertising Departments of the JOURNAL should be addressed as below.

**ADVERTISEMENTS.**— Copy for advertisements should be received not later than Saturday to secure insertion the following week.

**PHYSICIANS** when writing to advertisers will confer a favor by mentioning this Journal.

MARYLAND MEDICAL JOURNAL,  
 Washington Office, 209 Park Avenue,  
 913 F Street, N. W. BALTIMORE, MD.

**Convention Calendar.**

AUGUST							SEPTEMBER							OCTOBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
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16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
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30	31	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	

**State Societies.**

- SEPTEMBER, 1896.
- 8-10. VIRGINIA, at Rockbridge Alum Springs, Va. J. F. Winn, M. D., Secretary, Richmond, Va.
  - 17. MISSOURI VALLEY, at Council Bluffs, Ia. Donald Macrae, Jr., M. D., Secretary, Council Bluffs, Ia.
  - IDAHO, at Boise City. W. D. Springer, M. D. Secretary, Boise, Idaho.
- OCTOBER, 1896.
- 13-15. NEW YORK, at New York. E. D. Ferguson M. D., Secretary, Troy, N. Y.
  - 1-2. UTAH, at Salt Lake City. J. N. Harrison, M. D., Secretary, Salt Lake City, Utah.
  - 15-16. VERMONT, at St. Johnsbury. D. C. Hawley, M. D., Secretary, Burlington, Vt.

**Rational Societies.**

- AUGUST, 1896.
- 12. NEW MEXICO MEDICAL SOCIETY, at Socorro. H. M. Smith, M. D., Secretary, East Las Vegas, New Mex.
  - 18-21. AMERICAN MICROSCOPICAL SOCIETY, at Pittsburg, Pa.
  - 26-28. CANADIAN MEDICAL ASSOCIATION, at Montreal, Canada. F. N. G. Starr, M. D., Secretary, Toronto, Ont.
- SEPTEMBER, 1896.
- 8. AMERICAN DERMATOLOGICAL ASSOCIATION, at The Springs of Virginia.
  - 22-24. AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, at Richmond, Va.
  - 15-18. AMERICAN PUBLIC HEALTH ASSOCIATION, at Buffalo, N. Y.
  - 15-18. MISSISSIPPI VALLEY MEDICAL ASSOCIATION, at St. Paul, Minn. H. W. Loeb, M. D., Secretary, St. Louis, Mo.
  - 17. MEDICAL SOCIETY OF THE MISSOURI VALLEY, at Council Bluffs, Ia.
  - 25-27. AMERICAN ACADEMY OF RAILWAY SURGEONS, at Chicago, Ill.
  - AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION, at Boston, Mass.

**PHARMACEUTICAL.**

I HAVE seen almost marvelous results from the use of Gray's Glycerine Tonic Comp., Formula Dr. John P. Gray, in those cases of nervous dyspepsia and asthenic diseases, when all other tonics failed in bringing back the appetite and a better digestion. As a good general tonic I can recommend none better.—Very respectfully, Jesse Ramsburgh, Resident Physician Providence Hospital, Washington, D. C., March 25, 1895.

Endorsed also by the Garfield Memorial Hospital, Columbia Hospital and others, Washington, D. C. Prepared only by The Purdue Frederick Co, No. 52 West Broadway, New York.

ASIDE from its general tendency to the re-establishment of the nutritive functions, its orderly action upon the intestinal tract (which, by the way, is applicable to many other torpid conditions of the body,) Melachol has remarkable power of substituting an investment about the nerve centers which renders the withdrawal of the drug almost painless and without material discomfort. We have tested this upon animals to an extent which is marvelous in the extreme. Animals rendered immune to an almost indefinite quantity of morphia have, under the influence of Melachol, been reduced to perfectly normal physical condition. Patients who have taken as much as fifteen grains of morphia daily have been deprived of it, with the use of Melachol, without anything more than a temporary nervousness, nor has the craving for its use returned.—Thomas Osmond Summers, M. A., M. D., F. S. Sc., Lond., in *Alabama Medical and Surgical Age*.

FERRATIN FEEDS THE BLOOD.—There is no empiricism in treating impoverished blood conditions with Ferratin; there is no guess work. It has been physiologically proved by eminent authorities, such as Schmiedeberg, Filippi, Jaquet and Chittenden, that Ferratin is the natural form of iron absorbed and assimilated as "the reserve iron for blood-formation;" other tests have shown that without Ferratin the organism is not nourished and will expire; and the clinical tests of Germain Sée, Jaquet, Harold, Einhorn and hundreds of general practitioners have demonstrated that Ferratin increases hemoglobin, appetite, weight, etc., and quickly restores good health.

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### REPORT OF SOME CASES OF DIPHTHERIA TREATED WITH ANTITOXINE.

READ BEFORE THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.,  
APRIL 21, 1896.

*By R. T. Holden, M. D.,*  
Washington, D. C.

My object in presenting a record of a few cases of diphtheria treated with antitoxine is to take advantage of the opportunity offered me to state my opinion of the value of the remedy before this Society, and to elicit such discussion of the subject as will render more positive such opinions as the members may have already formed relative to the antitoxine treatment, or perhaps change them altogether.

We usually pay more attention to the records of cases presented by men working in the same local field of labor, and are often guided by timely suggestions from them more than we are impressed by a great array of statistical information.

At least this is the way I am impressed and I trust that I may be enlightened as to the value of antitoxine in diphtheria, during the discussion of my paper tonight.

We know that the antitoxine treatment has many powerful and enthusiastic supporters, but at the same time there are some men of large experience in the profession who not only do not advocate its use, but ascribe to it some disastrous results. The subject is a live and important one, and it is far

from settled, but from the small experience presented to me, and from the great mass of written testimony in its favor, I am strongly convinced that there is no other treatment which offers the same prophylactic and curative aid in diphtheria.

It becomes the duty of each one of us engaged in general practice to make a record of our experience with the antitoxine treatment, no matter how limited that experience may be, and as these mites are added together they may make a formidable array of indisputable statistics.

It is not necessary to lay before you the records of thousands of cases of diphtheria treated successfully with antitoxine and the great reduction in the mortality of diphtheria thereby; you are all quite familiar with these facts, as they are being written about every day, and very often statistics can be made to cut both ways. A good test of the serum treatment is for each one of us to compare our success in former times with all other remedies in the treatment of diphtheria, with our success of today with antitoxine. I have no hesitancy in saying that my success with all other remedies in this disease has been very

poor, the mortality never being better than one in three, and very often 50 per cent. died.

My success with the serum treatment has been good enough to encourage me and impart a feeling of confidence, so that armed with pure antitoxine I am no longer so filled with dread that my diphtheria patients will die, and I enter into the treatment of these cases with a feeling that there is a specific for this dread disease, and that barring accidents we can confidently look for a successful issue.

In the February number of the *National Medical Review* there is an editorial on "The Uncertain Value of Statistics" that is well worth quoting. After Dr. Stowell has given some very exhaustive statistics on both sides of the serum treatment question he concludes by saying: "Having read nearly every article on this subject we have concluded that each writer must be a law unto himself, as far as statistics are concerned. However, there is this most hopeful and satisfactory fact. With but one or two exceptions all writers close their communications in language confirmatory to that recently uttered by Eulenberg, who says: 'The serum treatment of diphtheria appears the most efficacious yet known, and physicians will find it their most reliable weapon against the disease.'"

Of the ten cases treated by me with antitoxine since July, 1895, I beg leave to present the following brief report:

Eight patients recovered, two died. One of the fatal cases had been ill six days when the antitoxine was given, was almost in extremis, and died in ten hours after the injection of the serum, so that fairly this was a negative case.

The second death was in a child 18 months old, who had received the antitoxine treatment and apparently recovered from diphtheria, but on the 14th day after the injection an attack of enterocolitis set in (it was during the month of August) and the little fellow died of exhaustion.

Of the eight cures the membrane was located on the tonsils, pharynx and larynx of one case, on the tonsils and

larynx of two cases, on the tonsils and in the nose of one case, and on the tonsils alone of four cases.

Of the two that died the membrane extended in the nose and pharynx and on the tonsils of the case that was seen on the sixth day of the disease; and on the tonsils alone of the case that lived two weeks after the serum injection.

In but one case were two injections used, and they were given thirty-six hours apart; this was in a case of laryngeal diphtheria.

The amount used was ten cubic centimeters in every case, except the child 18 months old, which received five cubic centimeters.

The antitoxine used was Behring's in six cases, U. S. Marine Hospital Service antitoxine in three cases, and Roux in one case.

In seven cases the first injection was given on the second day of the disease, in one on the first day, in one on the third day, and one on the sixth day. In every case the diagnosis was confirmed by bacteriological examination. The injections were given in every case in the outer part of the thigh.

The treatment beside the antitoxine used in all the cases was very simple and consisted of 5 mm. doses of tincture of the chloride of iron every two hours, stimulants and liquid food. Hydrogen peroxide was used locally. No unpleasant effects followed the injection of antitoxine except an urticaria in one case, which appeared three days after the serum had been administered.

The most severe cases recovered; one of nasal diphtheria in which profuse nasal hemorrhage occurred, and the three cases of laryngeal diphtheria. In most of the cases the membrane began to slough and disappear about 24 hours after the injection, and the temperature also declined rapidly. Here we find about the same percentage of successful cases in the whole number treated as are usually found in the reports of thousands of cases treated in Europe and the United States. To the practitioner who has battled in vain against diphtheria with all the known remedies prior to the discovery of antitoxine the observa-

tion of the good effects of this remedy beginning so promptly after its administration and continuing along uninterruptedly to recovery, is of more value than mere clinical statistics. It may be interesting here to give the record of all cases of diphtheria occurring in the District of Columbia during the year 1895, as shown by the records of the health office.

There were 264 cases of diphtheria reported. Of these, 129 had antitoxine used, and 23 of this number died, or 18 per cent.; 116 cases had no antitoxine, and of this number 42 died, or 36 per cent. In nineteen cases the treatment was not known. Of the 23 cases dying after the use of antitoxine, there were 11 cases in which it was used too late to be of any value, so that practically the mortality was about 8 per cent.

But why tire you with more statistics? They all teach us the same lesson, and to be brief I will submit for your attention the following observations as the result of my personal experience and the perusal of most of the literature of the day on this subject. Antitoxine is the most reliable, most efficacious and most specific remedy known for the treatment of diphtheria, and that without it we would be almost helpless in the presence of this disease. If diphtheria is not diagnosed early, and antitoxine used correspondingly early, our success will be very materially lessened.

This fact emphasizes the crying necessity of bacteriological examinations of the secretions of all suspicious looking throats coming under our observation.

That this examination is most necessary in those cases where the Klebs-Loeffler bacilli are associated with streptococci, making what are known as mixed cases, that these cases being more severe and dangerous than where the diphtheria bacilli are found alone, demand the most prompt and active treatment. That marked improvement in the patient is observed in both local and general symptoms within from 24 to 48 hours after the injection of antitoxine, this improvement being most

marked in the fever and general strength of the patient.

The liability to paralysis and albuminuria would seem to be lessened according to my experience, but as a few cases are insufficient to determine this question, it would be only fair to state that most authorities agree that while albuminuria may be present under the serum treatment as much as without it in diphtheria, still the occurrence of nephritis after the disease is lessened by its use.

The slight complications such as cutaneous rashes and functional disturbance of the kidneys that may sometimes attend its use are not threatening to life, and the general verdict is that the remedy is entirely harmless. This is very important to know when we wish to use antitoxine as an immunizing agent. It is the use of the serum for this purpose that has aroused the greatest doubt and dread of its safety. I regard it as perfectly harmless when used in the proper manner, under proper conditions, and have immunized six cases without observing the slightest ill effect.

The immunizing effect of antitoxine has been shown in thousands of cases, and still we have all read of several reports of apparently sudden and unaccountable deaths after immunizing doses had been administered. Such occurrences have great effect on the public mind and are to be greatly deplored, but they must be due to the use of impure serum, carelessness in its administration or some undiscovered weakness or abnormal condition of the patient.

With the necessary precautions observed, and the employment of the best serum obtainable, we have the testimony of the best authorities that its use is free from danger.

The parents of a child affected with diphtheria will more readily agree to the use of antitoxine as a curative measure, than they will consent to have it used on their children who are strong and well with the idea of preserving them from infection. Of course all children not immunized and exposed to diphtheria do not contract the disease,

and this fact gives rise to hope in the human breast that will oppose us in our treatment, for after all we are prone to trust to luck even in danger and disease.

Reports of autopsies made on fatal cases of diphtheria in which the antitoxine was used show no deleterious effects of the serum on the vital organs or blood, and no condition present that might not be due to the pernicious effects of the diphtheria poison.

Any remedy that has reduced the mortality of such a dreaded disease as diphtheria as antitoxine has done must appeal to us as the one single agent to be employed in the treatment of this malady, and I believe that we would be neglecting our patients and encouraging ignorance if we hesitate in using it.

Cases of laryngeal diphtheria should be treated with antitoxine as early as we can be satisfied of the diagnosis, or if we are reasonably sure of our clinical diagnosis in my opinion we are warranted in using the remedy before getting the report of the bacteriologist, because in such cases a delay would mean great risk to our patients.

In the case of laryngeal diphtheria mentioned in my report, in which two injections were given, the first dose was administered before the result of the bacteriological examination was known, because I felt reasonably sure of the clinical diagnosis, there being two other cases of diphtheria in the same house.

The second injection was given after the bacteriologist had confirmed the diagnosis. In such cases as this the prompt diagnosis and active treatment with antitoxine will often avert the necessity of intubation, and again intubation may be necessary while we await the effect of our serum treatment; indeed it is in the latter class of cases that the most brilliant results have been achieved. After the use of antitoxine convalescence is remarkably rapid and complete.

Finally, I consider diphtheria antitoxine one of the greatest discoveries to which medicine can lay claim; in fact a veritable godsend, and I consider it as much of a specific in the treatment of diphtheria as quinine is in malaria, or mercury or potassium iodide are in syphilis.

## EROTO-MANIA.

*By William Lee Howard, M. D.,*

Baltimore.

I HAVE been studying the case and personality of Smith, the murderer of Miss Marguerite Drowns. He is an eroto-maniac. I do not intend to attempt to palliate his bloody deed when I make this statement.

For reasons that will be shown later, the sooner the law places him where the repetition of such crime is made impossible, and what is more important, where he is unable to reproduce his kind, the better for humanity.

These sexual crimes are becoming too frequent; it is a form of insanity in a large number of cases. When you have a man unable to control the sudden sexual impulse to such an extent as to commit murder in the face of such powerful

restraining influences as a certain knowledge of the fearful consequences which will follow such act, is he responsible?

The case of George Fowler is an example of eroto-mania. He had shown some slight symptoms of insanity, but after being confined for a few weeks was released. He had an attack of eroto-mania and ravished the first woman he saw, an old, feeble white woman, a grandmother. He attacked her on the public highway, in sight and sound of habitations.

The whole subject of sexual perversion is but little understood by the profession and the laity. Medical men recognize the powerful influence of the sexual sense on human character and action,

but few understand its aberrations, anomalies and the rôle it plays in crime.

What is necessary is to prevent the reproduction of criminals. That can only be done by the unsexing of the sexual pervert, man or woman. No better means of suggestive restraint for the criminal classes could be devised than a eunuch walking daily in their midst. For such a crime as Smith committed the law as it is now written is sufficient; but for all attempts of unnatural sexual desires any such method as a few years' imprisonment is futile, unscientific, and of no corrective value. Such cases will be turned loose to become the breeder of their kin. Meas-

ures taken to prevent this is the solution of the problem.

The first glance at Smith shows a dolichocephalic cranium, which Lombroso and Calori have shown is a sign of degeneration. His facial angle is only about 72 degrees. His lower jaw is small and effeminate. Should he be placed by the side of the congenital female criminal her jaw would be found strong, prominent and masculine in appearance. It is interesting to see these anatomical antitheses in criminals.

Regarding his position, Smith is outwardly indifferent; should he be at liberty and have another attack of erotomania he would stop at no crime to satisfy his insane desires.

CREOSOTE IN GONORRHEA.—Asmus (*British Medical Journal*) reports 58 male cases of acute gonorrhœa successfully treated with injections of a from two to ten mille emulsion of creosote. The discharge quickly decreased, became mucoid, and then ceased altogether. The patients recovered more rapidly than under the ordinary methods of treatment; complications developed but rarely, and no relapses occurred. In addition, creosote seemed to exercise an anesthetic action on the urethral mucous membrane.

\* \* \*

METATARSALGIA.—This painful affection of the foot, first described by Morton, is the subject of a paper by Dr. A. E. Halstead in *Medicine*. From his study of the subject he concludes:

1. That what is known as metatarsalgia is not in the beginning a distinct pathological entity, but rather an early symptom of static flat foot. In cases of long standing, irritation of the plantar nerves by pressure from flattening of the transverse metatarsal arch may cause an inflammation of the nerve or even in some cases the development of neuro-fibroma.

2. That most of these cases can be permanently cured by following the treatment usually employed in beginning flat foot, *e. g.*, systematic massage,

gymnastics and the use of a properly fitted shoe, and in some cases application of a metallic brace to the sole of the foot.

3. In cases of long standing where there is well marked pathological change in one or more of the branches of the plantar nerves, resection of the nerve should be performed; the more radical operations, such as resection of the metatarso-phalangeal joint or amputation of the toe, are not indicated.

\* \* \*

A NEW WAY TO GIVE CALOMEL.—A new method of administering calomel which may be of great use is given by Dr. J. N. Hall of Denver, Col., in the *Medical News*. He says that in cases where the medicine could not be given by the mouth without a struggle a simple and effective expedient is to blow calomel into the nostril through a tube or roll of paper. The patient may be blindfolded, or, better, led to shut the eyes tightly, to escape having the application made directly to them, for such deception is certainly justifiable in some cases. The drug is nicely distributed over the nasal tract, finds its way into the intestinal tract, and operates as if given by mouth. It is not painful nor disagreeable, as has been demonstrated by personal trial.

## Society Reports.

### THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

MEETING HELD APRIL 21, 1896.

At the meeting of the Clinico-Pathological Society of Washington, D. C., held April 21, 1896, at the office of Dr. Stone, the following pathological specimens were presented.

*Dr. L. W. Glazebrook*:—1. Ruptured tubal pregnancy, discovered during post-mortem examination to ascertain cause of sudden death.

2. Ruptured spleen. History: A boy, 14 years old, had intermittent fever, chills occurring every other day, was under treatment for one month and recovered sufficiently to walk in the open air; was seen to suddenly falter and lean against a fence, then fall. When assistance reached him he was dead. Post-mortem examination revealed ruptured spleen weighing two pounds.

3. Specimen of ruptured right auricle. History: The subject had sustained a kick in the left side and died five minutes subsequently. Autopsy revealed no external bruise or sign of injury. Thorax was filled with blood.

4. Heart showing slight nicking of the right auricle, resulting from a stab wound. In these deep wounds affecting the heart the instrument most commonly used is the ordinary pocket knife. Death was caused by internal hemorrhage.

5. Specimen of aneurism of the aorta, situated just above the valves, taken from a man who fell on the wharf on a very warm day and was supposed to be affected by the extreme heat. He died before reaching the hospital and autopsy revealed the pericardium filled with blood.

6. Specimen of a fish bone found during an autopsy on a man who died suddenly. One quart of liquid blood was found in the peritoneal cavity, the liver was enlarged and cirrhotic; the bone was imbedded in the liver and had apparently punctured a large blood-vessel, causing fatal hemorrhage. The bone had apparently passed through the

stomach at the pyloric end, become impacted in the duodenum, and while the man was straining at stool it had punctured the liver and the blood-vessel.

7. Specimen of supernumerary spleen.

*Dr. Kelley*, in discussing the pathological specimens, said that the Clinico-Pathological Society ought to be congratulated for possessing so valuable a member as Dr. Glazebrook. He had enjoyed all the specimens presented, particularly the extra-uterine pregnancy. Three years ago the first successful operation for the relief of a recently ruptured extra-uterine pregnancy done in the District of Columbia was performed at Columbia Hospital. We are reminded by this specimen how careful our examinations of females suffering from unaccountable pains in the abdomen should be.

*Dr. Bishop* of this city had diagnosed the case referred to above, sent it to Columbia Hospital and the operation was performed the same day and the woman made a good recovery. Dr. Bishop had been making a study of this subject and was more than ordinarily watchful for such cases.

*Dr. Kelley* presented a specimen of ovaries and tubes removed from a patient with the following history: Mrs. A., white, aged 26, married two years. At the eighth month of pregnancy she was seized with sudden pain and went into convulsions. Her feet and abdomen had been very swollen and lithia water had been prescribed by her physician in New York, where she resided. The patient was put under chloroform and delivered. The cervix and perineum were much lacerated and she made a very slow recovery.

He saw her fourteen months ago and found, in addition to the lacerations, the uterus retroflexed and retroverted, quite large and adherent. She was treated for six months; the cervix was so tender that a sound could not be introduced. He treated her carefully three times a week with no improvement. Dr. Howard A. Kelly of Baltimore in consultation advised an operation for the removal of the tubes and ovaries if necessary. The operation was per-



formed and both tubes and ovaries were removed because they were found to be in such bad condition. The patient did not wish the ovaries and tubes to be removed if it could be avoided, but now he is very glad he removed them. The patient made a good recovery.

*Dr. Ruffin* presented a fragment of a chicken bone taken from a patient and gave the following history: Forty-eight hours before he came under *Dr. Ruffin's* notice he was eating soup and became conscious of swallowing some foreign substance like a bone. He went to the Emergency Hospital, where every means known was used to discover and dislodge the foreign body, but without success. When *Dr. Ruffin* saw him his temperature was  $102^{\circ}$ , the neck swollen and painful. The esophageal sound was passed without difficulty.

Ninety-six hours after the accident *Dr. Richardson* saw him in consultation; his condition had then improved in the matter of temperature, but there was no decrease in the swelling of the neck. Poultices were applied to the neck. The patient was then removed to the Garfield Hospital and *Dr. Snyder* saw him and decided to open his neck, as there were unmistakable evidences of septicemia. In mopping out the throat with a sponge a small piece of bone came from the pharynx. The oozing of blood was so great that it filled up the throat and the man died on the table.

*Dr. Richardson* said when he saw the man, ninety-six hours after the accident, he was in a deplorable condition. The tumefaction was very extensive and bilateral, extending from the hyoid bone to the clavicle, the tissues were boggy and deeply congested. A sound was passed without finding anything and as the poor fellow was in a septic condition and very much exhausted, further search was discontinued. The lateral wall of the esophagus or pharynx could offer lodgment for a thin piece of bone such as was shown. These cases were very difficult of diagnosis.

There was no doubt but that a foreign body in the man's esophagus or pharynx was setting up all the trouble, but it could not be localized. The evacuation

of pus and blood would have carried the bone before it; the blood seemed to well up from an extensive surface of mucus membrane.

*Dr. Snyder* had a case somewhat like the one under discussion, due to having a tooth extracted. An incision was made in the triangle of the neck and the man was sent to the Garfield Hospital. The other side becoming affected, an incision was made and the blood welled up from the posterior pharynx until the posterior nares was plugged, when it stopped, but the patient died a few hours afterwards. What was the origin of the blood in this case? Some vessel in the lateral wall of the pharynx had evidently given way. In *Dr. Ruffin's* patient he could not find the source of the blood, but he thought that the blood and pus leaked into the trachea and was the cause of his sudden death.

The paper of the evening was then read by *Dr. Holden* on REPORT OF SOME CASES OF DIPHTHERIA TREATED WITH ANTITOXINE. (See page 327).

*Dr. Sprigg* opened the discussion. He said that it was important in using antitoxine to use it as early as possible, as he believes that many cases of diphtheria that died could have been saved by this means. This is especially so of the cases of laryngeal diphtheria. We are not justified in waiting until bacteriological examinations are made. He has never had occasion to use antitoxine, but prior to the inauguration of this treatment had treated twelve cases of diphtheria, with but three deaths.

One of these cases was moribund when first seen. Most of the fatal cases are those in which great infiltration of the glands of the neck is found, showing great intensity of the toxemia. The second death in *Dr. Holden's* cases should have been claimed as cured, because it lived long enough to demonstrate the good effects of the treatment and finally died of another disease.

The place of insertion of the antitoxine is selected because of it being less sensitive than most parts of the body; many select the back, but as patients have to lie on the back, the thigh would seem to be the best place. As to immunizing

cases, it has been found difficult to get the consent of parents to this treatment of their children on account of reports of some fatal cases. Pure antitoxine would not have caused death.

Just what toxins are and their therapy, bacteriologists have not discovered. We know their effects but not their nature. The same is true of thyroïdine and all the other toxins.

Fraenkel is still working on this subject of the active principle of the thyroid extract and a synopsis of the *modus operandi* of its preparation may be interesting. He uses a known quantity of the dry thyroid gland of the sheep. After making an extract he separates the albuminoid part of the extract from the other ingredients and from this prepares the active principle.

The filtered solution, the chemical construction of which is not known, will produce a loss of weight in both men and animals in proportion to the amount administered. This extract is soluble in alcohol and insoluble in ether. By precipitating it he acquires a salt which retains the effect of the solution. We constantly see articles of medical men in the various medical journals, claiming great results in the treatment of diphtheria, giving great numbers of cases cured by some certain remedy. The editors of medical journals as will publish articles of such men do not deserve the support of the profession.

*Dr. Compton* said his experience in the treatment of diphtheria with antitoxine was very limited, but prior to the discovery of the remedy he had treated quite a number of cases. During a sojourn at the United States Military Academy at West Point a few years ago, he saw from sixty to seventy cases of diphtheria.

The percentage of mortality among these cases was about six per cent., and this low percentage of deaths he attributed to a feature in the treatment which he had never seen operated before. *Dr. Medly* of the United States Army instituted a camp hospital and, although the epidemic raged during the month of March, during stipulated hours of the day the sides of the tents were raised,

the patient having previously been covered.

This was done with all patients, young and old. It has occurred to him in the question of contagious hospital sites, that the establishment of a tent hospital would be the solution.

In the treatment of diphtheria the first and most salient point is that of early diagnosis, so that we can get the effect of the antitoxine correspondingly early. Death occurs largely in cases where patients are treated too late. In every case seen at West Point bacteriological examination was made and many mixed cases were found.

A majority of the cases occurred in children and few in adults. As late as 1888 no sewers existed at West Point. Cesspools were used as receptacles for offal. This seems almost incredible, but after this epidemic of diphtheria, the cesspools were stamped out and the old quarters burned.

*Dr. Glazebrook* spoke of his experience with an epidemic of diphtheria while he was resident physician in a hospital in 1890. The mortality was 45 to 50 per cent. In the Washington Orphan Asylum about three years ago there occurred twenty-nine cases, but no deaths. In twenty cases bacteriological examinations were made. All the cases were of a mild type. He has used antitoxine in eight cases, twice in cases of diphtheria, and six times in immunizing patients and has never had any trouble in gaining permission to use it in immunizing doses, the relatives of his patients rather requesting it.

All the injections he gave in the thigh, and there is one little point worth mentioning here, the benumbing effect of a piece of ice held to the spot where the injection is to be given, rendering the pain of the operation slight. In one case that he reported to the Health Office, the diagnosis was confirmed by bacteriological examination, the temperature was 104° when a 10 c. c. dose of antitoxine was given, and the temperature was normal in 24 hours.

Another case occurring in the county outside of the District line, to which he was called at night, was that of a child

three years old suffering with diphtheria symptoms so severe that he did not hesitate to use antitoxine at once, and as he fortunately had the remedy with him, he gave 10 c. c. of the No. 2 solution. Thirty-six hours afterward the child had no fever and was apparently convalescing. He cannot see wherein the danger lies in the skillful use of antitoxine.

The case in Brooklyn which excited such comment was proven to have been the work of an irregular practitioner who injected the serum into the abdominal cavity and doubtless septic peritonitis followed.

Many of the fatal cases reported can be traced to some unskillful work of the person giving the antitoxine or to some imperfection of the patient. There was one symptom in two of his cases during convalescence, after all active symptoms had disappeared, namely, an asthenic condition which required nitroglycerine and strychnia in its treatment. This condition was very marked and persistent for a long time.

*Dr. Richardson* had nothing to say except to add his personal experience to the discussion of the paper. This experience with diphtheria included the treatment before and after the discovery of antitoxine. He could not remember how many cases of diphtheria in which he used antitoxine, but they approximated thirty in number. For most of these cases the antitoxine was administered for practitioners who had called him in consultation.

He can remember the laryngeal cases, twelve in all; intubation was performed in every one of these cases. There were three cases in which antitoxine alone was used without intubation, and two cases of false membrane of a non-diphtheritic character. These two cases were typical cases of laryngeal diphtheria, except in the absence of Klebs-Loeffler bacilli. Of the twelve cases intubated, ten recovered, two died.

One of these fatal cases had been sick for five days before treatment. During this period the disease had been confined to the pharynx but when he saw the patient laryngeal diphtheria had begun.

He had to go to Langdon, a place several miles from the city, to intubate this case, and found the child in extremis, but after intubation the little patient seemed very much relieved. Antitoxine was given. The surroundings about the child were very poor, and the mother lay ill in the same bed. The child died three hours after intubation of cardiac paralysis.

The second case he intubated for Dr. Wellington at the Foundling Hospital. This case followed a very erratic course, and developed pneumonia, the temperature reaching the point of 107°. Of the ten cases that recovered, the recovery was rapid. The tube was left in from two to four days. The decline in the temperature was about one-half during the first twenty-four hours. To him this is the gratifying phase of antitoxine. It is impossible to tell the type of a case when it is first seen; at first they may be apparently mild cases, suddenly they will assume a malignant type, so that we cannot tell of the gravity of the case until the disease has run its course.

Some cities are pronounced in advocacy of antitoxine, others doubtful. In New York a great many medical men are disposed to be doubtful of its efficacy. Attention should be directed to the fact that one great observer, always bitter in his denunciation of antitoxine, has at last come over and acknowledged its worth. Virchow could not resist the brute power of figures in favor of antitoxine and thinks it has come to stay.

In the pharyngeal cases that he has seen the mixed infection ones have been the most malignant of all. One case in which three injections were given during a period of forty-eight hours with no improvement except an apparent separation of the membrane was evident, when suddenly it began to improve and made a most remarkable recovery. He is a firm advocate of antitoxine.

*Dr. Kelley* saw one case of diphtheria in the forenoon, took a culture from the throat in the afternoon, but it was two and a half days before he obtained antitoxine and administered it. The membrane was on the tonsils and in the

pharynx; a rapid recovery followed the administration of the serum.

*Dr. Clark* commented on the excellent meeting of the evening and thought it exemplified the growing importance of the Clinico-Pathological Society.

*Dr. Holden* closed the discussion by citing a case treated by *Dr. Walter* in which the same asthenic condition persisted for a long time after treatment with antitoxine, but thought it a condition that might mark convalescence from any case of diphtheria regardless of what particular treatment had been used.

*Dr. Walter*, being invited to give his experience, gave the history of twelve cases of diphtheria treated with antitoxine, all successfully. All these cases were diagnosed by bacteriological examination.

R. T. HOLDEN, M. D.,  
Secretary.

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## Medical Progress.

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### RECENT PROGRESS IN SOCIOLOGY AND MEDICAL JURISPRUDENCE.

*By Irving C. Rosse, A. M., M. D., F.R.G.S.,*  
Washington, D. C.

Lately Professor of Diseases of the Nervous System,  
Georgetown University; Member du Congrès  
International d'Anthropologie Criminelle;  
of the American Neurological Association;  
the New York Medico-Legal Society; Vice-President  
of the Medico-Legal Congress, etc.

#### DEATH BY SUBMERSION OR DROWNING.

AMONG the newspaper headlines that catch one's eye at this season those relating to hydrophobia and to drowning accidents are the most sensational. There is, however, this wide distinction: Nearly all the reported instances of hydrophobia are spurious, while those of death by submersion are lamentably frequent.

Though of startling nature, drowning accidents do not appear to cause that "dread of water" traditionally alleged to be present in rabies, and notwithstanding the surprising statistical exhibit of drownings (see writer's chapter on "Death by Submersion" in "Witthaus and Becker's Medical Juris-

prudence") they do not incite the fractional part of police or hygienic attention that the public is prone to give to a single "mad-dog scare."

The obvious moral to be drawn from drowning accidents is "Learn to Swim;" yet this admonition is supplanted by opportunities to study the phenomena of drowning and the judicial questions that may arise relatively thereto. The physician may be required to solve at any time the following questions: Was the drowning accidental, suicidal, or criminal? Did the drowned man fall in, jump in, or was he pushed into the water? And in the absence of relevant and material facts it may be impossible to affirm with any degree of certainty.

In the later case of one of my patients, a lawyer, whose body was found near the Potomac Long Bridge, there was a suspicion of suicidal drowning. It was, however, suggested to the coroner that in the absence of positive proof of suicidal intent the matter was open to serious doubt. Further, that suicide being based upon mere presumption, it seemed from professional knowledge of the deceased as a patient, that this presumption was weakened, if not entirely negated, by the following facts:

The deceased was an invalid and unable from physical weakness to walk from his dwelling to the Long Bridge; he was subject to vertigo and dizziness; was in the frequent habit of walking in the vicinity of the river, and never showed the slightest symptoms of homicidal or suicidal impulse.

It was therefore quite possible to infer from these facts and the nature of the illness, that during a temporary seizure, while walking in close proximity to the embankment, he had fallen in a state of syncope into the river and his body had been carried by the current and the strong prevailing wind down to the spot where it was found.

While this view of the event may or may not be correct, it was at least founded upon personal knowledge of my patient, while the theory of suicide had but the slenderest hypothetical basis, and was consequently to be accepted with the conditions and reserve that

should be exercised in any matter concerning which there is much uncertainty.

Gross brain lesions found at the necropsy rather corroborated this surmise of the patient's insensibility before falling into the water. In view of the foregoing facts, the jury very properly returned the verdict of "accidental drowning."

Apropos of internal lesions characteristic of death by submersion, it would be of interest to learn from some of the numerous readers of the JOURNAL whether they have observed hydremic enlargement of the liver, which is regarded as a characteristic fact by Lacassagne, who claims to be able to diagnose drowning from a single examination of this organ. (See Barlerin. *Étude Médico-légale sur la Submersion*, Tarare, 1891.)

#### SUICIDE IN THE BLACK RACE.

At the last Berlin Congress a case of suicide in a negro was reported and commented upon as something out of the ordinary. Had the reporter examined the statistics of the Washington Health Office, he would have found that among people of color the decedents from nervous diseases often exceed those of the white population one-third in the thousand.

Since 1880 thirty-three suicides are recorded among people of African blood. This rate, as well as that of insanity, having progressed up to the present, goes to show the bearing upon a group of special affections less modified by race than by mesological causes. (See writer's "Neuroses from a Demographic Point of View," *Journal of Nervous and Mental Diseases*, July, 1891, also *Archiv de l'Anthropologie Criminelle*, 15 janvier, 1892.)

Among primitive tribes in Africa there is a notable absence of sexual crime; yet the opposite fact obtains in Washington for instance, where the black race is supposed to live in paradisiacal bliss. The student of pathological anthropology looks upon such neuropathic degeneration as the penalty that any branch of the human family must pay for being out of harmony with its conditions,

especially that of coming under the complex social phenomena of modern civilization.

In connection with this subject may be cited the late suicidal attempt of the negro Ford in order to avoid capture for the rape and murder near Washington of a white girl of sixteen. The plea of insanity being suggested as a possible defense, I was asked to examine the prisoner. None of the stigmata of mental unsoundness being present, the only motive for the crime seemed to be that of unbridled lust, aided by alcoholic stimulation, and there being no extenuating circumstance, the wretch expiated his crime by judicial death.

#### NEUROPATHIC DEGENERATION IN DRAMATIC PERFORMANCES.

Several eminent neurologists having lately studied the erotic novel, a species of literature now happily on the wane since the downfall of its London apostle, it would seem to be equally in order to note some of the degenerate productions of the drama which we are accustomed to see on the stage.

Only a few years ago in Washington, after witnessing for the first time a play by an author of whom I knew nothing, I remarked to a friend on quitting the theater, "The man who wrote that play has general paresis." This diagnosis proved absolutely correct; for a few weeks afterwards the author was sent to Bloomingdale, where he died of this very disease.

For fear of doing rank injustice to some worthy playwrights now living outside the walls of an insane asylum, I may not specify the "Little Tycoon" and the "Princess Bonnie," which have been suggested as belonging to the category in question. Begging the author's pardon in advance, it would be interesting to have further expressions of opinions on this point, and to know whether others, in noting the decadence of the stage, have detected the weakness of Guy de Maupassant in these or other stage productions.

#### HANDWRITING AS A MARK OF DEGENERACY.

Neurologists and others familiar with the psychoses know the value of chi-

rography and of graphic representation generally in the study of this degeneracy. Yet there is a singular perversity on the part of some judges who refuse to admit such things in evidence, as many of us with experience in medico-legal affairs have learned in a way not calculated to inspire the highest respect for judicial discrimination in scientific matters.

Lately in the case of a contested will in the District of Columbia, a judge held that the defective signature with the medical explanations relative thereto were sufficient to set the instrument aside.

In another case in which I was summoned to appear for the caveator, the will was that of a senile dement whom a gross brain lesion had left in such a fatuous condition that he had no sense of locality, did not recognize his friends and habitually passed his feces without removing his clothing. On the attorney's urging the defective signature to the will as one of the symptoms of the testator's mental impairment, the judge, in ruling adversely, ridiculed the introduction of such testimony, which he said ranked with palmistry, or the promises of advertising mediums who profess to cure diseases after receiving a lock of hair sent by mail.

The jury, after being assisted in their deliberation by such enlightenment, quite naturally declared the testator to have been of "sound and disposing mind," notwithstanding the fact that the makers of the will do not appear to have taken the precaution to ascertain whether he was able to tell the time of day by a watch, to add up a column of six figures, to tell the value of three ordinary coins, or to repeat from memory the main provisions of his will without prompting or suggestion.

#### THE SHADOWGRAPH IN LEGAL MEDICINE.

The expression of facts by the so-called Roentgen or X rays, which may be considered in the same line with graphic representation, goes to show that there is scarcely any discovery, anthropological, biological, or medical, that may not sooner or later be applied

with profit in investigations requiring the combined efforts of an attorney and an expert.

A suit in London for a fractured ankle brought against a theatrical manager by an actress and another for malpractice against a medical man in Nancy, France, are recent instances in which this evidence was conclusive.

Though it can hardly be called a judicial use of the X rays, the late shadowgraph of the bony portion of the knee joint of Mr. Justice Field of the United States Supreme Court has shown the existence of bony ankylosis to be an absolutely and well-attested fact that could not, perhaps, be so well ascertained by any other means at our disposal.

As a means of establishing a fact in evidence, the District United States Court in Kansas, in a case of alleged malpractice, directed a shadowgraph to be taken of the wrists of a plaintiff who was suing the Santa Fé Railroad for damages arising from wrongful treatment of the fractured wrist. All parties to the suit, as well as the court, agreed that this would be the best evidence.

At the trial term of the Supreme Court in Brooklyn this discovery was recognized as a means of proving a point at law in a case of malpractice brought against Dr. Du Mont of Bath Beach.

#### "MORAL INSANITY" AN EXCUSE FOR OBTAINING MONEY UNDER FALSE PRETENSES.

A case of considerable interest, the subject of a late lunacy inquisition in Washington, was that of a young man of respectable antecedents who was accused of obtaining money under false pretenses. While I did not testify that the accused was insane in the sense of being a lunatic or *non compos mentis*, I believed his will to be weakened and his moral liberty compromised. The facts of the case seemed to justify this view. Although three physicians and other witnesses testified as to sanity, the jury very promptly brought in a verdict of "emotional insanity of one year's duration," whereupon the young man was certified to the Secretary of the Interior for commitment to St. Elizabeth. Owing to his improved con-

dition the question now arises as to his trial.

#### COMMITMENT OF THE INSANE.

The fact that an occasional person is improperly committed to a hospital for the insane behooves medical men to exercise more than ordinary care and scrutiny in order to prevent such a scandal, for instance, as may arise from a case of simulated insanity. Many persons may recall the instances of newspaper reporters in England and in New York, who feigned with such success as to be sent to an asylum, sensational accounts of which were afterwards written to the detriment of the profession and the chagrin of the physicians who had signed the certificate.

A woman reporter of a New York paper tried the ruse on me some time since, but with no further result than bursting into tears on being told that she was only hysterical. Lately, two Washington physicians, completely fooled by a young woman connected with a daily paper, signed her commitment to the asylum, where she stayed several days and on being released, wrote a sensational account of her experience. Such cases carry with them their own comment.

#### THE EFFECT OF QUININE ON THE MIND.

At the late Gentry trial in Philadelphia a medical expert, who on the witness stand pooh-poohed the idea of heredity in insanity and declared "there is no such form of epilepsy recognized as nocturnal epilepsy," on being asked what effect quinine has on the mind, is reported to have answered none whatever.

In the interests of legal medicine such an assertion so at variance with fact should not be allowed to go unchallenged; for many physicians, who like myself have had experience in the treatment of malarial diseases of the South, know that in a considerable number of persons this drug may and often does cause cerebral hyperemia, erethism of the brain cells, and sometimes delirium. If reports of the drug habit are to be trusted, temporary insanity is also a result. Moreover, I can produce a pa-

tient in Washington who had acute mania after the exhibition of a single dose.

\* \* \*

PHYSICIANS SHOULD WORK LESS.—Dr. Kortright, in the *Brooklyn Medical Journal*, says that arterial sclerosis is a common cause of death in physicians. The lesson that we should learn from our deceased colleagues, he states, is not to work too long. When you find your arterial tension increasing, your temporal artery becoming tortuous, your radial growing hard, especially if you have a little palpitation and pass an increased amount of limpid urine, whatever your years, know that old age is upon you. Henceforth shape your life like one that is old. Curb your ambition. Be content with a small practice. Reduce your expenses. Give up your night work. Decline confinements. Take a long vacation in summer. Retire early. Eat abstemiously. Drink not at all. Sell your horse. Take a great deal of moderate exercise in the open air. Watch the functions of the skin. Guard against a chill. Cultivate an even disposition. Study to be quiet.

\* \* \*

METRRORRHAGIA IN VIRGINS.—Laroyenne (*British Medical Journal*) distinguishes the majority of cases of profuse menstruation in young girls, which require no local treatment, from a minority in which the use of the curette is advisable. If after long attention to hygiene and a course of suitable tonics menorrhagia persists, interrupted by occasional amenorrhea, granular or fungous endometritis probably exists. This disease is yet more safely diagnosed when the patient has been perfectly healthy and quite free from anemia before profuse menorrhagia appeared, and equally free from evidence of diseased appendages after the local symptoms become marked. When the excessive menstruation causes debility, it is right to dilate and use the curette. A single application (immediately after the scraping) of cotton-wool soaked in equal parts of water and chloride of zinc is sufficient. Repeated cauterizations may easily cause atresia.

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A CHANGE of air may be taken at any time, but preferably by the physician in the summer when there is less loss

*A Change of Air.* on account of absence from work. The needs of a change are evident and indeed persons in all walks of life do better for this change.

The great benefit may be due in part to the few micro-organisms in the country districts as compared to the city and also to the different character of the atmosphere, which is called bracing in distinction from the relaxing weather in some most beautiful spots.

While seeking these spots of healthful climate the *Lancet* was against visiting overcrowded places where there is nothing pure but the air. The accommodations are poor and crowded, the rooms small, dark, badly ventilated and yet the people go there because it is fashionable.

The trip a short distance away from one part of a country to another does not usually demand change of customs but the trip to the continent of Europe or even England requires certain changes which those not used to traveling too often object to. Thus the

hearty, strong man with the heavy appetite of the colder regions goes to Italy and demands his roast beef and ale and is surprised because they are difficult to obtain and when obtained do not have the same stimulating effects as in his native climate.

The rule when in Rome to do as the Romans do is an excellent one to follow. The Italian almost faints with surprise at beef-steak and a hearty breakfast at an early hour of the morning, and the dainty Frenchman who sips a cup of coffee in bed and then takes his breakfast at noon after several hours of work cannot understand the appetite that demands a meat diet the first thing in the morning.

Travelers derive more benefit from their trips by conforming to the custom of the country which they are visiting than by making extraordinary demands. To follow the usual plan of life in a country where such living is almost incongruous, not only causes much trouble and expense but does actual harm and defeats the object of the trip.

The inhabitants of the extreme north require more oil and fat in their diet and could not live on the light food of the south. The traveler seeking rest and health should not stubbornly carry his customs with him but live as the natives live and conform his habits to those of the surrounding country and when he returns from his trip he will note the great benefit done.

The fashionable crowded resorts with bad food and uninhabitable rooms do not fit the body for the winter work and soon undermine the strongest constitution.

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AS ONE by one the various so-called specifics supposed to cure pulmonary consumption show their

*Treatment of Consumption* uselessness and lack  
*In and Near Cities.* of efficacy the gradual return to the treatment by good food, out-door air and general common sense is the natural result. As it is often not possible or feasible for lung cases to go far from home, it has gradually forced itself on physicians that cases may be treated near home with some chance of recovery, and even in cities properly constructed hospitals and sanitarium do more for lung cases than the ordinary general hospital.

Dr. Vincent Y. Bowditch, who has a small



lung hospital outside of Boston, has shown by actual results how much good such work even in the suburbs of a large city can do. Following in the footsteps of the late Brehmer of Görbersdorf and Dettweiler of Falkenstein, he has been successful beyond his expectations.

His simple methods of treatment as laid down in the *Boston Medical and Surgical Journal* deserves more than a passing notice. After many trials of various remedies he still feels convinced that fresh air, sunlight, good food with judicious exercise, are the chief factors for improvement. The reputed specifics, such as the peppermint of Curasso, Kleb's antiphthisine and Koch's tuberculin, have not given the results expected. In many respects his methods are much like those of Dr. Trudeau of Saranac. Regular hours of sleep, rest in the open air, even in the coldest winter weather, on the piazza in the sunshine, exercise by walking, regulated according to the condition of the patient, pulmonary gymnastics by calisthenics or by the pneumatic cabinet.

Tonics are given when necessary; the bowels and stomach are looked after with great care, three regular meals are given and eggs and milk in between if the patient's condition demands it. The sputum is destroyed with the greatest care, and every means are employed to prevent the spread of the disease by carelessness.

These methods are so simple that they may seem hardly worth recording, but that they have been efficacious his results will show. Of course, given a certain number of cases of pulmonary phthisis, some will recover with no treatment and perhaps many of the good results here recorded were simply the outcome of good surroundings and the proper kind of food.

Out of 64 cases treated at his sanitarium in the past five years, 22 are what he calls arrested; that is while he may not care to call the disease cured, still while it makes no further progress for years it should be ranked among the arrested.

Dr. Bowditch's work should offer a stimulus to those in similar enterprises and great encouragement should be felt when from one-fourth to one-third of the cases treated can be called arrested and even granting that in half of these the disease would have been self-limited, still the results are satisfactory.

Work along these lines will accomplish great good until some specific shall be discovered. The proper course to pursue is to treat cases according to the methods of Bowditch, Trudeau and others.

\* \* \*

FOR a very long time the best insurance companies demanded a thorough examination on the part of their physicians and for this they paid the uniform rate of five dollars, and indeed some of them, when there was an extra risk with a more careful examination of the urine by the microscope, gave ten dollars. One by one the companies suggested a reduction of these fees until one very large company cut all its examinations to two dollars with the result of losing in every large city its best workers and of hurting the company very much.

Individual physicians and several medical journals united in fighting this cut and after a long battle one of the largest companies has restored all its examinations to the uniform rate of five dollars. The reasoning on the part of the physician was that if they formerly gave a certain kind of work for five dollars and the company cut the pay down to two dollars then this piece of work would be done with two-fifths the care and accuracy of the old work.

The companies have always recognized the medical examination as a very important part of their work and little appreciated how much time and labor as well as what responsibility a thorough examination required. Then again, there is the chance of offending a good family by turning down one of its members and thus losing all future chance of ever being employed by that person or his family.

Again, when it is remembered that when a sick man seeks medical aid he is ready to tell the physician all possible facts to aid in the diagnosis, but in the case of the insurance examination it takes tact and skill to bring out what many an applicant would like to conceal. It is very satisfactory, therefore, to the physicians who have all along been in favor of fair rates to feel that one of the strongest companies in this country, and perhaps in the world, has after reducing its fees in some places returned to the uniform rate of five dollars.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 15, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		7
Plithisis Pulmonalis.....		17
Measles.....		
Whooping Cough.....	5	1
Pseudo-membranous Croup and Diphtheria. }	1	1
Mumps.....	1	
Scarlet fever.....	9	
Varioloid.....		
Varicella.....		
Typhoid fever.....	14	8

The Iowa cigarette law has been declared unconstitutional.

Malarial fever from infected water has been called "Malaqua."

A Belgium journal proposes an international Congress of Medical Ethics.

The *Medical Council* of Philadelphia has joined the ranks of the spelling reformer.

Dr. Andrew B. Holden, a prominent physician of Memphis, Tenn., died at that place in July.

In Connecticut the school buildings are thoroughly fumigated during the summer vacation.

The Third Annual Meeting of the American Academy of Railway Surgeons will be held in Chicago, Illinois, at the Auditorium on Wednesday, Thursday and Friday, Sept. 23, 24 and 25, 1896.

An exchange says that after reading certain papers in the big medical monthlies that are said to reject hundreds of manuscripts daily, one shudders to think what manner of stuff the rejected must have been.

The Equitable Life Assurance Society has announced to all its medical examiners that from and after July 1, they will pay "the uniform fee of \$5 for each completed examination report and opinion of risk."

Mr. Lawson Tait's paper on "The Ethics of Advertising, Illustrated by the Manners and

Customs of the Editor of the *British Medical Journal*," could not be heard at the recent meeting of the British Medical Association but its publication will probably stir up some strife in England.

The twenty-seventh Annual Session of the Medical Society of Virginia will assemble at Rockbridge Alum Springs, Virginia, September 8. The proprietors have agreed to the remarkably small per diem of \$1.50, and in addition will contribute a banquet in compliment to the Society and its guests. The resident physician, Dr. Wm. R. Jones, is Chairman of the Committee of Arrangements, and will see that all inquiries are promptly answered. All trains of the Chesapeake and Ohio railway — whether from East or West — stop at the depot (Goshen), where the Rockbridge Alum Springs train will be ready to transport passengers, etc., eight miles distant. The Springs receives several mails a day, has telegraph facilities, etc.

The Ninth Annual Meeting of the American Association of Obstetricians and Gynecologists will be held at Hotel Jefferson, Richmond, Va., September 22, 23 and 24, 1896. The proprietors of the "Jefferson" offer special rates to the Fellows, their families and guests, as well as to any physicians who attend the meeting. It is confidently expected that railways will offer transportation at a uniform rate of a fare-and-a-third on the certificate plan to all in attendance. Let all obtain certificates from their local ticket agents or from the nearest point where certificates are granted. The Association will meet in executive session with closed doors on Tuesday, September 22, at 9.30 o'clock A. M., for the election of new Fellows. The open session for the reading of papers will begin at 10 o'clock A. M. Recess for luncheon at 1 o'clock P. M. Afternoon session at 3 o'clock P. M. An evening session will be held Tuesday at 8 o'clock. Morning session will begin Wednesday at 9.30 o'clock for the reading of scientific papers. Recess at 1 o'clock. Afternoon session at 3 o'clock. Adjournment at 5 o'clock. Executive session at 6.30 o'clock. Annual dinner at 8 o'clock P. M. Thursday morning the session will begin at 10 o'clock. Recess at 1 o'clock. Afternoon session at 3 o'clock. Final adjournment at 5 o'clock. A full attendance is specially requested at the final session.

## Book Reviews.

**DIET FOR THE SICK.** Contributed by Miss E. Hibbard, Principal of Nurses' Training School, Grace Hospital, Detroit, and Mrs. Emma Drant, Matron of Michigan College of Medicine Hospital, Detroit. Second Edition, Enlarged. Limp Cloth, 16mo., 100 pages. Price 25 Cents. Postpaid. Detroit, Mich.: The Illustrated Medical Journal Co. 1896.

To aid in the most important duty of choosing and preparing food for the sick and convalescent is the purpose of this little book. It contains complete diet tables for use in Anemia, Bright's Disease, Calculus, Cancer, Chlorosis, Cholera Infantum, Constipation, etc., and gives various nutritive enemata. It will prove of great assistance to the nurse, in whose hands the physician can leave it in giving instructions for suitable dishes.

### REPRINTS, ETC., RECEIVED.

The Cleveland University of Medicine and Surgery. 1896.

Some Conclusions from Experiences in Pelvic Surgery. By A. V. L. Brikam, M. D. Reprint from the *Medical Mirror*.

Professional Education in the United States, with Statistics of Professional and Allied Schools. Washington: Government Printing Office. 1896.

The Practical Uses of Suggestive Therapeutics. By William Lee Howard, M. D. Reprint from the *Journal of the American Medical Association*.

The Experience of Several Physicians with Sero-Therapy in Tuberculosis. By Paul Paquin, M. D. Reprint from the *Journal of the American Medical Association*.

## Current Editorial Comment.

### THE BICYCLE FOR WOMAN.

*The Canada Lancet.*

SHOULD women or girls ride at all? This question has been argued pro and con for some years, and has been studied by medical men and others. While there has been much nonsensical theorizing, such as that "it may cause enlargement and hardening of the muscles lying on the pelvic inlet, and thus by diminishing the size of the canal cause

subsequent parturition to be more difficult," the consensus of opinion of physicians and surgeons is that the exercise of wheeling, properly regulated, and indulged in at proper times, is of great benefit to all sound women and girls.

### POPULAR PHYSIOLOGY.

*Medical Age.*

WHY physiology should be taught in the public schools is not at all apparent to any medical man, since at best the teaching must be of a very garbled or superficial character, not at all conducive to reliability or thoroughness of knowledge.

### RELATIVE SEXUAL PURITY.

*Medical and Surgical Reporter.*

IT must also be evident that, so long as society requires of women not much more than an avoidance of actual criminality and relieves her, so far as possible, of the burdens of life in recognition of her moral and physical function in reproduction, a more rigid standard of sexual purity will be demanded of her. And above all, we wish to emphasize the opinion that any rational attempt at securing male virtue must abandon the contemptible premise that sexual laxity is a privilege, and must strike at the root of the evil by extending the same protection to childish innocence and adolescent folly in the boy as in the girl.

### THE CONSULTANT'S INTEREST.

*American Medico-Surgical Bulletin.*

WE are constantly hearing complaints from specialists that so-and-so called them in consultation, duly expressed his sense of the favor conferred, but — there the obligation ended. In their subsequent unsuccessful efforts to obtain tangible evidence of the patient's gratitude the family physician sympathized, but afforded no aid. We confess to have met with a similar experience on many occasions, with the result that we have felt inclined to keep for our private benefit a "black list" of physicians, as well as patients, in our dealings with whom we are inclined to be at least circumspect. When a practitioner calls a specialist in consultation he is usually actuated by one of three motives, viz.: to gain moral support, to obtain light on an obscure case, or to make a concession to the wishes of the patient or family. Which of these is the most laudable we leave to the judgment of our intelligent readers.

**Publishers' Department.**

**COMMUNICATIONS.**—All letters intended for the Subscription and Advertising Departments of the JOURNAL should be addressed as below.

**ADVERTISEMENTS.**—Copy for advertisements should be received not later than Saturday to secure insertion the following week.

**PHYSICIANS** when writing to advertisers will confer a favor by mentioning this Journal.

MARYLAND MEDICAL JOURNAL,

Washington Office, 209 Park Avenue,  
913 F Street, N. W. BALTIMORE, MD.

**Convention Calendar.**

AUGUST							SEPTEMBER							OCTOBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
..	..	..	..	..	..	1	..	..	1	2	3	4	5	..	..	..	..	1	2	3
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
23	24	25	26	27	28	29	27	28	29	30	..	..	..	25	26	27	28	29	30	31
30	31	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	

**State Societies.**

SEPTEMBER, 1896.

8-10. VIRGINIA, at Rockbridge Alum Springs, Va. J. F. Winn, M. D., Secretary, Richmond, Va.

17. MISSOURI VALLEY, at Council Bluffs, Ia. Donald Macrae, Jr., M. D., Secretary, Council Bluffs, Ia.

IDAHO, at Boise City. W. D. Springer, M. D. Secretary, Boise, Idaho.

OCTOBER, 1896.

13-15. NEW YORK, at New York. E. D. Ferguson M. D., Secretary, Troy, N. Y.

1-2. UTAH, at Salt Lake City. J. N. Harrison, M. D., Secretary, Salt Lake City, Utah.

15-16. VERMONT, at St. Johnsbury. D. C. Hawley, M. D., Secretary, Burlington, Vt.

**National Societies.**

AUGUST, 1896.

18-21. AMERICAN MICROSCOPICAL SOCIETY, at Pittsburg, Pa.

26-28. CANADIAN MEDICAL ASSOCIATION, at Montreal, Canada. F. N. G. Starr, M. D., Secretary, Toronto, Ont.

SEPTEMBER, 1896.

8. AMERICAN DERMATOLOGICAL ASSOCIATION, at The Springs of Virginia.

22-24. AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, at Richmond, Va.

15-18. AMERICAN PUBLIC HEALTH ASSOCIATION, at Buffalo, N. Y.

15-18. MISSISSIPPI VALLEY MEDICAL ASSOCIATION, at St. Paul, Minn. H. W. Loeb, M. D., Secretary, St. Louis, Mo.

17. MEDICAL SOCIETY OF THE MISSOURI VALLEY, at Council Bluffs, Ia.

23-25. AMERICAN ACADEMY OF RAILWAY SURGEONS, at Chicago, Ill.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION, at Boston, Mass.

**PHARMACEUTICAL.**

A SAFE ANTIPYRETIC AND ANALGESIC FOR CHILDREN.—In the American Text-book of Diseases of Children, edited by Dr. Louis Starr, a long list of diseases is given in which Phenacetine may be employed with advantage as an antipyretic or analgesic. The following citations from this work will, however, suffice to illustrate its value in pediatric practice. In his remarks on antipyresis in measles Dr. Starr says: "Antipyretics are still on trial, but the safest is Phenacetine. This may be administered in an initial dose of one grain for any age between two and six years. If the temperature falls afterward, wait and observe the extent of the depression; if not, repeat the dose after the lapse of an hour; should this fail, gradually increase the amount to two or three grains. The first dose may be given when the temperature ranges above 103°, and the drug may be repeated as often as necessary to keep it below the point, the cardiac condition being carefully watched in the meantime." In the abnormally high fever of scarlatina Dr. M. P. Hatfield (ibid) finds that Phenacetine sometimes gives much comfort. With regard to the action of this remedy in typhoid fever Dr. C. W. Earle (ibid) remarks: "I can state with definiteness that from two to three grains of Phenacetine given to a child from eight to ten years of age with a temperature of 104° will reduce it almost without a doubt to 100° or 100.5°. I have tried this many times and can speak with confidence. This, in my judgment, is the best remedy at our disposal if we must administer a drug for the reduction of temperature." In the treatment of acute bronchitis Dr. W. S. Christopher (ibid) states that "the modern coal-tar antipyretics have a marked effect. They appear to act almost as specifics, diminishing the amount of secretion, lessening the severity and frequency of the cough, and relieving pain, without acting like opium in simply covering up symptoms. Of these the safest probably is Phenacetine. For an infant from six months to two years of age the following formula will be found useful: Phenacetine gr. 12 to 14, caffeine gr. 1 to 2. Div. in chart, No. 12. Sig.: Give one every four hours. The smaller dose may be used at six months and the larger at two years. For younger infants the dose should be reduced, and for older children slightly increased."

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

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### THE RÖNTGEN RAYS.

ILLUSTRATED BY SIXTEEN PHOTOGRAPHS.

READ BEFORE THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C., MAY 4, 1896.

*By Frank Leech, M. D.,*

Washington, D. C.

MR. PRESIDENT AND GENTLEMEN:— I wish to bring before you this evening a discovery which has very recently been brought forward, startling the laity and scientific world with its great possibilities. To my mind it is one of the greatest discoveries of the present century. I do not claim any originality for the matter here presented, but wish only to bring the subject up for discussion before our society.

Prof. Wm. Konrad Röntgen was born in 1845, near Zurich. He received his preliminary education in that city, but completed his studies and took his degree at Utrecht. He has been at Wurzburg for the past seven years as Professor of Physics. During this time he had made no discoveries of any particular importance until the present.

For several years he had been experimenting with the cathode rays of Hertz and Lenard. In the beginning of November, 1895, while engaged in this work with a Crookes tube covered with a black card-board shield, he noticed a black line across a piece of sensitized paper lying near by. He was unable to account for this, as the black card-board was known to be impervious to any light then discovered. He proceeded to experiment with other pieces of sensi-

tized paper and in a short time was convinced that it was a shadow through the card-board produced by the light from the tube.

From this beginning he went forward with his experimentation. In December he read a paper on the subject before the Physico-Medical Society of Wurzburg. For the first few days after the announcement of the discovery, little or no attention was paid to it other than that of a facetious character. When Röntgen's own report was published, however, other physicists became interested, and today the scientific world generally is experimenting with the new light. Thus a mere accident has given us what may prove to be the most useful diagnostic agent of the age.

The cathode rays discovered by Hertz and studied by his pupil Lenard differ from the Röntgen rays in a number of ways, viz.:

1. Röntgen's rays are not deflected by a magnet. Lenard's are.
2. Röntgen's absorb and diffuse less than Lenard's.
3. Röntgen's pierce several centimeters of wood, and a few millimeters of stone, glass, etc.

Lenard's penetrate only the thinnest films of glass, aluminum, etc.

4. Röntgen claims that his are born on the luminescent spot on the glass walls of the discharge tube, at which the cathode rays terminate. Lenard, that his emanate from the cathode itself.

The similarity lies:

1. In their photographic activity.
2. In their rectilinear propagation.
3. That in both it would seem that the total mass of molecules obtained in the unit volume of any substance really determined its transparency.

Professor Röntgen designates them X rays because they have no known place in the spectrum; X always standing for the unknown quantity in algebra.

The apparatus used generally in the production of the light is substantially as follows, viz.:

1. A dynamo or storage battery.
2. A four to ten inch Rhumkorf coil.
3. A Crookes tube.

In regard to the source of the current; if a dynamo is used it is necessary to control the current with a shunt or rheostats. Rhumkorf coils vary in size. Professor Smilie, National Museum, told me he was going to have a thirty-six inch one in operation in a few days.

A Crookes tube is a vacuum bulb with two platinum electrodes, which just penetrate the glass. They are very similar to the ordinary incandescent bulb, without the carbon filament. They vary in size and shape. I should have been pleased to have the apparatus here, so that I might demonstrate the workings, but was unable, however, to find anyone so obliging as to tender the use of the same.

Now, all being ready, we connect our tube with the current and almost immediately a cracking noise is heard from the tube and a faint yellowish-green light appears. It is hardly perceptible in the daylight, yet it has the power to penetrate substances impervious to every other known light.

The objects to be photographed are placed between the light and ordinary photographic plates. The more highly sensitized the plates the better the negatives, other things being equal. The plates are enclosed in an ordinary holder and either covered with a thin sheet of

aluminum or lead or are placed in an ordinary pasteboard box. The time of exposure varies with the thickness of the object and the perfection of the apparatus.

One other thing before I consider its application from a medical and surgical standpoint. Since the discovery of the rays several investigators, recognizing their effect on fluorescent substances, have perfected what is termed by Professor Magie of Princeton a skiascope and by Mr. Edison, a fluoroscope.

While the fluorescent screen is not a new thing, having been discovered some time ago, by both Röntgen and Lenard, still the improvements of Magie and Edison make it at once practical and cheap.

Edison is said to have tested the fluorescence of nearly eighteen hundred substances with the Röntgen rays. He states that the tungstate of calcium possesses six times the fluorescent power of double cyanide of barium and platinum (that being used by Professor Magie) and is very much cheaper.

The construction of the fluoroscope is very simple. A frame or cylinder, blackened inside, has one end covered in with pasteboard lined with a layer of tungstate of calcium, the other end, into which the observer looks, being protected with a dark cloth or feathers to keep out all light while in use. Now having your light and screen ready, you place the object to be observed between the two and you at once find projected on the screen an exact production or shadow as would be shown in a photograph. This can be done in a few moments, thus saving the time and trouble of making a photograph.

If you wish to photograph the object, first focus it on the screen and then place your plate-holder in the same position that the screen has occupied. Photographs are now made only as a matter of record.

As soon as the apparatus is reduced in price, it will be possible for any physician to keep one in his office for diagnostic purposes.

I come now to a brief consideration of the work that has already been done

and some of the possibilities from the standpoint of the medical profession.

*Medical.*—As yet it seems to be of little value for the examination of pathological processes in the viscera, owing to the great penetration of the light through the soft parts. However, you will note in the photograph of the infant taken by Dr. Morton, that a distinct outline of the thoracic and abdominal organs is seen. Dr. Morton in his report of this case states that there was found on autopsy a beginning hypostatic pneumonia at the base of the right lung. You will notice a slight difference in the shading at that point. In the negative the organs show more plainly than in the photograph. Difference in the time of exposure would also make much difference in the shadows. I show this photograph more to call attention to the bony structure. Notice how well every part of the skeleton is brought out, the vertebrae, long bones, etc. The ends of the bones, as yet cartilaginous, are missing. I consider this photograph one of the best I have yet seen.

Those interested in development find things never brought out before and ere long we will have pictures of the fetus from the beginning of bony development.

Mr. Sidney Rowland, in the *British Medical Journal*, February 8, 1896, states that Adolph and Lenz of Elberfeld have been able to get pictures of connective tissue. One of the investigators at the University of Missouri reports that the Klebs-Loeffler bacilli succumb to the rays. Dr. Welch, Johns Hopkins Hospital, and Dr. Sternberg, U. S. A., deny this.

Dr. W. W. Keen of Philadelphia reports the following specimens of bacteria exposed to the rays, namely, pink streptococcus, anthrax, micrococcus prodigiosus, micrococcus cereus flavus, sarcina aurantiaca, yellow sarcine and tubercle-bacillus; first for thirty minutes and then twice for fifteen. No lethal or even inhibitory effect was seemingly produced.

It is claimed that gall-stones can be detected, but Dr. Welch denies this, having made some negatives of beef-

steaks with gall stones interposed. There was nothing in the negative to show where the stones had been placed. Dr. Wm. Gray told me that he was also of this opinion.

The bony structure of the fetal head in a pelvis is very beautifully shown in the photograph by Dr. E. P. Davis of Philadelphia. The differential diagnosis of abdominal tumors from pregnancy is thus made easy. In the summer of 1895, I had a patient, a single woman, in whom, after a very careful examination under ether, a diagnosis of pregnancy of about three month's duration was made. Subsequent events proved, however, that it was a uterine myoma. This woman belongs to a highly respectable family and will always feel the effect of a wrong diagnosis. How easy it would have been to have gotten a picture of the pelvis and thus been able to make a correct diagnosis. Cases of this kind are constantly occurring.

*Surgical.*—Here is where the best results are being obtained. You have all no doubt viewed numerous photographs of hands and feet. They show how distinctly every part of well developed bone is reproduced. Dr. Keen, in the March number of the *American Journal of the Medical Sciences*, reports the detection of tubercular joints, dislocations, foreign bodies, etc., with the rays.

In fractures the rays can be projected on the part and looking into the fluoroscope you see the shadow of the bone, with any solution in the continuity that may exist. You may say fractures are simple things to diagnose; granted; yet how much harm has been done to the ends of the bone and periosteum by manipulation. If after your fracture is reduced and the dressing applied you wish to see if the ends of the bone are in position again, apply your light and you know exactly the condition of things. Dislocations may be detected in the same way.

Needles, shot and glass are easily located. Much harm has often been done by probing for bullets. This may now be avoided; they being easily located and if necessary removed. Lead and steel being more opaque than bone show

well wherever imbedded. In the case of the late President Garfield it would no doubt have been easy to have located the bullet which caused his death.

The differential diagnosis between hemorrhage into the spinal cord and fracture of vertebrae, also concussion of the brain and fracture of the skull, will come within the scope of the rays. Professor Neusser of Vienna has detected calcareous deposits in the liver, kidneys and bladder of living subjects.

A few days since I saw the report of a case where the scalp was exposed to the rays for the location of a bullet and in a few days afterwards all the hair came out at that point.

Professor Smilie, National Museum, Dr. Wm. Gray, Army Medical Museum, Dr. Kinyoun, Marine Hospital Service, Professor Hodgkins, Columbian University, and a number of others in this city, are at present engaged in experimenting with the rays.

I am indebted to Professor Smilie and Dr. Gray for much of my information as to the apparatus and light. Professor Smilie has made some good negatives of reptiles and animals. Dr. Gray showed me a negative of a hand with a piece of aluminum and a silver quarter interposed, which was excellent.

He is going to make a series of Colles' fractures, which will no doubt be interesting and instructive.

A number of excellent articles have appeared in the secular and medical journals on this subject, among others, "Apparatus in the Application of the Röntgen Rays," by Professor Magie of Princeton; "Surgical Diagnosis with the Röntgen Rays," by Dr. Keen of Philadelphia; "Infant Body and Pregnant Woman with the Röntgen Rays," by Dr. E. P. Davis, all in the March number of the *American Journal of the Medical Sciences*; "Joint Application of the Röntgen Rays and Fluoroscope," by Dr. J. Mount Bleyer, *New York Medical Journal*, April 25, 1896; and a number of articles by Dr. Wm. J. Morton, in the *New York Medical Journal*.

In conclusion I will say that with the improvements which are constantly being made in the apparatus, we should not be surprised at anything the light will do.

However, if it stops now and never makes any further advances, we still have what in many ways will prove a great benefit to the physician and should always hold the name of Röntgen among that of the greatest physicists the world has ever known.

**MORTALITY RATE OF DOCTORS.**—In the *Medical Examiner* for April, Dr. Geo. W. Wells, Medical Director of the Manhattan Life Insurance Company, gives a table, says the *Clinical Recorder*, showing the comparative mortality of men, 25 to 65 years of age, in different occupations. Taking clergymen, the longest lived of all, as the standard at 100, he finds that the only ones that approach them in longevity are the gardeners 108 and the farmers at 114, lawyers are 152 and clerks and shopkeepers are about the same. Physicians are far down the list, ranking with butchers at a little over 200. Thus the minister has twice as good a chance of reaching the age of 65 as the doctor has. It is some consolation to see, however, that brewers are rated at 245, liquor dealers

at 274, and hotel servants at 397. With the exception of those in the liquor business, these make up what is known as preferred risks; and the doctor makes a poor showing. Only the bookbinder and the butcher make a worse one; the first probably because he inhales the dust of paper made of tubercle and other germ-saturated rags, and the butcher because of his liability to septic and other infection. Verily, as Hufeland wrote in his work "On the Art of Prolonging Life:" "Physicians, who so abundantly dispense to others the means of health and life, ought to claim here a distinguished place, but unfortunately, this is not the case. It may be said of them in general, in serving others they are consumed, in healing others they are destroyed."



# THE HISTOLOGICAL DIFFERENCES BETWEEN THE LIGHT AND DARK MUSCLES OF THE FOWL.

By Geo. D. Green, B. S.,

Associate in Biology, State College, Pennsylvania.

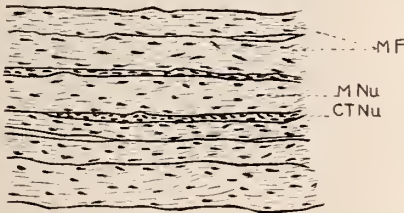
IN view of the fact that there is a difference in the nutrient qualities of the white and dark meat of the fowl, it was attempted in this work, which was part of a thesis undertaken in the Biological Laboratory of the Pennsylvania State College for the degree of B. S., to ascertain whether there is any histological difference in the structure of these muscles.

If no difference of this kind exists, then the difference must be a chemical one. Pieces of definite form were taken from the breast and thigh muscles of an old fowl, and hardened separately in absolute alcohol, chromic and picric acids; these were allowed to harden for about two weeks, stained in borax-car-

mine, and cut by the paraffine method. of each kind of muscle gave an average diameter of about 4.51 m. per fiber, but on a further examination it became apparent that, while the dark fibers were of almost uniform size, the white ones were very irregular, some being as large as 10 m. while others were only 3 m.

The position of the nuclei was the most marked difference between the two kinds of fibers, the nuclei of the white being scattered equally through the muscle substance of the whole fiber, though by a cross section it is impossible to determine whether the number of nuclei in a fiber is proportional to the whole amount of fiber substance, or not.

Almost no nuclei can be seen outside the sarcolemma in the spaces between



LONGITUDINAL SECTION OF LIGHT MUSCLE.

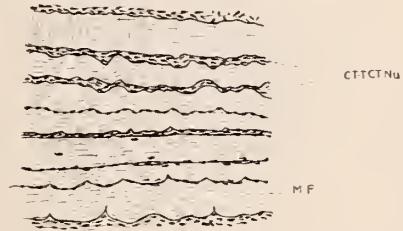
mine, and cut by the paraffine method.

Longitudinal and cross sections were made, and on examination, the sections of the muscle, which was hardened in picric acid, were found to be worthless, the action of the hardening agent and the borax-carmines stain forming a picrocarmines, which for nuclear staining is worthless.

This stain proving of no value, other specimens were taken from material hardened in absolute alcohol and also from chromic acid. These were stained in Delafield's hematoxylin and mounted in the same manner as the others.

A careful microscopic examination and comparison of the mounted specimens gave the following results.

An examination of twenty-six fibers



LONGITUDINAL SECTION OF DARK MUSCLE.

the fibers, which indicates an almost entire absence of connective tissue.

But the fact that some nuclei do stain offsets any possible doubt as to whether this process of preparation brings out the connective tissue or not. The exact opposite occurs in the dark muscle; there but few nuclei occur in the fiber substance, and these almost without exception occupy a position close against the sarcolemma, between it and the fiber substance.

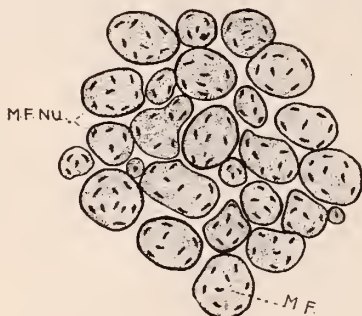
The presence of these few nuclei is an important fact, for if none were seen it might be supposed that they were present, but had not stained, but if any stain all that are present should.

The connective tissue of the dark muscle contains many nuclei. Between

all the fibers are masses of them, out-numbering those of the fibers themselves about ten to one. This is a difference which is at once noticed on inspection, both the alcoholic and chromic specimens showing this particularly well, the chromic, if anything, the better.

This abundance of connective tissue nuclei is shown particularly well in the longitudinal sections; the fibers here do not seem to be as easily broken and crushed by the cutting process, and retain more of their original form and position, the connective tissue seeming to bind the adjacent fibers closer together and forming a more compact mass, which probably increases the muscular strength.

The white muscle fibers contain much the greater number of nuclei; this is brought out well by both the cross and



CROSS SECTION OF LIGHT MUSCLE.

longitudinal sections of the alcoholic and chromic hardened muscle. The proportional number of fiber nuclei in the white and dark muscles is probably about ten to one, the same as the proportion between the fiber and connective tissue nuclei of the dark muscle.

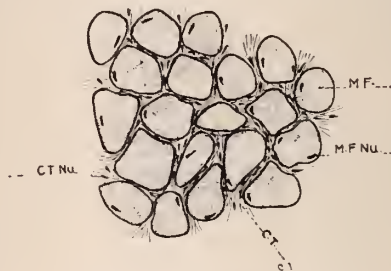
It is very difficult to estimate the exact difference in number of the nuclei in the two kinds of muscle; many factors, as the place where the fiber is cut, whether it is cut at right angles in the cross sections, and the presence of nuclei in the underlying fibers in the longitudinal sections, enter in to make the process a complicated one.

The difference in amount of connective tissue varies in the same manner as the number of connective tissue nuclei,

the dark muscle having the greater amount. This may serve to keep the amount of contraction in the dark muscle more uniform than in the white, and may have been acquired by natural selection, as a property beneficial to the muscle.

Examination of the longitudinal sections brings out the fact that there is a difference in the amount of contraction of the muscle fibers, the white muscle presenting no apparent difference in the amount of contraction of its fibers.

The method of contraction in white, or little used fibers, may be different from that of the dark ones. It may be a thickening of the fibers without causing any bulging to one side or the other. The absence of connective tissue may also cause a difference, allowing each fiber to contract, all that is nec-



CROSS SECTION OF DARK MUSCLE.

M.F.—Muscle fiber. M. F. NU.—Muscle fiber nucleus. C.T.—Connective tissue. C.T. NU.—Connective tissue nucleus.

essary without interfering in any way with those which are in contact with it.

The difference in size of the fibers, as seen in cross sections, may be due to this manner of contraction.

The dark muscle shows the difference in amount of contraction of the individual fibers most markedly, fibers in almost all stages of contraction being seen lying side by side; this is undoubtedly due to the greater amount of connective tissue contained between the muscle fibers, this tissue binding the fibers together and thus limiting their freedom of individual contraction, which in this case is particularly marked on account of the unequal amount of contraction of the muscle in dying.

It is very probable that these facts

may have some bearing on digestion and nutrition. It is a well-known fact that white muscle fibers are easier to digest and more nutritious than dark; this may be due to one or all of three factors.

First, the difference in amount of connective tissue contained in the two muscles.

Second, the difference in number and kinds of nuclei of the muscles.

Third, the difference in the specialized properties of the protoplasm itself. Connective tissue is very slow to digest, much being found in the feces almost unacted upon. This of course would render dark muscle harder to be acted on by the stomach juices than the white.

Dark muscle would then contain much less nutritive matter in proportion to the amount eaten than the white. The condition of the individual must also be taken into consideration, a healthy person being much less affected by a difference of this kind in digestion than a weak one.

The difference in the number of nuclei may also affect the properties of the muscle. It has not yet been definitely proven whether or not the nuclear substance is easily digested, or when di-

gested is of a nutritious nature. In regard to this factor, the two kinds of muscle would in a way compensate each other, the white muscle containing the greatest number of fiber nuclei and the dark containing the greater number of connective tissue nuclei, but these latter may, on account of the indigestibility of the connective tissue which contains them, be at a disadvantage and not be fully acted on by the stomach, while those of the white would.

Again, the white fibers may possess certain specialized properties which render them easier to digest than the dark; but this is mere conjecture and yet remains to be established. To summarize: The chief histological differences between the two kinds of muscles are:

First. The dark muscle contains a great deal of connective tissue, while the white contains very little.

Second. Connective tissue nuclei are very abundant in dark muscle, and very scarce in the other kind.

Third. White muscle contains many more (about ten times) nuclei in the muscle substance, than the dark muscle.

Fourth. Dark muscle fibers are of very uniform diameter, white muscle fibers varying greatly in this regard.

**THE NEW NURSE.**—Under the above caption, a recent editorial in the *Practitioner*, quoted in the *Pacific Medical Journal*, contains the following well-timed criticism: "The first volume of Professor Clifford Albutt's monumental 'System of Medicine,' which has recently appeared, contains an article written by a nurse. This is a somewhat startling sign of the times. Doctors were formerly supposed to teach nurses; now, apparently, the nurses are to teach the doctors. The next thing will probably be courses of instruction in nursing for medical men, who must at least be taught their places in relation to the New Nurse. This knowledge is becoming more and more necessary to the practitioner and the want of it is likely to get him into trouble. The New Nurse waxes every day fatter, figuratively speaking, and 'kicks' more vig-

orously. She is no longer, it would seem, contented with a certificate; she must have a degree. At least 'post-graduate' lectures are given by learned ladies and reported in the *Nursing Record* for her edification. 'Exhibitions' are arranged where medical and surgical appliances of all kinds are displayed to the admiration of the public and the greater glory of the New Nurse. Her tastes are strongly surgical and she has a scarcely concealed contempt for the general practitioner. Even the hospital physician is made to feel that his attempts to hide his ignorance do not impose on her. If his cases recover, the credit is hers; if they do not, the fault is his. She is more tolerant of the student, for—to say nothing of his possibilities from a matrimonial point of view—he is more conscious of his inferiority and grateful for her patronage."

## Society Reports.

### CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

MEETING HELD MAY 4, 1896.

At the meeting of the Clinico-Pathological Society of Washington, D. C., held May 4, 1896, at the office of Dr. Dillenback, the following pathological specimens were presented by Dr. Cole:

1. Ovarian cyst removed from a patient suffering from septic peritonitis due to ruptured tube connected with the cyst.

There were no unusual features about the case except the extensive and strong adhesions. The wound healed by first intention; on the 21st day the bowels of the patient were neglected by the nurse; he was hastily summoned and found a boggy mass, and manipulation caused the exudation of some fecal matter, and a fecal fistula was revealed. A small sinus still exists, and the patient has sufficiently recovered to be walking about.

2. Specimen of a breast removed from a woman 40 years old. The tumor had all the clinical features of a cancer, and although the history of the case indicated that it had been in existence but four months, immediate removal was advised and accepted. The axillary glands were also removed. The appearance of the growth would indicate it to be of the scirrhous variety; no microscopic examination had been made.

*Dr. Van Rensselaer* thought that the fecal fistula in the ovarian cyst case might possibly have been produced in this manner. In removing the cyst the breaking down of the adhesion might have resulted in injury of the intestines and this resulted in the fecal fistula.

*Dr. Kelley* said that it was a common thing for these fecal fistulae to follow laparotomy operations. He has seen quite a number of them and they usually cure themselves. Operation for the relief of these fistulae proves a very difficult and unsatisfactory one. He would not advise an operation on a case like that cited by *Dr. Cole*, for at least

a year, as it will most probably heal up itself in that time.

*Dr. Cole* agreed with *Dr. Kelley* in the plan of letting alone these fecal fistulae for some time in the hope of their healing. As to *Dr. Van Rensselaer's* idea of injury to the intestines being the primary cause of the fistula, he would say that as it occurred twenty-one days after the operation, and after the patient had been neglected by the nurse, it was not in his opinion a probable cause.

Sloughing of the adhesions themselves is sufficient to cause this condition. *Dr. Van Rensselaer* said that he meant that the sloughing of the adhesions was the cause to which he referred rather than any direct injury of the adhesions.

The paper of the evening was read by *Dr. Frank Leech*, subject, THE RÖNTGEN RAYS. (See page 345.)

*Dr. Van Rensselaer* opened the discussion by saying that all were very much interested in the subject of *Dr. Leech's* paper, and he was much impressed with the care displayed by the author in the preparation of his paper. This is indeed an age of wonderful discoveries and the Röntgen rays is certainly one of the most notable of them.

It is impossible to tell what wonderful results may be accomplished by this means; for instance, what effect the light may have on the life of micrococci. The rays might be made to penetrate into visceral organs in which these micro-organisms may be lodged and accomplish their destruction. In surgery the application of this light is very patent. He regrets that he has no personal acquaintance with the apparatus, as he did not know of its being used in the city at present.

*Dr. Deale* said that the discussion of the paper was not free because it was a subject with which few of us have any personal knowledge. The consolidation in the lung of a child as shown by one of the plates was a very interesting specimen to him, also the one showing calcareous deposits in the liver. What an advantage this will prove to us. Most of the papers written on this subject that he has seen describe the great

advantage that the rays will prove to the surgeon; we are indebted to Dr. Leech for having collated points relating to the medical advantage resulting from this discovery.

*Dr. Glazebrook* cannot see why or how a hepatized lung shows out and a liver in practically the same condition does not appear. He does not discredit the great advantage the rays promise to the surgeon. It is a popular idea that an agent strong enough to kill germs in the body will at the same time be apt to kill the tissue in which these germs are located.

*Dr. Leech* said in closing that in regard to the deleterious effects of the light on tissues generally, he has read of none with the exception of its depilatory action on the scalp. A pregnant woman has been exposed to its effects for two hours without any ill effect. He thinks that the rays would show the liver in a diseased condition as well as the lung.

R. T. HOLDEN, M. D.,  
Secretary.

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### Medical Progress.

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THE EARLY ABORTIVE TREATMENT OF SUMMER DIARRHEA.—As we are now passing through the season of the year when the gastro-intestinal diseases of infants form the larger part of pediatric practice, it may be well, says the *American Medico-Surgical Bulletin*, to consider briefly the measures which may be adopted to check these disorders in their inception, for at such a time it undoubtedly lies within our power to limit both the severity and the duration of the process. It is the neglected cases, and especially those which have been allowed by the parents to continue some days untreated under the erroneous impression that diarrhea is a natural or even conservative accompaniment of dentition, that prove most intractable and go on to the formation of destructive lesions of the intestinal mucosa.

Passing quickly over those cases in which fruits and partially cooked cereals and vegetables act as foreign sub-

stances in the intestine, causing disturbance of function without fever—cases which are readily relieved by the evacuation of the offending material by castor oil—we come to another class in which the stomachic and intestinal indigestion is accompanied by increased temperature. These, too, are readily relieved, as a rule, if treated early in their course by the administration of calomel in small, divided doses, if there be gastric irritability, or castor oil as before, if that can be retained. In either of the foregoing groups minute doses of opium may be given to control excessive peristalsis; but, as in all instances in which this drug is administered in childhood, it should be given alone and not combined with other mixtures, with a clear idea of its purpose, and with instructions that it be stopped as soon as the desired end is attained. For at least a week the diet should consist of the simplest and most digestible articles.

It is, however, the class of so-called summer diarrhea which especially engage our attention during the heated term. Inasmuch as these occur almost exclusively in children who are bottle-fed and in but the rarest instance among infants who are nourished entirely at the breast, the dependence of these troubles upon artificial feeding becomes evident. Our recently acquired knowledge of the rapid multiplication of bacteria in milk and their production of poisonous ptomaines under the favoring influence of high atmospheric temperature points us irresistibly to impure or contaminated cows as the causative factor in the development of the majority of these cases. To continue the administration of cow's milk under these circumstances is but to add fuel to the fire and to furnish a suitable pabulum for the further development of such bacteria as have already been ingested.

The natural conclusion, therefore, would be that if the alimentary canal were promptly and thoroughly evacuated and cow's milk withheld, the process would be checked in its inception. This idea is confirmed by the experience of those who have rigidly followed this

plan. If the case is a mild one the exhibition of castor oil or calomel may be sufficient. If, however, there be much vomiting, thorough washing out of the stomach is indicated, using warm water and the usual funnel and tube apparatus. If the temperature is high, and the stools foul with abundant flatus, the colon should also be freely irrigated with a saline solution (1 dr. to the pint), using two to four quarts of the solution. These procedures are not exhausting, but, on the contrary, usually relieve the restlessness of the patient, and are often followed by quiet sleep. The temperature is also favorably influenced. As the small intestine has not been reached by either lavage or irrigation, calomel in small, divided doses may now be given.

Thirst should be relieved by small quantities of cool barley-water, egg-albumen water, the carbonated mineral waters, or even simple boiled water; but if vomiting continues even these should be withheld for some hours. After twelve or more hours, feeding may be cautiously resumed with the egg-albumen water, the various preparations of beef or its peptonoids, barley water, or whey. These given at suitable intervals furnish ample nourishment for forty-eight to seventy-two hours. At this juncture some of the malted foods often stand us in good stead, but their tendency to increase the frequency of the stools should be remembered. If the child has been partially nourished at the breast, or breast milk is attainable, nursing may be begun after twenty-four hours, but at long intervals and for very short periods. Opium, as before, should only be used to control excessive peristalsis when the temperature is not high and the stools large and frequent, otherwise we simply lock up in the intestines the fermenting and putrefying substances which nature is endeavoring to eliminate. Bismuth subnitrate is the blandest and most valuable of the intestinal antiseptics, but is useless in doses of less than ten or more grains every two hours. It is best given in mucilaginous suspension. Cow's milk in any form should be absolutely withheld for

two to three days, and when resumed must be tried cautiously very much diluted and better, also, peptonized.

In this manner we believe that much of the gastro-intestinal disturbance of infants in summer may be cut short. Under no circumstances should we be led by the anxiety of the friends to resume cow's milk during the acute symptoms before convalescence is established. This will only lead to relapse and disappointment.

\* \* \*

THE DISINFECTION OF BOOKS BY VAPOR OF FORMALIN.—At the instigation of Dr. John S. Billings, Elmer Grant Horton, B. S., Thomas Scott Fellow in Hygiene in the University of Pennsylvania, tested the disinfecting powers of the vapor of formalin on library books. His conclusions, which are noted in the *Medical News*, are as follows:

1. Books can be disinfected in a closed space, simply by vapor of commercial formalin, by using 1 c.c. of formalin to 300 c.c. or less of air.

2. The vapor of formalin is rapid in its disinfectant action. The effect produced in the first fifteen minutes is practically equivalent to that observed after twenty-four hours.

3. An increase in the amount of air to each c.c. of formalin is not counterbalanced by an increase in the length of time of exposure.

4. In case the disinfection has been incomplete, the vitality of the organisms has been so weakened that they survive only if transferred in a few hours to media suitable for their development.

5. The use of vapor of formalin is not detrimental as far as observed in any manner to the books, nor is it objectionable to the operator beyond a temporary irritation of the nose and eyes somewhat similar to that produced by ammonia.

\* \* \*

SERO-THERAPY IN TUBERCULOSIS.—Paul Paquin, M. D., of St. Louis, member of the State Board of Health of Missouri, delivered before the American Medical Association (*Journal of the American Medical Association*) an interesting report of cases by various phy-

sicians on treatment of tuberculosis by serum, of which we give an abstract.

The report made the American Medical Association by Dr. Paquin in 1895, on the value of serum in tuberculosis, is confirmed, and a number of new clinical reports, giving recoveries and referring to favorable report of more than sixty physicians in America using the serum, and the recent work of Maragliano of Genoa; Behring of Berlin; Roux of Paris; Winternich, Foa, et al., is cited in further confirmation.

The close similarity in production and in action between the serum for tuberculosis and the serum for diphtheria is pointed out with such differences as are due to the life and habits of the differing germs.

Phagocytosis is declared the basis of the defense of the body from micro-organic diseases, and to be the chief power of the antitoxines.

Inoculating the horse repeatedly with increasing quantities of a certain toxine, nature produces the corresponding antitoxine. This explains the toleration of the animal to subsequent increasing doses of toxine. The antitoxine, in a physiological way, neutralizes the toxine; and thus prepared for man, neutralizes the toxine generated in his body, controls the attendant irritation of adjacent tissue, whereby the medium for germ growth is obtained, and enables nature to throw off and destroy the germ itself. The drain of this vital chemistry is put on the powerful system of the horse, and the antitoxine delivered in the serum to man without any drain on the human system, which would attend the use of tuberculine (a toxine) in man.

The serum effect must not, however, be overestimated, expected to replace lost tissue, restore fatal lesions, or revive the moribund.

It is of radical and extreme importance to diagnose tuberculosis at the earliest possible moment before too grave mixed infection takes place, or lesions necessarily fatal occur.

ITCHING.—Dr. L. Duncan Bulkley recommends in the *Medical Record* a one to two per cent. solution of the perman-

ganate of potassium in eczema and other pruritic eruptions. This is brushed or mopped over the surface and allowed to dry, which it does very quickly. The well-known brilliantly-pink or magenta-colored fluid turns very soon to a medium dark-brown, staining the skin for some little time, and is finally thrown off by exfoliation of the tissues which it has oxidized.

Thus far I have used it mostly on subacute eczema, exhibiting patches of erythematous or papulo-squamous surface. I have not commonly employed it on moist or weeping surfaces, but recently a patient applied it to such on the thigh with most beneficial effects. It may sting or smart a little if the surface be at all abraded, but this is never complained of, and patients speak only of the immediate relief from the itching in the part which it affords.

\* \* \*

DURATION OF PHTHISIS. — H a n o t (*British Medical Journal*) discusses the question of the duration of chronic pulmonary phthisis. The entire length of any given case is difficult to determine; there is always a latent and an apparent stage. The chronicity of phthisis is intimately connected with either sclerotic transformation of the primary tuberculous lesion, or with calcareous or cretaceous transformation of caseous foci. The lesion itself is a result, and not important; and not it, but its seat or method of invasion determines the evolution of the disease. Not only the degree of virulence of the micro-organism, but the resistance offered to it have to be considered. Indeed, the soil plays a more important part in chronic pulmonary phthisis than in almost any other infectious disease. Influences which hasten or retard the disease may be dependent on special properties of the individual, or of the micro-organism concerned, or upon cosmic and social media, or upon accidental pathological surroundings, or injudicious medication. After the onset of the disease, impure air, dark rooms and unsuitable food tell unfavorably upon it. In those subject to great mental depression, such as prisoners, in the

overworked and badly fed, as were the soldiers during the siege of Paris, Hanot has observed a tendency to collapse, a rapid course of the disease, and at the same time marked disproportion between the general and local conditions.

Hospital nurses seem to be especially liable to phthisis. Cold is very prejudicial, often provoking relapses. Pregnancy and lactation exert a prejudicial influence. Among intercurrent pathological conditions it has been claimed that cardio-vascular hypertrophy is a potent predisposing cause. Influenza and syphilis certainly aggravate the disease; the use of alcohol accelerates it. Serofibrinous pleurisy, or pleural suppuration, or pneumonia occurring in the course of phthisis, does not seem to hasten its evolution. Tuberculous laryngitis, or participation of liver, brain, or meninges, in the tuberculous process are of capital importance. Mistakes in the administration of drugs—for example, giving iron where there is liability to hemoptysis, impure cod-liver oil, creasote to the derangement of the digestion, or improper purgatives—may aggravate the disease. Phthisis associated with emphysema, as well as the fibroid variety found in arthritic subjects, run a slow course. Chlorosis does not predispose to phthisis and no definite conclusions can be stated with regard to the course taken by phthisis in scrofulous individuals. Age exerts a great influence in the prognosis, sex none at all.

\* \* \*

ANTITOXINE INVESTIGATION. — The following summary of the report of the recent collective investigation is important enough to be recorded in full :

1. The report includes returns from 615 physicians. Of this number more than 600 have pronounced themselves as strongly in favor of the serum treatment, the great majority being enthusiastic in its advocacy.

2. The cases included have been drawn from localities widely separated from each other, so that any peculiarity of local conditions to which might be ascribed the favorable reports must be excluded.

3. The report includes the record of every case returned except those in which the evidence of diphtheria was clearly questionable. It will be noted that doubtful cases which recovered have been excluded, while doubtful cases which were fatal have been included.

4. No new cases of sudden death immediately after injection have been returned.

5. The number of cases injected reasonably early in which the serum appeared not to influence the progress of the disease was but 19, these being made up of 9 cases of somewhat doubtful diagnosis; 4 cases of diphtheria complicating measles, and 3 malignant cases in which the progress was so rapid that the cases had passed beyond any reasonable prospect of recovery before the serum was used. In two of these the serum was of uncertain strength and of doubtful value.

6. The number of cases in which the patients appeared to have been made worse by serum were three, and among these there is only one new case in which the result may fairly be attributed to the injection.

7. The general mortality in the 5794 cases reported was 12.3 per cent.; excluding the cases moribund at the time of injection or dying within twenty-four hours, it was 8.8 per cent.

8. The most striking improvement was seen in the cases injected during the first three days. Of 4120 such cases the mortality was 7.3 per cent.; excluding cases moribund at the time of injection or dying within twenty-four hours, it was 4.8 per cent.

9. The mortality of 1448 cases injected on or after the fourth day was 27 per cent.

10. The most convincing argument, and to the minds of the committee an absolutely unanswerable one, in favor of serum therapy is found in the results obtained in the 1256 laryngeal cases (membranous croup). In one-half of these recovery took place without operation, in a large proportion of which the symptoms of stenosis were severe. Of the 533 cases in which intubation was performed the mortality was 25.9 per



cent., or less than half as great as has ever been reported by any other method of treatment.

11. The proportion of cases of broncho-pneumonia—5.9 per cent.—is very small and in striking contrast to results published from hospital sources.

12. As against the two or three instances in which the serum is believed to have acted unfavorably upon the heart might be cited a large number in which there was a distinct improvement in the heart's action after the serum was injected.

13. There is very little, if any, evidence to show that nephritis was caused in any case by the injection of serum. The number of cases of genuine nephritis is remarkably small, the deaths from that source numbering but fifteen.

14. The effect of the serum on the nervous system is less marked than upon any other part of the body, paralytic sequelae being recorded in 9.7 per cent. of the cases, the reports going to show that the protection afforded by the serum is not great unless injections are made very early.

The Committee feels that this has been such a responsible task that it has thought best to state the principle which has guided it in making up the returns. While it has endeavored to present the favorable results with judicial fairness, it has also tried to give equal or even greater prominence to cases unfavorable to antitoxine.

In conclusion the Committee desires in behalf of the Society to express its thanks to members of the profession who have coöperated so actively in this investigation, and to Dr. A. R. Guerard for the preparation of the statistical tables.

Committee :

L. EMMET HOLT, M. D.,  
W. P. NORTHRUP, M. D.,  
JOSEPH O'DWYER, M. D.,  
SAMUEL S. ADAMS, M. D.

THE ACTION OF THE SOCIETY UPON THE  
REPORT.

At the close of its presentation, the Society voted to accept the report of the Committee and after a full discussion it

was decided to embody its conclusions in the following resolutions :

1. *Dosage.* For a child over two years old, the dosage of antitoxine should be in all laryngeal cases with stenosis, and in all other severe cases, 1500 to 2000 units for the first injection, to be repeated in from eighteen to twenty-four hours if there is no improvement ; a third dose after a similar interval if necessary. For severe cases in children under two years, and for mild cases over that age, the initial dose should be 1000 units, to be repeated as above if necessary ; a second dose is not usually required. The dosage should always be estimated in antitoxine units and not of the amount of serum.

2. *Quality of Antitoxine.* The most concentrated strength of an absolutely reliable preparation.

3. *Time of Administration.* Antitoxine should be administered as early as possible on a clinical diagnosis, not waiting for a bacteriological culture. However late the first observation is made, an injection should be given unless the progress of the case is favorable and satisfactory.

The Committee was appointed to continue its work for another year and was requested to issue another circular asking for the further coöperation of the profession, this circular to be sent out as soon as possible in order that physicians may record their cases as they occur through the coming year.

\* \* \*

PHOTOGRAPHING THE RETINA.—M. Guinkoff, at a recent meeting of the Paris Academy of Sciences, stated that he has succeeded in photographing the retina. He experimented on himself, and succeeded in photographing the retina of the left eye. The clinical advantages of this method are important ; the retina is faithfully represented in less than two seconds on the unpolished plate. The apparatus can thus serve as an ophthalmoscope, and any number can observe the results ; with an ophthalmoscope, only three at a time at the utmost can do so. M. Guinkoff is improving the photographic apparatus he has invented.

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BALTIMORE, AUGUST 29, 1896.

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It is in the hot, sticky weather that flies gather and torment the strong as well as the sick. The old question as to the spread of disease by flies is brought up each year when the tenacity with which flies stick and bite in the hot weather is noticed, and also their fondness for carrion and unclean spots.

In the consumptive hospital precautions are taken that no flies enter the sick-room by the use of proper screens and the sputum is kept in tightly covered spit boxes while no dirt is allowed to come on the bedclothes.

But in insane asylums and places where irresponsible persons are gathered and where tuberculosis, as Dr. W. B. Aylett notes in the *Virginia Medical Semi-Monthly*, is prevalent the danger of carrying contagion is very great. The flies help to spread the bacilli about the room and carry off and probably deposit thousands of the hardy bacilli or their spores on food which is taken by susceptible persons. Dr. Aylett found many bacilli in spots made by flies and probably if he had teased out a

fly and examined its organs he would have found many tubercle bacilli inside.

These dangers have to be thought of and in asylums where the insane are gathered where tuberculosis is not infrequent severe precautions should be taken.

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It is well-known that a very large percentage of deaths in children from diphtheria are due to lobar pneumonia resulting from a mixed infection by the bacilli of diphtheria and streptococci. What conditions predispose to this pneumonic infection and how they may be avoided are questions of exceeding interest.

The whole subject was discussed in a very earnest way at a recent meeting of the New York Academy of Medicine by physicians connected with the Willard Parker Hospital and others engaged exclusively in private practice.

This complicating pneumonia, the cause in some diphtheria epidemics of more than one-half the deaths, is uncontrolled by the diphtheria antitoxine. Some hold that the injections put off the pneumonia to a later date, others believed that it favors the occurrence of pneumonia. A promising streptococcus antitoxine has not yet been made. Some hope that it will be found and that the injections of the two antitoxines will control both diphtheria and its pneumonia.

While the battle over the bacterial agency in these diseases is surging to and fro, the practitioner hangs anxiously on the edge of the conflict in the hope that some words of value to his own patients, upon whom he dislikes to risk dangerous experiments, may come to the surface.

Some of the physicians in the Academy relied on poultices of shaved ice mixed with sawdust and stitched up in cheesecloth placed on the inflamed chest as a routine treatment for the high fever which ushers in and in fact gives warning of the pneumonia. Others confess in a rather apologetic way that they preferred warm applications, on the unscientific plea that they were more comfortable. Filling the air of the room with warm antiseptic vapors was voted injurious. Digitalis was condemned; nitro-glycerine is the proper thing. Tilting up the bed-foot some sixteen inches was much liked, to favor lung drain-

age. One debater objected to this that the children usually adjusted things by lying with their heads to the bed-foot.

One of the Willard Parker Hospital doctors made the most startling confession that for the last two years (up to January 1, 1896) the diphtheria wards had been kept at 80° and that of course good ventilation could not be secured in winter, another having just stated that during that period broncho-pneumonia had "absorbed the attention" of the staff, and that but half the floor space had been given during epidemics to each bed that was usually given in non-infectious hospitals! Oxygen inhalations were favored by one debater, but another would seek the same result by pumping carbonic acid gas into the rectum, having treated whooping-cough (doubtless successfully) in that way. Nothing was said about the careful feeding of the patient, the securing of sleep, the daily ventilation of the chamber and other essentials of olden time which have now been superseded by attempts to kill the streptococcus.

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LUMBAR puncture is the thing now in pediatrics. It is an excellent subject for experimentation, as tubercular meningitis, for which it is recommended, is invariably fatal and the method may by a bare possibility lead the way to some other method which will prove of therapeutic value.

In the *Archives of Pediatrics*, August, 1896, three articles by Drs. A. Caillé, A. H. Wentworth and C. G. Jennings are given upon the subject, which well deserve consideration. It is shown that as a rule lumbar puncture is harmless, both in the healthy and in the meningitic, if done under real antiseptic precautions.

One case is given in which the needle, an antitoxine needle, broke and another in which a pulse of 150 followed aspiration. Whether clearness and cloudiness of the fluid withdrawn are absolutely diagnostic of health and of meningitis respectively is disputed. Certainly the tubercular bacilli cannot always be detected in the fluid of patients known to have tuberculosis.

Therapeutically, lumbar puncture has not yet been of any permanent or curative value. The points of difficulty are that inflammatory exudations are often shut in upon the brain by adhesions and that eventually fatal tuber-

culosis of the lungs is so often present in tubercular meningitis.

\* \* \*

A TYPICAL example of this disease (very rare in children) is reported by Dr. Koplek in the *Archives of Pediatrics*, March, 1896. A girl 6½ years old at the date of the report, previously healthy, was taken a year before with fever and chills lasting two weeks and accompanied by pains in the feet. The fever and chills ceased, leaving the legs and feet aching and sensitive and walking painful.

Soon the ankle swelled. In a month the pain attacked the hands and wrists, which swelled. A few weeks later the knees became painful and enlarged, and walking was given up. Later the atlas-axis joint became involved, and the elbows. When first seen the forearms and legs were semi-flexed and extension gave a strained feeling. The head was also semi-flexed and could not be extended. The elbows, wrists, hips, knees and ankles and toe joints were all enlarged. Later they became more rigid. The pains were worse at night. She slept sitting up, bending forward.

All sorts of remedies were tried without avail. Arthritis deformans seem to be of nervous origin. It is not at all understood.

\* \* \*

THE latest of the physical phenomena observed among bicycle riders to receive medical study and investigation is bicycle fright. The *Medical Record* explains the phenomenon on psychological principles and characterizes it as a distinct and well recognized form of nervous perturbation. Under certain conditions the passive machine becomes, by a mental perversity of the rider, an uncontrollable and active agent of an apparently unavoidable accident. So far from having any proper will force in the matter, the rider appears to aid the perverse and calamitous tendency. One of the remedies suggested, says the *Record*, is to look away from rather than toward the object to be avoided, fixing the gaze ahead and only in the direction in which the machine should be steered. On the same principle, it is uniformly advised that the rider should never look at the revolving wheel or the moving pedals.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 22, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		1
Phthisis Pulmonalis.....		19
Measles.....	2	
Whooping Cough.....	1	3
Pseudo-membranous Croup and Diphtheria. }	10	6
Mumps.....		
Scarlet fever.....	4	
Varioloid.....		
Varicella.....		
Typhoid fever.....	14	3

The new hospital to be built in Boston, the gift of Peter Brigham, is to be open to indigent poor only. It will cost nearly \$4,000,000.

The new building for the department of dentistry to be erected by the University of Pennsylvania is expected to be completed within a year, at a cost of \$120,000.

The Skin and Cancer Hospital of New York is erecting a new building at a cost of \$80,000. It will contain all modern improvements, including a complete system of baths.

Dr. Calvin C. Chaffee, who died in Springfield, Mass., on the 7th inst., attained the age of 85 years. A record of twenty deaths among physicians throughout the country for the month of August shows the aggregate in years to be 1086, or an average life-time of about 54 $\frac{1}{3}$  years.

The typhoid fever endemic at Indianapolis continues to assume larger proportions and quarantine measures are being taken to prevent an epidemic. The typhoid scourge which recently prevailed in Utica, New York, was traced to its source in the city wells and the measures taken by the Board of Health to avoid further infection have been successful. The epidemic at Cambridge, Mass., had its origin in a dairy that employed a boy of fifteen, a convalescent typhoid patient, who was engaged in washing and filling family distribution cans.

## Book Reviews.

A TREATISE ON APPENDICITIS. By John B. Deaver, M. D., Surgeon to the German Hospital, Philadelphia. Containing 32 full page plates and other illustrations. P. Blakiston Son & Co., 1012 Walnut Street, Philadelphia. 1896.

Since the well-known article of Fitz appeared about ten years ago, calling attention to the pathology and clinical history of appendicitis and suggesting the proper treatment, many articles and clinical reports have been published, and some systematic treatises. We have before us a treatise on this important subject by Dr. John B. Deaver of Philadelphia, a surgeon who has had an exceptionally large experience in the treatment of this disease, and whose opinions are, consequently, entitled to serious consideration. There can be no question as to the great frequency of appendicitis or as to its high mortality, hence it is important that some reliable monograph should be accessible to the profession for the thorough study of the affection.

After a brief historical review, Dr. Deaver then devotes a chapter to the anatomy of the appendix and the right iliac region, and illustrates the text with a number of plates, showing the appendix in various normal relations.

The next chapter is devoted to the consideration of the etiology of the disease, and but little stress is placed upon the presence or absence of foreign bodies in the appendix, as a causative factor; even the coproliths, which are so frequently found, are regarded as sequences rather than causes of the disease. The anatomical structure of the appendix, age, sex and constitutional condition of the individual are regarded as predisposing causes, whilst the invasion of pathogenic organisms is the exciting cause, the colon bacillus being the organism most frequently found, sometimes in pure culture, but often in association with the staphylococcus or streptococcus; when there is a mixed infection, the intensity of the inflammation is usually increased. Dr. Deaver lays great stress upon what he calls the "cardinal symptoms" in the diagnosis of appendicitis; these are pain, tenderness and rigidity of the abdominal walls. Pain is the initial symptom, and is paroxysmal in character,

and is usually referred to the umbilicus or epigastrium and not frequently to the region of the appendix. Tenderness on pressure over the appendix is a certain sign of disease. The site of the tenderness will vary somewhat as the organ normally varies in its situation; the point of greatest tenderness, however, is usually located midway between the right anterior superior iliac spine and the umbilicus (McBurney's point). Rigidity of the abdominal parietes is also a constant and important sign. In addition to these, vomiting, increase of temperature and pulse rate, tympanites and other secondary symptoms complete the clinical picture.

The prognosis of the affection is considered by the author entirely from the operative standpoint; if the case is subjected to an early operation, the prognosis is good; if operation is delayed, the prognosis becomes increased in gravity. The natural tendency of diseased processes to subside seems to be suspended in the case of the appendix, according to the author, and nothing is said in regard to the percentage of cases which recover without operation, consequently but one treatment is recommended, viz.: the knife. Dr. Deaver stands as the exemplar of the most radical surgery in the inflammatory affections of the appendix. Given the cardinal symptoms of pain, tenderness in the right iliac region and rigidity, appendicitis is diagnosed, and the treatment is immediate operation. The experience of the reviewer is not so great as that of Dr. Deaver, but it does not seem rational to him to regard the diseases of the vermiform appendix as being exceptions to the otherwise universal law, that diseased tissues and organs are capable of being restored to a state of health by the processes of nature.

If the appendix is an exception to this law, would it not be better to excise the organ in early life, and thereby relieve the individual of a useless bit of anatomy, which may give him much trouble, just as one is compelled to be vaccinated in order to forestall an attack of smallpox? But whilst we may not agree with Dr. Deaver in all of his conclusions, we believe him to be thoroughly conscientious in his opinions, and think he has placed a valuable monograph in the hands of the profession, and one which will go far towards promulgating correct views in regard to this treacherous disease.

## Current Editorial Comment.

### WET BLANKET DOCTORS.

*Kansas Medical Journal.*

THE wet blanket doctor is one of the unfortunates. He is a failure at home and abroad. He is disagreeable to himself and to everybody about him. He has made a mistake in entering professional life. He is so easily touched that a whiff of the imagination will easily set him on fire. He is what the world calls "thin skinned." His presence checks social intercourse and a depressing influence is felt by every one in his presence. A new idea, unless advanced by himself, gets punctured by him and it collapses.

### MATERNAL IMPRESSIONS.

*Medical Council.*

THAT the marking, in some way, of the embryo or young fetus by means of profound impressions made upon the nervous system of the mother is an indisputable fact seems to us well established, though some still ridicule this as a superstition, and others deny it because no one has yet satisfactorily explained its mode of occurrence. Facts, however, though ever so inexplicable, are stubborn realities, nevertheless, and it behooves us, after their verity is proven, to explain their existence as soon as we can. To this end a collection of authentic instances, with all the necessary evidence of their genuineness, is essential.

### BICYCLE ACCIDENTS.

*Boston Medical and Surgical Journal.*

IT is a matter for surprise, considering the tremendous and sudden popularity of wheeling, and the number of men and women of all degrees of skill in riding and knowledge of the rules of the road who daily meet and pass each other on our roads and parks, that so few accidents result. The rarity of accidents conduces on the whole to a high regard for the average skill and care of the general run of riders. This fact of the rarity of accidents is still more remarkable when we consider more fully the conditions which render them probable. . . . The bicycle is proving itself so important a means of providing fresh air and healthful exercise to a vast number of people, that the good done by it greatly overbalances the harm resulting from occasional accidents, most of which can be avoided by careful riding and by the selection of a well-constructed standard wheel.

**Publishers' Department.**

**COMMUNICATIONS.**— All letters intended for the Subscription and Advertising Departments of the JOURNAL should be addressed as below.

**ADVERTISEMENTS.**— Copy for advertisements should be received not later than Saturday to secure insertion the following week.

**PHYSICIANS** when writing to advertisers will confer a favor by mentioning this Journal.

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913 F Street, N. W. BALTIMORE, MD.

**Convention Calendar.**

SEPTEMBER						
S	M	T	W	T	F	S
..	..	1	2	3	4	5
6	7	8	9	10	11	12
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OCTOBER						
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NOVEMBER						
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**State Societies.**

SEPTEMBER, 1896.

8-10. VIRGINIA, at Rockbridge Alum Springs, Va. J. F. Winn, M. D., Secretary, Richmond, Va.

17. MISSOURI VALLEY, at Council Bluffs, Ia. Donald Macrae, Jr., M. D., Secretary, Council Bluffs, Ia.

IDAHO, at Boise City. W. D. Springer, M. D. Secretary, Boise, Idaho.

OCTOBER, 1896.

13-15. NEW YORK, at New York. E. D. Ferguson M. D., Secretary, Troy, N. Y.

1-2. UTAH, at Salt Lake City. J. N. Harrison, M. D., Secretary, Salt Lake City, Utah.

15-16. VERMONT, at St. Johnsbury. D. C. Hawley, M. D., Secretary, Burlington, Vt.

**National Societies.**

SEPTEMBER, 1896.

8. AMERICAN DERMATOLOGICAL ASSOCIATION, at The Springs of Virginia.

22-24. AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, at Richmond, Va.

15-18. AMERICAN PUBLIC HEALTH ASSOCIATION, at Buffalo, N. Y.

15-18. MISSISSIPPI VALLEY MEDICAL ASSOCIATION, at St. Paul, Minn. H. W. Loeb, M. D., Secretary, St. Louis, Mo.

17. MEDICAL SOCIETY OF THE MISSOURI VALLEY, at Council Bluffs, Ia.

23-25. AMERICAN ACADEMY OF RAILWAY SURGEONS, at Chicago, Ill.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION, at Boston, Mass.

NOVEMBER, 1896.

10. SOUTHERN MEDICAL AND GYNECOLOGICAL ASSOCIATION, at Nashville. W. E. B. Davis, M. D., Secretary, Birmingham, Ala.

16-19. PAN-AMERICAN MEDICAL CONGRESS, at City of Mexico, Mexico.

**PHARMACEUTICAL.**

FOR stomach trouble in babies and children prescribe Seng.

PAPAIN (Boehringer's) is a vegetable digestive agent (the dried juice of the unripe fruit of Carica Papaya), having the important special property of dissolving fibrine (not so much albumen) and acting with nearly equal efficiency in acid, alkaline or neutral media. It can be used in place of, or combined with, the highest grade pepsin. Two or four grains Papain with each meal will regulate digestion and remedy and prevent stomach troubles, especially dyspepsia. Papain is also a potent taenicide, and a valuable solvent of diphtheritic membrane.

DR. J. B. S. HOLMES of Atlanta, Ga., one of the foremost gynecologists of the South, declares: "A very frequent cause of disease in women is constipation. It is remarkable how careless many women are in this respect. The mother should educate the girl from infancy that it is just as important to keep her bowels open as to sleep and eat. We find girls frequently going from three to five days, in some instances longer, without a movement from the bowels. Not only do they have from this a poisoning of the system from absorption of the liquid and gaseous contents of the bowels, the ptomaines or poisons developed in them from fermentation, producing extremely depressing effects on the nervous system, with great derangement of the stomach and assimilative organs, as shown in pale faces, debility, neuralgia, headache and a general feeling of exhaustion; but we get in addition, from impacted feces in the rectum, uterine displacement with its consequent disturbances in the pelvic circulation and with its general reflex neuroses. It is a well-known fact to gynecologists that the left ovary is oftener diseased than the right one. The left ovarian vein has no valve and a slight pressure upon it prevents it emptying. Doubtless the pressure of a loaded rectum in this event is a prolific cause of disease of the ovary, especially the left." It is an admitted fact that the Elixir Six Aperiens (Walker-Green's) is the safest and best laxative a woman can take. It is suitable for all ages and conditions and will be found a specific for constipation.

# MARYLAND MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

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## Original Articles.

### TREATMENT OF OBESITY BY MASSAGE.

By *Maurice Steinberg,*

Late Assistant to Dr. Mezger of Amsterdam.

#### FIRST PAPER.

HIPPOCRATES says: "A physician must be experienced in many things, but assuredly also in rubbing; for things that have the same name have not always the same effect. For rubbing can bind a joint that is loose, and loosen a joint which is tight."

"Hard rubbing binds. Soft rubbing loosens. Much rubbing makes them grow." He also adds, that "rubbing can make flesh and cause parts to waste." Celsus, too, suggests the use of friction for the removal of deposits in the tissues, and especially for the relief of pain. Amongst the Chinese, written allusions will be found dating back to a period 3000 years before the Christian era, and their oral traditions are of still greater antiquity. The Chinese manuscript of Kong Fan, the date of which is 3000 B. C., seems to have contained detailed accounts of these operations. Closely allied in their nature and mode of action are the sarchuna of the Persians, the Greeks, and the friction of the Romans. Much useful information respecting its early history will be found in the works of Hippocrates, Celsus, Galen, Oribase, Caelius, Aurelianus and other writers, both ancient and modern.

The Duchess of Rutland contributed an admirable and scholarly historical sketch of the subject to the *Nineteenth Century* of December, 1886, and to the

*Queen* of February 2, 1887. During a part of this century there is reason to believe that the true massage was practiced in France, but it was carried on secretly, and the professors of the art were but little inclined to impart their knowledge to casual inquirers. It is to Dr. Mezger of Amsterdam that we are indebted for much of our knowledge of the modern phase of massage. His thesis was published in 1868, and is entitled "Die Behandlung von Distorsio Pedis mit Fricties." In the preface he states that he commenced studying the subject in 1853, and that he has modified it and practiced it constantly since 1861. I may mention incidentally that Mezger has published no large work on the subject, and that his reputation rests chiefly on the undoubted success which he has attained in treating his private patients. He is not now connected with any hospital, and some time ago declined a professorship in the University. In this country unfortunately very little is known about massage. As an example of the ignorance which prevails on the subject, it may be noted that in a well-known dictionary of medicine, it is stated that massage, shampooing, kneading and medical rubbing are synonyms, and it is defined as a process of treatment by rubbing, which consists in deep manipulations.

The so-called massage, practiced by medical rubbers and nurses, is not massage at all, as the term is understood on the Continent, and little or nothing in common with it. In the words of the *Lancet*, "It is as absurd to suppose that rubbing and shampooing is massage, as it is to say that a daub of paint is a work of art." There was at one time a deep-rooted objection to massage, as a method of treatment, but this has gradually disappeared, and it is now admitted that it is really a useful and scientific mode of cure, not unworthy of the notice of even the most orthodox physician or surgeon. More than ten years ago, it received in Germany the adhesion and support of such distinguished authorities as Billroth, Esmarch and Langenbeck. It is not free from the taint of quackery, but as a recent writer says: "Quackery does not consist in the thing that is done, so much as the spirit in which it is done. The most time-honored and orthodox remedies may be employed in such a manner, and by men boasting of the highest qualifications, as to be fairly chargeable with this taint. That we should be debarred from the use of such potent therapeutic agents as massage, or systematic muscular exercise, or electricity or hydrotherapeutics and for the like, because in unworthy hands they have been abused, seems to be almost worse than absurdity."

Massage, as already stated, is a scientific manipulation of treating different diseases. The individual muscles or groups of muscles are picked out or isolated, and stimulated to contraction mechanically. The movements must be made in the direction of the muscle fibers, and the tips of the fingers must be carried along in the interstitia, so as to promote the flow of lymph and increase tissue metamorphosis. In addition, an attempt should be made to stimulate mechanically the various motor points, in order that the muscles may be made to contract by a stimulus conveyed along the nerves. The manipulations are carried out systematically in definite order, and with a definite object. In ordinary medical rubbing, these con-

ditions which are essential to massage are considered to be of no importance, and the operator simply rubs or pummels the patient without any regard to the anatomical arrangement of the parts and usually without any very definite object.

To perform massage, a knowledge of anatomy is essential, whilst for rubbing and shampooing, physical strength and endurance, with a certain knack, are all that is necessary. Shampooing is very useful in its way, but it is not massage.

There is as much difference between massage and shampooing as there is between playing a difficult piece of music and striking the keys of the piano-forte at random. For instance, I mention a case of obesity and its favorable results.

CASE I. Mrs. K., aged 36, was sent to me in August, 1895. She was the mother of twelve children, the result of nine pregnancies, there being three sets of twins. After each labor she gained flesh and her weight increased from 120 pounds to 240 pounds. A considerable part of this increase had been within the last five years.

When I saw her first she was suffering from general pains in the limbs and body, headaches, restlessness, slept very little and was easily fatigued, not being able to walk more than half a block at a time.

The method of treatment which I applied was petrissage and effleurage of the limbs and tapotement of the abdomen, following the course of the colon, which are the best forms of massage. In speaking of the power of effleurage we touch upon its power to promote resorption of superfluous lymph and cells within the tissues, which process, as is well-known, depends upon the circulation, the more rapid is the progress of the absorption.

Effleurage also affords a capital means of bringing about the resorption and disappearance of all sorts of effusions within the tissues of those cases in which the cause of the effusion is transitory. In recent hematmata, or extravasations of lymph, as well as in more



fortuitious edemata, effleurance is most serviceable and even in cases wherein the continuance of the primary disease insures a return of the edema, it is of considerable value as a means of temporary relief.

At the end of a few weeks of treatment she had lost five pounds in weight, the general pains had entirely disappeared, she slept better and could walk twenty minutes at a time.

In the next month she lost an additional ten pounds. She had gradually increased her walk before breakfast from twenty minutes to one hour. No medicine was admitted, except a glass of Hunyadi water every second morning, and there was no restriction to diet.

The treatment was continued six months. At the end of this time she was feeling perfectly well. She can walk with as little fatigue as she ever could in her life and her weight was reduced to 180 pounds.

CASE II. Some months ago a gentleman was sent to me, aged 55. He had been confined to the office and had become very stout. His weight was 225 pounds and his height was five feet, four inches. He had very little exercise, thus rendering him unfit for any exertion; such as short breath, general weakness and fatigue. He had gone through the same treatment, such as

petrissage and effleurance of the limbs and tapotement of the abdomen.

After the first four weeks he lost eight pounds and commenced to feel easier.

He took regular exercise every morning and evening one-half hour at a time, and also a glass of Hunyadi water every second morning.

The treatment was continued four months and at the end of the time he felt perfectly well. He can walk with as little fatigue as he ever could and his weight was reduced to 190 pounds.

Dr. Lauder Brunton says: "We all know how active exercise increases the appetite. Tissue change goes on more rapidly in the organs, waste is more abundantly excreted and more food is eagerly sought for.

"But there are many flabby persons who cannot take exercise, or if they can, will not. Others are willing to exercise the voluntary muscles of the limbs, but cannot exercise the involuntary muscles of their internal organs.

"Now treatment by massage helps both of these. It increases the nutrition, both of the voluntary muscles and of the internal organs, and under its use patients apparently hopelessly incurable completely recover."

It is a great stimulator of energy and will "brace up" people as nothing else will.

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## STRANGULATED HERNIA.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, JULY 28, 1896.

*By Virginius W. Harrison, A. M., M. D.,*

Adjunct Professor of Practice of Surgery, University College of Medicine, Richmond, Va.

IN the study of this subject, we are considering one which, in a recent article before the Æsculapian Society of London, Mr. Stephen Paget says "lays before you a terrible list of the worst and most distressing cases that fall to the lot of a hospital surgeon." He refers to these in which the bowel is gangrenous, perforated or broken at the time of the operation. Of such cases he had twelve; four were inguinal,

four were umbilical, three were femoral, and one in the left abdominal wall. One patient died during the operation, five a few hours afterwards, two died on the second day, one on the third day, one (aged seventy-one) lived ten days, one (an infant) lived for five weeks, one recovered. Having a condition occurring almost daily, or one that we may have to contend with at any time, and one which may lead to such un-

toward results, its discussion should be of benefit to us all.

By strangulated hernia we mean that a portion of the bowel, after passing through some opening (natural or otherwise) in the abdominal wall, has become constricted to such an extent that the circulation is interfered with, and, if not relieved, gangrene and death will result.

Strangulation may take place during some violent exercise, a knuckle of bowel passing through some natural opening, and become constricted, or it may take place in an old hernia sac, by the addition of a fresh loop of bowel. It is not necessary that violent exercise should have originated the trouble, for this condition may be produced by an attack of diarrhea, or dysentery, causing an increase of peristaltic action, congestion, swelling, and finally constriction by the engorgement of the bowel. There are other causes of strangulated hernia, such as injuries to the part by outward influences, impaction with fecal matter, etc., all too well-known to consider at this time. The seat of stricture is usually at one of the hernial rings, though it may be anywhere in the sac, where inflammatory action has taken place, and new tissue formed a constricting band.

The local changes are those you would naturally expect when the circulation has been impaired or cut off—the amount of change being dependent upon the length of time and completeness of the constriction. The symptoms as recorded in the text-books are said to be always about the same, viz.: faintness, collapse, complete constipation, vomiting, a tumor at the site of strangulation, severe pain at this point, an absence of impulse in coughing, and the fact that you cannot put the bowel back into the abdominal cavity easily, if at all. The pulse is a better guide than the thermometer, as the latter may indicate a subnormal or normal temperature.

Do not expect to find these symptoms in every case, for almost every writer on the subject records cases in which the symptoms were very mild. Paget, in his paper already referred to, records

one case of a patient who had walked into the hospital, suffering no pain, yet the operation proved the bowel to be already perforated, and of another who had strangulated femoral hernia from Tuesday until Friday without being aware of the fact. She was thought to have had typhoid fever at first, as she did not refer to the hernia. At a further examination the hernia was discovered and the operation disclosed the fact that the bowel was perforated. This same gentleman incidentally refers to a case in his practice where the rupture did not take place at the seat of strangulation, but in a loop at some distance, which was bound together by old adhesions. De Garmo admonishes us not to depend too much on local symptoms.

How shall we treat these cases? One writer goes so far as to say “the prognosis of these cases depends entirely upon the man who first sees them.”

Preventive treatment by a radical operation would diminish the rate of mortality, but unless the pre-existing hernia is a source of great discomfort to the patient, we unfortunately cannot obtain their consent to an operation, and even our advice to always wear their truss is not heeded, owing to the discomfort they find in wearing one. So until we can educate the people to the danger of neglect in these cases we must await their presentation in a more dreadful condition and use our best means for their relief, which is taxis and herniotomy.

We cannot lay down any particular plan for the treatment of strangulated hernia any more than we could for any other condition in which the morbid anatomy is variable. The condition of our patient in general, and the strangulated gut in particular, should engage our serious consideration, for to use taxis upon a gut already gangrenous or perforated would only consume time and place the patient in a far more serious condition. If we use taxis upon a case where suppurative peritonitis had taken place and should be successful in replacing the gut into the peritoneal cavity, you can see it can but lead to a fatal issue.

Never use taxis when you suspect gangrene or perforation of the bowel, when the patient has suffered taxis at the hands of another, or in an old irreducible hernia. The results in these cases are more favorable in an inverse proportion to the amount of taxis. In a recent case taxis may be tried for a few minutes and if unsuccessful, delay is inadmissible. Taxis may be tried under an anesthetic, but should be done with care, as we are apt to use more force and do more injury than would be done by an operation.

If taxis is unsuccessful, explain the true condition of your patient to his friends and himself and tell them the necessity of early operative interference, or you may have said of you (as was said of a writer on this subject), "We took him to the hospital; the doctor operated immediately, without waiting to see if he was strong enough to stand the operation."

We are often tempted to delay an operation to see if temporizing and palliative treatment will not relieve the patient. Relief often comes by such method, but an undertaker performs the greater service. When we wait for the severe symptoms, as was done a few years ago, before an operation was indicated, the hour of safety has passed and the patient often doomed.

Even if our palliative treatment was successful in reducing the hernia, we would not see the condition of the bowel and being aware that strangulation and perforation may take place after reduction, we think the patient would have a better chance of recovery by performing a herniotomy. The various methods of operating I will not discuss. Choose that one which you think will give the patient the best chance to recover from the strangulation; and if the condition of the patient will permit, that one which will radically cure the hernia. Sometimes in a recent case, after cutting the stricture and pulling down the bowel so as to examine the point of constriction, if you will envelop the loop in a towel which has been wrung out of hot water—or better, a hot saline solution—you will see the circulation re-

stored, and the bowel can be replaced into the abdominal cavity with a feeling of safety. Even in very old people this method is sometimes successful, as was illustrated recently in a case of Dr. McGuire, the patient being in the eighty-sixth year of his age.

If we encounter a case in which the bowel is suffering from suppurative peritonitis, gangrene or perforation, it would not be sufficient to follow the above method, and just what to do is often not easily determined. When the gut is gangrenous or perforated, of course there is but one thing to do, and that is to resect that portion of the gut; but an intermediate point between slight constriction and gangrene requires nice judgment.

The following conclusions by Dr. W. B. De Garmo, in a paper on strangulated hernia, in the May number of *The Post-Graduate*, are of interest and worthy of study:

1. Prompt operation saves complications and life.
2. Infants seldom require operation.
3. Medicines and external applications are dangerous, as their use causes delay.
4. Operations done early are neither difficult nor dangerous.
5. Rough handling is more dangerous than an operation.
6. Morphia stops symptoms, but does not stop destructive changes.
7. Local symptoms are misleading.
8. Hot water saves resection, or furnishes prompt evidence of its necessity.
9. Operate rather than attempt the reduction of a hernia acutely strangulated for twenty-four hours.
10. Open to internal ring in every instance.
11. Always draw the bowel down far enough to examine the point of constriction.
12. It is not considered good practice to give cathartics after strangulation and return of the suspicious bowel.

In concluding my remarks, I wish to report a case operated on by me, terminating fatally. The history of the case, and results shown by the post-mortem, were very instructive, and impressed

upon me the importance of not returning to the abdominal cavity a gut which has not been examined, or a loop in which the circulation has not been fully restored.

On June 9, 1896, I was called at 6 p. m. to see W. G. W., aged 55, white, a half-witted but physically robust individual, with a good family history, as given by his brother. This man had done a great deal of heavy work, such as cutting wood and lifting.

I found him at my first and only visit to his home suffering with a strangulated inguinal hernia of the right side. He had had for many years an irreducible hernia, but it had never given him any pain until thirty-six hours before I saw him. His brother had tried to reduce the rupture; being unsuccessful, he asked me to see him. After an examination of a very few minutes, I advised immediate operation, and sent him to the Virginia Hospital, at which place the operation was performed at 9.30 p. m.

The gut was found to be strangulated and in several places looked suspicious of beginning suppurative peritonitis. After cutting the stricture, and dissecting the adhesions to the sac, we enveloped the bowel in a towel wrung out of hot water, and continued to pour hot water over the towel and gut for some time. The result was an improvement in the condition of the gut. After consultation, in which we were equally divided for and against resection, we decided to resect the bowel. While active preparations for this part of the operation were going on, our patient became profoundly shocked, and looked as if he would not last long enough for us to close the wound, and as there was some doubt as to resection being imperative, I put the bowel back in the abdominal cavity and closed the wound, after allowing for free drainage by means of iodoform gauze.

June 10, 11 A. M.—Patient reacted well from the operation. Temperature, 99°; pulse, 80, and feeling very well. By 3 p. m., temperature was 102 $\frac{3}{5}$ °F.; pulse, 100. One grain doses of calomel ordered to be taken until he had taken

six grains. As this had no effect upon the bowels, I ordered a dose of Epsom salts, but this was not retained. At midnight, I ordered the calomel to be taken as before.

June 11, 8 A. M.—No action from the bowels. An enema of glycerine was ordered, and was followed by a large action, and several later in the day. 10 p. m.—Temperature, 100°; pulse, 90. The belly was swollen some in the morning, but was now reduced somewhat by the free movement of the bowels.

June 12, 11 A. M.—Temperature, 99°; pulse, 80; belly still swollen. 11 p. m.—Temperature, 97 $\frac{4}{5}$ °; pulse, 80; belly not swollen at all.

June 13, 11 A. M.—Temperature, 99°; pulse, 80; symptoms of septic infection indicated by delirium. The external wound was found to be infected; the stitches were removed, and wound was washed with the dioxide of hydrogen. 11 p. m.—The same condition of affairs, except the infection *seemed* less; the external wound looked better, which was again washed with the hydrogen dioxide.

June 14, 11 A. M.—Temperature 98°; pulse, variable; sometimes full and regular; at other times feeble and irregular. His mind cleared and could recognize every one, but would not take his nourishment. This condition of affairs continued until 6 p. m., June 15, when he died.

A post-mortem was held at 6.20, and revealed a coil of bowel adherent to the abdominal wound; the portion of bowel which was strangulated was found imbedded in a mass of pus and inflammatory exudate; the gut, though not perforated, was gangrenous, and broke down in the handling to remove it; the rest of the intestines were all matted by suppurative peritonitis.

I report this case to emphasize —

1. The fact that we cannot rely upon local symptoms to indicate the amount of damage that has been done by strangulation; nor will they indicate what is going on in the belly after an operation.

2. That we can have septic peritonitis with a very small amount of fever, or

even a subnormal temperature, a fairly good pulse, a very little pain, and the bowels acting freely; for in this case, though the post-mortem demonstrated a condition we would think to be sufficient to cause paresis of the whole intestinal tract, yet, after the first thirty-six hours his bowels moved freely every day.

3. When a bowel looks badly and there is doubt about the circulation being fully restored, the patient will have a better chance of recovery, by resecting the diseased portion of bowel.

I am confident had I continued the operation in the case reported above, the patient would have died before I had finished; yet I realize the fact, in my opinion, when I replaced the bowel in the abdominal cavity, that his chance for recovery was very slight.

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## Medical Progress.

### REPORT OF PROGRESS IN DISEASES OF THE EYE AND EAR.

By *Hiram Woods, Jr., A. M., M. D.,*

Clinical Professor of Eye and Ear Diseases, University of Maryland; Assistant Surgeon Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore.

#### THE RELATION OF GENERAL DISEASE TO THE FORMATION OF CATARACT.

DR. C. R. DUFOUR of Washington, in the *Journal of the American Medical Association*, speaks of the etiology of cataract under the following heads:

1. Disease of the eye.
2. Diseases which by some influence exerted through the blood or the nervous system interfere or impair the nutrition of the lens.

3. Senile degeneration.

4. General or constitutional trouble.

With regard to malaria as a causative factor of cataract he refers to two cases reported by Bajot of mulattoes who after severe malarial illness had diminution of vision and in a few months developed double soft cataract.

He also calls attention to Aren's report of two cases whose eyes became cataractous after an attack of typhoid fever, and Trelat's report of a cataract occurring in a young girl as a sequel of ty-

phoid fever. Fenton reports three cases of cataracta punctata, post-typhoidal cataract, which he thought were due to the disturbed circulation.

The frequent development of cataract in diabetes is well-known and is said by some to be due to disease of the vessels in the ciliary processes and to the disturbance of the nutrition of the lens. Dr. Dufour cites the following theories which Knies has given as causes of the development of cataract in this disease:

1. General marasmus.

2. The removal of fluid from the lens through the medium of the sugar dissolved in the tissue juices.

3. The conversion of sugar in the aqueous humor into lactic acid.

Syphilis is said to cause cataract by the disturbance of the nutritive process of the eye and Bos is quoted as describing several cases of true syphilitic cataract.

Rachitis is put down to be a frequent cause of laminated cataract, due to an intense disorder of nutrition of the lens. Upon the authority of Arlt it is said that the nutritive disturbance of the lens is due to the violent spasm of the ciliary muscles associated with spasm of the muscular coat of the vessels.

With regard to nephritis being a cause of the formation of cataract, Deutschmann is quoted as suggesting the possibility of a connection between this disease and cataract; he reports 21 cases of lens clouding, in which albumen was found in 7 per cent. In 1881 he found that 9.5 per cent. of cataract patients had Bright's disease. Landesberg found albumen in 46 cases out of 376 examined. Roshzüle found albumen in about half of his cases. Evezky discovered albumen in 9 per cent. of his cases. The exact relationship between the development of cataract and nephritis is not positively known. Webster Fox is in doubt whether albuminuria causes cataract and Michel says that cataract and albuminuria come from the same general cause, arterio-sclerosis.

Among other causes of cataract enumerated by Dr. Dufour may be mentioned epidemic influenza, diseases of the skin, whooping cough, nervous dis-

eases, pellagra and diseases of the heart and blood-vessels. In 53 cases of sclerotic changes in the walls of the carotid Michel found that 14 had monocular cataract with atheroma of the carotid on the same side; in 14 there was double cataract, more developed in one eye corresponding to the side of the greater atheroma; in 9 cases there was double cataract which developed simultaneously with a double carotid atheroma; in 8 cases of cataract there was sclerotic change in the carotid and on this same side there was thyroid enlargement.

COMPLICATIONS IN CATARACT ARISING FROM DIABETES, ALBUMINURIA, LITHEMIA, ETC.

Dr. J. O. Stillson, in a paper read before the Mississippi Valley Medical Association at Detroit, September, 1895, says that a positive relation between the development of senile cataract and the diseases mentioned above have not been wholly proved to the satisfaction of the profession. Still there is an inclination to the belief that there is such relation, if not of an etiological character, at least of sufficient importance to complicate our therapeutics. The experiment of injecting sugar into the circulation of a frog, thereby causing an opacity of the lens which clears up slowly when the animal is left immersed in water, simply proves that when there is an excess of sugar in the frog's circulation, cataract develops.

Analogous to this phenomenon in the frog is the occurrence of cataract in diabetic subjects. The lens in such cases is far removed from the physiological conditions of simple opacity and it has taken upon itself the metamorphosis of catalytic degeneration. Sepsis from auto-infection after such operations is not an impossibility by any means. "We notice cataract as a concomitant of diabetes, a disease in which gangrene of any part of the body is easily produced by a slight injury."

Whether arterio-sclerosis and atheroma start out as purely physiological conditions, to be afterwards changed into pathological states, or whether the prior degeneration of some vital organ like the kidney or liver is necessary to bring about atheroma as a result, is not

easily answered. We know, however, that when atheroma does exist in conjunction with such diseases as nephritis, diabetes, albuminuria, the senile changes which indicate the general breaking down of the system follow each other in more rapid succession than when any organic diseases of the kidney or liver do not exist. Hence it is that a delicate and sensitive organ like the eye would be less likely to escape. We should not be surprised, therefore, when we find in many cases of cataract, not especially diabetic, the unmistakable evidence of renal disturbance.

In an article published in the *Philadelphia Polyclinic*,

CONCERNING THE EXTRACTION OF IMMATURE CATARACT, WITH THE REPORT OF CASES,

Dr. G. E. de Schweinitz of Philadelphia says that it is his belief that it is better to wait for maturity, or for that time of life when the lens, even though immature in the ordinary sense of the term, will cleanly leave the capsule. He prefers the extraction of immature cataract by the combined method to the performance of an operation for ripening. He performs preliminary iridectomy if examination determines that there are complicating circumstances. The number of cases reported in the article was twelve.

In six subsequent dissections was performed, in two it was declined; one case was awaiting the operation, with the remainder it was not necessary. In two patients the vision was normal, in three one-half of normal, in two two-fifths of normal, in one one-fifth of normal and in two one-sixth of normal. In one the vision was good (patient not yet tried with glasses) and in one the vision was only counting fingers, due to alcoholic atrophy of the optic nerve. The ages of the patients operated upon varied from 25 to 75. Four of them had reached their sixtieth year and the others were under this age.

In the *Ophthalmic Review*, Dr. Edward Jackson advocates

THE USE OF THE GALVANO-CAUTERY FOR THE REMOVAL OF POWDER GRAINS FROM THE CORNEA AND SKIN.

He thinks it probable that the cause of much disappointment in removing

powder imbedded in animal tissue is the failure to recognize the composite nature of the powder grain and its prompt dissolution and diffusion in the body. Each powder grain is made up of charcoal, sulphur and potassium nitrate. When such a grain is driven into the skin or other parts of the body and subjected to the action of the tissue fluids, the potassium nitrate is promptly dissolved, the sulphur also disappears and the small particles of carbon thus liberated become diffused throughout the neighboring tissue and cause the indelible stain characteristic of an injury by unburned powder. The problem is not the removal of imbedded masses, but of microscopical particles, and it is impossible to remove these diffused particles of charcoal without the destruction of tissue.

For three years Dr. Jackson has employed the galvano-cautery, touching the tissue involved with a small cautery tip. The result has been far more satisfactory than any attained by other methods. No especial after-treatment is required, the sloughs come away in a few days and the scars cause a disfigurement quite insignificant in comparison with that left by the original injury.

In an article

CONCERNING THE REPAIR OF CORNEO-SCLERAL WOUNDS, WITH PRO-LAPSE OF THE IRIS,

published in the *Philadelphia Polyclinic*, Dr. G. E. de Schweinitz divides the treatment of corneo-scleral wounds, whether traumatic or resulting from perforating ulcer, into non-operative and operative procedures. The former consists of the use of eserine and a pressure bandage; the latter of abscission of the prolapse and closure of the wound. The operative treatment is again subdivided into (1) the method of Gama Pinto for obtaining a non-adherent cicatrix and (2) the closure of the wound with stitches. Gama Pinto abscises the prolapsed portion of the iris, frees all adhesions to the margin of the ulcer and covers the opening in the cornea with a flap of bulbar conjunctiva, which should be cut twice as large as the opening and pushed into the orifice with a blunt probe.

The conjunctival flap heals into the ulcer and a flat, non-adherent cicatrix results, or in other words, an ordinary corneal scar without staphyloomatous bulging. In the operation of the closure of the wound with stitches the prolapse is abscised, the edges of the wound freed, the iris replaced with a spatula and the wound closed with a silk suture. The suture is removed about the third or fourth day.

The method of Gama Pinto seems to Dr. de Schweinitz to be preferable if the opening of the wound is distinctly circular and if it is not possible to obtain a perfectly non-infiltrated wound edge without destroying too much corneal tissue. If after abscission of the prolapsed iris, the wound is elliptical or follows the curve of the cornea, stitches are preferable. It is better not to pass a stitch in cases where the margin of the wound is infiltrated or gray, or where the wound has injured the ciliary body.

\* \* \*

DERMATITIS AND ALOPECIA AFTER THE USE OF THE RÖNTGEN RAYS.—Marcuse (*British Medical Journal*) relates a case in a young man, aged 17, in whom repeated experiments were carried out for the purpose of investigating the new photography. During four weeks these investigations were made once or twice a day. The sitting lasted five to ten minutes, but longer when the chest was being illuminated. Hittorf's tube was sometimes placed close to the body, and never more than 25 cm. away from it. The heat from the tube was very slight. The shirt was always worn when the chest was being examined, and the man was completely clothed when the head was under investigation. At first a slight diffuse redness was noted in one-half of the face, more marked above the ear, along with some desquamation. The investigation was not stopped at once, as no importance was attached to the redness. When he was seen by the author, there was a sharply-defined patch just above the ear where the hair was very thin. The hairs, which could be plucked out without pain, showed signs of degeneration. There was undoubt-

edly a commencing alopecia. In the half of the face there was marked injection of the conjunctiva besides the redness. On the back there was a space as large as a plate over which the epidermis was completely separated, and the exposed corium showed hemorrhages and exudation. There was much tenderness here, but curiously enough no pain was felt until shortly before the above appearances were observed. On the front of the chest over a space of about the same size, similar but not such advanced changes were present. Improvement soon occurred. The internal organs were healthy with the exception of a systolic murmur, which could not of course be attributed to the use of the Röntgen rays. The dermatitis resembled that caused by burns, etc. Thus in the use of the new photography either the current or the rays themselves acted on the human skin, but it cannot be stated with certainty which was the important factor in producing the lesion.

\* \* \*

THE TREATMENT OF SCARLATINAL SORE THROAT. — The *Therapeutic Gazette* tells us that Lape, in an inaugural Paris thesis, highly recommends the use of the glycerole of resorcin in the treatment of the sore throat of scarlet fever associated with the formation of a pseudo-membranous exudate.

The solution which is employed consists of resorcin in glycerin in the strength of five to ten per cent., and the method is that used by Josias with great success.

The advantages are that it modifies in a favorable manner the condition of the mucous membrane, and diminishes the frequency of the secondary infections with enlargement of the cervical glands. The solution is employed in both severe and mild cases, in the latter as an abortive measure. It is applied by means of a camel-hair brush or a swab two to four times a day, according to the gravity of the condition of the throat. Before it is used the throat should be thoroughly washed by means of boric acid and water, and then the tonsils, the base of the tongue and the posterior pharyngeal wall should be thoroughly

swabbed by means of a piece of absorbent cotton soaked in the solution. It is stated that the method is not painful, and that the resorcin in this strength does not exercise a caustic action.

\* \* \*

TREATMENT OF SUMMER DIARRHEA. — Reinach of v. Ranke's clinic (*British Medical Journal*) observes that the treatment of acute gastro-intestinal affections in quite young infants has two objects: (1) The prevention of the ill effects due to the consequent thickening of the blood; and (2) rest for the diseased tract. A third indication may be put down as the providing nourishment in other ways. The first indication is met, though often imperfectly, by stimulants, mustard baths, etc. Monti and Epstein practiced with good results the subcutaneous infusion of saline solution. Grawitz showed that the injection of serum produced a thinning of the blood. With this object the author has treated 15 cases of infantile diarrhea with sterile serum obtained from calves. Only the worst cases were selected for this purpose. Of the 15 cases 4 died, but 2 of these had, in addition to the gastro-intestinal affection, broncho-pneumonia; 10 to 20 c.cm. of the serum was injected. In one case a measles-like eruption appeared in 14 days. The age of the infants varied from 14 days to 9 months. The effect of the injection upon the general condition was decidedly good. The collapse temperature rose to normal. Twice fever occurred after the injection, the temperature once rising to 38.5° C. Usually the injection was given in the evening and on the next morning improvement was noted. No local treatment was adopted. Rice water was given during the first 24 to 48 hours. The author then refers to recent attempts to inject albuminous bodies subcutaneously. In 20 c.cm. of serum the amount of albumen is small, but perhaps larger quantities of the serum might be used. In 20 c.cm. of serum there is 1.5 g. albumen and this amount corresponds to 50 g. undiluted cow's milk, and 150 g. mother's milk. The absence of fat could be compensated for by the injection of cod liver oil. A de-



iciency in the nourishment will, however, still remain. The abstention from feeding by the mouth need only extend over one to two days, so that help ought to be given by the injection of even small quantities of assimilable nutrient material. This treatment is being further investigated in the clinic.

\* \* \*

THE SALIVA IN GASTRIC DIGESTION.—Julius Friedenwald, in the *International Medical Magazine*, reviews the work of others, showing the importance of the saliva in gastric digestion. He found that saliva introduced into the stomach after food had been swallowed was less effective than when the saliva and food were mixed in the mouth in the act of mastication. This seems to be evident without experimental proof. From his experiments he concludes—

1. That the saliva exerts a marked beneficial effect upon gastric digestion in health as well as in pathological conditions.

2. That this effect is not due to the amylolytic action of the saliva, nor to the sulpho-cyanide of potash, nor to the presence of the ptyalin ferment. It is not due to the act of mastication.

3. The effect is produced on the food in its passage through the mouth, the saliva that is swallowed after the food is in the stomach having much less influence.

4. The reaction of the saliva exerts much influence in this respect, and it is possible that a part of the beneficial effect is obtained from the carbon dioxide swallowed.

\* \* \*

THE TREATMENT OF BURNS BY PICRIC ACID.—According to the *Therapeutic Gazette*, Papazoglou, in a Paris thesis for 1896, recommends from practical experience the employment of picric acid in the treatment of burns. He claims that the application of the solution of this acid to the burn does much to relieve pain; that it is antiseptic and prevents or clears up suppuration; that it favors cicatrization and healing of the skin; and that if applied immediately after the accident it prevents to a great extent the formation of blebs and cuta-

neous congestion. Where burns are very extensive the patient may be immersed in a bath of picric acid; if the lesions are limited, a picric acid solution may be placed upon antiseptic gauze and applied to the part. The following solution is the one employed:

R.—Powdered picric acid, 75 grs.

Alcohol, 2 ounces.

Boiled or distilled water, 1 quart.

These applications are employed for three or four days, rigid antiseptic precautions being continued.

Even in severe burns two or three applications are quite sufficient to produce almost an entire cure.

\* \* \*

WET NURSES AND SUCKLINGS.—Pierre Budin (*British Medical Journal*) has observed some important cases of the evil effects of sickness or excitement on the part of the nurse on sucklings. A wet nurse felt weak and ill one day. The three children whom she continued to nurse showed a distinct loss of weight on the next day, gaining once more as she grew stronger. Another nurse had a violent fit of passion. Both her two sucklings lost weight and had intestinal disturbance; she also suckled her own child, who was seized with diarrhea. Two infants lost weight and were at the same time attacked with erythema of the nates and thighs. They were being suckled by the same nurse. On making inquiries it was found that she was menstruating when they were taken ill. They were transferred to another nurse. Full details of the clinical history of each case are given by the author.

\* \* \*

HEMIPLEGIA WITH PARALYSIS ON THE SAME SIDE AS THE LESION.—In a recent number of the *Lancet* appears an abstract of a short account published by Pineles in the *Wiener Klinische Rundschau* of a case of this character in which paralysis occurred on one side of the body and in which the lesion was found on the same side of the brain and no anatomical peculiarity was found in the decussation of the pyramids to account for such a condition. The patient was a man aged forty-seven years, of intem-

perate habits, who was suddenly seized after a short period of headache with an apoplectic attack with right-sided paralysis and succumbed from edema of the lungs four days later. On examination there was found a hematoma of the dura mater on the right side, which had caused very marked flattening of the underlying convolutions on that side. Microscopic examination showed a normal condition of the crura and of the decussation of the pyramids. The writer of the paper regards the right hemiplegia as the result of circulatory disturbance and edema of the brain conditioned by the hematoma, and he thinks that the paralysis of the limbs on the left side was probably masked by the occurrence of movements due to cortical irritation which were regarded as voluntary.

\* \* \*

THE SLOWNESS OF OBTAINING PRACTICE.—The prolonged and disheartening waiting for patients which the young physician undergoes is proverbial. In the present day it seems more difficult than ever for one not especially aided to obtain a start. But it is not a new story, says the *Boston Medical and Surgical Journal*, and there may be some encouragement for the younger members of the profession in the account by Matthew Baillie, Physician Extraordinary to George III, in a brief autobiography of his early years of practice. It is also an example, which is perhaps not needed so much, of engaging in matrimony upon a basis of education and expectancy. He says:

“At the time of my marriage, and indeed, for several years afterwards, I had scarcely any business as a physician. At the end of the first four years, after I was appointed physician to St. George’s Hospital, I did not make more than £100 per annum. In the course of three or four years more I began to feel that I might ultimately succeed as a physician, for I was then making five or six hundred pounds in the year. About this time, Dr. Pitcairn, an intimate and very kind friend, was seized with a spitting of blood one night when he was stepping into bed and sent for me in the morning. I shall never forget the calm-

ness with which his note was worded and the quietness of his appearance when I saw him. He was perfectly calm, although he must have thought that this symptom was the beginning of a fatal disorder. I attended him while this symptom continued and when he went to Portugal on account of his health, he recommended, without any solicitation or knowledge on my part, a great many patients to me. Dr. Pitcairn was then in the height of his reputation and business, and his recommendation was of the greatest use to me. No considerable assistance was ever given me from any other quarter. Dr. Hunter died before I had finished my medical education and Mr. Hunter died when I was so young a physician that no effectual assistance could be given me. Dr. Denman was always very kind and inclined to assist me as much as he could, but what he could do was chiefly in his own line of practice and his interest was therefore almost entirely employed in advancing his other son-in-law.

“In about a year after Dr. Pitcairn went abroad my business began to increase very rapidly, and in the course of a few years became quite overwhelming. I was employed daily from six o’clock in the morning till past eleven o’clock at night (except a short interval at dinner) in seeing patients and in writing answers to letters, and some patients were often left unseen, whose cases were not urgent, and many were declined altogether. This state of business continued for about twelve years, and although for some years I was several months in the country in autumn, yet my health became at length very much dilapidated, and I had nearly sunk altogether under excessive labor and great anxiety of mind. It became necessary, therefore, to come to some resolution about myself, either to give up business altogether, or to circumscribe it within the powers of my constitution. I chose the latter plan, and confined myself to giving opinions and attending in consultations. Since that time my health has considerably improved. I hope that I may be allowed

to say, for the circumstances can only be known to myself, that I never in a single instance applied, either directly or indirectly, to be a physician to any family or individual, and that I never employed any means, either directly or indirectly, to lessen the confidence of a family or individual in the medical practitioner whom they were accustomed to employ. The first I thought in some degree below the dignity of a liberal profession, and the other I thought morally wrong."

\* \* \*

**OPERATIVE GYNECOLOGY AND INSANITY.**—In concluding an article on the relation of operative gynecology to insanity Dr. A. H. McFarland says, in the *Cincinnati Lancet-Clinic*, that :

1. Gynecological operations are more likely than any other surgical procedure to distract the mind.

2. Hereditary antecedents of the patient should always be determined.

3. In insane patients operations should be performed only when the physical condition endangers or renders life insupportable.

4. Patients, precedent to the operation, should be in a calm frame of mind; hence, moral treatment of the patient previous to operating is the best prophylaxis.

5. Inherited and acquired insane constitution is the fundamental factor in most cases of insanity. This conclusion does not, however, justify us in ignoring physical diseases, immediately preceding or associated with insanity.

6. Healthy genital organs do not give rise to reflex symptoms; consequently caution should be exercised in operating for the relief of insanity.

7. Operations may be satisfactory in properly selected cases.

\* \* \*

**A CURIOUS CASE OF EPISTAXIS.**—Dauscher (*British Medical Journal*) records a case in which the patient, a healthy man of 48, of somewhat full habit, was suddenly attacked with bleeding from the left nostril. This was stopped by tamponade, but recurred next evening, when the left conjunctival

sac was filled with blood. On clearing this out no cause could be seen for the hemorrhage, until at last blood was observed issuing drop by drop from the aperture of the left lower lachrymal canal. On treating the epistaxis this bleeding ceased as well, but two days later a fresh recurrence took place and was very severe, the blood trickling over the left cheek. The posterior nares were plugged by means of a Bellocq's sound, and on removing the tampon, forty-eight hours later, no bleeding took place. Subsequent examination of the nostril and lachrymal apparatus revealed no new growth, nor, indeed, anything else abnormal. Dauscher has found no other case in the literature in which epistaxis was associated with the lachrymal canal so that the blood poured down the cheek.

\* \* \*

**TREATMENT OF VARICOSE ULCERS BY MEANS OF ALOES.**—In the *Therapeutic Gazette* we are told that Coffin treats ulcers of the legs in the following manner: After the leg has been washed with hot water or with feebly carbolized water, it is dried by the application of sterilized absorbent cotton and then painted with tincture of aloes. If the ulcer is superficial, it is only necessary to pass the brush over once or twice; but if it is deeper, a thorough application of three or four coats of the tincture should be resorted to, the patient resting until the application is dry. This application is made for several consecutive nights; it is apt to cause very considerable pain, which, however, rapidly disappears.

The dressing after each application should be covered with rubber dam. After recovery, a flannel bandage should be employed to support the skin.

\* \* \*

**COLLES' IMMUNITY.**—By this is meant (*Medical Record*) that which is shown by those healthy mothers who, owing to syphilis in the father, have borne syphilitic children, but have themselves apparently escaped infection. This immunity has been proved in thousands of cases, and there is no longer any doubt that it may exist.

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NECROSSED bone of tuberculous origin often fails to respond to ordinary methods of treatment and heroic means must be used. Dr. Jerome Hilton

*Hydrochloric Acid in Tuberculous Bone Necrosis.*

Waterman reports in the *New York Medical Journal* several cases of this disease which proved very obstinate and after exhausting other means at hand he determined to use locally concentrated hydrochloric acid. The acid was used in the concentrated form and the number of minims injected in each case depended on the amount of bone diseased and the general condition of the patient.

The tissues were first sprayed with a four per cent. solution of cocaine or cocaine with morphia, or else the chloride of ethyl spray was used, then the sinus was thoroughly washed with sterilized water in order to remove all foreign matter and allow the acid free access. The acid was applied to the necrosed bone through a sterilized glass pipette and after a minute or two the wound was

washed out with a saturated solution of the bicarbonate of soda.

In some cases it was necessary to enlarge the opening. After the application of the remedy the wound was treated with a wet myrrh dressing to oppose the fetor.

In the eight cases reported he injected from two to eight minims of concentrated acid twice a week and in four there was apparent cure.

In conclusion he says:

1. No evil effects have resulted from its use.
2. The use of the acid in its concentrated form is preferable.
3. When the area of necrosis is extensive, operative methods are advised.
4. Its action is limited to the necrosed area; whereas curetting may remove both diseased and healthy bone.
5. By the disintegration of the dead bone the newly formed tissue has a better opportunity for its more rapid development.

I feel warranted in stating that the further use of hydrochloric acid as a local application in the treatment of bone necrosis of tubercular origin is not only justifiable, but deserving the attention of the medical profession.

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THERE are few emergencies which need more prompt attention to relieve the intense pain and discomfort than *The Treatment of Burns.* When a burn of the skin or deeper tissues occurs, the physician is needed at once and he is expected to give prompt relief. When the skin is unbroken, while the pain may last for some time, the method of treatment is simple and the after-effects are usually trivial.

In the case of burns where the skin is broken and the softer tissues exposed, the dangers of infection and suppuration are great and it is in these cases that Dr. Henry J. Kelly thinks that the majority of severe burns are improperly treated. He says in the *New York Polyclinic* that a burn is primarily from its nature aseptic and we should endeavor to keep it so rather than allow it to suppurate and be a source of great discomfort to the patient.

The treatment by the dry method is necessarily limited and it only adds to the discomfort of the sufferer. In a burn of moderate severity, when the kidneys are sound and the

patient not a drinker, Dr. Kelly controls the shock by a dose of morphia to obtund the sensibility while dressing the wound. The wound is washed either with sterile water, or with a very weak bichloride solution (1 to 3000). The sterile water should be at a temperature of 110° F. and should contain in solution sodium chloride in the proportion of a heaping teaspoonful to a quart, which prevents irritation.

When the wound has already begun to suppurate, a 1 to 1000 solution of bichloride may be used, but in every case the wound must be washed off with copious flushings of warm, sterile water. If blisters have formed, great care should be taken that they are not ruptured and when a blister is found which is very tense a part of the serum should be removed by a sterile hypodermic needle.

In dressing parts which are simply hyperemic, they may be anointed with a five per cent. solution of phenol in sterile olive oil. Gutta percha may also be fitted over unbroken blisters to prevent them from breaking. Over parts where there is danger of a slough, a moist gauze compress should be laid and covered by rubber tissue to prevent evaporation.

Dr. Kelly differs from most surgeons in advising the changing of the dressings frequently, for many have found the let-alone treatment the best, as the removal of the dressings pulls away granulations and retards healing. He does not advise iodoform in extensive burns on account of the danger of systemic poisoning through absorption.

The physician who responds promptly to a call in this accident and allays pain will receive the gratitude of his patient and the whole family. The prognosis should be given very guardedly. No promise should be made as to when the pain will cease and the urine should be examined frequently in every case.

Whatever is to be done in these cases should be done immediately and no hesitation should be shown by the physician to act promptly.

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THE medical colleges which have agreed to keep up to a fixed standard should unite on some form of entrance examinations. The conscientious schools really do demand an oral and written examination which is more than a form, but too many

schools ask a few silly, easy questions which anyone even without common sense could answer without thinking. The idea of this agreement was not to see how easy the questions could be made, but to keep out students who were not up to the requirements which it is only right for every good school to demand.

Many schools publish their final examination questions and these papers show that a genuine knowledge of medicine and surgery is necessary to obtain a degree, but few will reveal the nature of the entrance examinations, and as long as competition of unendowed schools continues so long will the weaker schools make use of every loophole to catch as many students as possible. The spirit of the agreement is plain.

The *Medical Fortnightly* says that the colleges of Missouri have a uniform entrance examination and will live up to an agreement to use the same standard of strictness in all schools in that State. Such questions as "How long is a piece of string?" "When does a calf become a cow?" "If a dog and a half costs a cent and a half, how much will two dogs cost?" And "where was Moses when the light went out?" are all said to be questions that were actually asked at an entrance examination.

If the schools are in earnest about raising the standard of medicine and turning out well-educated graduates they should either demand fair and strict entrance examinations and publish them or withdraw from the association and trust to enterprise in turning out men not wholly ignorant of the principles of medicine. The Johns Hopkins University and Harvard require a liberal arts degree for entrance and no preliminary examination will take the place of this degree. If other schools cannot approach this standard they should at least do the best they can and publish the kind of examinations used and make a fair showing before the conscientious schools of the Association of American Medical Colleges.

The report of the State board of examiners of any State shows up the weak schools and the members of the State examining boards could reveal some remarkable secrets of the hopeless ignorance of applicants. In a few weeks the various schools will begin work, and now is the opportunity to bar their doors against badly prepared applicants.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 29, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		7
Phthisis Pulmonalis.....		19
Measles.....	2	
Whooping Cough.....	4	3
Pseudo-membranous } Croup and Diphtheria. }	8	3
Mumps.....	2	
Scarlet fever.....	4	
Varioloid.....		
Varicella.....		
Typhoid fever.....	26	8

The Swedes are trying to build a hospital at Brooklyn.

Dr. John A. Blouse died at York, Pa., last week. He was graduated from the University of Pennsylvania in 1891.

The Commissioners of Public Charities of New York have given up their secret quack drunk cure at Bellevue Hospital.

The Twenty-ninth Annual Meeting of the Canadian Medical Association was held at Montreal, August 26, 27 and 28. Among others, Dr. Osler read a paper.

The meeting of the Medical Society of Virginia, which takes place at Rockbridge Alum Springs, next Tuesday, Wednesday and Thursday, bids fair to be especially interesting.

Opposition still continues against the admission of women physicians to the right of membership in the medical societies of London. The Pathological Society was the last to declare its disfavor. The *Medical Press* says that it had hoped the Pathological Society would rise superior to such petty professional jealousy and fear of successful rivalry.

A board of medical officers, to consist of Colonel Dallas Bache, Assistant Surgeon General, Lieut-Colonel William H. Forwood, Deputy Surgeon General, Lieut-Colonel David Huntington, Deputy Surgeon General, Major Walter Reed, Surgeon, and Captain Charles M. Gandy, Assistant Surgeon, was constituted to meet at the Army Medical

Museum Building on Wednesday, September 23, 1896, at 10 o'clock A. M., for examination of candidates for admission to the Medical Corps of the Army.

Dr. Jerome Cochran of Montgomery, Alabama, died at his home, August, 15, in the 66th year of his age. He formerly lived in Mobile but since he became State Health Officer he removed to Montgomery. He was one of the most noted physicians of Alabama and to him may be given credit for many of the medical and hygienic laws of the State.

The Nineteenth Annual Reunion of the Pennsylvania and Maryland Union Medical Association was held at York, Pa., August 28. The following officers were elected for the ensuing year: President, Dr. Joseph Price, Philadelphia; Vice-Presidents, Drs. C. A. Ralster, Harrisburg, Charles G. Hill; Secretary and Treasurer, Dr. Roland Jessop, York; Executive Committee, Dr. Alexander B. Craig, Columbia; A. A. Long, York; G. H. Barr, Cecil County, Md.; G. H. Rohé, Baltimore; W. M. Weidman, Reading; S. D. Risley, Philadelphia; C. R. Welschans, Lancaster; C. G. Treichler, Honey Brook; H. L. Orth, Harrisburg. The annual banquet was held at the Colonial Hotel. President T. M. Langston of Columbia, and Dr. Edward M. Meisenhelder of York, delivered the addresses of welcome. Dr. Charles G. Hill responded to the toast of "My Maryland."

Dr. H. L. E. Johnson, 1400 L Street, N. W., Washington, D. C., has been elected Chairman of the Special Committee on Transportation for the Mexican meeting of the Pan-American Congress. All communications relative to rates, reservation in the special trains, etc., should be addressed to him. A rate of one fare for the round trip has been secured between St. Louis, New Orleans and other trans-Mississippi points and the city of Mexico. It is confidently expected that this rate will be extended over the entire territory of the United States. Arrangements are in progress for a splendidly equipped special train of sleeping and observation cars, with first-class dining car service. Dr. Johnson will presently be in position to announce a rate, which will include railroad fare, sleeping and dining car service both ways and in the City of Mexico, and covering the expense of various side trips to the most important historic points in the Republic.

## Book Reviews.

**SYSTEM OF SURGERY.** Edited by Frederic S. Dennis, M. D., Professor of the Principles and Practice of Surgery, Bellevue Hospital Medical College; Visiting Surgeon to the Bellevue and St. Vincent Hospitals; Consulting Surgeon to the Harlem Hospital and the Montefiore Home, New York; Ex-President of the American Surgical Association; Graduate of the Royal College of Surgeons, London; Member of the German Congress of Surgeons, Berlin; assisted by John S. Billings, M. D., LL. D., Edin. and Harv.; D. C. L., Oxford; Deputy Surgeon-General, U. S. A. Volume IV. Profusely Illustrated. Lea Brothers & Co. New York and Philadelphia. 1896.

We have already commented favorably upon the three preceding volumes of this typical American System of Surgery. The fourth and last volume is now before us and is entirely worthy of the encomiums which have been so freely paid its predecessors. The book itself is a fine example of the publisher's art, in type, illustrations, paper and binding, whilst its contents are such as would be expected from authors and collaborators of such distinction. The first contribution is from Dr. Dennis himself and treats of the important subject of tumors in a scientific yet practical manner. In regard to the etiology of tumors, Dr. Dennis is a strong advocate of the inflammatory origin of most cases from local irritation and thinks that "mechanical injury is associated with sarcoma, notably of bone; that peripheral irritation is connected with carcinoma, and that sinus or other irritation is associated with epithelioma."

A new classification of tumors is presented which does not add much to our ability to understand the subject. The older classification is familiar and concise and it does not seem to us that there is any necessity for a change. For example, "scirrhus" is called "polymorpho-cellular hyperino-epithelioma" and "fungus hematodes" is translated "Teleangiectatic polymorpho-cellular ino-epithelioma." The curability of malignant growths by early and free extirpation is at this time admitted by all surgeons, but the value of other therapeutic procedures is not so well established. The method of treatment, consisting in the hypodermic injection of the mixed toxins of erysipelas and bacillus prodigiosus, is thought to be of "much value."

The subject of hernia is under the joint authorship of Drs. Wm. T. Bull and W. B. Coley and is carefully considered and excellently illustrated. The preference is given to Bassiui's method for the radical cure, which does not differ materially from that of Halsted.

Surgery of the alimentary canal, from the pharynx to the ileo-cecal valve, is elaborately treated by Drs. Maurice H. Richardson and Farrar Cobb of Boston, and all the newer methods of treating affections of the esophagus, stomach and intestines are carefully described and illustrated. This field has been to a large extent opened and extended during the past ten years by American surgeons, notably by Senn and Murphy of Chicago, Abbe and Bull of New York and many others.

Appendicitis is considered by Drs. Frank Hartley and Charles McBurney, the former dealing with the clinical history and pathology of the disease, the latter with the treatment. Dr. McBurney is recognized as an authority on this subject, and we are glad to note considerable conservatism in his views in regard to immediate operation. 107 pages are devoted to the consideration of the surgery of the alimentary canal from the ileo-cecal valve to the anus, by Dr. Louis S. Pilcher of Brooklyn, which we cannot further notice except to remark that the subject is handled in a thorough manner. Dr. Robert Abbe contributes the article on the surgery of the liver and biliary passages. Dr. Wm. M. Polk that on diseases of the uterus, and Dr. J. Taber Johnson that on diseases of the tubes and ovaries, all of which are up-to-date, and contain much matter that has never been collected in a systematic treatise previously. Dr. Henry C. Coe of New York, in writing on minor gynecological surgery, gives the following good advice: "Choose a few operations which you have found by experience are those which have given you good results, and repeat them over and over again until you can do them well."

Dr. Dennis treats of diseases of the female breast in his usual thorough manner. This article of 75 pages deserves a more extended notice than we can give it, owing to the limitation of space.

The last article is by Dr. Keen of Philadelphia on the use of the X rays in surgery and is illustrated with several excellent skiagraphs.

Current Editorial Comment.

NOVEL READING.

*American Medico-Surgical Bulletin.*

How often many of us feel the necessity of turning from dull care and harrassing routine of medical practice toward something pleasing, healthful and interesting. It is at these times and by means of the carefully selected novel that we may at once transport ourselves into a new environment, one that by no means demands mental inertia, stagnation and stupefaction; but, on the other hand, it directs our sympathies and interests into new currents of healthful intellection and gives us true mental rest.

UNNECESSARY NOISES.

*Cincinnati Lancet-Clinic.*

UNCANNY sounds are a part of the price of citizenship and life in all large cities. Very many of the uncanny sounds are entirely avoidable, and another class of sounds may be greatly modified or ameliorated. These uncanny sounds not only make life unpleasant to those who are in good health, but they are scarcely bearable by the sick, and in many cases have much to do in retarding recovery. Locomotive or other steam whistles should not be heard within or near the city limits. One of the worst of noise nuisances is found in many electric cars, which, through imperfect gearing, go thumping along in a way that should be avoided.

STYLE IN SCIENCE.

*Colorado Journal of Medicine.*

THE true mission of a scientific paper, whether medical or not, is to convey observed facts and opinions; the language used should be, above all things, accurate; words should be selected which say the thing meant and nothing else; while mere verbiage is weak, it should be remembered that there is no obscurity so complete as that which results from an ill-chosen condensation. "Mother died of typhoid. Father of sunstroke. Sick three days. Temperature 104," leaves us in pleasing uncertainty whether the observer or the patient is the orphan, who had the illness which endured three days, and whether the patient or the apartment registered a temperature so much above the normal.

Publishers' Department.

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Convention Calendar.

SEPTEMBER						
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State Societies.

SEPTEMBER, 1896.

8-10. VIRGINIA, at Rockbridge Alum Springs, Va. J. F. Winn, M. D., Secretary, Richmond, Va.

17. MISSOURI VALLEY, at Council Bluffs, Ia. Donald Macrae, Jr., M. D., Secretary, Council Bluffs, Ia.

IDAHO, at Boise City. W. D. Springer, M. D. Secretary, Boise, Idaho.

OCTOBER, 1896.

13-15. NEW YORK, at New York. E. D. Ferguson M. D., Secretary, Troy, N. Y.

1-2. UTAH, at Salt Lake City. J. N. Harrison, M. D., Secretary, Salt Lake City, Utah.

15-16. VERMONT, at St. Johnsbury. D. C. Hawley, M. D., Secretary, Burlington, Vt.

National Societies.

SEPTEMBER, 1896.

8. AMERICAN DERMATOLOGICAL ASSOCIATION, at The Springs of Virginia.

22-24. AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, at Richmond, Va.

15-18. AMERICAN PUBLIC HEALTH ASSOCIATION, at Buffalo, N. Y.

15-18. MISSISSIPPI VALLEY MEDICAL ASSOCIATION, at St. Paul, Minn. H. W. Loeb, M. D., Secretary, St. Louis, Mo.

17. MEDICAL SOCIETY OF THE MISSOURI VALLEY, at Council Bluffs, Ia.

23-25. AMERICAN ACADEMY OF RAILWAY SURGEONS, at Chicago, Ill.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION, at Boston, Mass.

NOVEMBER, 1896.

10. SOUTHERN MEDICAL AND GYNECOLOGICAL ASSOCIATION, at Nashville. W. E. B. Davis, M. D., Secretary, Birmingham, Ala.

16-19. PAN-AMERICAN MEDICAL CONGRESS, at City of Mexico, Mexico.



# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### COMPLETE PURGATION.

PRESENTED TO THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL, 1896.

By A. K. Bond, M. D.,

Clinical Professor Diseases of Children, Baltimore Medical College.

#### FIRST PAPER.

*Definition of Complete Purgation.*—Like many other familiar terms the words "purge," "purgatives," "purgation," have in these days lost their original meaning and been shorn of their native beauty of definition. To the ordinary practitioner the above-mentioned expressions convey the idea of the violent rushing of a powerful aperient agent through the digestive canal. The mind of the prescriber is fixed on its getting through. It is a limited rectal express warranted to reach its destination by a certain time regardless of hindrances, and heedless of the freight which has accumulated by the wayside.

And so, when the irresistible drug has forced its way through the canal, to the exquisite torture, perhaps, of the patient, and has produced one or more impetuous actions, the physician considers his patient satisfactorily "purged." Against such a view the present article is intended to be a warning and a protest. The writer believes that incalculable injury to patients and numberless false diagnoses have sprung from this wrong understanding of the meaning of the three allied words above referred to. Let us now see what burden of thought they do really bear with in them.

To the ancients to "purge" meant

to "cleanse;" it is so used in our standard versions of the Scriptures; a "purgative" signified "a cleansing agent;" "purgation" was the equivalent of "cleansing." This group of words conveyed to our professional forefathers the idea not of forcing a "passage" through the bowels, but of removing objectionable accumulations, of starting up wholesome secretions and putting the bowels into a condition fit for the reception, digestion and assimilation of food, and for the absorption of medicines.

The opening of the bowels was not an end in itself, but only a means to an end. Nor was it the only means, although the chief one; for emetics, which were in high favor at the onset of fevers, secured in some degree the same object, though in a much more disagreeable way; and aperient enemata perform for the rectum and adjacent large intestine a similar service. As has been already hinted, complete purgation involves two processes, more or less concurrent, evacuation and restoration of function.

*Evacuation.*—We may consider first the material to be removed and the reasons for its removal. Normally the contents of the small intestine brought down into the large bowel undergo a considerable degree of solidification with absorption of their liquid elements.

This solidification should not go beyond a certain point. In cases demanding evacuation by drugs the objectionable material may not be more solid than natural feces, or it may be extremely dry. In some cases it forms into lumps of various sizes which lie loose in the intestinal canal and may perhaps be felt through the abdominal walls. In other cases, as would be inferred from the difficulty of its complete removal, though liquid stools from the small intestine are easily secured, the pockets of the large intestine, more or less dilated, are plastered with closely adherent, partly dried feces which remain for weeks or longer in the same location unaffected by natural efforts at evacuation, the more liquid matters from above passing down the middle of the bowel lumen or reaching the anus by devious channels through the impacted masses.

The abdomen may be full to the touch in the region of the colon, but no distinct lump or tumor can always be felt, although the patient may have a sense of fullness and need of evacuation.

As these hardened collections may swarm with disease germs and may contain or develop chemical substances poisonous to the bowel wall, it is no wonder that such injurious elements added to the mechanical irritation of the dried fecal masses should produce local inflammation or ulceration of the bowel wall, or cause partial paralysis of the muscle fibers concerned in peristalsis, as well as dilatation of the canal.

Sometimes but a small portion of the whole mass of intestinal contents is foul and this may lie far up in the bowel. To draw an illustration from practice: A patient has a sudden attack of surface aching, said to follow exposure to a draught or sitting in a cool room. A diagnosis of intestinal sepsis is made. Continuous purging is instituted, three or four passages a day, although he says he is not constipated. The first day normal feces is discharged, the morning of the second day a very foul stool is passed. Subsequent stools are natural. With the passage of the foul stool the pain vanishes and the patient begins to convalesce.

That diarrhea and dysentery should arise from the immediate presence of such accumulations excites no remark. The experienced layman, even, knows that a brisk purgation at the outset of these diseases is often indicated. Apart from local disorders unwholesome accumulations in the bowel manifest their injurious influence in various distant parts through the nervous system and the blood. In some cases the nervous symptoms are simple reflexes, in others doubtless there is disturbance of nerve centers in consequence of polluted blood supply. Whatever the mode of action it is certain that very many conditions of disordered innervation of distant parts may be due to bowel accumulations.

It is well-known to all physicians that a very large proportion of uterine disorders may be benefited, if not cured, by a course of aperients; and even when there is underlying gross disease of the organs much benefit may often be obtained from such treatment. That certain forms of epilepsy have as exciting causes of their paroxysms imperfect bowel digestion is also generally admitted. The outbreaks known as hysterical are certainly dependent in most cases on digestive errors for their immediate exciting cause and a large proportion of the headaches and neuralgias of which women complain seem to be of similar origin. The so-called "heart diseases," which are accompanied by infra-mammary pain or palpitations should always excite a suspicion that the stomach or colon is really the organ at fault.

The writer is accustomed to teach his students that there are, roughly speaking, four levels of pain in the feminine back; high between the shoulders is the "nervous spine" found in so many cases of nerve fatigue, a mere touch on the surface causing the patient to shrink; on the plane of the bottom of the scapula is the pain due to the transverse colon when full of unwholesome matters, and this may be relieved by purgation; in the small of the back is kidney pain, associated either with actual disease of the kidneys or with urine

irritating to the kidney; and down by the lower lumbar and sacral vertebrae is the pain from uterine or rectal disturbance. Although this is not in all cases true, or is but part of the truth, yet the rule is a good one.

One of the chief dangers of unwholesome accumulation in the bowels is the possible pollution of the blood stream, upon whose purity every tissue, every cell in the whole body, is dependent for health. The practitioner does not need the aid of the microscopist or the chemist to teach him this peril. The simplest processes of logic known as "common sense" are sufficient here for guidance. In fact, the simpler the logic, the better for practical usefulness. The writer has been very much impressed with a strange tendency of the mind of the present day which has dabbled a little in science and shuts one eye whenever it examines a problem in which microscopical facts are to be found.

An illustration is presented in the inability of such minds to consider septic matters in gross. Fecal matters with an odor little inferior to that of gangrene and of such composition that they excoriate the anus are passed by the bowel, yet the observer in question cannot believe that pollution of the blood stream is threatening until some microscopist finds a particular germ of septic properties in these evacuations. The same mental lameness has afflicted some of our health officials of late who believe that a water supply, into which cess-pools and barn yards drain, is pure because a chemist declares it so upon analysis. Even in hospitals the nurse has learned to stick the thermometer smeared with disease materials into a bottle of bichloride solution instead of first washing it with soap and water. The writer would not oppose true scientific advances in the study of disease germs and their poisons, but would plead that the filth and septic matter in gross should not be lost sight of.

To return to our subject, the avenues of frequent invasion of the body by disease from without are only two or three. Occasionally, entrance is effected through the skin or through the genito-urinary

tract; but, as a rule, it is by the respiratory tract or the digestive, that infection takes place in ordinary medical ailments. Eliminating those probably due to respiratory infection, it will be seen that the entrance of a great many definite or indefinite disorders which come from without the body must be through the digestive canal. If we consider the possibility of the presence of disease agents and processes in animal foods, in raw fruits and vegetables, in milk and in drinking water, to say nothing of the things which careless persons and children put into or hold in their mouths; if we think for a moment of the ease with which unwholesome fermentations, or, even without fermentation, chemical poisons, are produced in the mixed contents of the digestive tract, it will not seem unreasonable to suspect that this portal of the body may have been the inlet to many a hitherto mysterious invasion. And the ease with which the investigator may be baffled is evident when we consider that disease materials may hide in this canal for weeks and months before they manifest their presence clearly by poisoning of the blood stream.

That enteric fever so establishes itself is now doubted by few observers. That malarial fevers have similar origin is also probable. The author has for some time suspected that acute rheumatic fever gains admission first through the digestive canal and may be cut short by remedies directed to this part, although later its poison seems to have established itself in the blood or tissues, to break forth anew without digestive coöperation. That the neuralgias, lumbago, epilepsy, etc., of epidemic influenza in some of its forms are kept up by bowel infections is admitted by many careful observers. Certain chronic anemic states which baffle treatment are probably due to slow bowel sepsis.

The writer would not claim that in all these varieties of disorders above mentioned bowel sepsis is the sole cause. It is beginning to be admitted, and bacteriology abundantly confirms clinical observation in this matter, that diseases are mixed processes with prin-

cial and subordinate infections, with predisposing and immediate causes. This latter is well shown in chronic nephritis, which might proceed for years unnoticed, were not anemic crises pre-

cipitated by bowel sepsis and other intercurrent conditions. Nor should the practitioner, when the crisis has been weathered, forget to search out and treat these underlying disease processes.

## SOME OF THE UNSUSPECTED EFFECTS OF THE BROMIDES.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, AUGUST 25, 1896.

By *J. Allison Hodges, M. D.*,

Professor of Nervous and Mental Diseases, University College of Medicine, Richmond, Va.

REGARDING the effects of the bromides on the system in large or continued doses, not a little difference of opinion has existed. Ordinarily, these salts are considered by the profession as harmless in their constitutional effects, and the limitation of the dose, or the duration of their exhibition, is gauged only by the idiosyncrasies of the patient, or the personally conceived demands of his own nervous condition. The usual carelessness of the physician in this respect is as reprehensible and dangerous, in my opinion, as the recklessness with which the patient becomes accustomed consequently to use these drugs for every supposed nervous manifestation. In small and interrupted dosage, the bromides are calmative and effective remedies, and, in the great majority of patients, act as a moderate sedative to the nervous functions generally, without any obvious ill effects.

This fact often causes their indiscriminate and continuous use, and subsequently there supervene certain physiological effects which are attributed in many instances to the disease under treatment, as one of its manifestations, instead of to the agents which are being used to combat it. This is manifestly true in those cases where large doses have been given, and I think in those cases as well where small doses have been continued for a long period, the ultimate constitutional effects, of course, being the same. If these latent and commonly overlooked effects, which I shall mention, were always as patent

as the *bromism*, which eventually comes on after long-continued employ of these salts, thus showing resentment at their farther ingestion, it would be needless to direct attention to them.

But such is not the case. On the other hand, many of the physiological effects are masked and obscured by other temporarily existing conditions. Originally, and even as late as 1870, the bromides, and especially the bromide of potassium, was considered an alterative and deobstruent (Wood's Therapeutics and Pharmacology) and analogous to the preparations of iodine. It was proved experimentally, however, a few years later, that they were nervous sedatives, and, specifically, cerebral sedatives, and no clinical fact is more conspicuously verified than of their efficacy in these and allied pathological conditions. Their ultimate effect on the system, however, is yet a *quaestio vexata*; some authorities maintaining that since some patients have taken them largely and continued them for a long time without injurious result, or, indeed, any very striking result of any kind, that they are consequently harmless, while other experimenters, on the contrary, have found them, even in moderate doses, to exercise powerful influences on the constitution, and in larger doses, or too long continued, to produce peculiar poisonous effects.

Most physicians, I believe, are prone to overlook and disregard the true physiological effects of these medicaments, because they attribute the induced symp-

toms to the primary neurotic condition of the patient, and in the end are often surprised to find an unaccountable depression of vitality, both physical and mental, that far outweighs the evident control of the nervous symptoms that had been obtained by this treatment.

I am free to admit that such was formerly my experience, having been taught the innocuousness of the bromides, until it was forcibly impressed upon me some years ago by several cases that staggered my credulity, and more recently when that recognized authority, Dr. Weir Mitchell, by his experience of their baleful effects, has enforced the lesson upon me.

As to their toxic effects, the bromide of potassium is recognized as the most powerful, and the bromide of sodium as the least toxic. There is a general correspondence, physiologically, in the action of all the bromides, except that of ammonium, due, doubtless, to its base, and they are all very diffusible, which accounts in some measure for the no more frequent ill effects observed, for it is certain that when administered in large doses no inconsiderable portion escapes absorption, being easily detected in the intestinal mucus, etc. Most persons take the usual doses with no perceptible disadvantages other than acne, roughened skin, etc., but the prolonged administration develops in all cases that condition of chronic poisoning known as *bromism*, which differs from the effects of a few medicinal doses in the extent and intensity, but not in the character of the symptoms.

If the bromides are to be continued for any indefinite period, it is difficult to determine what is a safe dose, for it is clinically substantiated by Voison (*Archives Générales*) that 60 grains, repeated for from three to six times, at intervals, with some persons will occasion slight nausea and diarrhea, while Bartholow (*Materia Medica and Therapeutics*) has ascertained that 100 grains for one dose will lower the temperature in a healthy adult from one-fifth to one-half a degree, the respirations from two to five, and the pulse from ten to twenty beats per minute.

It is some of the unusual, or, at least, not usually suspected, effects of the bromides, that I desire to consider in this article, symptoms which, in their milder forms, must be familiar to all practitioners, but which sometimes, I think, are attributed to a mistaken parentage, to the disease and not to the remedy. Among these commonly unsuspected effects may be mentioned the following:

1. Increased irritability of temperament.

It is a notable fact that most patients who have undergone the bromide treatment for any considerable length of time, for nervousness, insomnia, etc., develop an irritable, peevish and querulous disposition, disproportionate to the exciting cause. This is particularly noticeable in epileptics, and is often assigned as one of the manifestations of the disease itself. This, I am confident, is a mistaken assumption, for, as a clinical fact, attested in many of these cases, in my experience, the temporary suspension or withdrawal of the treatment at once moderates and often completely suspends the irritable tendency. In the case of epileptics, also, it is true that this irritability is increased, even though the convulsions be lessened in their severity. Many nurses, even, will bear testimony to this fact.

2. A depression of spirits with a tendency to moderate melancholia.

There are some neurotic cases in which moderate doses of the bromides occasion despondency in the individual, which, at times, amounts almost to a melancholia, though this is rare.

In June of last year, I was consulted by a lady of a neighboring city, who came to me with the history of grave melancholy. She was intensely depressed, and in constant fear of "losing her mind." She was about 45 years old, and a great sufferer from insomnia. Upon examination, no physical defects were discoverable, and, but for a slightly anemic condition, she was in fair physical health. Enquiry elicited the fact that, one year before, when suffering from pelvic pain, a mixture of bromides, containing about 80 grains a day, had been prescribed by her physician; and,

fearful of a return of the trouble, and to insure sleep, she had almost constantly maintained this treatment ever since. At my solicitation, the treatment was partially suspended, and in two weeks there was marked improvement. At the end of a month, upon the entire cessation of the bromides, there was almost complete restoration to health. Later, with the aid of bitter tonics, she was restored to her normal condition, and up to this date is in perfect health, and has had no return of melancholia.

### 3. Impairment of memory and also of contractility of muscles.

In nearly all cases, where large or continued doses of these drugs are taken, there is, to a greater or less extent, an impairment of memory. Weakness of mind, without perversion of intellect, is a very constant result of the continued use of large doses. Failing memory, especially in epileptics who, according to the general routine of practice, take the greatest quantity of bromides, is almost invariably assigned to the disease as the causative factor, but my experience demonstrates that the bromides themselves are, for the most part, responsible for this condition. Dr. Mitchell (*University Medical Magazine*, June, 1896) reports the case of two children, ages 10 and 13 respectively, suffering with mild epilepsy, who, owing to a mistake of the nurse, were given 100 grains a day of lithium bromide for a few days. Memory was impaired in both. One forgot the letters of the alphabet, and the other had some curious confusion as to the time of events, misdating them. This state of altered memory, in both cases, passed away in two days after the bromides were withdrawn. These cases also illustrate that motility is impaired by the bromides, for the same author relates that the physical weakness in both was very marked, and that, while both children could stand, neither could walk. The bromides evidently possess the power to destroy or impair the irritability of the motor and sensory nerves, and the contractility of muscle, and Dr. Rudisch (*The Journal of Inebriety*, July, 1896) has pointed out that the paretic

symptoms first manifest themselves in a tendency to ptosis, and later, an increasing feebleness of all the limbs, amounting in some instances almost to a hemiplegic condition. While it is not often observed, still several cases are reported where large doses, given by mistake, or reckless lay use of the drug, have induced a complete relaxation of the sphincters. A prompt withdrawal of the drug has always restored the functions to their usual offices.

### 4. Irritant to the gastric mucous membrane.

In small doses, well diluted, the bromides are generally acceptable to the stomach, and by some believed to be positively anesthetic to the mucous membrane. In large doses, or in continued administration, however, they are distinctively irritant. This point is clinically well established as regards large doses, but it may not be so evident in the case of continued moderate doses, which in effect, however, produce the same results.

Several years ago, a lady consulted me for diarrhea, and thinking it was of nervous origin, I administered the bromide of sodium in 30 grain doses, thrice daily, in conjunction with other treatment. Upon her return, several days later, I found her condition not only not improved, but worse. She informed me that, not having been benefited by my prescription, she had also taken larger doses of the bromides that she had been accustomed to taking when she felt "out of sorts," along with the medicine I had given her. Learning that it had been her habit to take several doses a day of bromide of potassium for some months, my suspicions were aroused that that drug, intensified in its irritant effects by the 90 grains daily I had ordered, was to blame for her non-improvement. A suspension of treatment, with rest and boiled milk diet, speedily effected a cure.

### 5. Bromides act as an aphrodisiac.

Some authors affirm that, if given in large doses, they diminish and, at length, if long continued, entirely subdue the venereal appetite. M. Puchi (*Traité de Therapeutique*) insists that,

under these conditions, the patient will fall into a condition of impotence, which sometimes outlasts the use of the medicine several days. My experience, however, has not confirmed the antaphrodisiac properties of these drugs.

6. They disturb the circulation.

Very obvious effects are produced on the action of the heart when large doses are administered. Bartholow (*Medical and Surgical Reporter*, January, 1870) says that the number of the cardiac pulsations is not only reduced, but their force is diminished, and the tension of the arterial system is lowered. Dr. Da Costa endorses this statement and inveighs against the use of the bromides in those persons having weak hearts, "especially the form of cardiac weakness designated as chronic cardiac asthenia."

7. Extraordinary susceptibility to toxic effects in cases of cerebral lesions, etc.

Several recognized authorities speak of the sudden bromic toxication liable to occur in persons who have suffered cerebral lesions from trauma, or who have had emboli or necrotic processes around clots. Dr. Mitchell (*The Journal of Inberity*, July, 1896) reports a case of rheumatism in a young man who had an embolus in the right middle cerebral artery, and whose condition presented increasing evidences of destructive irritative changes in the brain. To control this, he gave 60 grains of potassium bromide daily for three days. Acute mania was the result, and was not relieved until he ceased the treatment. Surgically, this is an important fact, and should be heeded.

8. Tendency to give rise to homicidal and suicidal impulses.

Mm. Rames and Huette (*Traité Matière Médicale*, 4th ed.) were the first that I can learn to chronicle any form of intoxication or mental derangement from the employment of the bromides in large doses. Hammond (*Diseases of the Nervous System*) and others have also recorded cases of mental derangements with hallucinations of a melancholic character, but Escheverria was the first to call attention to the tendency

to homicidal and suicidal impulses. The first case that ever caused me to look with suspicion upon bromides as capable of producing sudden toxic effects was one of this nature. In 1890, I was called to see a patient, female, age 65, and found her to be a nervous, miserable creature, emaciated, feeble and hysterical. I administered the bromide of sodium in 60 grain doses daily, and there was some improvement in the nervous symptoms. Subsequently, on account of expense, I ordered the salt in crystals for her, and only saw her occasionally. Finding that the effect of the quantity allowed was not as marked or soothing as formerly, and wishing to secure a speedy result, she gradually increased the dose. Soon a mild diarrhea supervened, but this did not arouse my suspicions. At this time, I should judge that she was taking about 150 grains daily. She became very nervous, and her family noticed some signs of periodical excitement, but no importance was attached to it. The dose was still further increased by her without my knowledge, and in a few days, it then being about two months from the inception of the treatment, she suddenly left her house and going to a river near at hand, attempted to drown herself. When rescued, she still showed a tendency to destructive outbreaks with unrestrained violence of temper. This suggested the possibility of bromic influence, and the discontinuance of the bromides at once proved the correctness of the supposition, for after that, except when once again subjected to the same treatment, did she ever exhibit any symptoms that might rise to the danger line. Dr. Draper relates the history of a case in a young man who was an epileptic, who could not take 60 grains a day for a week without becoming homicidal.

9. Bromides weaken the nervous system.

It is evident to my mind that these salts, by reason of their characteristic physiological action, must, in continued doses, or large doses, depress certain organic functions and therefore be weakening to the nervous system, for in order that a sedation of the nerve

centers may be secured, they diminish the action of the heart, lower the temperature, and consequently lessen the blood-supply to various organs. Their field of therapy is limited, and I am skeptical if their efficacy, even in temporarily controlling the nervous explosions of the epileptic, is commensurate with the deleterious effects to the patient's general constitution. A patient addicted to the bromic habit presents a picture not easily effaced from memory, for his pallid face, dilated eyes, weak and tremulous gait, are only too patent evidence of a nervous wreck and a blighted mentality.

My object in presenting this paper at this time is to direct attention to the unusual or exceptional baleful effects of the bromides in continuous or unnecessarily large doses, for, as a practitioner, I realize that our profession, and consequently the public at large, are not cognizant of them, and hence not alive to the dangers incident to their persistent use.

Too little care is often used in pre-

scribing these drugs, and too little attention is paid to the proper regulation of the dose; circumstances, in my opinion, which are responsible for the great and increasing harmful consumption of the numerous proprietary preparations of the bromides which are now used by our people as "headache" cures "insomnia" cures, etc., and which owe their popularity and efficacy to a varying proportion of the bromides in their composition. It is not so much our indifference, as physicians, to the best methods of prescribing the bromides for specific purposes as our carelessness in not informing our patients of the danger of these preparations, whereby they are all but unconsciously contracting the "bromo" habit, that we are reprehensible. It is not the small and occasional dose that ultimately wrecks the constitution, but the continuous daily use, in many cases, for every nervous manifestation, as conceived and diagnosed by the layman himself without the knowledge or direction of the physician.

#### PLEURISY WITH EFFUSION.

Dr. C. H. GOODRICH reports ten cases of pleurisy with effusion in the *American Medico-Surgical Bulletin*, in only one of which was there a tuberculous family history. Eight had been healthy and two weaklings.

The treatment followed was rest in bed and a restricted diet. Potassium citrate and sodium salicylate were the only drugs used. Seven cases were aspirated. Nine of the ten cases were discharged cured. One case died. Convalescence was slow.

The conclusions drawn were that hasty and fast inferences cannot be drawn with the aid of points from only ten cases of pleurisy with effusion, but some evidence may be presented.

1. Delafield, Osler, Pepper, Peabody and others are decisive in commending the timely removal of fluid from the pleural cavity. The outcome of these cases bears witness to the wisdom of the procedure. Weeks or months, "perhaps years," some one has said, might elapse before 64 ounces of serum or even one-third that quantity could be ab-

sorbed by a serous membrane whose surface is coated by a thick layer of fibrin and whose meshes are choked and distorted by sero-fibrinous exudate and perhaps by the growth of some new connective tissue.

2. It seems reasonable to use sodium salicylate and like drugs in cases of pleuritic inflammation, because of the intimacy of the relations between acute articular rheumatism and inflammations of serous membranes and because it surely relieves pleuritic pain. Further observations may teach us more on this line.

3. Although careful to include all the recognized methods in our examination, we failed to find any evidence of tuberculosis in these cases.

4. The markedly slow recovery of general health seems to indicate that there is room for marked improvement in the methods of treatment of cases of pleurisy with effusion after the removal of serous accumulations.

5. Empyema seems to be an unnecessary consequence of aspiration of the pleural cavity for pleurisy with effusion.



## Society Reports.

## RICHMOND ACADEMY OF MEDICINE AND SURGERY.

REGULAR MEETING HELD AUGUST 25, 1896.

THE President, Dr. Landon B. Edwards, in the chair. Dr. Mark W. Peyser, Secretary and Reporter.

*Dr. J. Allison Hodges* read a paper on THE NOT USUAL EFFECTS OF THE BROMIDES. (See page 381.)

*Dr. J. N. Upshur* remarked that Dr. Hodges' paper was one of great value to the Academy and the profession at large. He entirely agreed with the views expressed in it. For many years he has believed that the profession is as much too prone to give the bromides as morphine. He was peculiarly in sympathy with the statement as to the indiscriminate use by the profession and laity of the various proprietary preparations containing these agents. He has been in the habit of prescribing the bromides with more or less frequency for several years, because he did not wish to prescribe them empirically, and because of their effect on the circulation. He hoped the article would be widely read and that the profession would heed the warning given.

*Dr. Wm. S. Gordon* agreed with both gentlemen preceding him. Of course, it is routine practice to give the bromides in epilepsy. He narrated the case of an epileptic girl who, after taking considerable doses, developed all the prominent symptoms mentioned by Dr. Hodges; and at the same time he wondered how far they were due to the medicine or the disease. He asked, if under these circumstances, had Dr. Hodges substituted hydrobromic acid, and, if so, the symptoms when pushed to the farthest point? He has used hydrobromic acid with good effect, but he had never continued it long enough to contrast its effects with those of the bromide salts.

*The President* agreed with most of the points made by Dr. Hodges; and yet he could not allow the enthusiasm occasioned by the valuable paper to over-

shadow the good results often obtained from the use of the bromides. He did not know how we could manage without them. It was not usual, in his experience, for patients to desire a continuance of their use; he wished to do away with the idea that there is a bromide habit, due to a desire on the part of the patient to take this agent. Large doses have their value in certain cases; but, ordinarily, these are not called for. As a rule, the bromide treatment is the most valuable for epilepsy. In the experience of those treating *petit mal*, it is of little value; but in the *grand mal*, it is of utmost value.

Suicidal and homicidal tendencies are noted, not in the cases where is deliberation and cunning, but in the careless, somnambulistic, etc. At any rate he was not prepared to say these tendencies came from bromism. The epileptic is often dangerous to himself and others, even without treatment by bromides.

*Dr. Hodges*, in closing the discussion, agreed with Dr. Edwards in the efficacy of the bromides in some cases, but limited their greatest utility to cerebral disorders from overaction. He differed with them, however, as to the danger of patients forming a "bromo habit," and cited the large and increasing use by the laity of the numerous bromo preparations, as was evidenced by their enormous consumption within the past few years. He doubted the necessity of the bromides or their ultimate benefit to the patient in the treatment of epilepsy and cited instances to substantiate this assertion, claiming that other drugs, or even the bromides differently administered, would accomplish the same results. He had used hydrobromic acid as a sedative and hypnotic and had found it useful; but had never pushed it to its physiological effects. It was probable, however, that under such conditions, it would prove an irritant to the gastric mucous membrane.

*Dr. Upshur* reported a case of CONVULSIONS AND HEMI-HYPERÆSTHESIA PRECEDING TYPHOID FEVER. A woman, aged 20. Two months ago, he was sent for at night and found she had a severe convulsion before his arrival. When

seen, her mind was not entirely clear—was very nervous, presenting symptoms of a markedly hysterical condition.

There had been much malaise for a week previous. The prominent symptom was hyperesthesia of the whole right half of the body and head, especially marked in the arm and leg. Simple touch would throw the group of muscles in the neighborhood into violent spasms. Along with this, for a week, there had been a regular rise and fall of temperature—99° in the morning to 101° in the afternoon. At the end of the week the hyperesthesia seemed to subside, but she was nervous and sleepless; the tongue was heavily coated, pulse frequent, abdomen distended and tender, with gurgling in the right iliac fossa. In fourteen or fifteen days, symptoms of marked typhoid made their appearance. From that point the case was typical, with a tendency to development of coma vigil. Coma did supervene and the patient died on the twenty-seventh day. Obstinate constipation persisted throughout the course of the disease. Every action was procured by an enema. The onset of the trouble was the most curious he had ever seen.

*Dr. Upshur* also reported the next case, concerning which he would like to have an expression of opinion. Woman, age 40; seen ten days ago in consultation. She had been in delicate health for about a year and there was obscurity as to her trouble. During last spring she was satisfied as to the existence of pregnancy. Taking some medicine given by a negress, she aborted and recovered. Later, she was seized with violent pain in the right groin, extending around the crest of the ilium down the thigh—being particularly painful in the knee and paroxysmal in character, especially pronounced in the morning and afternoon. There were rises and falls of temperature at various times of the day, from 99° to 104.5° F.

During an attack, when first seen, he had found an over-distended bladder. The urine was albuminous, but no trouble ensued upon drawing it off.

Ten days ago, she was removed to the Old Dominion Hospital, the tempera-

ture rising as a result two degrees, falling in a day or two.

The administration of chloroform did not effect a complete relaxation of the abdominal muscles, but a thorough examination of the pelvis revealed no trouble, unless, possibly, a pre-existent endometritis. A point just above Poupart's ligament on the right side showed evidence of tenderness. *Per vaginam* he could approximate the fingers so that the thickness of the abdominal wall could be made out. Examination of the urine by Mr. Blair evidenced slight albumen, but was negative otherwise.

*Query:* What is the matter? The only pronounced symptom is the pain. She will not voluntarily change her position and as a result she has a bed-sore.

What is the cause of the rise of temperature? Under the use of turpentine the condition has improved somewhat. There may be an abscess of the kidney. He had suspected the pain to be hysterical. She had been taking a great deal of morphine—in one day a grain and a half hypodermically. Since being at the hospital the doctor has tried to do away with its use. The patient has taken several remedies for the relief of pain, usually falling back on morphine. As an experiment, a syringe of pure water was injected, but in a half hour complaint of great pain obliged administration of a one-fourth grain of morphine. The doctor thought a great deal of the pain was due to the fear of it on being moved.

There were no sweats, no hectic; she is not sensitive to light pressure. Examination by her attending physician elicited great complaint of pain; but in ten minutes he could manipulate and not get much response.

*Dr. Hodges* wished to suggest that the first case was thrombus with suppuration, complicated or not by typhoid. He thought the second case more than simple hysteria. If there were no disease of the pelvic organs, it might be neuralgia or neuritis with after-developed hysteria or fever.

*Dr. Upshur* replied that there was no neuritis.

*The Secretary* reported a case, not be-

cause of uniqueness, but as contributing to the settlement of the much-mooted existence of typho-malarial fever.

T. H. P., male, aged 36, more than three weeks ago was taken sick with what looked like cholera morbus. In four days a chill came on, followed by sweating and fever; thereafter, for four or five days, there were two and three chills at irregular intervals daily; the temperature one morning reaching  $106^{\circ}$ , falling to  $102^{\circ}$  upon the application of a cold bath. Thirty grains of hydrochlorate of quinine were administered in twelve hours and, as a result, chills ceased, but there remained a persistent fever, which was stationary in the morning, rising in the afternoon, and accompanied by nearly all the symptoms which justified a diagnosis of typhoid fever. He entered his fourth week of sickness today, but his temperature has been normal for four or five days in the morning, with exacerbation in the afternoon. Chills came on again last Friday and with the exception of Sunday, he has had them daily at irregular intervals and sometimes two in twenty-four hours.

Dr. R. F. Williams made a blood examination and found absolutely no plasmodium, but a marked leucocytosis, which argues a favorable result.

Drs. Gordon and Deaton saw the case in consultation and agreed that the trouble is *pure typhoid*.

Dr. Wm. S. Gordon said, regarding this case, that it was undoubtedly typhoid. If it had been typho-malaria, when the chills were stopped the fever should have ceased, and the blood examination further verified the diagnosis. He reported the case of a lady confined two weeks ago. He had ceased his attention, when on the twelfth day, she was seized by a violent chill at 4.30 P. M. and again at 11 P. M. Friday last there was another at 11 A. M. Quartan fever being suspected, he gave quinine, but there ensued a chill at 11 P. M., followed by high fever and sweating. There was no trouble with the breast that morning; the lochia were free from odor, and everything relating to the uterus was normal. At night, the

breast was affected and lead-water was advised. The next morning mammitis had come on—no suppuration. The breast trouble did not ensue until the fourth day. It was relieved. Yesterday, the patient was entirely free from fever. She was thoroughly cinchonized. Remembering the influence on the mind of the time of attacks, he endeavored to take her's from under its influence by mental diversion, anecdotes, etc.; but at 4.30 P. M. the chill came. If she had not been under the influence of quinine, she would in all probability have had another last night. The case, a double quotidian of the quartan type, is one the doctor has never seen before.

As to the cause: The house is surrounded by flowers, grown over with vines; has, necessarily, decaying vegetation in the garden; flowers in the rooms. These, with moisture and heat, furnish the etiology desired.

Dr. Jacob Michaux described a case of FACIAL PARALYSIS FOLLOWING MUMPS, ENLARGED HALF OF THYROID. Girl, aged 17, personal history good. A short time ago he was told she had mumps. The left side of the face and lips were decidedly swollen, having the stiff appearance indicating loss of motion, which, indeed, was the case. There was tenderness under the ear, but he was struck by the absence of swelling in front of the ear (which usually occurs in mumps) and by the appearance of the lids, mouth and side of the face. The tissues on the affected side were tender, especially at the angle of the jaw.

On complaining of her throat, he examined it and found enlargement of the right lobe of the thyroid decided, but none of the left.

She was treated at home until acute symptoms subsided, with iodide of potassium and corrosive chloride of mercury. After she was able to be up and about, faradic electricity was applied to the affected side, and both it and galvanic, especially the latter, to the enlarged gland.

The doctor wished to know if there was any connection between the two conditions, or the parts. If so, what?

The girl was not positive as to the existence of thyroid enlargement before the facial symptoms. There was no sore throat, but some temperature.

*Dr. Michaux's* second case was an unusual condition of the uterine canal, which he has seen twice. Both were in cases of abortion—one at two, the other at four months. In the latter, on introduction of the finger into the os, he found a cavity, which, as well as he could make out, was three inches in diameter. At first, he thought he had a case of placenta previa, but on passing the finger through, he discovered the fetus and placenta, which were duly delivered. In the other case the canal was smaller.

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### Medical Progress.

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ACUTE BRONCHITIS AND COUGH.—The way an ordinary cold is caught has always been studied with interest. Dr. W. H. Thomson, in an interesting lecture on acute bronchitis in the *New York Medical Journal*, briefly runs over some well-known facts in an entertaining way.

Colds usually extend from the mucous membranes of the nose down the trachea to the bronchi and their course is not down the esophagus. The little hairs at the entrance of the nose do keep out germs and prevent disease. Cold is usually due to a limited rather than to an extensive exposure of the body to a draft of wind. Cough is the watchful guardian of a bronchitis. When there is obstruction a cough will continue until the way is again clear. There are various reflex and irritant coughs which do not recover under expectorant treatment. Experiment has shown that part of the bronchial tract, especially at the point of division of the bronchi, are especially sensitive. The rule should be to promote an expectorant cough, but to check an irritant one.

The administration of oils is very effective. The first effect of oils is to cause a watery flow. An emulsion of linseed oil is a good cough remedy.

Flaxseed oil is more than a mere nurse's remedy.

A serviceable formula for making an emulsion of linseed oil is: R.—Irish moss,  $\bar{3}$  ijss.; water, Oj. Boil and strain, then add linseed oil,  $\bar{3}$  v; glycerine,  $\bar{3}$  j  $\bar{3}$  v; syr. simpl.,  $\bar{3}$  iij; ol. gaultheriae, ol. cinnamomi, ää  $\mu$  xl; acid. hydrocyan, dil.,  $\mu$  xl.

For bronchitis with irritant cough, for an adult: R.—Emuls. ol. lini.,  $\bar{3}$  vj; morphinae sulph., gr. j; chloral,  $\bar{5}$  jss. M.

Dose, a tablespoonful an hour after meals.

A combination of an expectorant and irritant cough calls for a combined treatment. Opium is indicated in inflammatory pain. A good combination is the linseed emulsion with morphine,  $\frac{1}{10}$  grain, and chloral, 8 grains to each dose. When there is more cough than either pain or secretion, ammonium bromide, 15 grains, with 10 of chloral, is given.

I would sum up the treatment of acute bronchitis thus: If called early, during the stage of simple hyperemia, you may find the patient quite husky, with much dyspnea and a husky, dry, irritant cough. At this stage a teaspoonful of red pepper to a pint of boiling water makes a much better and safer application to use on a flannel which encircles the chest than a sinapism does. At the same time the dyspnea is very quickly relieved by one grain of tartar emetic in a teacupful of water, one spoonful to be taken every ten minutes, till the patient feels a little nausea, when his tightness and asthmatic wheezing will quickly vanish.

Nauseating expectorants, such as the preparations of ipecacuanha, squills, senega, etc., I believe have their place in the treatment of this earliest condition in some cases of bronchitis; but beyond that stage I cannot concur in their value.

When we come to "capillary" bronchitis, however, all our indications for treatment necessarily change. Brief and quick applications of the red pepper infusion often rouse the failing organ. But one of the most serviceable means, which has stood me in very good stead,

is taking advantage of the physiological relation between the act of swallowing and the act of expectoration. Repeatedly we see in adults with phthisis the benefit of sipping hot fluids to ease their morning expectoration. The experiments of Kronecker and Meltzer prove that this result comes about mainly by stimulation of the heart with each act of deglutition. I have thus sat up all night with an apparently dying infant and given it half a teaspoonful of hot milk and limewater to swallow every few minutes and found the flickering pulse improve as long as this assiduity was maintained, until finally a turn for the better became decided.

I see no reason, however, why we should not try to combat the pulmonary collapse by gentle artificial respiration from time to time. For this purpose I would recommend Sylvester's method.

\* \* \*

HYPERIDROSIS.—Dr. Heusner (*Medical and Surgical Reporter*) recommends the solution of balsam of Peru (1 per cent.), acid formicarum (5 per cent.), and chloral hydrate (5 per cent.) in alcohol for local and general hyperidrosis. The general perspiration in phthisis and other diseases is improved by application only of a weak solution of acid formic (5 per cent.) and Peru balsam (1 per cent.). For sweating of the feet, arms and axilla chloral hydrate (5 per cent.) must be added to the acid formic and Peruvian balsam.

\* \* \*

THE CAUSES OF DEATH OF PROMINENT PERSONS.—Dr. Michel has been looking up the subject, and has reported many interesting facts in the *Canadian Medical Review*. The following he believes to be accurate: Lord Bacon died of pneumonia, aged 65. Ben Johnson, apoplexy. Benjamin Franklin, abscess of lung, aged 84. Washington, acute laryngitis, aged 67. Edward Gibbon, hydrocele, aged 57. Napoleon, cancer of stomach. Thomas Gray, gout, aged 54. Bobbie Burns, rheumatism, aged 37. Byron, heart disease, aged 36. Martin Luther, gastritis. Cromwell, intermit-

tent fever. Sir Walter Scott, apoplexy. Shelley, drowned. Keats, consumption. John Milton, gout, aged 65. Sir Isaac Newton, stone in the bladder. Voltaire died of strangury, probably due to enlarged prostate. Very much has been said, says Dr. Michel, by ecclesiastics, about the agony of his last days, as though it was a judgment for his outspoken agnosticism. In the days of 1778, when this condition received no treatment worthy of the name, what physicians would doubt that the last days of Voltaire, who died when he was eighty-four years old, of strangury, must of necessity have been agonizing?

\* \* \*

CARIOUS TEETH AND TUBERCULOSIS.—Starck (*American Journal of the Medical Sciences*) has investigated the possible relation of carious teeth to tuberculosis, with valuable and suggestive results. Among 113 children with enlarged cervical glands none of the ordinarily accepted causes could be found in 41 per cent., and attention was called to the co-existence of carious teeth. The enlarged glands nearly always corresponded in position to the affected teeth. In many cases toothache preceded the enlargement, or the caries was evidently primary. When a number of teeth were affected there was often a cluster of enlarged glands; with caries in the early stages the enlargement was often slight. In two cases positive evidence of the relationship of the diseases was adduced. These were a boy of eighteen years and a girl of fourteen years, both healthy previously and with no family history of tuberculosis. Enlargement of the cervical glands followed toothache. In the first case tubercle bacilli were found in the carious molar teeth. In the other a suspicious-looking granulation was found between the roots of a molar, which, on section, showed tubercles with giant cells. The importance of these observations in practice is obvious. Their relation to other forms of infection, especially septic, and to the frequent malignant new growths of the cervical region, would seem well worthy of future investigation.

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THE last number of the *Bulletin of the American Academy of Medicine* contains over a dozen excellent articles, all bearing on the *Laboratories and Hospital Work.*

The president of the Academy, Dr. Henry M. Hurd, has contributed to this journal a most carefully prepared paper on the relation of laboratories to the modern hospital and the many advantages of the clinical laboratory. It is there shown, what is familiar to all well educated men at the present day, that much of the success of modern treatment is based on careful investigation in these clinical laboratories and the importance of these laboratories is still further evidenced in the large number of hospitals and teaching centers which are equipping their buildings with this important medical aid.

It has taken a long time for European methods of diagnosis to take a foothold in America, but, once appreciated, the strides of progress are rapid and not only are we apt pupils, but those who have enjoyed many years back the advantages of continental

study have tried to let others know the good points from abroad.

Seifert and Müller's *Clinical Diagnosis* was one of the first books of its kind to find a place in the English language and the very practical work of Jaksch soon followed. Some other books have tried to include general and clinical diagnosis, but they have been too unwieldy.

The newest candidate for recognition and one which deserves a close scrutiny as the most recent work in English is the *Clinical Diagnosis* just written by Dr. Charles E. Simon of Baltimore. Dr. Simon has based this work not on theory but on his wide experience in Europe and as assistant resident physician at the Johns Hopkins Hospital. It is very much on the order of Jaksch brought up to date and every page inspires one to more careful and scientific diagnosis.

The paper of Dr. Hurd and all such works bearing on this subject show not only the importance of the clinical laboratory in every large hospital but it makes clear that every physician can have in his own home simple apparatus to assist him in working out each doubtful case in a manner to do justice to his patient. If the physician makes a slipshod diagnosis and trusts to a superficial examination he will find his practice gradually going over to that man who uses the powers of observation with which he is naturally endowed, combined with the most recent acquisitions of the clinical laboratory.

The laity usually grasps a medical fact long after it is familiar to the advanced physician and yet in the present day, when the daily paper leaves no subject untouched, the physician must in justice to himself use the newest apparatus as well as the most advanced ideas in order to treat his cases fairly and keep up with the times.

The physician of the future will be better equipped than his older colleague and he will also learn not to depreciate any method, however apparently impracticable, because he does not understand it.

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AS THE season opens reports come from various parts of the country of the outbreaks of typhoid fever. Why this *Typhoid Fever.* ease should be especially prevalent at this season of the year is hard to understand, but that it does so prevail statistics show too plainly. It seems

remarkable that a disease which is so distinctly preventable should gain such a foothold in every community and that there should be such laxity in trying to keep it out.

In Baltimore, as has been shown, the number of cases of this disease is proportionately very large and there does not seem to be any great prospect of a rapid diminution. The great problem of water supplies for large cities and crowded districts continues to be the subject of discussion at almost every medical meeting and yet the conclusion of the whole matter is that while physicians may see the difficulties in the way of procuring good water and proper drainage and the remedies to be effected, the legislators and city rulers are not in favor of spending money for such purposes.

Physicians have as a class always boasted that they keep aloof from all things political and are above the average politician, but what is needed in every great move for the health of the people is a medical politician who can meet the professional politician on his own ground and fight for the rights of the physician and the health of the people.

\* \* \*

WHEN Solomon wrote of the vanities of this world and ended by bitterly exclaiming that of the making of many books

*Books.* there was no end he probably referred to medical works, for when the editor looks around at his rapidly growing library and considers how he has to pass judgment on many books that would have been better left unborn, he feels that the much reviewing which is a weariness also to the flesh will sour him and call forth adverse criticism.

It is a curious circle of effects. The books are written too often not because the author has anything to say but as a help to the writer in many ways and the poor innocent student buys the books because he thinks it will please the teacher and the publisher forces the various works on the provincial doctor and thus the trade goes merrily on. There are too many books written. Writing is after all, or should be, the result of a large experience and deep observation, and yet it is too often the outcome of a smattering from older and better works and desultory reading coupled with a smooth style which is attractive.

Too many books show plainly from the

start that they are made to sell. The writer and publisher both grow wealthy at the expense of the buyer. Many books and indeed many journal articles remind one of the game of anagrams or verbarium in which the same words and expressions are changed about and rearranged, but the same old story is told. Too many books keep the mind from growing. Every organ and part of the body grows stronger, as a rule, from healthy exercise, and when the mind turns to books for every help, it soon grows helpless and retrogrades.

As has been said before, often the country physician has a better mind than his city colleague, because the former is obliged by his surroundings to think out his work and his cases and cannot depend on the numerous books in libraries for ideas or on specialists at hand for every organ. There are many persons who have something to say and yet through modesty, indifference or laziness will not say it.

Such men the profession would gladly hearken to and articles from them would be of interest, but when one sees the ceaseless revolution of book-making and the strong family resemblance which one book bears to another he feels a sympathy for Solomon, who in spite of all his wives seemed to have had ample opportunity for some very pointed reflections which will never grow old.

\* \* \*

ONE thing the physician is expected by his patient to know and that is what the prescription will cost, and  
*The Price of Drugs.* this is a difficult question to answer. The price of drugs varies so widely and the customs of the pharmacists differ so greatly that few physicians dare to state what a given prescription will cost.

Some druggists charge a uniform price of fifteen to twenty-five cents for a certain kind of prescription regardless of the constituents of the compound. Occasionally rare drugs make the cost of the prescription greater. It is hardly fair to expect the physician to know what a prescription will cost and yet the average citizen so often grudges the drug bill and holds it up against the physician that his prescriptions have cost more than he expected.

It is partly this that has made many practitioners resort to tablets tritulates.

### Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 5, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		4
Phthisis Pulmonalis.....		32
Measles.....	3	1
Whooping Cough.....	4	1
Pseudo-membranous Croup and Diphtheria. }	5	5
Mumps.....		
Scarlet fever.....	8	1
Varioloid.....		
Varicella.....	2	
Typhoid fever.....	21	6

Dr. David Streett, Dean of the Baltimore Medical College, has removed his office and residence to 712 Park Avenue, near Madison street.

The Tri-State Medical Society of Alabama, Georgia and Tennessee will hold its seventh annual meeting at Chattanooga, October 8, 9, 10, 1896.

Dr. C. H. Hughes of St. Louis has been appointed honorary president of the section of neurology and psychiatry at the Pan-American Medical Congress. All who intend to present papers in this section are requested to communicate with Dr. Hughes.

The ninth annual meeting of the American Association of Obstetricians and Gynecologists will be held at the Hotel Jefferson, Richmond, Va., Tuesday, Wednesday and Thursday, September 22, 23 and 24, 1896. The following papers will be presented: 1. Principles and Progress in Gynecology, President's Address, Joseph Price, Philadelphia. 2. Vaginal Hysterectomy by the Clamp Method, Sherwood Dunn, Los Angeles. 3. Further Experience with Appendicitis, A. Vander Veer, Albany. 4. Relation of Malignant Disease of the Adnexa to Primary Invasion of the Uterus, A. P. Clark, Cambridge. 5. Treatment of Puerperal Septicemia, H. W. Longyear, Detroit. 6. Treatment of Posterior Presentation of the Vertex, E. P. Bernardy, Philadelphia. 7. Relation of the Local Visceral Disorders to the Delusions and Hal-

lucinations of the Insane, W. P. Manton, Detroit. 8. Differential Diagnosis of Hemorrhage, Shock and Sepsis, Eugene Boise, Grand Rapids. 9. Movable Kidney: Local and Remote Results, A. H. Cordier, Kansas City. 10. Pathology and Indications for Active Surgical Treatment in Contusions of the Abdomen, W. G. Macdonald, Albany. 11. Some Causes of Insanity in Women, George H. Rohé, Sykesville. 12. Subject to be announced, John Milton Duff, Pittsburg. 13. Shall Hysterectomy be Performed in Inflammatory Diseases of the Appendages? L. H. Dunning, Indianapolis. 14. Subject to be announced, Rufus B. Hall, Cincinnati. 15. Subject to be announced, Geo. Ben. Johnston, Richmond. 16. Dynamic Ileus; with Report of Cases, J. W. Long, Richmond. 17. Faradic Treatment of Uterine Inertia and Subinvolution, Charles Stover, Amsterdam. 18. A Plea for Absorbable Ligatures, H. E. Hayd, Buffalo. 19. Treatment of the Stump, J. F. Baldwin, Columbus. 20. Limitations in the Teaching of Obstetrics and Gynecology as Determined by State Medical Examining Boards, William Warren Potter, Buffalo. 21. Subject to be announced, Walter B. Chase, Brooklyn. 22. (a) The Philosophy of Drainage; (b) Treatment of the Pedicle in Hysterectomy or hystero-myomectomy in the Abdominal Method, Geo. F. Hulbert, St. Louis. 23. Removal of the Uterine Appendages for Epilepsy and Insanity; a Plea for its more General Adoption, D. Tod Gilliam, Columbus. 24. Albuminuria of Pregnancy, A. Fr Eklund, Stockholm. 25. Subject to be announced, Lawson Tait, Birmingham. 26. Unnecessary and Unnatural Fixation of the Uterus and its Results, James F. W. Ross, Toronto. 27. Sarcoma of the Urethra, Charles A. L. Reed, Cincinnati. 28. Appendicitis as a Complication in Suppurative Inflammation of the Uterine Appendages, L. S. McMurtry, Louisville. 29. Gunshot Wounds of the Abdomen with the New Gun, J. D. Griffith, Kansas City. 30. Subject to be announced, Walter B. Dorsett, St. Louis. 31. Subject to be announced, W. E. B. Davis, Birmingham. 32. Subject to be announced, E. Arnold Praeger, Los Angeles. 33. Tubo-ovarian Cysts with Interesting Cases, A. Goldspohn, Chicago. 34. Obstruction of the Bowels Following Abdominal Section, Geo. S. Peck, Youngstown. 35. Memorial of Dr. Hiram Corson, Traill Green, Easton.



## Book Reviews.

**PRACTICAL POINTS IN NURSING.**—For Nurses in Private Practice. With an Appendix containing Rules for Feeding the Sick; Recipes for Invalid Foods and Beverages; Weights and Measures; Dose List; and a Full Glossary of Medical Terms and Nursing Treatment. By Emily A. M. Stoney, Superintendent of the Training School for Nurses, Carney Hospital, South Boston, Mass. Illustrated with Seventy-three Engravings in the Text and Nine Colored Half-tone Plates. Philadelphia: W. B. Saunders. 1896. Pages 12 to 456. Price \$1.75.

This is a very comprehensive and ambitious book containing much that is good. It is divided into sections on the nurse, the sick-room, the patient, nursing in accidents and emergencies, nursing in special medical cases, nursing of the new-born and sick children and physiology and descriptive anatomy. The best parts of the work are, as would naturally be inferred, those strictly on nursing, showing the result of the author's experience in hospital and private practice. The directions are clear and sensible and the treatment of sick children and the diet lists are excellent, but the endeavor to crowd too much matter between these two covers has caused the author to put in much of what she understands little. The last section on physiology and descriptive anatomy is taken from larger works. Her pathology and description of diseases is in many places questionable. Her glossary is good. Her suggestions on improvising in private families and the difference between nursing in hospital and private families show a wide experience. The work has much to commend it, but it is an endeavor to put too much in one book and more than the nurse need know. The reform spelling is bad. The press-work is excellent.

**MESSRS. Lea Brothers & Co.** announce a new edition of that classical work, Gray's Anatomy, so necessary to every student. Every part has been thoroughly revised, many parts entirely rewritten and new matter added. One hundred and thirty-five additional illustrations are put in, many of which are colored. The price remains the same.

There is also announced from the same firm a new and thoroughly revised edition of Musser's Medical Diagnosis and a new Treatise on Obstetrics by Edward P. Davis,

## Current Editorial Comment.

### SANITARY INSPECTION.

*Kansas Medical Journal.*

THE usefulness of a sanitary police force is commensurate only with the ability of the officers to accomplish a variety of duties. As a rule they have no comprehension of the real service outside of the enforcement of quarantine regulations. The average sanitary police officer has no idea of the principles of hygiene, and when sent to inspect an alley or a well depends upon his nose entirely. If that organ happens to be slightly defective everything is therefore salubrious. They are always ready and willing, however, to pass judgment upon the case in hand.

### SCHOOL HOURS.

*Atlantic Medical Weekly.*

THE average scholar under fourteen years of age is kept in school too long. Six hours a day in a close room will make many an adult ill, and more, it will make the work and restraint so irksome that one cannot blame a child for losing interest in his school duties, and when interest flags there is little benefit gained. There is a field of usefulness open to the educator who can remedy this evil, to the teacher who can give his pupils good health as well as learning, and the school board who can adjust the curriculum of school life to the basis of sound judgment and good health, and not in accord with the usual "cramming" process.

### BOOK REVIEWING.

*New York State Medical Reporter.*

THE value of the criticism upon a new book, relative to some department of medical science, is dependent largely upon the journal that publishes the said criticism, and when we go so far as to relieve the journal of the responsibility of the criticism, the value of the same is diminished because it does not carry the authority of the publication in which it appears. In our opinion the editor of the journal is best qualified to make the review, and if he has not time to read the book, an assistant might read it, and determine the important points upon which hinges the originality of the work, for that portion of the work which is common to previous works upon the same subject does not require criticism. It is the author's own contributions that need criticism.

## Publishers' Department.

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## Convention Calendar.

SEPTEMBER						
S	M	T	W	T	F	S
..	1	2	3	4	5	
6	7	8	9	10	11	12
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OCTOBER						
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NOVEMBER						
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## State Societies.

### SEPTEMBER, 1896.

17. MISSOURI VALLEY, at Council Bluffs, Ia. Donald Macrae, Jr., M. D., Secretary, Council Bluffs, Ia.

IDAHO, at Boise City. W. D. Springer, M. D. Secretary, Boise, Idaho.

### OCTOBER, 1896.

I-2. UTAH, at Salt Lake City. J. N. Harrison, M. D., Secretary, Salt Lake City, Utah.

13-15. NEW YORK, at New York. E. D. Ferguson, M. D., Secretary, Troy, N. Y.

15-16. VERMONT, at St. Johnsbury. D. C. Hawley, M. D., Secretary, Burlington, Vt.

## National Societies.

### SEPTEMBER, 1896.

15-18. AMERICAN PUBLIC HEALTH ASSOCIATION, at Buffalo, N. Y.

15-18. MISSISSIPPI VALLEY MEDICAL ASSOCIATION, at St. Paul, Minn. H. W. Loeb, M. D., Secretary, St. Louis, Mo.

17. MEDICAL SOCIETY OF THE MISSOURI VALLEY, at Council Bluffs, Ia.

22-24. AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, at Richmond, Va.

23-25. AMERICAN ACADEMY OF RAILWAY SURGEONS, at Chicago, Ill.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION, at Boston, Mass.

### NOVEMBER, 1896.

10. SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION, at Nashville. W. E. B. Davis, M. D., Secretary, Birmingham, Ala.

16-19. PAN-AMERICAN MEDICAL CONGRESS, at City of Mexico, Mexico.

## PHARMACEUTICAL.

I MOST heartily recommend Nitol in the treatment of the various forms of skin diseases, especially those presenting as a prominent symptom itching and burning of the surface. In the treatment of pruritus, I have found it superior to any other agent. The above statements are made after having prescribed this preparation for three and a half years. The results have been eminently satisfactory in every case.—F. L. BATES, M. D., Lima, Ohio.

THE TREND OF MODERN THERAPY.—Abstract of a paper read before the St. Louis Medical Society by Thomas Osmond Summers, M. A., M. D., F. S. Sc., London: The stimulus given to the physiological lines of therapeutic philosophy by bacteriological investigation and discovery has well-nigh set aside forever the empirical methods of the past, which had from the beginning no foundation in science or satisfaction in result. The discovery of the possibility of exacting from the "organism in action" the vital units of the body in the form of active leucocytes and preserving their activity without chemical methods, as shown in that most powerful of physiological agents, Protonuclein, opened the way for a thorough analysis of other possibilities which are displayed in the inorganic realm of animal physiology. The discovery of the chemical process which gave rise to that most active combination, Melachol, fulfilled completely the complement of physiological therapy, thus rendering it possible to support those conditions dependent upon leucocytosis, the now recognized basis of all normal antiseptic agency in the organism. All of the antitoxines depend for therapeutic effect upon this power to produce or bring about leucocytosis, and thus the active agent supported by its inorganic reinforcement seems to cover the whole field of modern therapy. As to the practical results derived from the use of these two grand representatives of physiological therapy, the flood of clinical reports that have come in abundantly sustain the principles upon which they were founded. Being lifted above all atmosphere of suspicious proprietary medication, based upon the firmest foundation of physiological science, they have come to stay and "their works declare their power."

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

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### HEMORRHAGIC ENDOMETRITIS; WITH CONTRACTED CERVICAL CANAL; PAINFUL METRITIS.

CLINICAL LECTURE DELIVERED AT THE JEFFERSON HOSPITAL.

*By E. E. Montgomery, M. D.,*

Professor of Clinical Gynecology in the Jefferson Medical College; Gynecologist to Jefferson and St. Joseph's Hospitals; President Philadelphia Obstetrical Society; President Pennsylvania State Medical Society.

GENTLEMEN: This patient is twenty-five years of age, married, and gives a negative family history. Puberty occurred at thirteen, menses regular, continuing three days and painless. She has been married eight years, has had three children, the last of which was born five months since and died eight weeks after its birth. Her labors were normal; has had, six years ago, one miscarriage, after which she made a good recovery. She has been complaining since the birth of her last child of pain in the back, lower abdomen and pelvis, with irregular menses, the intervals between the periods varying from one to two weeks. The flow lasts six days, is very profuse and painful. She has a profuse, yellowish leucorrhœa, poor appetite, constipation and frontal headache.

Now, the points to keep in mind in this history are that the patient has had considerable hemorrhage which occurred irregularly, she is but twenty-five years of age, has been married eight years, or since her seventeenth year; she has had three children and one miscarriage during this time. I have not had an opportunity to examine her and so am unaware as to what are her physi-

cal signs. In the consideration of the subject of hemorrhage, we must keep in mind that it is a symptom.

Patients are sometimes spoken of as suffering from metrorrhagia or menorrhagia as if it were a disease, but it is a symptom of a variety of conditions and should always be kept in mind as a symptom, and be considered as an indication for demanding a careful and thorough investigation. We shall then proceed to determine the cause in this individual case. It is important that we do so, keeping in mind the conditions which may give rise to hemorrhage. Thus, hemorrhage occurs in the earlier periods of the menstrual life of the individual; for instance, the first menstruation may occur with severe hemorrhage. She may subsequently have a profuse discharge at each menstrual period, menstruation being somewhat irregular, lasting five to ten days with very profuse bleeding. Such a condition is usually attended with more or less marked anemia, and this increases the tendency to hemorrhage, the conditions thus reacting upon each other. Hemorrhage may be present as a result of diseased conditions of the endometrium. This may be caused by

thickening of the mucous membrane, resulting in more or less distension of the blood-vessels; these becoming distended, their muscular coats lose their contractile power and the vessels are in a condition in which they rupture easily and continue to bleed indefinitely.

Examination of such a patient discloses a thickened condition of the mucous membrane, possibly small growths upon its cervix from hypertrophy of the glandular structure. It not unfrequently is associated with laceration of the cervix. A woman has had a child, attended with extensive laceration of the cervix; the process of uterine involution is arrested, the organ is large, the mucous membrane is irritated, possibly as a result of the arrest of involution, possibly from exposure of its mucous membrane through the laceration. We may have granulations upon the cervix, which give rise to hemorrhage from the slightest exertion, during coition, or from any cause that may increase the congestion of the pelvic organs. Hemorrhage may also arise from interference with processes of gestation and may take place during gestation. In cases in which there is a congestion of the mucous membrane, we find the patient suffering from hemorrhage following conception and frequently for two or three months.

I have known numbers of cases in whom pregnancy is always suspected whenever the menstrual flow is increased and the first few months of pregnancy seem to result in increased menstrual discharge, occurring at regular intervals, or at other times with an irregular hemorrhage. We may, of course, have hemorrhage as a result of interference with the processes of gestation. The ovum may be discharged, or the condition is of such a character that the hemorrhage is an indication of an attempt at abortion. In incomplete abortion, portions of the fetal envelopes are retained and hemorrhage results and keeps up on account of the irritation of the mucous membrane. Hemorrhage may result from interruption of ectopic gestation, *i. e.*, pregnancy outside the uterus.

One of the principal symptoms of tubal pregnancy is hemorrhage. This is usually considered an indication of rupture of the tubal sac. The uterine hemorrhage is attended with more or less desquamation of epithelium, throwing off of shreds and decidua, so that when a patient gives a history of having had cessation of menstruation, having missed a period once or twice, subsequent hemorrhage occurs which is attended with shreds or casts of the uterine mucous membrane, careful examination should be made. This may be associated with more or less severe pain, which may come on gradually or generally suddenly, causing the patient to be faint, in a state of collapse, which is a history of a very enfeebled condition subsequently.

A number of you had an opportunity some time ago to see a patient upon whom operation was done before a section of the class. The patient entered the room with the appearance of having lost a great deal of blood, gave a history of cessation of menstruation, which was followed by pain and blanched appearance. In this patient we at once suspected the possibility of ectopic gestation, operated with that in view and found between one and two quarts of fluid blood in the peritoneal cavity. The ligation of the sac of course led to arrest of the hemorrhage. Hemorrhage may be produced by other causes, such as produced disordered condition of the endometrium, a neoplasm of benign character occurring in the wall of the uterus which encroaches upon its cavity, producing a polypoid or sessile growth. Such growths give rise to such marked changes in the uterine mucous membrane as to lead to severe hemorrhage. We may have malignant neoplasms, as epithelioma, sarcoma, thickening of the broad ligament, exudation into it; the growths pressing upon it interfere with its circulation and cause irregular bleeding.

In addition to these causes which affect the mucous membrane of the organ directly, we have others which have an indirect effect, such as pressure upon the return circulation. This is largely the cause of hemorrhage in ectopic ges-

tation. It also occurs as a result of inflammatory exudation in one or other broad ligament which may interfere with the return circulation, produce congestion and engorgement of the uterine mucous membrane. Fibroid tumors external to the uterus pressing upon the vessels of the broad ligament may thus be a source of hemorrhage. It is frequently produced by ovarian growths or other growths in the pelvis which interfere with the return circulation. It may occur as a result of disease of the ovaries where the patient has chronic inflammation of these organs, resulting in formation of small cysts, the irritation thus produced causing congestion of all the pelvic viscera and keeps up, through the reflex irritation, a hemorrhagic condition of the uterine mucosa. It may also result from constitutional conditions, where the patient suffers from disease of the liver, obstructing the portal circulation, diseases of the heart, renal diseases, development of such constitutional conditions as scurvy, incipient stages of the exanthemata, as typhoid fever; the latter not unfrequently produces severe hemorrhage. Where hemorrhage is present and cannot readily be accounted for in the general condition, the physician is doing himself and his patient injustice if he does not make a careful and thorough examination before entering upon any treatment.

We have not yet made an examination of this patient. She had a child five months since. As these symptoms developed shortly after, it is quite reasonable to suppose, this patient having had a number of children close together, and having begun her marital life so early, that changes have taken place in the uterus as a result of frequent pregnancy, a condition of subinvolution with possibly laceration of the cervix, and that there is consequently more or less inflammation of the uterine membrane. We would hardly expect to find in her case it is due to malignant disease. It is also improbable that it results from the presence of fibroid growth. Its recent occurrence would rather preclude the latter suspicion. Fibroid growths

occur more particularly in women who have never given birth to children, or in a sterile woman rather than in the woman in whom pregnancy has frequently occurred.

As we separate the labia we see evidence of hemorrhage. I find the cervix projects into the vagina somewhat near its axis and that by pressure above we find the uterus is enlarged. It is slightly displaced from the normal or ordinary situation. Pressure upon it, however, brings it forward rather than backward. The laceration of the cervix is bilateral but more particularly marked on the right side. There is eversion of the mucous membrane, the lips of the cervix are turned outward. This is particularly true of the anterior lip, the surface of the mucous membrane is thickened, presents an enlargement of the papillae, with possibly more or less abrasion of the epithelium. The orifice is reddened in appearance, the papillae enlarged, and shows considerable eversion of the mucous membrane. There is not sufficient enlargement of the uterus to indicate that there is any growth within its wall, and as I said to you at the beginning, from the history of this case we would not expect to find such. We find eversion of the cervix, the mucous membrane is thickened, the papillae enlarged, presenting a reddish appearance.

Before the discovery by Emmet of the laceration of the cervix, the condition was described as granular erosion or ulceration of the cervix, and you can readily understand why such a condition was so recognized when you remember that at that time the specula used were largely the tubular variety, and that on introduction into the vagina only a part of the cervix was exposed and the pressure of the instrument against it pushed back the lips, increasing the eversion; so that the fissures disappeared on either side and they were looking at a granular eroded cervix. The better inspection of the cervix took place through the use of Sims' speculum, which disclosed the fact that there were fissures on either side.

In such cases we come to the consid-

eration of the treatment ; we arrive at a definite conclusion ; we have to deal with endometritis of the hemorrhagic variety, with laceration of the cervix. In consideration of this laceration we look at it from two points of view ; one from the effect of it upon the general health of the patient herself, and the subsequent results, whether, if the laceration is repaired and the cervix is returned to its normal condition, we do not have a tendency to subsequent defective drainage. In operations which have been done for slight laceration, it is not an infrequent thing to find the patient suffers from narrowed cervical orifice to such a degree that drainage is affected and the patient subsequently has tubal disease from the defective drainage.

Tubal disease results from the fact that the discharge took place into the uterine cavity, was unable readily to get out of it, and the accumulation re-gurgitates into the tube. If such a patient is subjected to examination and a sound is introduced, as in former days, irritation produced in the cervix, infection carried into it, and we have inflammatory conditions extending from the uterine cavity into the tubes, involving the tubes and ovaries, producing a condition necessitating removal of these organs, and this operation frequently took place for laceration of the cervix ; the reaction has occurred and the tendency to perform this operation has become less frequent. Patients were subjected to operation where the fissures were oftentimes imaginary and could only be seen by specialists, and I must confess that some general practitioners were very able to see these fissures and consequently were led to perform the operations, which were unjustifiable.

I frequently have patients sent to me for operation, in whom I would consider the performance of the operation would be unjustifiable and lead to greater distress than that for which it was done. In this patient, however, with a laceration of the character presented, it is probable that some operative procedure may be wisely resorted to. In operating upon a patient with a somewhat enlarged uterus, with such a condition of

the endometrium, I should prefer to do the operation of Shroeder rather than the Emmet operation. It should be preceded by thorough dilatation and curettement of the uterine cavity to leave a better condition of the mucosa. The cavity should be packed with iodoform gauze and then the cervix amputated, leaving a single flap anteriorly and posteriorly, removing the thickened mucosa and turning in the external portions of the vaginal mucous membrane by which the hypertrophied tissue is removed, the parts covered with healthy tissue and drainage of the uterine cavity unobstructed. This operation is one which would be proper to carry out in the patient whom you have just seen and it would relieve her of the distressing symptoms and promote a very much better state of health.

*Hemorrhagic endometritis with contracted cervical orifice.*—The next woman is forty-nine years of age; puberty took place at fifteen, menstruation irregular, periods lasting five days, painful, cramp-like in character. She has been married twenty-seven years, had three children, the last birth occurred two years since ; labors were normal and she has had no miscarriages. She complained of pain in the back, radiating around the groins, sensation of weight and bearing down of lower abdomen and pelvis, irritable bladder which obliges her to get up at night. Her menses were regular up to seven years since, after which they became irregular, occurring every two weeks and lasted five to six days, with considerable pain. Her appetite is fair, bowels constipated, has frontal occipital headache. We again have a history of irregular menstruation with intervals of but two weeks, but a different history from that presented in the previous patient, with a possibility of different conditions, for in this patient we have a record of her being forty-nine, while the other is but twenty-five, consequently we expect to find different conditions causing hemorrhage. It is only an inference from the age, and not one which justifies us in proceeding from a positive standpoint. No one should take any condition for granted.

Do not, because the woman has an irregular menstruation when she is forty-five or fifty years old, conclude that her menstruation occurs irregularly and is possibly attended with peculiar symptoms, nor conclude that the patient is undergoing change of life, and say to her, as is frequently done, that this is the change of life and in a short time it will pass by. The change of life in many of these cases is from this life to the next, and you simply take away from your patient the opportunities she may have for relief and restoration to health by passing over the period when a radical operation may be hopefully done.

As I make pressure over the abdomen I find no indication of any resistance or enlargement in the pelvis. Introducing the finger into the vagina we find a mass which is somewhat irregular in shape, the fundus of which I should judge is turned backward, which is apparently enlarged, a certain amount of resistance, and so far as passing my finger into the cervical canal is concerned, I am unable to find its orifice, unless it is situated well forward where I now feel a slight depression. I am uncertain whether this is the actual cervical orifice or not. The patient has been suffering from hemorrhage and the os has not been found after a number of examinations. She underwent an examination some years ago. Her youngest child is twenty-five years old. The operation was done some fifteen years ago. For further examination I place her upon her side in the Sims position. I am going to use a probe to explore and see if the point already determined is the actual orifice of the uterus. I should imagine from its appearance that it is the opening, but I am unable in the light you have here to find the opening, but the appearance of the cervix makes me think that this is the point at which the bleeding comes from the uterus. That the drainage is here affected is evident from the large uterus and the appearance of the cervix.

In this patient we have enlargement of the uterus and a condition similar to that which frequently arose from opera-

tion, more generally performed, in which the cervical canal is reduced to so small a point that subsequent contraction took place, the drainage is rendered insufficient and the accumulation of blood has taken place in the uterus, while the patient has enlargement of the uterus and the hemorrhages arise as a result of diseased condition of its endometrium. She is forty-nine years of age. In a patient with such a history, it is important that a thorough, careful examination of the uterus should be made, and that the canal should be so opened that the cavity of the uterus can be explored. The time of life and the continued irritation may engender malignant degeneration, and the cervical canal is found to be very much contracted, even after reopening and retraction and redevelopment of the condition, renders it the best thing for the patient even in the absence of malignant disease, that the uterus should be extirpated. She is forty-nine years of age and there is no probability of the organ being again useful. The probabilities are, that with the conditions existing, it will be a source of trouble to her, even though the menopause takes place, the secretion will continue to take place from the uterine mucous membrane and accumulation of fluid result, the patient will suffer distress, so that in such a case, even though malignant disease is absent, the better plan of relief for her future comfort and health would be extirpation of the uterus.

*Painful metritis.*— The next patient is thirty-one years of age, married, menstruates regularly, flow scanty, lasting three days. She has been married four years, had one miscarriage last October, at the third month. She complains of constant pain in the lower part of the pelvis and over both ovarian regions, uninfluenced by menstruation. She has backache and pain in the lower part of the rectum, suffers constant pain in both breasts, occasional pain in different parts of the body. She has also indigestion and considerable leucorrhœa. In such a history we will do away with the probability of the uterine mucosa being the seat of the hemorrhagic condi-

tion, because the flow is scanty. We have a history of pain in the central region of the rectum, the anus, and it leads us to suspect she has inflammation of the uterine structure itself. It presses backward against the rectum; inflammation extends to or involves in a reflex way, as a result of this extension, the ovaries. Introducing the finger into the vagina I find that the vagina is not dilated to any extensive degree, showing her history is correct; she has not given birth to children. We find also an antelexion of the uterus, in addition to which there is a retroposition, or in other words, a retroversion of an antelexed uterus. The organ is situated at a little lower level in the vagina; it is greatly enlarged. We have an antelexion of the uterus, which possibly accounts for the painful menstruation. In addition there is retroversion of the organ, settling down to a lower level. The more or less indurated organ shows a fibrous condition in its wall. This is situated at a lower level. The position of the uterus has undoubtedly given rise to the distress in the pelvis, anus and rectum.

Before I proceed to operative interference, I think it is well to place the patient on her side, make a careful examination of the anal orifice for the condition of the rectum. This is a wise course of practice in every case of examination for the first time, particularly in a patient where there is a history of irritation and distress in the region of the rectum. In a patient in whom we propose to do a serious operation, particularly if for malignant disease, it is always important that a rectal examination should be made. Some years ago I made an examination of a patient and recognized that she had a malignant disease of the organ; the uterus was still movable. She made no complaint of disease of the rectum, and I did not at the first examination subject her to rectal manipulation. I advised extirpation of the uterus. When she returned afterward she complained of her rectum, and I found a case in which had I proceeded without examination of the rectum, and done radical operation, the

disease of the rectum was so profound as to preclude the wisdom of any operative interference. Had the uterus been removed and the patient survived, which is improbable, she would have soon died as a result of the diseased condition of the rectum.

In this patient we find vestiges of old hemorrhoids, the uterus is low, rests against the rectum rather forcibly, so it is with difficulty raised up and pushed off. The condition of the uterus here has given rise to the anal and rectal distress. This patient should impress you, as I repeatedly urge upon you, with the importance of making careful examination of the pelvic organs in cases in which the patient suffers from rectal disease. If a patient suffers from the rectum, has hemorrhoids, do not for one moment think of operating for the latter until you ascertain the condition of the uterus, whether it be a source of irritation and cause of the present hemorrhoids. If you have a retroverted uterus, a uterus impacted in the pelvis, pressing against the rectum, interference with the rectum circulation of the hemorrhoidal veins follows, and hemorrhoids without relief of the uterine contraction, which increases the pressure upon the parts, operation without relief of the uterine condition would be simply to increase the distress of your patient. We find the raw surface produced in the operation will be slow in healing, possibly unable to heal them until after the pressure on the rectum is removed. So take the precaution in anal or rectal disease in the female to make careful examination of the pelvis before proceeding to any operation. You should also examine in cases in which the patient is suffering from vaginismus, in irritation of the urethra, for not unfrequently do we find patients suffer from fissure producing more or less discomfort in the pelvis, as frequency in evacuation of the urine, painful coition, pain and distress in micturition; under such circumstances the condition of the anus should always be examined in order not to overlook any diseased state.

You can readily recognize the nerves which are received in the sympathetic



nerve ganglion cause disorder not only of the pelvic viscera, but produce more or less discomfort in other organs. In the patient I had last before you, I do not see how she would be specially benefited by operative procedure. It is one of those cases in which the patient would be relieved fully as well by local treatment: The introduction of tampons, which raise it to a higher level; placing the patient in the Sims or knee-chest position, and the introduction of the tampons; the latter may be medicated with glycerine or some preparation so as to increase the watery evacuations from the uterus. We place the patient also upon such remedies as will have an influence upon the pelvic inflammation, as bromide of ammonium, giving a mixture containing five grains

of chloride of ammonium in ten grains of bromide of ammonium, with fluid extract of licorice, given three times in the twenty-four hours; also endeavor to improve her general nutrition, which is accomplished by relief of the pelvic symptoms. For the general nutrition we would give remedies which increase the blood supply, keep her out of doors, with more or less exercise, endeavor as far as possible to disabuse her mind of her having any serious pelvic complication. If pain on menstruation is very marked, we might resort to operation for dilatation of the uterus, with a view of enlarging the cervical canal and making menstruation easier. It is a question, in such cases, whether the pain in menstruation is not due to general uterine inflammation rather than to flexion.

## COMPLETE PURGATION.

PRESENTED TO THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL, 1896.

*By A. K. Bond, M. D.,*

Clinical Professor Diseases of Children, Baltimore Medical College.

### SECOND PAPER.

IN the simplest cases cleansing of the bowel is very easily secured. A dose of one of the common aperients is administered, two or three large passages are secured, and a wholesome condition of the intestinal canal, with normal digestion and a sense of well-being, are at once established. In other cases, however, a chronic indigestion, and inflammation, or even congestion of the canal, or a dose of opium given for pain, may so "tie up" the bowels that great difficulty is experienced in getting them open again and still greater difficulty in restoring the canal to health.

In certain forms of epidemic influenza the writer has been particularly impressed with this condition. The patient may have entered into the disease with bowels moving regularly, when a day of constipation occurs and then the physician finds that neither castor oil, salts, cathartic pills nor enemata, nor all combined, will for days secure evacuation of the large intestine. Sometimes

small doses of croton oil,  $\frac{1}{6}$  drop, with colocynth, are necessary to secure stools of any sort. It is somewhat strange that in some of these cases the patient does not know that he is constipated, although his symptoms all improve on purgation.

The stools, when secured, are often black and tarry with lumps, or wholly liquid from the oil, and horribly offensive, suggesting that the feces were plastered around the walls of the large intestine or massed in the cecum for weeks, the stools from the small intestine passing through or over them. In many of these cases the influenza symptoms, pain, nausea, even convulsions, are greatly relieved by the first aperient passage (in other cases of influenza evacuation seems to do no special good) and the fever quickly falls to nearly normal, but they return again as soon as evacuation has ceased and are again relieved by further aperient action.

In order to be cured the patient must

have aperient doses freely for several days or a week, until the tarry masses or liquids give place to normal matters and until the foul odor disappears. In this form of influenza opium does only harm by shutting up the bowels. Aperients are all that is necessary to relieve and keep away the pains provided they are given so as to secure several actions a day with continual purgation of the bowel tract.

As to choice of agents for complete purgation much thought must be taken. In the cases of simplest character Epsom salts repeated in tablespoonful doses every six hours, or compound cathartic pills or compound licorice powder may be sufficient at the outset. In other cases castor oil in tablespoonful doses will secure incipient evacuation. Repeated enemata three hours after the aperient dose may greatly aid in starting the bowels.

In the most obstinate cases, where all these agents have failed and there is perhaps a great tendency of the stomach to reject whatever is put into it, the writer has recourse to croton oil. It is a very depressing remedy. Half a drop with three grains of compound extract of colocynth in pill is a large dose for ordinary adults. If this dose fails and another of the same size is given four or six hours later, evacuation following about an hour after the second dose, the patient will probably be so much exhausted as to come near fainting, the pulse may become weak and the mouth temperature be sent below normal a degree or two. This is justifiable in cases of continued convulsions associated with obstinate constipation and nephritis, as the patient will be relieved of the convulsions; but in ordinary cases of persistent constipation in a patient whose illness seems dependent upon the constipation smaller doses of croton oil are better. Even one-twelfth of a drop of croton oil repeated every four hours has in the writer's experience overcome constipation which has resisted castor oil and salts. These pills of croton oil and colocynth (or better of croton oil alone) stay on a stomach which has rejected almost everything put into it.

In a recent case of influenza a lady over 60 years of age suffered extreme pain about the region of the splenic flexure with constipation. Simple aperients failing, the writer gave a pill containing one-sixth drop croton oil with colocynth. Considerable prostration occurred with the free passages which followed and the mouth temperature sank below normal, but the pain which threatened to wear the patient out was at once eased and during the further course to recovery of the disease—a wandering influenza pneumonia of the left lower lobe with bloody sputum—was never so severe that simple remedies like mustard plasters or the Japanese hot box would not relieve it. In this case croton oil was indicated, there being constant nausea for a week, so that large, nasty doses of drugs could not be repeatedly used, but in a similar case one-twelfth drop doses of croton oil without colocynth would be found safer and probably as efficient. In the relief of the pain and the clearing out of the bowel a distinct aid to her recovery was secured.

It must be admitted that even moderate doses of croton oil are liable to act with unexpected and alarming violence. This has given the drug a bad name among physicians. It is very probably due to carelessness of the druggist in failing to evenly distribute the oil through the pill masses. Whether it ever occurs with pills put up personally by a first-class druggist is questionable. In the author's experience it occurred once with pills of croton oil alone in  $\frac{1}{3}$  drop dose; but the druggist's ungraduated clerk may have made them on this occasion; other pills of the same lot had very moderate action on the patient's wife a few days before.

Calomel, the resinous purges and other simples are of no use whatever in securing the initial action in such cases. After the first purging has been secured it may best be kept up in succeeding days and completed by Epsom or Rochelle salts repeated two or three times a day in dose sufficient to give several full but gentle actions a day; or by doses of castor oil, one teaspoonful

mixed with sweet oil, three teaspoonsful three times a day. Or calomel in one-half to one grain doses may be given alternate days, alternating with vegetable cathartic pills or tablets of compound licorice powder. Later other simples may be employed to keep the bowels from clogging.

The aperient which the patient has in ordinary occasions found efficient is generally the best to prescribe in convalescence. If the purgation has been needed the patient will probably report that a "stuffy" feeling about the abdomen is giving place gradually to a sense of cleansing and of free play of function, the tongue will become more natural, and as the emptiness of purgation is felt appetite will be restored. Nausea

or "water-brash" will subside and the urine will become free and lose its redness. The temperature will fall and sleep become normal.

The alternating sensations of chilliness and over-warmth of the skin, which the writer has come to regard, when they are many times repeated in the day, as one of the surest signs of bowel sepsis and need of purgation, will give place to a sense of comfortable warmth, and the cold feet will regain their normal temperature. If foul matter be allowed to accumulate in the bowels during convalescence many of these symptoms will return with increasing intensity until purgation is again secured. After convalescence the bowels resume their normal evacuation without purges.

#### CEREBRAL PARALYSIS IN CHILDREN AFTER INFECTIOUS DISEASE.

At a meeting of the Wiener Medicinischer Club in November, Dr. Rudolph Neurath read a paper of some interest on this subject. A short account of it appears in the *Lancet*. He related three cases, the first that of a child aged one year and a half, who had measles followed by whooping cough. Two months before coming under observation the child was suddenly seized with convulsions, which were at first bilateral, but subsequently became limited to the left side. The patient subsequently suffered from left hemiplegia of cerebral type. The second case was that of a child aged two and a half years who, also, while suffering from whooping cough ten weeks before she came under observation, was seized with convulsions followed by paralysis of the right side, with loss of speech. The third case was that of a boy aged six years who, while suffering from whooping cough, developed the signs and symptoms of a bronchiectasis. Nearly two years after the onset of whooping cough his mother noticed a gradual loss of power in the left side and ever since the child had suffered from a condition of left cerebral hemiplegia. In none of the cases was there any sign of heart disease. Dr. Neurath discussed the nature of the cer-

bral lesion in these cases. He considered embolism to be unlikely, on account of the absence of valvular disease; and embolism from thrombosis in the heart, such as is said to occur in diphtheria, was scarcely to be considered. Hemorrhage also was unlikely, on account of the fact that the healthy vessels of children are but little liable to rupture. The analogy between those cases of hemiplegia with the similar conditions occurring after scarlet fever, measles, smallpox and the like suggested the possibility that the condition underlying the symptoms might be one of encephalitis caused by some toxic substance generated by the infectious disease, although the rarity of post-mortem examinations in the acute stage of the disease made it difficult to offer confirmatory evidence in support of this or any other view. The condition was possibly one of inflammation spreading widely from vessels in the brain in a manner similar to that described as occurring in some cases of poliomyelitis.

#### TETANUS TREATED WITH CARBOLIC ACID.

BACCELLI has found the hypodermic injection of carbolic acid very effective in tetanus. He uses three grains a day, giving it every hour or two.

## Society Reports.

### SECTION ON OPHTHALMOLOGY.

COLLEGE OF PHYSICIANS OF  
PHILADELPHIA.

STATED MEETING HELD MARCH 17, 1896.

Dr. Wm. F. Norris, chairman, presiding. Present: Drs. Friebis, Hansell, Harlan, Norris, Oliver, Randall, de Schweinitz, Shaffner and Zimmerman, Fellows of the College; and Beaudoux, Bromley, Capp, Green, Krauss, Leopold, Lovelace, McGuigan, Mellor, Moorhead, Murdock, Palmer, Posey, Rogers, Schwenk, Shoemaker, Sulzer, Sweet, Tait, Taylor, Veasey and Ziegler as guests.

*Dr. George C. Harlan* exhibited a case of TRAUMATIC ENOPHTHALMUS in a five year old boy who five months previously was wounded by the horn of a bull. The right cheek and temple and the lower eyelid were lacerated, and the inferior margin of the orbit was chipped. There was also complete ptosis. At the time of examination, the tendo oculi was found to have been torn away and the lower lid was dragged downward and outward by the action of the orbicularis and the contraction of the cicatrix.

The surgeon who attended the patient at the time of the accident reported that there was considerable orbital cellulitis with abundant discharge of pus from between the lids, but there never was any exophthalmus. He thought that the cellulitis was confined to the lower part of the orbit. At present, the eyeball is retracted and has the appearance of being very much smaller than its fellow. The cornea is situated five millimeters behind the plane of that of the other eye. There is scarcely more ptosis than would result from the depression and loss of support of the lid. When the patient looks directly forward, the palpebral fissure is five or six millimeters wide. He insists that he sees well with the eye. Though the movements of the eyeball are much restricted, no diplopia can be detected. There is complete inability to look upward beyond the horizontal line either directly

or to the right or left. Horizontal movements are normal and the downward excursion is much exaggerated.

*Dr. George Friebis* spoke of his case of traumatic enophthalmus seen nine years ago, in which there was sufficient recovery to manifest but little difference between the two eyes; there being nothing left except a slight doubling of objects when looked at below the horizontal line. In his case there was no incarceration of the extraocular muscles.

*Dr. Francis M. Perkins* showed a case of MONOCULAR RETINAL DETACHMENT WITH HIGH MYOPIA.

*Dr. Charles A. Oliver* gave the clinical history of a case of CILIARY STAPHYLOMA AND EXCAVATION OF THE OPTIC DISC following traumatic cataract in a four-year-old boy. The clinical picture of this case of complicated secondary glaucoma was so complete, having been studied from almost what may be termed its very incipiency to the final result, and the varying symptoms evolved from time to time were so at variance with what one would expect in such cases, that it offered itself as a most interesting and a most instructive study of this type of disease.

Unlike similar cases of sudden obstruction to proper lymph-stream circulation, there remained from the very first, as shown by the fields of vision, and, as afterward proven ophthalmoscopically, an element that may possibly complicate many more cases of the traumatic type of this disease than is at present imagined, and that is retinal detachment. Again, the condition of the vitreous and its peculiarity of opacities, taken in connection with the history of the case, would go far to show that there was a hemorrhage into that humor which most probably might have been recognized ophthalmoscopically had the patient been seen a week earlier. These, with a few though certain evidences of low grade iridocyclitis, made the case still more atypical.

On the other hand, the progressive diminution of the field of vision; the gradual distention of the globe, and the localized tissue bulgings in the upper ciliary regions; the deep and character-

istic cupping of the nerve-head ; the re-approximation of the remaining areas of retinal detachment ; and the late fixedly increased intraocular tension, all show the certainty of degeneration even in a young and yielding eyeball, when such tissues are subjected to a persisting increased intraocular pressure.

As answer to the vexed question of therapy in such cases, the author will leave this for another and more extended communication, reserving the present brief, though detailed account, of the clinical history as an interesting and useful exposition of a grouping of symptoms which have been carefully studied, and can be thus employed to illustrate the results of two conflicting contemporaneous conditions produced by traumatism ; localized inflammatory reaction and obstruction of lymph-stream circulation.

*Dr. George E. de Schweinitz* presented a further note on an UNUSUAL FORM OF MACULAR LESION FOLLOWING IRITIS. The patient, a fifty-year old woman, recovered with a nearly normal sharpness of vision, but with some vitreous opacities, from a violent attack of serous iritis. The eye remained comfortable for eight months, when she appeared with a positive scotoma and the ability to see to count fingers only when situated in the periphery of the visual field. In addition to the positive scotoma which the patient described as appearing "like a dinner plate with a green edge," there was a small absolute scotoma about the horizontal level. Ophthalmoscopic examination revealed an oval reddish area, giving the impression of a disintegrating hemorrhage and containing in the center several white dots situated exactly in the center of the macular region. *Dr. de Schweinitz* referred to the unusually distinct macular ring which seemed to indicate that there must be some thickening in the periphery of the hemorrhagic area.

*Dr. Oliver* exhibited a water-color sketch of a case of unusual submacular hemorrhage forming a part of some very curious lymph extravasations in the retina without any vitreous disturbances, found in the left eye of a healthy sixty-

five-year old woman upon whom he had successfully removed a black cataract by simple extraction some two months previously, the operation being perfectly smooth and the appearance of the interior portion of the eye normal in every respect. The sketch was made for him by Miss Margaretta Washington of this city.

*Dr. de Schweinitz* described the clinical history of a patient suffering from convergent strabismus of the left eye and a very high myopia 16 D. Ophthalmoscopically, the following lesions were present. A small posterior polar cataract, numerous fine vitreous opacities and a horizontally oval optic disc, of a greenish-gray color. The nerve-head was imbedded in the center of a huge mass of opaque fibers which followed the course of the principal vessels almost to the periphery of the eye-ground, and in all directions, but less markedly downward and to the nasal side. A small patch in the macular region was not covered by the opaque fibers, but was disturbed by superficial choroidal changes. There was almost complete loss of nasal field and of the entire center of the visual field, with exception of a small area to the nasal side of fixation, about ten degrees in diameter, within which the white test object was dimly seen. Colors were correctly appreciated when held in the temporal field. The case was illustrated by a water-color drawing made by Miss Washington.

In the discussion,

*Dr. B. Alexander Randall* showed a card-specimen of a case of retained nerve-sheaths in a case that had been sent to him for supposed intracranial disturbances. In this case there was an isolated patch situated in the macular region. *Dr. Oliver* exhibited the drawing of a case in which the medullation began at the edge of the disc and divided into two comet-like processes extending along the lines of the larger retinal vessels, this case having been seen through the courtesy of Drs. Goodman and Ziegler at the Wills Eye Hospital. He also spoke of a drawing that had been made for him by *Dr. Randall*,

which was one of the most extensive of annular types that he had ever seen. The case occurred in a nine year old highly myopic boy who never had had any subjective symptoms of the condition.

*Dr. James Thorington*, by invitation, exhibited an Asbestos Cover-Chimney with Disc - Attachment for Ophthalmoscopic Purposes. The original form with the disc-attachment he had made two years previously. The present arrangement showed that five changes could be made in the disc. (1) The one centimeter opening fulfilled all the purposes of the original chimney. (2) The two centimeter opening permitted greater freedom of movement on the part of the observer, without moving the light. (3) The three centimeter opening may be used as a source of light for the concave skiascope, or for the ophthalmoscope, otoscope, etc. (4) A round section of cobalt blue glass for the chromatic aberration test of ametropia has been added, as likewise. (5) The perforated disc, with perforations and spaces each 1.45 millimeter to test for astigmatism at one meter's distance. The author stated that he had a new form of contrivance in the course of preparation, which will have a simple shutter with different changes in it to work up and down in front of the opening in the asbestos chimney by means of cogwheels. He will also employ a horizontal slip one-eighth of an inch wide to exercise the oblique muscles, as suggested to him by Dr. Savage of Nashville, Tenn. Dr. Charles Shaffner strongly recommended the asbestos form of chimney, as it radiated but little or no heat and was always sufficiently cool to handle without burning the fingers. It had been his intention to present one that he had been using for some time, but as he considered that the present form and the one recently brought forward by Dr. M. W. Zimmerman were much better, he had refrained from so doing.

*Dr. Thorington* showed a new form of Perimetric Lenses which received its name from the fact that their optical center corresponds to the points of fixa-

tion in the fields of vision. The reason given for the recommendation of the lens were, that it gives to the eye that form of lens which is consistent with a normal form of the visual field; it removes the edge of the lens to a sufficient distance that the edge cannot be seen to any great degree while the eye is fixed straight ahead; and that bifocal segments can be made much larger. He stated that the increase in weight need rarely exceed the ordinary form of twenty-five to thirty grains; the large size does not attract much attention; and the cost will remain the same as in the ordinary styles used. Upon account of necessary great weight and thickness he believed that this form of lens cannot be used for cases of aphakia and high myopia, but showed that as this class of cases constitutes much less than one-half of all refraction cases (37 per cent.), the lens will be accepted in the majority of instances.

*Dr. Oliver* exhibited and demonstrated a series of Microscopic Specimens showing the various Forms of Eyes seen in Fish, Reptiles, Birds, Quadrupeds and Man. He showed the marked differences in the conditions of the dioptric media; the varying shapes of the eyeball; the relative positions of the eye in the head of the animal; the adaptations for near- and for far-focusing; the arrangements for increase of the interior illumination; the positions and peculiarities of the nerve-structure; and the relationship existing intra-cranially between the two organs, in the aquatic, the terrestrial and the aerial forms of animal life.

The Section then went into Executive Section. Upon motion, adjourned.

CHARLES A. OLIVER, M. D.,  
Clerk of Section.

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## RICHMOND ACADEMY OF MEDICINE AND SURGERY.

REGULAR MEETING HELD AUGUST 11, 1896.

Dr. Landon B. Edwards, President, in the chair. Dr. Mark W. Peyser, Secretary and Reporter.

*Dr. J. W. Henson* reported a case of DISLOCATION OF THE ARCH OF THE

Foot. Woman on June 9, while crawling along a shed to reach a window, fell a distance of fifteen feet, alighting on her feet, dislocating the arch of the right foot. The foot turned outward like that of a negro, and the internal cuneiform could be felt in the middle of it. She had made a wooden sandal to support the arch. There was no injury elsewhere, except rupture of the internal ligament of the left knee.

*Dr. M. D. Hoge, Jr.*, reported a similar case. Man, age 20, while in a somnambulistic state, climbed out of a fourth story window, falling on his feet. The arch of one foot was completely broken, and it spread out flat—a protuberance being discernible in the middle. He had made a leather wedge which was put in the sole of the shoe, the thick edge inward. The man now walks as well as anyone.

*Dr. J. Allison Hodges* mentioned his experience with THE ANTI-TUBERCLE SERUM TREATMENT OF CONSUMPTION in several cases, not all of them having been benefited by it, but referred especially to the following case: He was called on May 10, to see Mr. A., aged 42, who was confined to bed—temperature, 102.5°; respiration, 26; great difficulty in breathing, attended with an incessant cough and expectoration, and intermittent pain in right side. On examination, he found consolidation of the lower two-thirds of the right lung, with a suspected abscess forming. The sputum was subjected to microscopic examination, and revealed the presence of tubercle bacilli in large numbers. In response to questions as to the former history of this case, it was learned that his family history was good; that on January 17 of this year he had suffered from a slight attack of facial paralysis, and again of April 2, he had experienced a slight attack of hemiplegia on the right side. From both of these attacks he had rallied, and now nothing was noticeable except a slight deviation of the tongue and weakness in the right leg. Further examination revealed an obscure history of syphilis. The past improvement in his nervous system was due to the use of the iodides in moder-

ate dosage. In view of these facts, a diagnosis of "mixed infection" was made, and he was again put upon specific treatment in largely increased doses.

On the fifth day the abscess ruptured, accompanied with intense fetor, but there was no abatement of the fever or cessation of the cough. In fact, the case seemed rapidly progressive towards a fatal termination. For five days longer the specific medication, together with symptomatic treatment, was continued, but without perceptible favorable results.

It was then determined to institute the anti-tubercle treatment, and it was commenced on May 25, with 15 minims of the Paquin "Anti-tubercle serum," and continued daily, increasing 5 minims each day until 25 minims were given. At the time of commencing this treatment, the patient was almost exhausted, and in the opinion of several physicians who saw him his case was considered all but hopeless. After the third day of treatment, there was noticeable a slight reduction in the temperature, and on the fifth day the patient was enabled to secure a comfortable night's rest, the cough having diminished to a great extent, and the exhausting night sweats having almost entirely ceased.

After the eighth day of treatment, the improvement was still greater, the temperature becoming normal, the appetite returning, and the cough and night sweats almost entirely abating.

The treatment was now continued at 20 minims almost daily, for on two occasions when the dose was gradually increased to 40 minims, an irritative febrile condition was induced, and at the same time an increase of albumen in the urine and indications of an erythematous eruption were noticed. In two weeks the patient was enabled to sit up for several hours at a time, and was altogether comfortable.

The treatment was continued till July 1, having consumed a little more than one month, and on the following day the patient walked a mile and stood for four hours in the street, reviewing a parade. He is still under observation,

and is now taking ninety drops of a saturated solution of potassium iodide daily.

The happy termination of this case, it is admitted, is an exceptional one, but it is illustrative beyond doubt of the efficacy of the serum treatment, even in some cases of mixed infection, which are not the accepted cases for its exhibition.

Some of the features noted in this case worthy of observation are :

1. The speedy reduction in temperature—having improved after the fifth injection, and becoming normal after the eighth.

2. The improvement in the cough and expectoration, the fetor ceasing entirely after the tenth injection.

3. The abatement of the night sweats, and their subsequent cessation at the expiration of the second week.

4. The return of the appetite, and a gain up to the present time of eighteen pounds in weight.

5. The improvement in the consolidated lung tissue, though this condition cannot be said yet to be "cured," but the microscope reveals a continually decreasing number of bacilli present.

*Dr. Virginius W. Harrison* said that the case reported by Dr. Hodges recalled to his mind a case similar in some respects. A white man, aged 32, tubercular history, two deaths in his family, he himself having suffered from what was called scrofula in his early childhood—the scars of the removal of the glands now disfiguring his neck. The patient was then emaciated, appetite gone, night sweats, and a condition which looked like an early dissolution of the body. The patient said that he had suffered from shortness of breath and cough for several months—the shortness of breath increasing. On examination of his lungs, the right side showed that the apex was doing practically no work; the lower portion was consolidated. Temperature, 102°. Dr. Harrison advised him to go home and go to bed, but he declined to go, and went to work, and continued at work for two days, when he had a chill. On the third day, he had another chill, and

went to bed. The doctor saw him on the fourth day, when he said that, after the first chill, he suffered intense pain in the whole right side. Some hours after the second chill, his cough increased a great deal, and soon a bloody, offensive pus was expectorated; during that twenty-four hours, he spat out one quart of this material. This continued, so that in the next twenty-four hours he expectorated nearly a pint, and gradually diminished until six weeks had passed and it ceased. Dr. Harrison got a bottle of this material (which he showed to several members of the Academy), and got Mr. Hugh Blair to examine it for him. The examination revealed the nature of the material to be pus, mucus and blood. Dr. Harrison did not have it examined for the tubercle bacillus, but with such a personal history and family history, he feels justified in concluding that the condition was due to tuberculosis.

Dr. Harrison remarked that he is aware that tuberculosis of a gland may be perfectly eliminated by removal or suppuration, when the tuberculosis is in the gland alone; and he is further aware that the same bacillus may be latent in other portions of the body, awaiting renewed excitation to renew its energy in its deadly work. This man was treated by inhalations of beechwood creosote and given liquid peptonoids and tonics. He has recovered sufficiently from this spell to return to his former occupation. The future of this man, in his opinion, is most doubtful, but the advocates of the serum therapy seem unwilling to show their confidence in its use by dropping the drugs they have found in years past to be useful in the same way that serum therapy claims to aid in the disease.

Dr. Harrison added that he would be glad to hear from Dr. Landon B. Edwards on this subject, as we know he has a good many patients under treatment by this new anti-tubercle serum method.

*Dr. James N. Ellis* remarked that in using anti-tubercle serum it is well to look out for the development of an eruption. He ignored the first red blotches and the man did not sleep for five days.



Injection of three-fourths of a grain of morphine had no effect whatever in allaying the intense irritation.

*The President* said that, up to the present time, he had treated fourteen cases with Paquin's anti-tubercle serum. Two of these, referred to him by other physicians, are hopeless. In one of these two, whenever coughing results in free expectoration, the temperature is reduced to 99° or 100°, but in twenty-four hours it is up again. Cavernal respiration is so marked that, as was said, no hope could be held for recovery. The second of the two is even more hopeless. It is a constant matter of wonder how he lives. In three other cases there has been no material improvement, but neither have they grown worse. In the remainder there has been such improvement that two have been discharged, apparently cured, but with advice to return occasionally for inspection, as it were. One of these is a vocalist, who says she sings with the same power as before she was affected. The second is a medical student, who, since his discharge, has gone through a mild attack of pneumonia which left some slight consolidation. The hot weather prevents, in a measure, carrying out all details of treatment.

Right here may be remarked that, with this record, it must be acknowledged this treatment is of great benefit.

*Dr. Edwards* said he never could have expected such good results from creosote and tonic treatment generally, as he has had in the nine cases which include the two just cited. One of those discharged is using creosote internally. In one case, now much improved, death was expected, in three months at most, and while he is not completely cured yet, the advance toward it is remarkable. In another case the attack was in its incipiency and creosote alone might have cured without the serum. Whenever the temperature is high and remains so, no treatment is of service. Edson's treatment has not seemed to make any favorable impression.

The cases mentioned, in which fatal issue seems inevitable, are of mixed infection.

If Paquin's treatment had no curative value, its palliative qualities would alone render it remarkable—stopping night sweats, non-interference with appetite, if anything, increasing it, etc. In hot weather, cod-liver oil does more harm than good. If employing it, do so in the form of emulsion. When the stomach is enervated, it does as much damage as anything can.

*Dr. Harrison:* Have you used the serum treatment alone? If not, is it because you have not the necessary confidence?

*Dr. Edwards* replied that he employs accessory treatment, simply as in fighting he would employ both fists, not depending on the right solely. With so dangerous an enemy as tuberculosis, he is unwilling to do less than everything that promises good.

*Dr. Hodges* stated that he had used the serum treatment alone with benefit.

*The Secretary* reported a case of ABSCESS OF THE PALM OF HAND FOLLOWING TYPHOID FEVER. The case was that of a boy convalescing from typhoid fever, who, two or three days after temperature reached normal, complained of pain in the right hand. Next day the pain was more severe and swelling had occurred. Salicylates were prescribed, with the result that, on the third day, pain had subsided, but swelling was found greatly increased. That afternoon information was received that the "hand had burst and corruption was pouring out." On investigation this was found to be true and, further, that the pus had dissected its way clear to the tips of the fingers and down to the wrist, the whole hand and all the fingers being involved, except the thumb and thenar eminence. Incisions were made between the index and middle, and ring and little fingers, to facilitate drainage. Under the daily employment of hydrogen dioxide and carbolyzed water pus formation is rapidly ceasing. Of course, thrombus was diagnosed, but the wonder is at the rapid formation of pus.

Such treatment is heroic, but the results justify the means used.

MARYLAND

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 BALTIMORE, SEPTEMBER 19, 1896.
 

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GASTRECTOMY literally signifies the excision of the whole stomach, and this operation has been performed on dogs with success, the duodenum being attached to the cardiac orifice. One attempt to excise the stomach on a human being was done about ten years ago by Dr. P. S. Connor of Cincinnati, for extensive carcinoma of the organ, with an immediately fatal result. Partial gastrectomies have been performed for the removal of neoplasms of the stomach and for gastric ulcer. Rydygier was the first to resect a gastric ulcer, and the operation has been repeated by others in a number of cases with successful results. The resection of the pyloric extremity of the stomach for obstructive disease is usually known as pylorotomy. The first operation of this character was done by Péan of Paris in 1879, and terminated fatally, and it was reserved for the illustrious Billroth of Vienna, in 1881, to operate successfully for carcinoma of the pylorus.

The indication for pylorotomy is stenosis

of the pylorus, whether due to carcinoma or to cicatricial contraction. The mortality of this operation is very great, approximating 75 per cent., but recently in the hands of such expert operators as Czerny, Mikulicz and Kocher the percentage of recoveries has increased to about 50 per cent. At first many cases were subjected to operation which were entirely unsuitable for it, and hence the high death rate. Owing to the fact that most cases of carcinoma of the pylorus have already infected the lymphatic glands in the small or great omentum, or have involved contiguous organs, especially the liver or pancreas, before coming under the observation of the surgeon, this operation should be reserved for the comparatively few cases in which the disease is limited to the pylorus itself, and to those patients who are not reduced to the very lowest state of weakness.

In such cases gastro-enterostomy, or the formation of a fistula between the stomach and the duodenum or jejunum, should be done. There has been no case of radical cure after pylorotomy, though Rydygier reports one who lived two and a half years, Kocher one who survived five years and four months and Woelfler, one who lived over five years. Since, then, the operation is not radical as regards cure, and is fatal in about 75 per cent. of the reported cases, it should be performed with great infrequency. In regard to cicatricial stenosis, the matter is somewhat different, since the immediate mortality is much less, not exceeding 50 per cent., and the cure is radical; nevertheless there are other procedures, as pyloroplasty and digital divulsion, or gastro-enterostomy, which present a still lower mortality and are probably equally as effective in affording an outlet for the passage of food from the stomach into the intestines.

In performing pylorotomy the incision is made in the median line from the ensiform cartilage to the umbilicus, the organ exposed, the omenta tied off to an extent corresponding to the portion of stomach and duodenum to be removed, the parts are surrounded with gauze or other cloths to prevent leakage into the abdominal cavity, and the incision is begun on the small curvature and carried downwards to the greater curvature, the duodenum being likewise cut across. The upper portion of the stomach is then closed with a double row of sutures, and the duodenum secured

by similar suturing to the lower portion of the incision, at the greater curvature. The escape of the contents of the stomach and duodenum during the operation may be prevented by the fingers of assistants, or by using clamps covered with rubber tubing. When the disease is extensive, it is sometimes better to excise the growth, close the open ends of the stomach and intestine with sutures, and perform gastro-enterostomy, and strange to relate the mortality of this combined pylorectomy is less than that of simple pylorectomy.

\* \* \*

THE importance of an examination of the secretions and excretions of the body in reaching a diagnosis is appreciated more and more each year. Most works of modern origin on clinical diagnosis devote a section to the examination of the feces and yet very few physicians care to make a study of this matter.

The older physicians, who made many a snap diagnosis by the aid of an experienced eye alone, were accustomed to glance at the stools and draw rapid conclusions. Few persons can brave the strong odor of this disagreeable waste product and make more than a hasty search in the feces. There is, however, much to be learned from a naked eye study of them and much more in doubtful cases from a microscopical study.

Of late, attempts have been made, especially in children, to study and classify the micro-organisms, and many organisms, now well-known, have been isolated and grown outside of the body. Mixing the stools with water and stirring has always been the way parasites, such as tape-worms, have been looked for, but now Dr. Julius Ullman, in the *Buffalo Medical and Surgical Journal*, says that the Charcot crystals found in large numbers in the feces are pathognomonic of parasites.

He refers to a case which came to Boas, who in his methodical way examined the contents of the stomach and of the intestines, with the result of finding numerous Charcot crystals, and having put the patient on an anthelmintic treatment, the parasite was passed intact. Obstinate cases of dysentery, which have foiled the ordinary astringent treatment, have yielded to weak injections of quinine, when due to the amoeba coli which

is found so abundantly in the mucous stools of amoebic dysentery. When ascarides lumbricoides are found in the stools in typhoid fever the prognosis is very grave, as hemorrhages and perforative peritonitis may bring on death.

The study, too, of the solid stool will sometimes point out very clearly the character of a hemorrhage in the lower intestinal tract, or the shape of the stool will cause the suspicion of a stricture. Pus in abundance may indicate an abscess and in cholelithiasis small stones may be found in stools which are carefully washed through a sieve.

In cases of suspected tuberculosis of the lungs the sputum is examined microscopically, in supposed kidney trouble, and often as a routine method the urine is examined, but the examination of the feces is rarely made unless the other means are exhausted, and unless some remark of the patient or of the nurse directs attention to the feces. Few physicians have the courage to carry home with them one or more specimens of the stools, as is so often done with the urine, but for this reason the feces should not be neglected altogether.

Much may be learned from an intelligent study of the feces.

\* \* \*

AN exchange points out (what is well-known to many) the advantages of small medical schools. Naturally the teachers and promoters of a college wish to collect as many students as possible, as this increase of revenue will give greater facilities if the money is wisely expended, but for the student himself often the small school offers better opportunities as giving occasion for more individual instruction and bringing teacher and taught into closer communication.

In foreign countries, especially in Germany, where the universities have government aid, the smaller institutions often offer exceptional advantages for the study of such subjects as anatomy, physiology, chemistry and materia medica, and the ambitious student will take several terms at the smaller universities where the preparatory branches are more thoroughly taught and then go to the large universities in the large cities for clinical work.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 12, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		6
Plthsis Pulmonalis.....		14
Measles.....	•	
Whooping Cough.....	1	
Pseudo-membranous Croup and Diphtheria. }	11	7
Mumps.....	1	
Scarlet fever.....		
Varioloid.....		
Varicella.....		
Typhoid fever.....	22	8

Indianapolis is to try intermittent sand filtration.

Typhoid fever is reported to be in excess in many large cities.

The British Medical Association will meet at Montreal next year.

Neisser of Breslau has succeeded Lewin in the dermatological clinic at Berlin.

Hofmeister of Prague has succeeded the late Hoppe-Seyler of Strasburg.

Dr. William E. Quine has resigned as a member of the Illinois State Board of Health.

Dr. James A. Steuart, Secretary of the State Board of Health of Maryland, has resigned.

The foundation stone of a Medical University for Women was laid at St. Petersburg on July 26.

In Connecticut the school buildings are thoroughly fumigated during the summer months.

Sir William MacCormac of St. Thomas Hospital is President of the Royal College of Surgeons.

South Carolina has followed Maryland's example and has passed the "Sore-eyed Baby Act."

Dr. C. H. Chalkley, Professor of Chemistry in the University of Medicine at Richmond, Virginia, died last Monday.

Dr. Frank Keating, a recent graduate of the University of Maryland, has been elected

to succeed Dr. L. Gibbons Smart as Superintendent of the Maryland Asylum and Training School for the Feeble-Minded, at Owings Mills, Maryland.

Dr. William Barton Hopkins has succeeded Dr. John H. Packard as one of the surgeons to the Pennsylvania Hospital.

A Swedish engineer has invented a butter-making machine which will transfer sterilized milk into butter in one minute.

Dr. Lucien Lofton has assumed control of the *Atlanta Clinic*, having purchased the interests of Drs. Champion and Childs.

The Sixth Annual Meeting of the American Electro-Therapeutic Association will be held at Boston, September 29, 30 and October 1, 1896.

Dr. Susan J. Taber has succeeded Dr. Alice Bennett as chief resident physician in the women's department of the Norristown (Pa.) Hospital for the Insane.

It is announced that of the 381 applicants recently examined for license to practice medicine in the State of Pennsylvania, 340, 89.24 per cent., were successful.

The *Edinburgh Medical Journal*, established in 1805, has been purchased by Mr. Young J. Pentland, the publisher, and will be edited by Dr. George A. Gibson.

The following deaths are noted: Dr. Elsworth F. Smith of St. Louis; Dr. Pajot of Paris, aged 80; Dr. J. A. S. Grant Bey of Cairo, Egypt; Argyle Mackey of Washington, D. C.; and Dr. John H. Callender of Nashville, Tennessee.

The Frick Memorial Library, in connection with the State Faculty Library, will soon be open to the profession. One thousand dollars has been expended on the room and one thousand dollars on new books. The library will be formally opened in October or November.

Dr. James Edgar Chancellor died at the University of Virginia last week. He was a brother of the late Lorman Chancellor of Baltimore and a cousin of Dr. C. W. Chancellor, now Consul at Havre. He was graduated from Jefferson Medical College, Philadelphia, and was practicing medicine at Chancellorsville when the war broke out. Dr. Chancellor was a surgeon in the Confederate Army, and after the war became demonstrator of anatomy at the University of Virginia.

## Book Reviews.

TWENTIETH CENTURY PRACTICE OF MEDICINE. AN INTERNATIONAL CYCLOPEDIA OF MODERN MEDICAL SCIENCE. By Leading Authors of Europe and America. Edited by Thomas L. Stedman, M. D., New York. In twenty volumes. Volume V. Diseases of the Skin. New York: William Wood & Co. 1896.

The contributors to this volume are most competent men. One weak point, however, is the meager and insufficient descriptions of the pathology. The first article by C. W. Allen, on the "Anatomy of the Skin and its Appendages," is short and a good résumé. His description of the formation of bullae is not in accord with the most modern ideas. There is no description of the various sense points in this work. "Parasitic Diseases," by L. D. Bulkely, is the most practical article in the book. He has added a section on "Diseases caused by Micro-organisms of Uncertain Nature." He says that tinea versicolor is very uncommon in this country; this does not agree with the experience of skin specialists of Baltimore. "Erythematous Affections," by H. H. Whitehouse, is fairly good but the pathology is not at all clear and in some instances unacceptable. J. N. Hyde's article on "Eczema and Dermatitis" is of great value, and Crocker's article all that could be desired. Brocq's "Papular Affections" is comprehensive but too long and wearisome for such a book. The contributions of D. W. Montgomery and John T. Bowen are all up to the mark and the pathology of the last writer is almost ideal. Kaposi's Xeroderma Pigmentosum hardly warrants the detailed description here given, as it is of rare occurrence in this country.

The last and longest article is on "Dermatoneuroses," by H. Leloir. These excellent descriptions, like Brocq's, are too lengthy and discursive for a text-book, and could have been condensed with benefit.

The whole volume is well bound, the type is particularly clear, and the illustrations are exceedingly good. Judging the volume as a whole we feel safe in recommending this new text-book on "Diseases of the Skin" very highly to students who wish to enter this special branch of medicine at all thoroughly and to practitioners for the excellent practical advice which will be found in the contents.

## Current Editorial Comment.

### ANTIVIVISECTION.

*Atlantic Medical Weekly.*

CONSISTENCY is never a quality of these pseudo-reformers, and whether advocating the abolition of vaccination or vivisection, their argument is in the nature of a boomerang, and in this case in their attempt to gain their desired end they overlook matters of greater suffering to animals and of much less importance to mankind.

### ENTRANCE EXAMINATIONS.

*Medical Fortnightly.*

WE are reminded that competition is the life of trade, and a long list of matriculants and graduates in a medical college annual announcement is supposed to say to its rivals, "trade is booming in our neighborhood." To keep in the swim, the rivals must publish a list of real or straw men of equal or greater length, and the merry war is on. Now, to get matriculants there must be some inducement to draw the students; either reduced rates or easy examinations must be the attraction—probably both. These matriculants, armed with their bargain day sale of matriculation tickets, are then gathered beneath the sheltering roof of their to-be Alma-Mater, there they must present credentials for the approval of the State Board of Health, and then we see the most amusing act in the farce comedy of examinations.

### THE NEED OF SPECIALISTS.

*Charlotte Medical Journal.*

THE highest attainment makes it both necessary and wise that there should be a division of labor with a corresponding concentration of study in special lines of work. This fact furnishes the reason and the motive for the specialist. Certainly no busy general practitioner whose daily round of duty is not limited to the usual hours of toil of the laborer, the artisan, the tradesman or other professional men, can expect to find time for that patient and persistent study of one subject which is a *sine qui non* to its mastery. The general practitioner who makes himself known to the circle in which he moves as a universal specialist is a danger to society. Equally to be dreaded is the man who assumes special knowledge and ability for special work, who by study and experience has not in some fair degree demonstrated his fitness for it.

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## Convention Calendar.

SEPTEMBER							OCTOBER							NOVEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
..	..	1	2	3	4	5	..	..	..	1	2	3	1	2	3	4	5	6	7	
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
27	28	29	30	..	..	..	25	26	27	28	29	30	31	29	30	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

## State Societies.

SEPTEMBER, 1896.

IDAHO, at Boise City. W. D. Springer, M. D.  
Secretary, Boise, Idaho.

OCTOBER, 1896.

1-2. UTAH, at Salt Lake City. J. N. Harrison,  
M. D., Secretary, Salt Lake City, Utah.

13-15. NEW YORK, at New York. E. D. Ferguson  
M. D., Secretary, Troy, N. Y.

15-16. VERMONT, at St. Johnsbury. D. C. Hawley,  
M. D., Secretary, Burlington, Vt.

NOVEMBER.

27. NEW YORK STATE ASSOCIATION OF RAILWAY  
SURGEONS, at New York City. C. B. Henich,  
M. D., Secretary, Troy.

## National Societies.

SEPTEMBER, 1896.

15-18. AMERICAN PUBLIC HEALTH ASSOCIATION,  
at Buffalo, N. Y.

15-18. MISSISSIPPI VALLEY MEDICAL ASSOCIATION,  
at St. Paul, Minn. H. W. Loeb, M. D.,  
Secretary, St. Louis, Mo.

22-24. AMERICAN ASSOCIATION OF OBSTETRICIANS  
AND GYNECOLOGISTS, at Richmond,  
Va.

23-25. AMERICAN ACADEMY OF RAILWAY SURGEONS,  
at Chicago, Ill.

29-30. AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION,  
at Boston, Mass.

NOVEMBER, 1896.

10. SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION,  
at Nashville. W. E. B. Davis, M. D., Secretary,  
Birmingham, Ala.

16-19. PAN-AMERICAN MEDICAL CONGRESS, at  
City of Mexico, Mexico.

## PHARMACEUTICAL.

**TREATMENT OF NEURALGIC AND RHEUMATIC AFFECTIONS.**— D. S. Maddox, M. D., Marion, Ohio: In spite of extensive researches into the functions of the nervous system, we have not yet succeeded in obtaining precise and certain data concerning neuralgia. Austie thus defines neuralgia: "A disease of the nervous system manifesting itself by pains which appear to follow the course of certain nerves, ramifying sometimes into a few, sometimes into all the terminal branches of those nerves." What is of importance for us to know from its bearing on treatment is the etiology and pathology of this affection. In order that the functions of the nervous system may be normally performed two conditions must exist, viz.: 1. The integrity of the nervous system itself, its cells and fibers. 2. The integrity of the circulatory system. . . . Another affection whose primal cause is often a matter of as much doubt as is that of neuralgia is chronic rheumatism. This is a term which is loosely applied to many ailments not really of rheumatic origin. Almost any obscure and obstinate pain which is not traceable to some other agency is apt to be attributed to chronic rheumatism. Under this head then there come to be ranked many aches and ailments which not being of rheumatic origin have no claim to the title. The affected parts may be somewhat tender to the touch, but are not, as a rule, distinctly swollen. The pain is increased by damp and cold. It often disappears in fair and returns in wet weather. It is a troublesome ailment which frequently lasts off and on for months, even years. During its continuance there is often laid the foundation of future cardiac troubles. In the age, in the personal and family history of the patient, in the shifting character of the pains and in the occasional slight rise of the temperature we have the best means of distinguishing true chronic rheumatism from the other ailments, gouty, arthritic and neuralgic, with which it is often confounded. The treatment of neuralgic and rheumatic affections is both constitutional and local. For some time now I have been using the Tongaline preparations in the treatment of these maladies and the results so far have been most gratifying.— Extract from the *Medical Summary*, September, 1896.

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

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### SOME OBSERVATIONS ON THE EFFECT OF THYROID FEEDING ON THE INSANE.

PRESIDENT'S ADDRESS AT THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL  
FACULTY OF MARYLAND, APRIL, 1896.

*By Charles G. Hill, M. D.,*

Professor of Diseases of the Mind and Nervous System in Baltimore Medical College.

THOUGH the theory of an "internal secretion" advanced by Brown-Sequard and Bernard brought down upon them, especially the former, an avalanche of ridicule and abuse equal to that excited by Jenner's announcement of vaccine, and Harvey's discovery of the circulation, like these also, it inaugurated a new era in medical progress. The most casual observer of the times must admit that animal therapeutics, especially the use of the so-called ductless glands, is destined to fill a place second in importance to none of the brilliant discoveries that have characterized the present century. The application of the thyroid gland to the amelioration and cure of many otherwise helpless and hopeless forms of insanity, though forming but a small part of the possibilities of this organ, I have deemed of sufficient importance to make it the theme of my address on this occasion.

Its therapeutic use in this field was suggested to me several years ago, before I had learned of the interesting results of McPhail and Bruce, by noticing that the symptoms following its extirpation so closely resembled those found in many forms of insanity. Thus the removal of the gland in ani-

mals was found to cause mental hebetude, general nervous disturbance, tremors, paroxysmal convulsions, functional paralysis and finally complete imbecility. Horsley has mentioned that after excision of the thyroid in monkeys, there was an increase of mucin in the blood and an increased activity of secretion in the mucin-secreting glands, especially the parotid, suggesting a possible cause for the increased salivation in many low forms of insanity. Clouston mentions the slowness of mental action, emotional depression, irritability, morbid suspicion, insensitiveness to outward causes of disturbance, enfeeblement with some exaltation, lassitude, hebetude and lastly negation. Among post-mortem appearances were edema of the brain, increased cerebro-spinal fluid, slight hyperemia of meninges, and ecchymosis of grey and white matter. So close was the analogy that I felt justified in making the experiment. But at that time the manufacturers had not prepared it in such convenient form, and on account of the difficulty in procuring a reliable supply from the butchers it had to be discontinued, but not, however, until I had been convinced that it was destined to become an agent of great importance.

It is interesting to note in this connection that Dr. Clarke of Kingston, who contributed an interesting paper on this subject at the last meeting of the Medico-Psychological Association, was led to give it a trial by his experience in an epidemic of typhoid fever "when recovery after recovery took place in cases of insanity regarded as incurable," and that similar recoveries occurred after pneumonia and acute diseases of an inflammatory character, that he attributed to a temporary stimulation of the nerve cells. It might be mentioned also that others have sought to produce pyrexia for the cure of insanity, notably Wagner of Vienna, who used tuberculin; and this was also accomplished by the older physicians, by keeping up a suppuration about the head with such means as setons, tartar emetic ointment, or cantharidal blisters. I will not weary you with detailed accounts of the forty cases in which I have used this treatment, but will endeavor to give briefly some of the most interesting facts observed in its administration. The experiments were made on a wide range of subjects, from the acute forms of mania and melancholia to the long abandoned dement, but the bulk of the cases were those of dementia under fifty years of age and of not too long standing. Very severe tests were also made in cases of acute mania and recent melancholia, by suddenly dropping all medication given for the purpose of quieting the excitement of the one, and relieving the melancholy delusions of the other, a proceeding quite liable to precipitate either form into a decided relapse. The results of the treatment may be summed up as follows: Unimproved, 8. Improved, 12. Greatly improved, 14. Cured, 5. Died, 1. Total, 40. As an illustration of the effects of this agent on the insane I will give a brief description of a few typical cases.

"L," about thirty-five, a dement of five years' standing, fat, passive, sluggish and absolutely silent, as his voice had not been heard during all this time except on one memorable occasion when he cried out from pain. In forty-eight hours after commencing the thyroid in doses

of ten grains three times daily, he was not only conversing freely and intelligently, but swearing like the "army in Flanders" at any one who molested him. In spite of persistent treatment for some months he relapsed gradually into his former condition, except that he will reply to questions, but never voluntarily enters into a conversation.

"F.," a profound melancholic of one year's standing, silent and immovable as the sphynx, and morose to an extreme degree, in two days was picking husks for a mattress, but so hilarious and talkative as to appear hysterical. He has never relapsed into his melancholia, has been an industrious and exemplary patient, and will probably recover in the end.

"I.," another melancholic, who was always improved by the use of opium, but relapsed as soon as it was withdrawn, even though done in the most gradual manner, on suddenly withdrawing the opium and substituting the thyroid, recovered and was sent home within a month — and has remained well.

"G. and P.," dements of seven and fifteen years' standing, respectively, and between forty and fifty years of age, were made so sick by its use (which caused vomiting, profuse perspiration and great heart depression) that its administration had to be discontinued and there was no perceptible improvement in either case.

"M. and B.," young men in their twenties, both suffering from acute mania, characterized by violent outbursts and exacerbations, one of six and the other of eighteen months' standing, in whom all treatment had so far failed to afford relief, were both cured and have returned to their homes.

"F.," a strong, well-built man, suffering from acute mania of a violent type, who talked, swore or sang incessantly, broke up everything in his reach and could not be controlled by either mechanical or chemical restraint, or both combined. Bromides, chloral, hyoscine, cannabis indica or morphia, even when pushed to the verge of danger, failed to exert any influence over him, but in twenty-four hours after beginning the



use of the thyroid, he was quiet and docile and has still remained so. He has interested himself in work on the farm and would have been discharged but for some delusion that seems difficult to eradicate.

"M.," a case of chronic mania, became so violently excited that the treatment was discontinued—result negative.

A very interesting case is that of Mrs. G., a young married woman, aged about thirty. Seven years ago she was admitted to Mt. Hope as a case of acute mania and, in spite of all treatment, relapsed into dementia within twelve months. Two years afterwards, on being told that her case was hopeless, her husband removed her to another institution as a matter of economy. Three years later, the finances of the family having improved, she was returned to Mt. Hope, the same silent, helpless dement as when she left, and up to the beginning of the thyroid treatment, two years afterwards, remained in this condition. She was as helpless as an infant, dirty in her habits, had to be dressed and undressed and taken to and from the dining-room. The effect of the thyroid treatment with her was magical. She was talking the next day, dressed and undressed herself the second day, cleaned up her room the next morning and asked for some work to keep the time from hanging heavily on her hands. Though the treatment has been discontinued, she continues to slowly improve. I can readily understand why her cortical brain substance, which has been so long unused, cannot be at once restored to its full functional activity, but I believe that the reawakening of her mental faculties will, like exercise to a long disused muscle, gradually restore its function by reclothing her atrophied brain cells and expelling the insipid and useless interstitial deposits by which they have been so long clogged. I am watching the return of memory, judgment, will-power, etc., with no little interest.

The clinical history of thyroid feeding, its general effect upon the functions of the body, is most interesting and sug-

gestive. Elevation of temperature is usually observed from the administration of from five to ten grains three times daily. This occurs in every case, but varies in degree with different individuals and has no relation to the different hours of the day. Temperature runs from normal to one hundred and four, but averages about ninety-nine and one-half. The pulse is more decidedly affected, running up in many cases as high as one hundred and fifty, and it frequently occurs that the treatment has to be discontinued on account of its depressing effect on the heart. Exceptionally the pulse rate is slowed, getting down to fifty or forty. Gastric disturbances are also of frequent occurrence, accompanied with vomiting, disgust for food and, in some cases, increased salivation. There is also profuse perspiration, with increase of urine. The character of the urine is quite worthy of mention. There is a decided increase of total solids, including the phosphates, chlorides and urea. I have here the record of several cases giving an idea of the change in the urine, also one drawn up as a chart illustrating the daily variations in the amount of urine, amount of urea, percentage of urea, with the phosphates, sulphates, chlorides and total solids. This is an interesting chart, for which I am indebted to Dr. Whitney of the Maryland General Hospital.

Albuminuria was found in ten per cent. of the cases and sugar less frequently. It is noticeable that the appearance of either one of these is very evanescent. It may occur one day and disappear the next. Edema of the face and extremities frequently occurs, but readily subsides. The cyanotic appearance of the skin, found in many cases of low grade insanity, rapidly gives place to a healthy, rosy hue, indicating increased oxidation. Desquamation, similar to that which takes place in scarlet fever, frequently occurs; as also congestion of the nasal mucous membrane and in the fatal case above reported there was ulceration of the fauces. The dirty, icteroid skin of melancholia clears up under its use and dandruff disappears from the scalp. Chronic skin diseases

are favorably affected and the growth of hair promoted. The function of menstruation is also stimulated and in several cases of persistent amenorrhea of six to twelve months' standing, the use of the thyroid brought on a copious flow which continued during the subsequent months. The sexual function is also stimulated and in three cases, two females and one male, the thyroid had to be discontinued on account of the violent sexual excitement, causing them to masturbate openly and persistently in spite of every effort to prevent it. Whether this occurred in other cases I cannot say, as only such extreme cases as those reported are likely to attract attention. Would this not suggest increased ovulation and point to its utility in a type of females characterized by obesity, scanty or absent menstruation and sterility? Patients complain of headache, have fibrillary twitching of hands and arms, a feeling of malaise and insomnia. The decubitus after the thyroid has been pushed is peculiar. They prefer to lie with the head very low, will persistently push the pillow aside and hang the head over the side of the bed with the feet elevated, or, if not in bed, will kneel or lie with the head resting on the floor. I have observed this in several cases. Irritability of temper amounting to maniacal agitation is often the result. The loss of flesh is a prominent symptom. This occurs in all cases and in one amounted to thirty-five pounds in two weeks. This is rapidly regained after its discontinuance.

But most extraordinary is its influence on the mental condition of the insane. Though only twelve per cent. of my cases have been actually discharged as cured, its effect upon the others who may yet recover, or in ameliorating the condition of others who will never recover and rendering them less a care to the asylum and more of a comfort to themselves, must be taken into consideration. It is like a return to the days of miracles, a realization of the alchemist's dream, or the magic influence of some Aladdin's lamp, to see violently agitated maniacs, whom nothing but locks and bars could control, become

quiet and docile and in forty-eight hours find them calmly at work; or the mournful victim of melancholia grown cheery and even hilarious, within equally as short a time; or the mute and helpless dement, whose voice has been silent for years and in whom every trace of intelligence seemed to have been annihilated, eagerly reading a book or paper, or quietly conversing with his neighbor and day by day strengthening the threads of his new-found memory, so as to bridge over the intervening chaos into his past life.

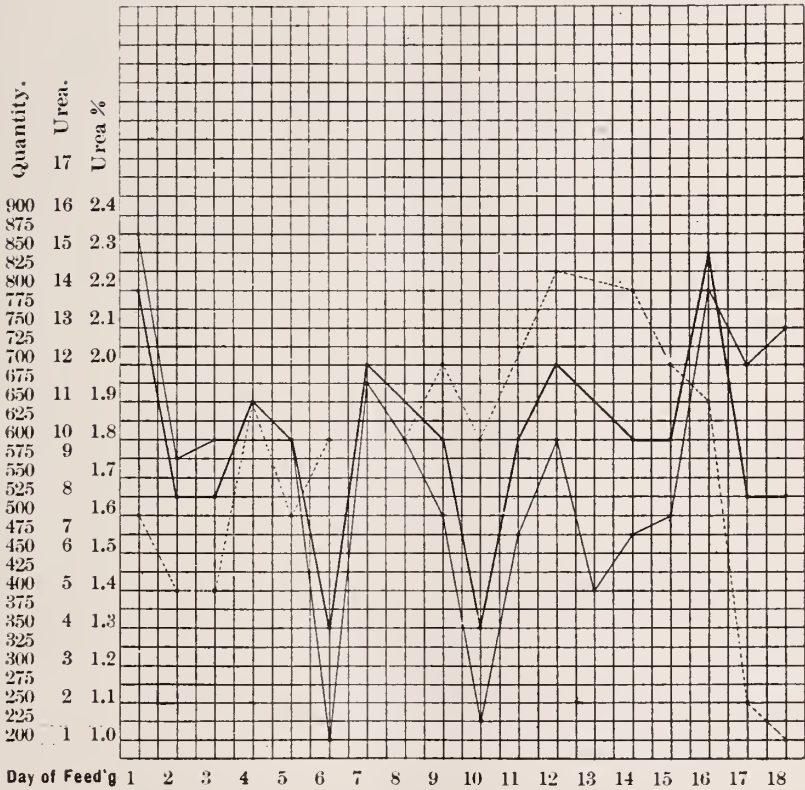
The following questions naturally present themselves in this connection:

1. Is the result of thyroid feeding on so many diversified forms of insanity due to the fact that there exists as a prominent factor in mental disease, a degenerate condition, an atrophy, or a defective function of the thyroid gland, that is remedied by the artificial use of this substance and does this imply that, without the influence of the thyroid secretion, there is a specific and pernicious change in the blood, toxic probably in its character, which it is the special function of the thyroid to neutralize? or, 2. Is there a toxic or other agent formed in the blood in such excessive quantities in the insane, that the normal thyroid is incapable of neutralizing it without the assistance of an artificial and hence excessive supply of this agent furnished to the animal organization? or, 3. Does the gland produce an anti-toxine that acts on any or all the toxic products, as is known to be the case in some instances? or, 4. Regarding it as a blood-forming gland (based on the fact that, when excised from animals, there is a decrease in the number of red corpuscles and an increase in the number of white), does the loss of red corpuscles entail a diminished oxidation of the blood and notwithstanding the increased white corpuscles, is there a loss of the number or potency of the phagocytic corpuscles, causing an accumulation of carbonic acid on the one hand, or infectious organisms on the other, both of which are corrected by the use of the sheep thyroid?

In reply to the first query, it has been

# THYROID FEEDING — URINALYSIS.

PLATE I.



Amount of urine in C. C. indicated by light line.

Amount of urea in gm. indicated by heavy line.

Percentage of urea indicated by dotted line.

PLATE II.

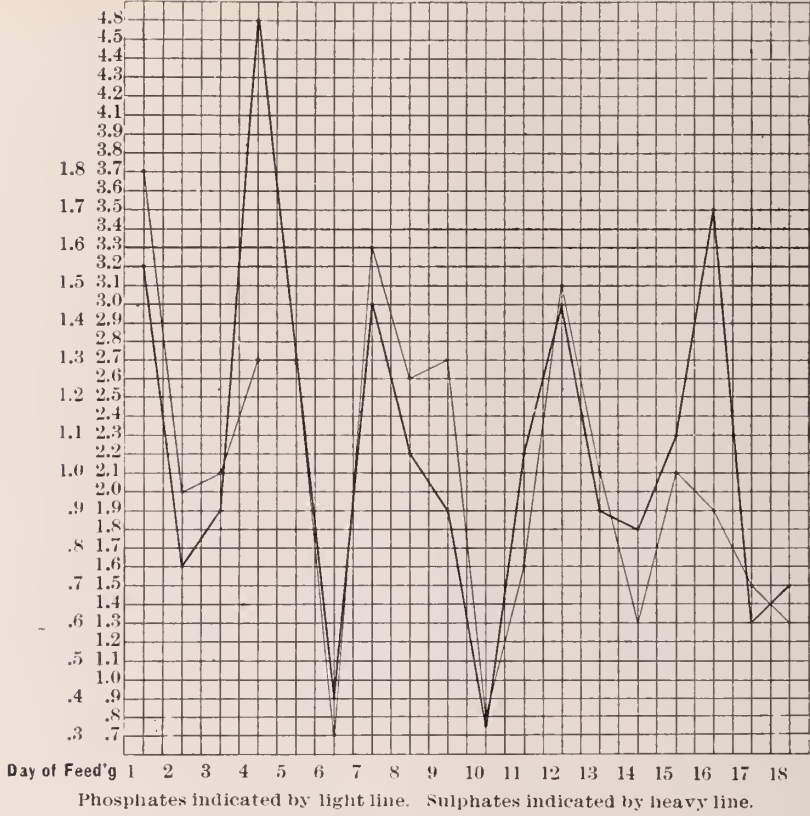
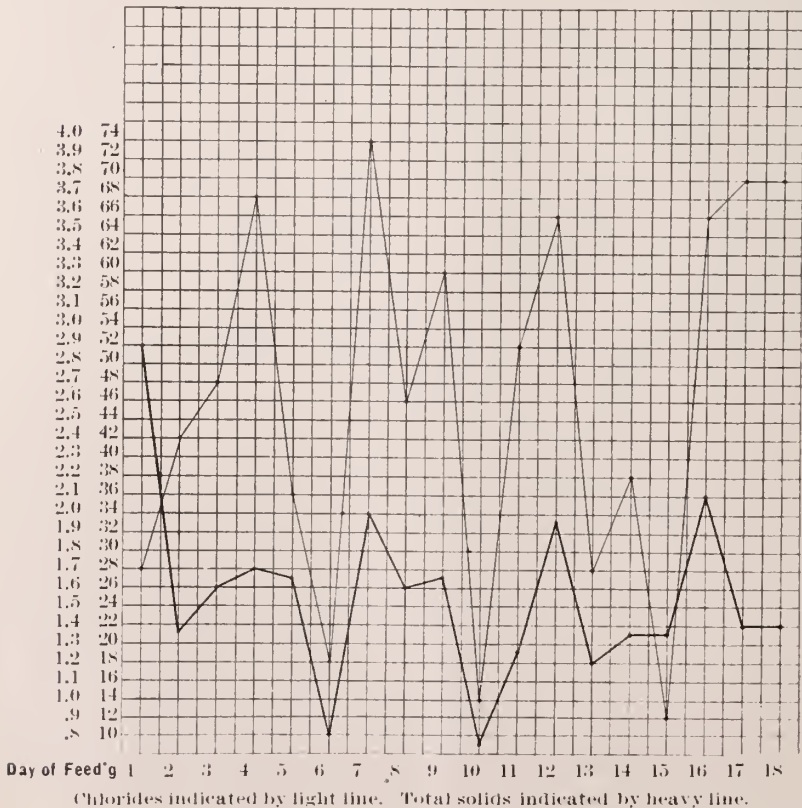


PLATE III.



noted that the removal of the thyroid in animals causes a peculiar train of nervous symptoms closely resembling those found in many forms of insanity and add to this the observation of Vermeiren, that the changes going on in the tissues of myxedema may be found in all senile individuals and that the cause in one is a pathological and in the other a physiological atrophy of the thyroid glands, it might be safely concluded that at least in some cases of mental disturbance we may find the cause in a lesion of the thyroid gland.

In answer to the second query, many observations on the functions of the thyroid have led to the conclusion that there are two probable ways in which the gland may act, viz.: That the gland discharges into the circulation something that maintains the proper composition of the blood, or that its secretion prevents auto-intoxication by transforming or neutralizing the poisonous products of metabolism.

From the analogy of the phenomena observed after removing the thyroid and those caused by the introduction of carbonic acid into the blood of dogs that have recovered after thyroidectomy, Benessotitch believes that the thyroid has for one of its functions the decomposition of carbonic acid into urea. Kent tells us that specific organisms appear in the blood of animals dying of thyroidectomy, a large bacillus and a large diplococcus, and notes important changes in their resistance to organisms. He states that specific infection is the chief cause of death. The diminished resistance to infectious agents when the function of the thyroid is abridged has been noticed by many observers.

Assuming a toxic origin for at least some forms of insanity, it might be said in this connection that the thyroid gland and its products is not the only agent capable of neutralizing those dangerous poisons. Instances in which an intervening disease of an infectious character has produced an antitoxine for hopeless forms of insanity are so common as scarcely to excite comment. Dr. Willerding, in a paper on the favorable influence of pyrexial disorders on mental diseases, says

that among certain physicians the appearance of an epidemic in the asylum is hailed with satisfaction. These advise that acute fever should be artificially produced in the insane. Korter suggests that asylums should be erected in places where ague is prevalent, since good results have followed the accidental exposure of patients to malaria. But even the paludal miasm is less potent for good than the germ of another disorder, viz.: typhus, the cause of which is sometimes followed by astonishing results. Variola, erysipelas, pneumonia and diphtheria are other diseases of this character, closer acquaintance with which the lunatic might solicit with possible advantage, says he. The author closes his paper with report of a cure of mania by typhus abdominalis, and another by pleurisy with considerable fever. And may not we infer that further observation on the result of thyroid feeding and the influence of certain infectious diseases in the cure of insanity, coupled with the rapid advances being made in bacteriology, may open up a field for pathological research that will lead us to the discovery of a toxine and antitoxine for insanity? And when we consider the poverty of definite results for all our investigations in brain pathology, we need not regret the departure. The gravest forms of mental diseases may show no definite lesion, and the most serious injury to the brain may not be accompanied by any evident mental disorder. Men have been known to pursue their business with an abscess in the brain that destroyed a considerable amount of its substance, or have carried a bullet in that sacred region for many years with impunity. In one noted instance a man had an iron drill driven through his brain, and the only result in his subsequent life was said to be moral perversion. How many thousands of men become morally perverted without the aid of the drill in their brains. Even in well authenticated cases where a definite brain lesion is known to exist, the character of the mental disturbance bears no relation to the nature, the location of the extent of the injury. On the other hand, poisons

either introduced from without or engendered within the system, are far more closely connected with definite forms of mental disturbance. We may diagnose alcoholism, or detect belladonna poisoning, by their characteristic delusions.

The low, muttering delirium of typhoid fever, or the more active one of pneumonia, are familiar clinical pictures. And since the delirium in these cases is known to be caused by a toxemia, why not its big brother insanity? The flesh of an animal becomes unsavory if it is tortured or irritated before being killed. The milk of cows may cause serious disturbances to one using it after the ani-

mal has been irritated or abused, and children have been thrown into convulsions by nursing their mothers after some great mental emotion such as anger, fright or distress. It has been shown that the blood of a melancholic subject produces a similar depression when injected into a rabbit, that of a maniacal subject, exaltation and excitement. And now when we take into consideration the many circumstances already referred to that seem to point to the blood as the seat of the mental disorders, why may not the future pathologist give us a 'toxine instead of a brain lesion and the future therapist an anti-toxine for each form of insanity?

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## COMPLETE PURGATION.

PRESENTED TO THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL, 1896.

*By A. K. Bond, M. D.,*

Clinical Professor Diseases of Children, Baltimore Medical College.

### THIRD PAPER.

It is a good thing in the beginning of a fever to "purge" (cleanse) the digestive tract. This is an ancient doctrine, but it is true. There is no doubt in the writer's mind that the neglect of this by modern practitioners is a fatal error. To pour coal-tar derivatives for days or weeks into a digestive canal caked with tarry decomposing poisonous masses, into which even oil cannot penetrate for hours or days, may be high science but it is not common sense.

"Bowel disinfection" by salol and such remedies is a farce under such circumstances. There will be no guarantee that systemic remedies will be taken into the blood at all unless purgation is first accomplished, for in many of these cases the stomach acts like a lifeless receptacle, receiving what is poured into it hour after hour, through the mouth above and from the duodenum below, and emptying the bile-pool thus formed with its mixture of drugs once or twice a day by vomiting. Is it any wonder that the physician, who neglects purgation under such circumstances, be-

comes a therapeutic nihilist, however highly skilled he may be in diagnosis and pathology? His remedies do not really enter the body at all, they lie in the bile-pool. He puts his patient to bed, gives them low diet, bathes them and lets them suffer until the system itself perhaps rallies against the abnormal condition and throws out the offending materials by stool.

But the physician is no more justified in so standing idly by than the surgeon who puts his patient with a foul ulcer to bed without cleansing it and diets him until the ulcer cleans itself. It will do so no doubt in many cases, but what sort of a surgeon would that be? No better is he who leaves a colon or cecum caked with foul feces alone until it may clean itself.

In many cases the bowel does not clean itself. Its hard, foul contents produce ulceration leading to chronic fevers or death. The writer is convinced that many obscure fevers classed clinically with malaria and typhoid fever, (or appendicitis perhaps), are nothing

but bowel-caking with foul feces. Complete, wise purgation at the start or even later in their course might cut them short. Even after ulceration from neglect of purgation had set in great relief might be obtained by gentle, persistent "purgation" (cleansing).

If it be objected that the purgation may cause hemorrhage or perforation by disturbing the ulcers, it may be answered that purgation in the sense used here may be so gently done by small repeated doses of unirritating aperients, that the danger of perforation or hemorrhage will be wholly avoided, or in any case will be less than that of leaving the ulcer to progress under a tough, impervious mass of decomposing septic feces, which irritate the ulcer and shut in its secretions. Let such masses be soaked in sweet oil and bathed with wholesome bile and pancreatic fluids gently propelled from above by mild, oft-repeated aperients and "cholagogues," and soon they will be thrown off as a scab might be, leaving a dressing of fresh, normal, digestive secretions, to cleanse and heal the ulcer.

How slow the profession has been to learn that ulcerations of hidden parts are to be treated on the same principles as ulcers on parts exposed! Could we not find doctors even now who let their patients "out-grow" suppurative catarrhs of the ear; or neglecting examination, treat bleeding cancerous ulcerations of the cervix uteri for months with ergot? How many physicians form a mental picture of those bowel ulcers which underly that chronic fever and bring all the cleansing resources within reach to bear upon it just as if it were an everyday sore on the skin?

A doctor related in one of our Baltimore medical societies recently a case of "abortion of typhoid fever." His patient was ill with the usual symptoms of abdominal disorder. His fever rose day by day in spite of quinine, etc. His headache increased. He became very ill. The doctor diagnosed "typhoid fever," and resigned himself to a long attendance on the expectant plan. A society-brother of the patient's dropped in, said he knew what was the

matter, bought four compound cathartic pills at the drug store and gave them to the patient. Purgation, immediate fall of fever, recovery of health in about one day.

The diplomaed doctor was surprised, but stuck like a hero to his diagnosis of "typhoid fever." The writer has since been even more skeptical than before of the average diagnosis of "typhoid," especially by doctors who "have got rid of all superstitious ideas that the *primae viae* must be looked after carefully in fevers."

The writer has never "jugulated" a case of enteric fever, to his knowledge. He has never abbreviated a case. He has, however, cleansed the bowels carefully at the start and tried to keep the contents moving gently on, and the intestinal secretions flowing normally into the digestive tract.

The advantages of cleansing of the intestines as far as possible and keeping them free from lumps of feces are worthy of consideration by those readers who have been taught to settle down to baths exclusively or to a rigid course of dilute muriatic acid or to coal-tar antipyretics as soon as "typhoid" is diagnosed. The writer had recently a patient, nineteen years, with enteric fever. He was not very strong, having contracted a chronic heart murmur at some unknown time. His mother gave him "five cents' worth of calomel," then some seidlitz powders, then some other aperient before I was called; but as she thought the free passage did not yet indicate complete cleansing, I went at him with a teaspoonful of Epsom salts next morning and got him "cleaned out" to her satisfaction. I also saw that there was no clogging afterwards. (It was one of those cases which had no severe diarrhea. This is often absent in Baltimore typhoid.)

His fever lasted two months to convalescence, not going above 103°. During its whole course he was daily interested in the city base ball reports and clamored for forbidden solid food. Did not the purgation moderate the disease by putting the ulcers under favorable conditions? Cases naturally differ in

severity. In children especially enteric fever is apt to be mild; but is it not possible that in children the disease is often rendered even milder by the readiness with which mothers betake themselves to purges in all children's fevers?

Complete purgation is one of the best agents known for the moderation of elevated blood temperature. He who understands how to apply it will have infrequent use for depressing antipyretics. Employ complete purgation, a gentle diuretic or diaphoretic, tepid sponging of the body and digestible aliment and the ordinary fever becomes a simple, harmless accompaniment of the illness. The author has learned this perhaps from his interested observation of fevers in children. But is there any break in the continuity of life? Must not that which works such wonders in the child be also beneficial in the adult if adapted to changed conditions?

Complete purgation must hinder secondary infection by disease-agents other than those of the original bowel infection. Writers now lay great stress on the cleansing of the mouth and throat in scarlatina lest agents of other disease processes enter through the inflamed mucous membrane, having found culture beds perhaps in some foul crevice of the mouth or throat. Should not the same course of reasoning apply to the fouled, distressed bowel wall?

Finally, complete purgation increases

appetite and improves digestion and assimilation. This cannot be denied. The writer believes that fevers accompany and indicate bodily feebleness. Convalescence is a pull upward to the normal. Being "taken ill" is a descent below normal vigor. He therefore feeds his fever patients carefully, regularly with definite amounts of digestible (often exclusively liquid) food. The standard of measure is a glass "full" of milk every two hours during the day and every three hours at night, the patient not being waked unless in certain desperate cases. This amount of food if digested will keep the adult invalid nourished. It is not always attained, it is only a standard of feeding.

Believing that the maintenance of the nourishment of the patient is one of the great secrets of victory of the body over the original disease, of exclusion of complicating disease agents, of rapid convalescence, the writer is naturally partial to any method of treatment which will improve the appetite and promote assimilation.

If the facts above stated are admitted it will be seen that complete purgation at the outset and the maintenance of "purgation" (cleanness) throughout is one of the most valuable methods known to the profession for the conquest of disease and the restoration of health in a large proportion of all cases met with in general practice.

#### PLEURAL EFFUSION.

BACCELLI (*British Medical Journal*) draws attention to a sign formulated by him as an aid to the differential diagnosis of fluids in the pleura. If the patient is made to utter the word *trentatre* (=Italian 33) in a whisper, every letter of the word will be heard in case the fluid is very thin, but in proportion as this becomes heterogeneous, and especially if purulent, the letters are gradually lost up to final disappearance of all conduction. The first letter to go is *r*, then *t*, then *n*, and finally the vowel sounds. To hear this "Baccelli's phenomenon" one should use direct aus-

cultation in the antero-lateral and inferior regions of the thorax and without any stethoscope. The author goes so far as to say that even if the whole symptomatology of the case indicates a purulent effusion, the presence of this transmission of the whispered voice would be sufficient to negative such a diagnosis. The theory that every pleurisy is tuberculous finds no favor in the author's eyes. In the treatment sodium salicylate is recommended in the early stages and digitalis purpurea, digitalin and caffein in the later stages, when the urine is rather scanty and highly colored.



## STOMACH DIGESTION.

READ BEFORE THE ALLEGHENY COUNTY MEDICAL SOCIETY, AUGUST 18, 1896.

*By Frank H. Murdoch, M. D.*

PHYSIOLOGISTS divide digestion into seven stages: Prehension, mastication, insalivation, stomach and intestinal digestion, and defecation. This evening we have to do with digestion as it occurs in the stomach, which, as we know, is one of the most important, and, at the same time, one of the most abused organs in the human body. This habit of abusing the stomach seems to have been practiced at a very early stage in the world's history, for the ancient Egyptians taught that "The greater part of the aliment taken is superfluous, which superfluity is the cause of all our distempers;" and Hippocrates taught that "Excess in drinking is not quite as bad as excess in eating."

The capacity of the human stomach is from eight to fifty-six ounces. When it holds more than fifty-seven ounces, Ewald considers it to be in a condition of dilatation. During rest, the stomach should be empty or contain at most only a small quantity of clear mucus.

During digestion it becomes a closed sac. Its contents are subjected to a sort of churning motion from contraction of its walls, and, at the same time, a free secretion of gastric juice takes place from the gastric glands.

As soon as any portion of the contents becomes properly prepared, the pyloric orifice opens to allow of its passage into the intestine. This is repeated at intervals until, in the course of a few hours, the stomach becomes empty, and then the peristaltic action ceases, as does also the secretion of gastric juice, until food is again taken into it.

Gastric juice is a clear, colorless fluid, of a specific gravity of from 1002 to 1003, and, besides hydrochloric acid, contains two ferments, rennet and pepsin. The amount secreted in twenty-four hours is about seven liters, or nearly one-tenth of the body weight.

The glands which secrete the gastric juice open the mucous membrane of the stomach and are of two classes, the cardiac and the pyloric.

The cardiac glands are tubular and several open upon the surface by one duct. They are lined by two kinds of cells, one, forming the greater number, are the chief, or central adelmorphous cells for the secretion of pepsin and rennet. The other larger, but also granular and nucleated, are of the parietal, delomorphous, or oxyntic cells for the secretion of hydrochloric acid. The pyloric glands are without the parietal cells, and consequently do not secrete hydrochloric acid, but pepsin and rennet only.

The epithelial lining of the mucous coat of the stomach is formed partly by columnar cells, and partly by goblet cells for the secretion of mucus.

Pepsin and rennet are not secreted by the gastric glands as such, but exist in a preliminary stage, the one as a proenzyme or rennet zymogen; the other as pepsinogen, both requiring the presence of an acid, especially hydrochloric acid, to convert them into active ferments. Rennet precipitates the casein of the milk, and with it the fat, leaving a liquid part which contains the salts and lactose. As the gastric filtrate, although neutral in reaction, may contain both rennet zymogen and pepsinogen, it should be acidulated with hydrochloric acid before making the test for either rennet or pepsin.

Rennet, like pepsin, is a constant constituent of the gastric juice, and its absence indicates atrophy of the gastric mucosa, although Einhorn has reported two cases where, for a long time, there was entire absence of gastric juice, but where eventually it reappeared in almost normal quantity.

Pepsin, in the presence of an acid,

has the power of transforming albumen, whether egg, serum, plant albumen, or casein, into a soluble and easily diffusible form, peptone. Propeptone is a transformation of albumen, absent in the digestion of meat, but present in the digestion of plant albuminates and pure egg albumen, hence always found in an ordinary mixed diet. Its presence in abundance at the end of an hour after the test breakfast indicates an abnormally slow digestion of the nitrogenous part of the food, for it should have been converted into peptone, or, at least, be found only in traces.

Ewald has shown that peptone may be formed in the presence of other acids than hydrochloric acid, especially lactic acid; and, artificially, at least a certain amount of digestion takes place at the end of an hour and forty minutes in a test tube containing a solution of coagulated albumen, water, pepsin and acetic acid; but when a similar mixture is acidulated with butyric acid and treated in the same manner, no digestion whatever takes place (Martin).

As early as ten or fifteen minutes after taking food, the stomach contents obtained are acid, the acidity depending for the first half hour upon the presence of lactic acid. For the next half hour, hydrochloric acid exists with the lactic acid; but after the first hour hydrochloric acid alone should be found. Lactic, acetic and butyric acids are not secreted by the gastric glands, but are either swallowed with the food, or formed in the stomach from the non-nitrogenous part of the food by bacterial fermentation.

The normal acidity of the gastric juice is from forty to sixty, but in patients complaining of stomach trouble, this condition is very rarely found. In a series of five hundred and sixty-four cases examined by Einhorn, the acidity was normal only ninety-one times. In one hundred and eighty-seven cases there was too little acid and in two hundred and eighty-six cases, too much. In one hundred and twenty cases hydrochloric acid was entirely absent. In twenty-six cases in which I have recently examined the gastric juice, the

acidity was not normal in a single instance. In five of the cases it was too low; and in all these cases hydrochloric acid was absent, while in the remaining twenty-one cases the degree of acidity was too high.

Hydrochloric acid acts in several ways in the stomach. It stimulates the peristaltic action, it develops active ferments out of inactive proenzymes and, with the aid of pepsin, converts albumen into peptone. It has nothing to do with the digestion of the carbohydrates of the food.

The digestion of starch begins in the mouth, the ptyalin of the saliva converting a certain portion of it into sugar. But the action of the ptyalin does not stop in the mouth, for the saliva which is swallowed with the food continues its action on the amylaceous substances, even in the stomach, until its action is arrested by the acid of the gastric juice. No further change takes place until the stomach empties itself into the duodenum, where the acid chyme, coming in contact with the pancreatic juice, is rendered alkaline and the digestion of the starch is completed.

As albumen is changed into propeptone before being converted into peptone, so starch is changed into erythrodextrin, and then into achrodextrin, before being finally converted into sugar, so that at the end of an hour after the test breakfast if erythrodextrin be found we know that the digestion of starch is abnormally slow.

The conditions interfering with stomach digestion are, improper quality or quantity of food, bad teeth, insufficient mastication, absence of hydrochloric acid, too low or too high a degree of acidity, whether due to hydrochloric acid, or to the presence of organic acids, diminished absorption and dilatation or loss of motor power due to atony of the muscular coats.

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RESECTION OF THE BLADDER.—Küster reports, in the *Therapeutic Gazette*, two cases of resection of the bladder for tumors, in both of which recovery was prompt; one case involving the ureter, the other attached to the bladder.

## Society Reports.

### ALLEGHENY COUNTY MEDICAL SOCIETY.

MEETING HELD AUGUST 18, 1896.

THE President, Dr. Frank Le Moyne, — in the chair.

*Dr. Frank H. Murdoch* read a paper on STOMACH DIGESTION. (See page 427).

*Dr. S. L. McCurdy*: There is one thing which I would like to make an inquiry about and that is in regard to the test breakfast. I should like to have the reader of the paper explain, later on, just what he means by the test breakfast.

*Dr. J. I. Johnston*: I wish to bring up a matter which, although not exactly in the line of stomach digestion, certainly has a bearing upon it. A young lady applied for relief who was suffering from a stricture of the esophagus. She had not eaten meat for a number of years. One day when she was feeling exceptionally well she ate a little piece of meat. It lodged in the esophagus and then she could swallow nothing at all, not even liquids. She applied for relief and we tried to pass a tube, but although we made quite a number of attempts, we were unsuccessful, but in removing the tube we noticed some disintegrated pieces of meat. One of the house doctors standing by suggested the plan of introducing a meat digestive principle into the esophagus. We gave her some essence of pepsin and hydrochloric acid. We followed this treatment again in a few hours and the next day the patient could swallow liquids without any more difficulty than she had experienced before eating the meat.

*Dr. Adolph Koenig*: The better we understand the physiology of digestion the better we are able to apply our remedies in conditions where the digestive organs fail to do their usual work; but as digestion, primarily speaking, is a matter of glandular activity, it seems to me rather reasonable to expect very little good effect from the administration of artificial digestants, except in so far as they, for the time be-

ing, allow the patient to receive a little more nourishment, but the administration of these remedies does not increase the glandular activity. I have recently had some experience with another remedy that seemed to act well where the enzymes seemed to have but little effect. Iodide of potash, given in small doses, seemed to act almost like a charm. I concluded it was due to the stimulating effects produced by the iodide upon the glandular system. In my experience this drug has produced most excellent results in functional gastric derangements.

I should like to have a little more information from the reader of the paper regarding the rennet substance in the stomach, the milk-curdling substance to which the reader refers but fails to say very much about. I admit my ignorance and would ask for enlightenment.

*Dr. J. J. Green*: I would like to ask Dr. Koenig about the duration of the beneficial effects resulting from the use of the iodide.

*Dr. Koenig*: The good results are reasonably permanent, but any error in diet will cause a recurrence of the indigestion.

*Dr. Frank Murdoch* said in conclusion: In regard to the test breakfast, I would say that there are a good many different kinds, but the one commonly used is Ewald's, and that consists in giving the patient a single Vienna roll to be eaten slowly and thoroughly masticated. No butter is given with the roll, but the patient is permitted to drink a cup of tea without cream or sugar. An hour after this test breakfast has been eaten, the contents of the stomach are taken and analyzed.

In regard to Dr. Koenig's request to say something more about the action of rennet, I would say that I considered that question pretty thoroughly in my paper. Both rennet and pepsin are secreted by the small or central cells of the gastric glands. The rennet we know is present from earliest infancy, because infants can digest milk very well, but it does not exist as rennet; it exists as a rennet zymogen and requires the presence of hydrochloric acid to effect the

change. Sometimes we see gastric juice that is neutral in reaction and yet it contains the rennet zymogen and if we add a little dilute hydrochloric acid to the portion of the gastric filtrate it will then curdle milk, although it would not have produced this action before the addition of the acid.

*Dr. J. J. Green* read a report on CASES OF PUERPERAL ECLAMPSIA. About one and one half years ago I reported before this Society six cases of eclampsia, five of which were treated by the hypodermic use of hydrate of chloral. Within the past two months I have had in my own practice two more cases of eclampsia. One case was about the eighth month of gestation; the os was commencing to dilate when she was suddenly taken with convulsions. She had three convulsions before I could deliver. The other case was a primipara, confined a little before the termination of the ninth month. The labor proved normal and was not of unusual duration. As everything about the case seemed normal I had not made an examination of the urine. In the previous case I had, about four weeks before the birth of the child, and found no albumen. In the second case, as I have stated, I did not make an examination. About twenty-nine hours after the birth of the child, she was taken with eclampsia and upon examination the urine was found heavily loaded with albumen. The woman, however, had but one convulsion. I was called a few minutes after the convulsion and found her unconscious. In this case I used five grains of hydrate of chloral, hypodermically.

In addition to the drug, I subjected her to the wet pack and no convulsions followed. In both cases, the results obtained from the hydrate of chloral were excellent.

I speak of these cases this evening, because I have been following the use of this remedy in some nine cases of my own and counting those seen in consultation with other physicians, over a dozen cases, and in all of these there has been but one death and but one case in which there seems to be any mental

disorder following the attack of eclampsia, something rather unusual.

*Dr. G. W. McNeil:* My attention was called to the use of hydrate of chloral by Dr. Green. Since that time I have had an opportunity to test it in three cases. In the first case, a primipara, after the labor had progressed for some time a violent convulsion occurred. I used inhalation of chloroform and delivered at once with forceps. After delivery the convulsions continued; I then used chloral hydrate hypodermically, five grains in warm water; repeated the same dose in one hour, making in all three injections, after which convulsions ceased. Albumen was found in the urine; the mental condition was slow and sluggish for one week.

The second case, a large plethoric woman, was taken with eclampsia in her first confinement as labor was progressing; I used chloroform until the child was delivered, and then chloral by injection; three convulsions occurred after delivery; this patient had albumen in the urine. The mental condition improved slowly. She did not know she had convulsions until told of the fact.

The third case, also a primipara, had labor ushered in by convulsions. She was delivered by instruments, and chloral administered hypodermically, and had but one convulsion after delivery. Her recovery was rapid, and no mental symptoms whatever followed. I think the drug is worthy of careful trial. I have the utmost confidence in its safety. The rapid relief from convulsions and the clearing of the urine that follows is astonishing.

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### Medical Progress.

DISTURBANCES OF SENSIBILITY IN LOCOMOTOR ATAXIA. — Lähr (*University Medical Magazine*) details the results of a very careful and painstaking investigation into the disturbances of sensibility found in cases of locomotor ataxia, of which the following are his conclusions:

Among the disturbances of sensibility in locomotor ataxia, hyperesthesia of

the trunk seems to appear regularly and usually early. This consists for a long time only in an over-sensitiveness to slight touches, while in opposition thereto there is usually observed in the beginning on the legs a diminution of the pain and posture senses. This latter appears to precede somewhat in development the trunk hyperesthesia, which in the beginning corresponds usually to the area of distribution of the middle thoracic nerves. Its subsequent development ensues symmetrically in horizontally encircling zones above and below, and spread out over the arms in a characteristic manner. There occurs implication of the area of distribution of the lumbar and sacral nerves, in which, between hyperesthetic, there are found normal zones. These may also be demonstrated for a long time in the lower thoracic area. The distribution of this tactile anesthesia is characteristic; it corresponds not to the area of distribution of the peripheral nerves, but to that of the spinal roots or their intramedullary fibers, in which respect it simulates disturbances of sensibility following lesions of the spinal cord and the posterior roots. There is hereby given some clinical support to the lately propounded ideas that the tabetic degeneration affects the intramedullary fibers of certain root areas in various levels of the cord. There may, of course, also occur various sorts of other anesthetics in consequence of peripheral nerve-disease. On the periphery of hyperesthetic and between hyperesthetic zones there occurs usually a marked hyperalgesia, especially for cold. The reflex irritability of the skin is here very active, while in the hyperesthetic areas it is very much diminished or totally abolished. Symptoms of sensory irritation are a very frequent, though not constant, accompaniment of the anesthesia. A marked ulnar pressure analgesia with other disturbances of sensation in the ulnar region appears to be the rule in tabes dorsalis. These tabetic anesthetics, as clinical symptoms of disease of certain spinal root areas, are adapted to permit of conclusions concerning their peripheral cutaneous distribution.

THE TREATMENT OF PERTUSSIS.—Dr. Charles Gilmore Kerley reports in the *New York Polyclinic* relative to treatment as follows: Antipyrin, bromids and belladonna were each used in several groups of twenty. The ages of the cases treated varied from 6 weeks to 5 years. They were of every condition of bodily strength and weakness. The duration of an attack was not shortened in a single instance. Antipyrin gave the best results. Under its use the number and severity of the paroxysms subsided. A combination of the bromides of soda, potash and ammonia came next. The much vaunted belladonna appeared to exert little or no influence. It was given to the point of physiological effect. Alum gave practically negative results. Dilute nitric acid and fluid extract of horse chestnut leaves were utter failures. The results in a few cases in which antipyrin was used were notably good. The number of paroxysms diminished one-half in some, one-third in others.

\* \* \*

LEAD POISONING AND HABITUAL ABORTION. — Daniel (*British Medical Journal*) publishes an account of a woman, now aged 37, who has been eighteen times pregnant and has aborted at between the fourth and seventh months of the last sixteen pregnancies. The first child was born in 1880, the second in April, 1882; they have grown up healthy. In 1882 the husband became a house painter. Lead colic occurred soon after, followed by paralytic symptoms. He has had to give up his work for months, but has always been obliged to resume it in order to earn his bread. In 1884 the wife aborted and fifteen abortions followed. Her health seemed to improve during the first month or two of pregnancy. Suddenly a kind of nervous attack would occur at night, a rigor with a sensation of fear. By the morning the breasts were found flaccid; within a week the dead fetus was expelled. Within a few days the patient felt well again. She seemed free from the symptoms which affected her husband and neither has been subject to tubercle, syphilis, or alcoholism.

MARYLAND

**Medical Journal.**

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BALTIMORE, SEPTEMBER 26, 1896.

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THE *Cleveland Journal of Medicine* asks if constipation is a disease and tries to show that it is. Constipation is a *Constipation*. condition and symptom which needs more attention than it usually receives and the old custom of clearing out the *primæ viæ* was one which should not now be allowed to fall into oblivion.

Dr. A. K. Bond, in a series of articles on complete purgation in this JOURNAL, shows how important it is to clean out the bowels thoroughly before beginning any course of treatment and how foolish it is to mistake constipation for malaria or typhoid fever. This subject may seem to be trite, yet how seldom are the bowels thoroughly cleaned out at the beginning of a disease.

Strong constitutions can stand almost any amount of purging and feel better afterwards, as anyone can testify who has given a large number of compound cathartic pills to a strong negro. They here have an opportunity to clean out a torpid bowel without danger of affecting a delicate nervous system.

In general it is a good plan to begin every form of treatment with a purge, but the physician who wishes to give entire satisfaction and earn gratitude should remember always to give the negroes a heroic dose. A diagnosis can hardly be complete until the living test tube has been cleaned.

Patients whose statements depart at all from the truth are very liable to be crooked when it comes to a mere question of the condition of the bowels. It meets with the same result as asking a patient how he slept. These variations from the truth are bound to occur. In the case, however, of constipation, the physician should give the purge and then this followed up by energetic treatment will give great satisfaction.

\* \* \*

By the middle of next week almost if not quite all of the medical schools of the country will have begun their *The Medical Schools*. work. The English medical weeklies devote one number each year to students visiting the medical schools of that country, Great Britain, with full information on hospitals, etc.

The last number of the *Journal of the American Medical Association* has in a feeble way imitated this custom and contains a short account of the medical schools of the country. It is a great satisfaction to note that the best schools have made visible advances and have not only lengthened but strengthened their courses.

The tendency on the part of the better schools is to raise the standard of admission to the point where educated men will begin medicine and also make the course so high that a long period of study will be necessary for its completion. The preliminary branches must be taught by books and lectures and the others may be followed in the laboratories and clinics. In some foreign schools the student is not allowed to attend clinical lectures until he has passed through a certain number of terms in the theory of medicine.

The happy-go-lucky method of studying is fortunately giving way to the carefully graded courses and the whole study of medicine is on a higher plane than ever before. If students would appreciate the necessity of a knowledge of Latin and Greek, as well as some experience in chemical and physical laboratories, before beginning medicine, there

would be fewer badly educated, illiterate physicians.

As most men will take the shortest road regardless of consequences, the schools should so agree, as many of them have, on a course of medicine which shall not be less than four years.

\* \* \*

IN view of the insufficiency of every artificial device (so evident in spite of most scientifically constructed modifications and mixtures of cow's milk and grains, and most elaborate statistics in their favor) so far devised in the world's history to take the place of mother's milk in the nurture of the infant, one cannot help wondering at times whether anyone is so philosophically constituted as to be concerning himself with the question why the maternal breast is so often defective and whether it can in anyway be prepared or forearmed for its important function.

In the *Deutsche Medicinische Wochenschrift*, August 20, Dr. Hegar of Freiburg considers some of the phases of this problem. While in Norway and Sweden nearly all children are suckled a long time, and the infant mortality is very low, in German and French cities, on the contrary, but few, perhaps an average of one-third, nurse their babies six months, and the mortality percentage is several times as great. He thinks the vigor in future life of the bottle-fed children can be proven to be far inferior to that of sucklings.

Defects in structure of nipple and breast he thinks are apt to be indexes of general constitutional imperfection, being seldom the only flaws of development present. No known method of remedying during fetal life such defects is known; attention to the general nutrition and body-freedom of the mother is about all that can be done during pregnancy.

It is impossible to secure for all women the bodily exercise and muscular toil that would make them vigorous mothers. Stirpiculture and crossing of races cannot be conducted at will. He thinks if the men make much of such things because of hereditary influence, the "modern woman" may retaliate by refusing to marry any young man unless he can furnish proof that he was a breast-fed babe.

JUST one hundred years ago Baltimore was "putting on the pants" of incorporation, boasting in that year 20,000 inhabitants, a patent for the first quack medicine of the United States, and 27 physicians. Public improvements were on the boom, and the medical men not yet blinded to sanitary necessities were shoving the boom along.

In bedside practice there was a felt need for better methods. That the use of medical theories as hobbies was as well-known then as now is shown by the report of one physician that he had drawn from a yellow fever patient 130 ounces of blood, given him 356 grains of mercury, and rubbed on him twelve ounces of mercurial ointment. But there were many who doubted, as now, whether such hobby-riding was worthy of the true physician.

At this time, just one hundred years ago, a quiet village practitioner was thinking about a casual remark uttered by a milkmaid—a remark which his older and more prominent professional brothers to whom he related it thought of no importance and had made up his mind after testing its veracity to put its principle to actual trial by a simple experiment which resulted in the greatest therapeutic advance that the world has ever known.

This centennial of Jenner's first vaccination—is it not in a deeper sense the centennial of the improved opportunity of a quiet country practice, of the noblest wedding of reflection and clinical observation that the medical side of practice has yet achieved?

Before the thoroughly trained physician of the coming century, however unpromising his location, there still lie open untold possibilities of noble medical achievement, demanding only the attentive thoughtfulness and undaunted courage of an earnest man for their grasping.

The discovery of Jenner is additional testimony to the efficacy of strong powers of observation in comparison with modern scientific facilities.

Here a man of brains and thought sees what many before him had passed by blindly. Many men at the present day with eyes open wide and with microscope and culture tube fail to see as much as the keen observer with few opportunities.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 19, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		7
Phthisis Pulmonalis.....		19
Measles.....		
Whooping Cough.....	1	
Pseudo-membranous Croup and Diphtheria. }	8	3
Mumps.....		
Scarlet fever.....	5	
Varioloid.....		
Varicella.....	1	
Typhoid fever.....	19	7

Colorado is said to have 918 physicians.

The City Council of Baltimore desires more light on the subject of garbage disposal.

Pawtucket (R. I.) is endeavoring to reorganize its health board and put on only medical men.

Dr. John S. Fulton has succeeded Dr. James A. Steuart as Secretary of the State Board of Health.

The Hospital for Women of Maryland, which is closed every summer, has opened for the winter's work.

It is said that the impure drinking water of Chicago may force the Board of Health to close the public schools.

Dr. H. P. C. Wilson, who was so ill last winter, has returned from his summer trip greatly improved in health.

During the year 1895, Rockville, Maryland, with a population of between thirteen hundred and sixteen hundred, had only thirteen deaths.

"Hatches, Matches and Despatches" is the name of an interesting statistical article in the *Pall Mall Magazine* on the births, marriages and deaths in Great Britain.

It is proposed to found a library in connection with the British Medico-Psychological Association in memory of the late Dr. D. Hack Tuke. Subscriptions may be sent, among others, to Dr. Charles G. Hill of Baltimore.

It is said that Dr. John B. Hamilton, the talented editor of the *Journal of the American Medical Association*, has been ordered as surgeon to the Marine Hospital Service, to leave Chicago for San Francisco. This would be a serious blow to the *Journal*.

Dr. Randolph B. Carmichael of Washington, D. C., has been elected clinical professor of dermatology in the Columbian University, Washington, D. C. Dr. Carmichael has also received an appointment in charge of the dermatological department of the Emergency Hospital in that city.

The Mississippi Valley Medical Association has elected the following officers: President, T. Hunt Stuckey, Louisville; Vice-President, Chas. A. Wheaton, St. Paul; Second Vice-President, Paul Paquin, St. Louis; Secretary, Henry E. Tuley, Louisville. The place of next meeting is Louisville, Kentucky.

Mr. Charles Wood Fassett, the publisher of the *Medical Fortnightly*, has established a Bureau of Information and Publicity for the Medical Press, which means that this bureau will represent journals at medical societies, obtain reports and solicit patronage. The work is an enterprising one and well worthy of the originator.

The Hull gift of \$1,000,000 for biological laboratories for the University of Chicago has been supplemented by the proffer of \$500,000 worth of property for a biological station. The donors are Mrs. Edward Roby, E. A. Shedd and C. B. Shedd. The University will be enabled to control all the land and water it desires of the three thousand acres around Wolf Lake and the channel connecting it with Lake Michigan. Most of the necessary buildings for dormitories will also be given if the offer is accepted.

The *Charlotte Medical Journal* has evidently filled a want and proven a great success, for its reading and advertising patronage have increased markedly in the past few years. To keep pace with these, the editors and publishers have increased the amount of reading matter, giving articles of great merit. Its circulation is not only large but extensive. It is said to contain more reading matter than any other medical journal published in this country. Drs. Register and Montgomery, the editors and proprietors, deserve credit for their great undertaking.



## Book Reviews.

HEMORRHOIDS AND OTHER NON-MALIGNANT RECTAL DISEASES; Diagnosis and Treatment. By W. P. Agnew, M. D. Third Edition. San Francisco, California: Pacific Press Publishing Company. 1896.

This book is a small volume of 213 pages and is chiefly devoted to the advocacy of the carbolic acid injection in the treatment of hemorrhoids. The solution used by Dr. Agnew for this purpose is as follows:

℞.—Plumbi acetat.  
Sod. biborat. āā ʒii.  
Glycerin, ʒi.

Mix in a graduate, pour into a two ounce vial and let stand for twenty-four hours. Take—

℞.—Acid carbolic cryst. ʒi,  
Aq. destillat ʒii.

Mix this and add enough of the glyceride of lead to make ʒii.

The amount to be injected varies with the size of the tumor, but a sufficient quantity should be injected to "permeate the entire substance of the tumor." The author claims better results from this method than from any other.

The chapters on the other non-malignant diseases of the rectum are all interesting and give evidence of conscientious work on the part of the author. There are also short chapters on carbolic acid and cocaine, with various useful formulæ for the hypodermic treatment of hemorrhoids.

## REPRINTS, ETC., RECEIVED.

The Treatment of Cancer of the Rectum. By Lewis H. Adler, Jr., M. D. Reprint from the *University Medical Magazine*.

Technic of Abdominal Salpingo-Oöphorectomy without Pedicle. By T. J. Watkins, M. D. Reprint from the *Medical News*.

External Hemorrhoids, with Special Reference to their Treatment. By Lewis H. Adler, Jr., M. D. Reprint from the *Therapeutic Gazette*.

The Causes and Mechanism of Retroflexion and Retroversion of the Uterus. By Hunter Robb, M. D. Reprint from the *Cleveland Medical Gazette*.

Further Observations upon the Treatment of Certain Pus Tubes by Drainage through the Vagina. By J. Mason Hundley, M. D. Reprint from the MARYLAND MEDICAL JOURNAL.

## Current Editorial Comment.

### THE WOMANLY WOMAN.

*Alabama Medical and Surgical Age.*

LET us hope, though, that the race of the old-fashioned womanly woman is not to be immediately extinct. Let women pride themselves on being good wives and good mothers. Laying aside, as rather out of date, the commands for woman to obey man in all things, it certainly is still not inconsistent for woman to obey her highest instincts, which are maternal.

### METRIC "SPELLING BEE."

*Bulletin of Pharmacy.*

THERE is no longer any question as to the correct spelling of the metric units in any country in which the metric system has been actually adopted. It is only in England, which has not adopted it, that the curious notion prevails that the French spelling is really a part of the system itself—unless the people of France and Belgium should be of the same opinion.

### THE PROFESSIONAL HYPOCRITE.

*Atlanta Clinic.*

YOU can scarcely go to a city, town or village without finding several physicians who will not speak to each other, and under no avoidable circumstances would they meet in consultation. Invariably there is just cause for this condition, and in almost all cases this demon of hypocrisy has been responsible for the strained relationship. A community could withstand the ravages of small-pox or yellow fever more patiently than many of these hypocritical practitioners of medicine.

### CONSUMPTION IN HOSPITALS.

*Northwestern Lancet.*

THAT consumption is a communicable disease is well-nigh universally admitted by medical men, and should be generally understood by the public, but with this knowledge should go the further understanding that the danger of contagion is but slight, and may be absolutely controlled with ease, that is, by caring for the sputum in pulmonary cases and for the alvine discharges in the intestinal form of the disease. But experience proves that it is much easier to arouse public apprehension of danger than it is to control it when once aroused. Like a prairie fire, it is easily kindled, and under ordinary circumstances may be kept within bounds, but let it once get beyond a certain limit and there is no restraining it.

**Publishers' Department.**

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**Convention Calendar.**

SEPTEMBER							OCTOBER							NOVEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
..	..	1	2	3	4	5	..	..	..	1	2	3	1	2	3	4	5	6	7	
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
27	28	29	30	..	..	..	25	26	27	28	29	30	31	29	30	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

**State Societies.**

**SEPTEMBER, 1896.**

IDAHO, at Boise City. W. D. Springer, M. D. Secretary, Boise, Idaho.

**OCTOBER, 1896.**

1-2. UTAH, at Salt Lake City. J. N. Harrison, M. D., Secretary, Salt Lake City, Utah.

13-15. NEW YORK, at New York. E. D. Ferguson M. D., Secretary, Troy, N. Y.

13-15. TRI-STATE, of Alabama, Georgia and Tennessee, at Chattanooga, Tenn. Frank T. Smith, M. D., Secretary, Chattanooga. J. B. Murfree, M. D., President, Murfreesboro, Tenn.

15-16. VERMONT, at St. Johnsbury. D. C. Hawley, M. D., Secretary, Burlington, Vt.

**NOVEMBER.**

27. NEW YORK STATE ASSOCIATION OF RAILWAY SURGEONS, at New York City. C. B. Henich, M. D., Secretary, Troy.

**National Societies.**

**SEPTEMBER, 1896.**

22-24. AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, at Richmond, Va.

23-25. AMERICAN ACADEMY OF RAILWAY SURGEONS, at Chicago, Ill.

29-30. AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION, at Boston, Mass.

**NOVEMBER, 1896.**

10. SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION, at Nashville. W. E. B. Davis, M. D., Secretary, Birmingham, Ala.

16-19. PAN-AMERICAN MEDICAL CONGRESS, at City of Mexico, Mexico.

**PHARMACEUTICAL.**

I HAVE prescribed Peacock's Bromides advantageously in a number of cases of dysmenorrhea, uterine congestion, and difficult dentition in infants, and always with the most happy results.— JAS. B. KERSEY, M. D., Herbst, Ind.

W. IRVING HYSLOP, M. D., 4408 Chestnut St., West Philadelphia, Pa., says: I have used Celerina quite largely, both in private and hospital practice, and with gratifying results. It is void of repugnant taste and readily retained by the stomach. My experience with Celerina has been confined chiefly to its use in nervous diseases, particularly loss of nerve power, and the opium habit, in which conditions it has served me well, and I shall continue to prescribe it both in private and hospital practice.

**INDIGESTION, ERUCTATIONS, DYSPNEA.—**

Dr. Alfred E. Meyer says he has been using Maltine with Wine of Pepsin at the New York Polyclinic and also at the West Side German Dispensary in his gynecological clinic with signal advantages with women who are suffering from chronic indigestion, and he also gave it a trial in his private practice. One patient, a lady who had for years had frequent attacks of indigestion, received so much benefit from its use that he decided to report the case. The attacks usually came on about an hour after eating, the symptoms being great distention of the abdomen and a feeling of soreness and dyspnea. The attack usually lasted from one to two hours. She had been put on various methods of treatment, not only on different preparations of pepsin and pancreatin, but also on dietetic treatment, without any marked or permanent benefit. After beginning the use of Maltine with Wine of Pepsin — a small wine-glass full after each meal — she did not have another attack. The remedy was continued and there appears to have been an entire mitigation of the disagreeable condition under which she had labored for so long, and this too without any special reference as to change of diet. It was noted that in taking a dose at the beginning of the treatment there were repeated eructations of gas and the uncomfortable symptoms were relieved in a very short time. Dr. Meyer says that he thinks that the combination of Maltine with Wine of Pepsin is a happy one.

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## Original Articles.

### THE ABUSE OF SURGERY.

#### GRAVE CHARGES AGAINST PARIS MATERNITIES. MANY THOUSAND USELESS OPERATIONS.

By C. W. Chancellor, M. D.,  
United States Consul at Havre, France.

FOR some time past protests have been heard against the frequency with which certain surgeons have performed the operation of ovariectomy on patients in the maternities of Paris and other cities in France, and it is now openly charged that in many cases of the kind the unfortunate patients have been sacrificed to the love of science; or, worse, the love of money.

A talented young physician, Dr. Canu, has recently been investigating these charges, and he finds from a study of the statistics that the practice has increased enormously in France during the last decade. He states that 40,000 women in Paris alone have been subjected to the terrible operation of ovariectomy or hysterectomy since 1883, and he estimates that fully 500,000 in the whole of France have thus been deprived of the blessing of bearing children. At the St. Louis in Paris 777 women have been subjected to the operation within the last five years, and at the Broca a still greater number. In nearly all the institutions *de l'Assistance Publique* the operation is practiced to a greater or less extent. It is estimated that in Paris, two or three thousand women are annually condemned, by the gynecologist's knife, to sterility.

These figures are certainly frightful, and would seem to call for a repressing hand; but the practice is still more alarming when we consider the results of this delicate and dangerous operation, which until recently was only resorted to in extreme cases involving the question of life or death, and never for the purpose of relieving some nervous dyscrasia, or prurient perversion of nature.

It is stated by Dr. Canu, that of 102 women operated on at St. Joseph's, Paris, all of those who escaped death are today in a more deplorable condition of health than they were before the operation. In a majority of the cases the nervous condition, which the operation was intended to relieve, has been augmented; in others the sense of sight or smell, or some other sense, has been affected, and nearly all the patients have been left in a more or less enfeebled condition, while the number cured or benefited can be counted on the fingers of one hand.

Dr. Canu states that not more than four per cent. have derived any benefit, and even in this small percentage the relief was doubtful. In 96 per cent. the operation increased the abdominal or nervous trouble, caused insomnia, nau-

sea, palpitation of the heart, gastric troubles and premature senility. Apparently the operation was performed in a number of cases on a false diagnosis, too hastily made. In one case, at least, it is related, a young woman was persuaded that she had a rapidly growing ovarian tumor which unless removed would soon cause her death; but it was discovered, after the operation, that she had an embryo of three months.

But that which is most revolting is the fact that the operation is frequently performed without the consent of the patient, and sometimes against her formally expressed wishes. The husband of one of the victims made the following statement: "My wife was subjected to the operation of ovariectomy at Necker in 1891 by Doctor X., who informed neither her nor myself of the nature of the operation. It was only after the operation that we were made aware of the severe nature of the treatment, from which she derived no benefit. Five months after leaving the hospital she had to return, in a worse plight than when she entered it. We considered the operation a great misfortune."

In another case cited by Dr. Canu, the chief of the clinique stated that only a slight operation would be necessary; but ovariectomy was performed without informing the patient or her friends of the character and consequences of the operation. The husband states that five or six days after his wife inquired of the interne what had been done. The interne evaded the inquiry by replying that it was not proper for her to know.

"I have been operated on at Broca," said Madame M., "by doctor W., who did not make known to me the nature of the operation he intended to perform, nor its consequences. I was only informed when I asked the signification of the word 'ovariectomy' written on the placard attached to my bed."

Again, Mademoiselle L. relates: "I was operated on at Beaujon in 1894. Although I had emphatically objected to ovariectomy, it was with grief that I learned, after recovering from the effects of the anesthetic, that I had been ren-

dered sterile, and against my wishes. The operation has given me no relief; indeed, my physical sufferings have been augmented, and I am left without passion and without hope."

It appears from the statement of Dr. Canu that nearly all the patients made similar declarations. All said they were ignorant of the nature of the operation, and censured the doctors who had condemned them to sterility without curing them. The husband of one of the victims, widowed without being a widow, has protested energetically against the rashness and irresponsibility of the French gynecologist.

Professor Pichevin has said: "The abuse of ovariectomy is only one chapter in the long history of the misdeeds committed under the cover of anesthetics;" and this view seems to be confirmed by the disclosures made by Dr. Canu concerning the epidemic which has destroyed the fecundity of such a large number of French women, and that, too, at a time when the political and social conditions of the country calls loudly for an increase of population.

It is not alone the personal sufferings occasioned by such heroic measures that should condemn them; they result in a serious loss to the body politic, for the emasculation of 500,000 women, mostly in the prime of life, has undoubtedly had much to do with the alarming depletion of population which now confronts the French nation.

But this is not all. It has been found that the practice sometimes involves a question of public morals as well as public policy.

The Paris *Rappel* has given to publicity the following case: "A young woman was recently operated on under these circumstances. Raised by a very rich old aunt, she forgot her obligations to virtue and became enceinte and gave birth to a child, detested at first, but soon loved. The young woman married after awhile and would have inherited the aunt's fortune, but the aunt specified in her will that her fortune should go to the children of the niece, legitimate and illegitimate, born or to be born. The little bastard died soon after the

death of the aunt and the birth of another child would have dispossessed the mother of the property. The woman was notoriously hysterical and through the machinations of the husband she was operated on 'to suppress the nervous crises' and of course bore no more children."

If science congratulates itself upon such "mysteries" it is indeed easily contented; but this may be at best only a matter of opinion. It is, however, worthy of grave consideration whether

a practice which has been attended with such evil consequences, both to the State and to society, should not be prohibited by statute law, or at least placed under the most stringent control. In France there is apparently a move in this direction and the gynecologist, hitherto king among suffering women, must soon surrender his bloody scepter to the more rational and efficient methods of the hygienist. An ounce of hygiene is better than many pounds of a meddling gynecology.

## THE TREATMENT OF CONSTIPATION BY MASSAGE.

*By Maurice Steinberg,*

Late Assistant to Dr. Mezger of Amsterdam.

### SECOND PAPER.

FOR constipation, massage is certainly one of the most powerful therapeutic agents at our command. Pétrissage of the abdomen is the best method, care being taken to make the requisite manipulation in the direction of the ascending transverse and descending colon.

It should be associated with different varieties of tapotement, the flat open hand, the hand partially closed, so as to form an air cushion, and the margins of the hands being employed according to circumstances. Vibratory movements are in addition resorted to in obstinate cases. Years ago Piorry advocated a mode of treatment for constipation, which is not essentially different from that now described.

Averbech says, "Disorders of the digestive apparatus, and especially constipation, constitute one of the most marked indications for the employment of massage. When there are no complications, but the symptoms due to disordered secretion, one can always effect a cure in one or two months, or at the utmost, three or four months." Speaking from my own experience, I should say that the effects were remarkably good.

Massage answers admirably for women who suffer from this condition, especially when there is a lax condition of the walls of the abdomen resulting

from frequent pregnancies. It is of the greatest service too, in constipation, associated with obesity, and in that form of constipation which frequently results from taking too little exercise. It probably acts in three ways.

1. By increasing the intestinal and other secretions.

2. By stimulating the peristaltic action of the intestines.

3. Mechanically by pressing the accumulating feces towards the rectum.

These are the most physiological factors concerned in abdominal massage. It exerts an influence upon the circulation of the blood in its totality upon secretion, the appetite, the digestion and upon the function of assimilation, upon peristaltic action, and on defecation, upon the interchange of material in the intestinal epithelium, and finally, and not least of all, upon the nutritional condition of the muscularis mucosae. It is obvious, therefore, that the therapeutical capabilities are great.

From a practical point of view, also, abdominal massage is of great importance in the treatment of certain stomach diseases, particularly those that are among the most common concomitants of civilized life. I have characterized the influence of abdominal massage upon the muscular coat of the intestines as

one of its most influential effects because the muscularis is gradually strengthened through the oft repeated stimulation of the massage; and it is just those affections in which disturbances in the functions of the muscularis play the principal part, that abdominal massage is most obviously useful.

In dilatation of the stomach, and above all, in habitual constipation, depending on atony of the colon, abdominal massage commonly promises better results than any other treatment whatever, when no contraindications exist. Since we often have to do in these cases with an atonic condition which is more or less common to all parts of the digestive canal, it is almost always best to manipulate it throughout its whole extent, when it is accessible, though the most labor is to be expended upon that portion which stands in greatest need of treatment.

In simple atony of the colon we begin thus over the cecum and follow the course of the whole viscus, and working alternately with both hands, spend some time on each portion, till we gradually reach its lower part, and arrive at the symphysis. But we must not omit to bestow a part of our labor on the stomach and the small intestine. In cases of dilatation of the stomach, we devote ourselves to the stomach chiefly, but ought not to omit completely the above described treatment of the colon.

One may undertake the sittings at almost any time, but should avoid giving them too soon after a meal. The best time is just before a meal. The sittings should last at least a quarter of an hour.

During the early days of treatment, it will be uncomfortable for the patient, and cause tenderness of the abdominal wall, a condition that will pass away very soon. When the alterations are not too profound, massage is our very best remedy, and without doubt has greatly increased the probability of our being able to restore patients in this condition to sound health. In fact, in cases of simple atonic constipation, generally when massage is employed in these cases, passages of the bowels begin in

the course of a few days, frequently after the first treatment. Still, even here we must prepare the patient at the outset for a rather protracted course of treatment, one that may last for several months, before such a result shall become permanent; otherwise, the patient is liable to gradually relapse more or less completely into his former condition.

In severe cases, the massage should not be discontinued until daily stools have been continuously regular for a month or two; after that it may be better to let the patient have massage every other day for a considerable time. Obviously the prospect of recovery is most favorable for lean patients with thin abdominal walls.

Corpulent patients do not constitute very hopeful cases, and it is better to put them through a "flesh reducing treatment" before we begin to give them abdominal massage.

When the constipation ceases, the patient's condition in other regards changes for the better, as we know; the appetite is increased, the flatulence, which is often extremely troublesome, is diminished and the general nutrition of the patient is heightened; the patient's physical condition, which is frequently very trying, may be strikingly improved.

Miss N., aged 22, cashier, was sent to me. She had suffered from chronic constipation for four years. Her bowels moved but once in four or five days; she had tried all kinds of cathartics, also injections, etc., but found no relief. When she came to me she was in a very bad condition. I took her under my charge and after undergoing abdominal massage for five days, she had a passage and three days afterwards had another passage and so on, until the bowels began to move regularly. After three months' treatment she gained in flesh, health and appetite and was completely restored to her former health. The treatment which I applied was as above mentioned.

Mr. O., aged 35, was sent to me, stating that he was confined in his office a great deal, took very little exercise, suffered with indigestion and chronic

constipation. After being under my treatment for a week he had a regular evacuation of the bowels every third day and after two months' treatment was discharged, cured, having a regular passage daily.

Dr. Bueler recently delivered an address at a meeting of the Medicinischer Pharmaceutischer Bezirksverein von Bern, on the treatment of "Habitual Constipation by Abdominal Massage," in which he recorded his personal experience of twenty cases, treated according to this method.

Eighteen patients were permanently cured; in one a relapse occurred in two months, and in another, a case of chronic gastro-intestinal catarrh, with dilatation of the stomach, the constipation still persists, though all digestive disturbances have disappeared under the influence of a periodical evacuation of the stomach by means of manipulating in the epigastric region. A cure was usually effected in from four to six weeks and after from twelve to twenty-five sittings. No untoward symptoms were observed, even when the treatment was carried out on people advanced in years.

Dr. Bueler lays great stress on the fact that massage is not simply one therapeutic agent, but a combination of several factors, powerful for good, or fraught with danger, according to circumstances. The physiological effects of massage in the treatment of constipation may, he says, be classified as follows:

1. The mechanical action, which is the most important of all and is not limited to the gastro-intestinal contents, but extends also to the large abdominal secretory organs, removing obstructions of their ducts. This is shown by the success of massage in cases of fecal accumulation of jaundice, due to obstruction of the common bile duct, ileus, invagination, volvulus, etc. These mechanical effects are best produced by pétrissage, which breaks up impacted fecal matters, and by effleurage, which facilitates the excretion of materials loosened by the former manipulation.

2. The reflex effect of massage is shown by contraction of the involuntary muscular tissue of the intestine, which

follows stimulation of the abdominal parietes. This effect is best produced by tapotement. Many cases of habitual constipation can be cured by manipulations of this kind alone. This is well illustrated by Dr. Bueler's case of a student who had suffered from constipation for five years and who was permanently cured after a course of treatment of eight weeks' duration, the tapotement being resorted to three times a week.

3. The thermic action is shown by von Mosengeil's experiments. This action is called to the treatment of constipation by the application of hot poultices to the abdomen and to certain hydro-therapeutic measures.

4. The chemical action is more hypothetical. It is suggested that abdominal massage, whilst causing marked hyperemia of the local integuments, gives rise to an arterial anemia and venous hyperemia of the peritoneum with an accumulation of carbonic acid in the intestinal circulation leading to increased peristalsis.

"The problem of the practitioner in every individual case of constipation," says the author, "is to find out which of the therapeutic elements of massage is most suitable and promising; whether the procedure must aim only at strengthening the tonicity of the abdominal muscles, or must act mechanically, or in a reflex or thermic manner."

This question being settled, the procedure can be considerably simplified by omitting all unnecessary manipulations. The author strongly condemns the routine practice of massage in all cases, without discrimination, and insists on the strictest adaptation of the treatment to each particular case.

Manipulations which lead to a rapid cure in one group of cases may be followed by injurious consequences in another. Thus in the cases of chronic constipation due mainly, if not entirely, to weakness and flabbiness of the abdominal walls, as in women who have borne many children, or in men advanced in years, with big, pendulous abdomens. Such manipulations as forcible separation of the abdominal recti by the insertion of the tips of the fingers between

the edges of the muscles along the linea alba are indicated.

The muscles contract forcibly and this action may be intensified and prolonged by transverse effleurage in an outward direction from the median line. Concurrently with this, the diaphragm should be strengthened by deep inspirations, performed forcibly and regularly, as in the practice of artificial respiration.

On the other hand, in cases of constipation due to atony of the intestine, such as occur in persons of sedentary habits, the treatment must consist of gentle, gradually intensified and more powerful effleurage, followed by moderately strong

tapotement with the palm of the hand. In constipation due to dyspepsia, complicated perhaps with dilatation of the stomach, the manipulation should consist of effleurage, limited to the gastric area. Two cases of this kind, treated in this way twice a week, were permanently cured in a month.

The massage must be similarly localized in cases of fecal accumulation in the cecum, or sigmoid flexure.

In habitual constipation, dependent on cerebral or spinal neurasthenia, especially common in hypochondriacal or hysterical subjects, only such procedures as tapotement and effleurage are indicated.

#### PREGNANCY DIAGNOSED BY THE URINE.

Dr. WILLIAM E. PARKE, in following Dr. William D. Gray of Richmond, Va., states in the *American Gynecological and Obstetrical Journal* that he can make a positive diagnosis of pregnancy where it existed, within twenty days after conception, by certain changes in the microscopical appearance of the urinary phosphates.

The normal triple phosphate is stellate and markedly feathery. Soon after conception the feathery parts begin to disintegrate, takes on the crystals, approach to normal and at term are normal.

Dr. Gray's directions for preparing the urine for examination are as follows: Take about one inch and a quarter of the suspected urine in a small test tube and add about one-third as much of Tyson's magnesian fluid as there is of urine. This will throw down the triple phosphates in fifteen or twenty minutes and furnish the necessary material for microscopic examination. Tyson's fluid is composed of one part each of the muriate of ammonia, aqua ammonia and sulphate of magnesia and eight parts of distilled water. Dr. Parke recapitulates as follows:

When conception occurs the triple phosphates in the urine change in form. They lose their feathery appearance, the change beginning at the

tip and progressing toward the base. One side only may be affected, or both, leaving only the shaft and perhaps a few fragments adhering. The shaft assumes a beaded or jointed appearance. These changes commence within twenty days after conception and are most marked in the early months and almost absent in the later months. When the death of the fetus occurs, the phosphates resume their normal appearance. This observation I have not had the opportunity of confirming.

*Conclusions*:—1. The change in the urinary phosphates pointed out by Dr. Gray occurs in a very large percentage of pregnant women.

2. This change is not equally pronounced in the urine at the same period of gestation in different women nor at consecutive examinations of the urine of the same woman.

3. When recognized it forms a strongly presumptive evidence of pregnancy.

4. This sign is recognizable very early. (Dr. Gray, in a personal letter to me, states that he has made many diagnoses as early as ten days after conception.) It is therefore of the greatest value when other signs are of the least value, or not present at all.

5. A diagnosis of probable pregnancy can be made without a physical examination or without exciting the suspicion of the patient.



## Medical Progress.

### RECENT PROGRESS IN NEUROLOGY.

By George J. Preston, M. D.,

Professor of Physiology and Clinical Professor of Nervous Diseases, University of Maryland.

MUCH, or perhaps it would be better to say most, of the recent work in neurology has been along the lines of neurohistology and consequently not of very great interest to the general practitioner. As a matter of fact, physiology has not yet caught up with the newer histology, and many of the discoveries are as yet without any physiological significance. Without in any way belittling the interesting and important work that has been done during the past year in neurohistology, it may be said that the introduction of a new and rather cumbersome nomenclature has had rather a tendency to magnify the actual value of the work.

There have been no very valuable recent additions to the therapeutics of nervous diseases. Craniectomy has quietly dropped into a merited oblivion along with suspension and other forgotten fads that flourished only a few years ago, and "organo-therapy" is likely, with perhaps the exception of thyroid extract, to follow the same path.

Dana (*Post-Graduate*) reviews the various remedies that have from time to time been vaunted as specifics in the treatment of tic douloureux. His experience is that surgical interference gives, in many cases, only temporary relief. The treatment that Dana has found most efficacious is—

1. The hypodermic injection of massive doses of strychnia.
2. The administration of iodide of potassium in moderate doses, together with tonics, especially large doses of the tincture of the chloride of iron.
3. Rest in bed, with light diet and diuretics.

The strychnia is given hypodermically in one daily dose, beginning with  $\frac{1}{30}$  gr. and slowly increasing this until by the fifteenth or twentieth day  $\frac{1}{6}$  to  $\frac{1}{4}$  of a grain is administered. In many cases stiffness of the neck, jaws and legs ap-

pears before these large doses are reached.

After giving the maximum dose for a week the quantity of the drug is gradually diminished until the original commencing dose is reached. The patient is then put upon iodide of potassium, 5 grains three times daily, and this is increased up to 20 grains. In addition to this tincture of the chloride of iron, 20 to 30 minims, is given. Absolute rest seems to be of distinct advantage in some cases.

This paper, with illustrative cases, is worthy of consideration, since both physician and patient is rather too apt just now to think of surgical interference as a comparatively easy and absolutely certain means of relief. The experience of the past three or four years has shown that neither of the foregoing attributes can with truth be predicated of this operation, since it is both dangerous and uncertain. Hence it follows that a case of obstinate tic douloureux should receive careful and intelligent treatment before submitting to operation. Unfortunately the treatment usually consists in some mild anodyne at first and later opium.

In the same periodical which contains the above article is to be found a paper by Dr. Joseph Collins which is somewhat startling, and which will hardly be generally accepted. It may be said that this paper was read at the last meeting of the American Neurological Association and provoked very little adverse criticism. It is more than doubtful whether the general practitioner will give it such a ready acceptance. The conclusions are as follows:

1. Exudative and degenerative diseases of the nervous system, due to syphilis, are most liable to show themselves at the end of the third and the beginning of the fourth decade of life.
2. Thorough and prolonged administration of anti-syphilitic remedies during the activity of the virus does not seem to materially prolong this time limit.
3. That active and prolonged anti-syphilitic treatment does not seem to prevent the development of such diseases as locomotor ataxia and general paresis. And further, that the cases in which

syphilis is confessed, and in which treatment has been most desultory and incomplete, are not more liable to the early development of the severe manifestations of either of these two diseases than those in which the treatment has been all it should be.

4. That the administration of anti-syphilitic measures in the most approved way does not fulfil the requirement of cure, and that syphilis is often an incurable disease.

Klippel and Dumas (*Archives Cliniques de Bordeaux*) conclude from studies upon the vascular system of a large number of cases of general paresis that the condition of exaltation and self-satisfaction, so characteristic of this disease, is due to paralysis of the vaso-constrictors, with consequent vaso-dilatation, and also that the opposite condition, that of depression, is never met with during the stage of vaso-dilatation. These observations, if correct, would go far toward confirming the views of Lange, that the various emotions were dependent upon vaso-motor changes.

An interesting case of Landry's paralysis is related by Remlinger (*Journal de Neurologie*). The autopsy showed no distinct lesion in the cord, but there were chains of streptococci in the region of the anterior horn. It is more than probable that some of the acute affections of the nervous system, both central and peripheral, are due to the action of certain micro-organisms. Furthermore, it is quite probable that certain of the subacute or chronic cord diseases may have had their origin in an acute infection.

\* \* \*

EXTRA-UTERINE PREGNANCY. — Dr. Elisha S. Boland, who is a general practitioner of South Boston, has recorded in the *Boston Medical and Surgical Journal* his experience with, and impressions of, extra-uterine pregnancy from the standpoint of the general practitioner. He had five cases, of which the following is an analysis with his conclusions :

An analysis of these five cases shows that only three had been conscious of any pelvic trouble. All but one had borne children. Three had had from

one to six miscarriages. All but one were wives of workingmen and from necessity led active, busy lives. One was in poor health. Their ages ranged from twenty-six to forty years. In all there had been between conception and rupture, menstrual irregularity, that is, the individually usual quantity, quality and date were changed and the dark, shreddy, scanty, tedious discharge of decidual debris, with probably some menstrual fluid, deceived and confused the patients.

In all the event of rupture was marked, sudden and utterly prostrating. In all the pain was excruciating, calling for full doses of morphine subcutaneously. In all five the pregnancy developed in the tube. In four peritoneal collapse was marked. In all the physical signs of effused blood in the peritoneal cavity were easily made out by palpation and percussion.

I believe that, without operation, four of these cases would have died before reaction from the shock and hemorrhage. In the exceptional case, the bad general state and the large amount of effused blood would have made her recovery, without operation, doubtful and slow at best.

The time of detention in the hospital after operation ranged from twenty to forty-two days, but three were out inside of a month.

My experience in these five cases of extra-uterine pregnancy seems to warrant me in offering the following postulates :

1. Extra-uterine pregnancy is more common than is generally supposed.

2. Inter-peritoneal hematocoele is almost always the result of a ruptured extra-uterine pregnancy.

3. Diagnosis of extra-uterine pregnancy in the pre-placental period, before rupture, is uncertain and seldom urgent and if a diagnosis is made, the time for operation can be selected to suit attending circumstances.

4. Diagnosis after rupture should be made by the general practitioner. It is easy and of greatest urgency in view of prompt interference.

5. Prompt laparotomy after rupture is the only safe and conservative course.

6. The condition of peritoneal collapse, that is, shock and hemorrhage, is no bar to immediate and successful operation.

7. The operation of laparotomy for extra-uterine pregnancy is comparatively easy and the mortality from it is low.

8. The after-effects of the operation are milder in extra-uterine pregnancy than in laparotomies for appendicitis, pus tubes, uterine fibroma, or ovarian cystoma, and do not involve sterility.

\* \* \*

A NEW OPERATION FOR PROLAPSE OF THE UTERUS.—Jacobs (*British Medical Journal*) recommends the following operation, which he calls "*colloplexie ligamentaire*," for prolapse in women of forty to fifty years, who have been too frequently confined. After disinfection of the vagina and curettage of the cervix, the vagina is plugged and he performs a partial abdominal hysterectomy by amputating the uterus a little above the internal os, not circularly, but by an anterior and posterior flap, leaving enough peritoneum to cover the stump. After applying chloride of zinc to the collum, the flaps are united by a continuous suture and the peritoneum by another. The upper part of the stump is then secured on either side to the upper part of the broad ligament by several sutures, so as to draw the collum well up in the pelvis. In the single instance in which he had operated in this way the uterus was sound, but if desirable the collum might be amputated before the celiotomy, or after total abdominal hysterectomy the broad ligaments might be fastened directly to the vagina.

\* \* \*

NEPHRITIS IN INFANTILE SCURVY.—As hemorrhage into the internal organs (and among them the kidney), with albuminuria, is a prominent symptom of infantile scurvy, Dr. John Jenks Thomas gives as his opinion in the *Boston Medical and Surgical Journal*, that nephritis is of common occurrence in infantile scurvy.

He thinks that kidney trouble of greater or less severity would probably be found in all or nearly all of the cases

of infantile scurvy if a microscopical examination be made during the early stages of the disease and from his cases he draws the following conclusions :

1. In infantile scurvy the kidneys are probably affected in a large proportion of the cases, at least during the acute stage of the disease.

2. That in this disease the catarrhal nephritis is probably caused by the effect upon the kidneys of the presence of an irritant in the blood and that this irritant is probably that which by its effect upon the renal walls produces the hemorrhages.

3. That cases of infantile scurvy occur in which the renal symptoms are the first, or perhaps the only ones observed.

4. That in suspected cases of infantile scurvy the condition of the urine may enable the physician to come to a decision, or to make a diagnosis much earlier than would be otherwise possible, thus allowing him to save the patient, in some cases, from the severer symptoms of the disease.

\* \* \*

THE TREATMENT OF HEMOPTYSIS.—The treatment of hemoptysis must be prompt to be effective. Dr. R. H. Babcock, in the *International Medical Magazine*, arguing from an anatomical and physiological standpoint, says that it is probable that ergot not only does not produce contraction of the pulmonary capillaries, but, through its contraction of the systemic arterioles, raises blood-pressure within the pulmonic system and tends to aggravate hemoptysis. The application of ice is local and not always effective.

He thinks that the surest method of contracting the pulmonary blood-vessels is by lessening the amount of blood flowing through them, that is, by dilating the systemic arterioles, which he calls "bleeding the patient into his own blood-vessels." For this he uses aconite and veratrum viride.

In conclusion he employs the following treatment: For the hemoptysis of active hyperemia I quiet the cough, preferably by phosphate of codeine, by hypodermic injections or by the mouth; prescribe syrup of ipecac in frequent

doses until nausea is produced and order an efficient but not severe aperient, preferably Hunyadi or Rubinat water. If the hemorrhage be within a cavity and profuse, I order the immediate injection, hypodermically, of one-fiftieth or even one-twenty-fifth of a grain of sulphate of atropine. It is rarely my lot to reach the bedside during such an attack, but in cases in which profuse hemoptysis is likely to recur, I leave orders with the nurse to resort at once to this treatment. This dose promptly produces pronounced physiological effects, but is not dangerous and the increase of the heart's rate and vigor is offset by the vasomotor paresis occasioned, which diverts the blood to the periphery. It may be urged also that the effect of a full dose of atropine corresponds to that of the application of heat to the surface of the body.

Schueller's experiments with animals showed that contraction of the internal vessels promptly follows the application of heat to the integument, as of the abdomen. It may be that the flushing of the skin caused by atropine acts like the application of heat by producing contraction of internal and, therefore, pulmonary vessels. If anything will promptly arrest pulmonary hemorrhage, I believe it is atropine administered in this way. The subsequent treatment is all directed to the maintenance of the effect obtained by the atropine and consists essentially of ipecac, codeine and laxatives in doses varying to suit the requirements of each case. It goes without saying that absolute physical and mental rest is insisted upon and the diet is light and unstimulating. In a word, I believe that when our efforts have been directed in keeping the lungs quiet and the blood in the periphery of the body, we have done all that can be done for the relief of hemoptysis; nature must do the rest.

\* \* \*

TREATMENT OF BOILS AND ANTHRAX WITH METHYLENE BLUE.—Trenite has recently recommended in the *Therapeutic Gazette* the use of methyl violet in the treatment of these conditions. He injects into the boil ten to fifteen minims of a solution of methyl violet in the

proportion of 2 to 1000 and asserts that a few hours after this has been done the pain disappears and that a cure is usually complete in about two days. He believes this treatment is also of value in cases of anthrax in which surgical intervention is refused or is impossible. Should a true carbuncle or anthrax be present, this author recommends that the necrotic area be slit open by means of a bistoury or tenotome and all necrotic matter removed before the injection is made. After the injection has been given the cavity is packed with iodoform gauze which has been soaked in a solution of hot chloride of sodium.

\* \* \*

TREATMENT OF PLACENTA PREVIA.—Baumm (*British Medical Journal*) recommends external version in placenta previa, that, the presentation being converted into a pelvic one, the hemorrhages may be arrested by drawing down and keeping up traction on a foot. The version is generally possible, as the placenta prevents the early engagement of the head; after it has been performed, if the os is not sufficiently dilated to admit two fingers, one must, when bleeding begins, apply a tampon and wait; if the genitals are relaxed, it is generally easy, even without an anesthetic, to bring down a foot and by moderate and steady traction to deliver the woman without further loss of blood. If the bleeding be severe and alarming, it is better to employ combined podalic version at once, or to apply a tampon before attempting external version.

\* \* \*

THE MIXED TOXINES IN THE TREATMENT OF INOPERABLE MALIGNANT TUMORS.—Dr. William B. Coley reports in the *American Journal of the Medical Sciences* 160 cases illustrating the therapeutic value of the mixed toxines of the streptococcus of erysipelas and the bacillus prodigiosus in the treatment of inoperable malignant tumors. This effect was first noticed in a case in which an accidental erysipelas caused great improvement in a person suffering from a malignant disease, and Dr. Coley also saw an accidental erysipelas entirely remove a recurrent small-celled sarcoma

in the neck of a man who seven years after this attack was entirely well without a return of the sarcoma.

The injection of the toxins gave better results than the pure culture, because in the use of the former the dose could be more exactly measured; it was also less dangerous and often the cultures themselves would not produce erysipelas when the toxins of the streptococcus would cause a characteristic erysipelas.

Knowing that the addition of the bacillus prodigiosus to the cultures of some organisms increased their virulence, Dr. Coley added this to the toxins of the streptococcus of erysipelas and this compound proves very efficacious. Later he grew the two germs together and used the combined toxins.

As a result of a careful study of his series of cases he draws the following conclusions:

1. The mixed toxins of erysipelas and bacillus prodigiosus exercise an antagonistic and specific influence upon malignant tumors, which influence in a certain proportion of cases may be curative.

2. This influence is slight in most cases of carcinoma (including epithelioma); most marked in sarcoma, but varies with the different types, the spindle-celled form showing by far the greatest influence.

3. The action of the toxins is not merely local in character, but systemic.

4. The toxins should be used only in clearly inoperable cases, or after primary operation to prevent recurrence.

5. The results will vary greatly with the strength of the preparation, the most virulent cultures giving the best results.

\* \* \*

LUMBAR PUNCTURE OF THE SUBARACHNOID SPACE.—Dr. A. H. Wentworth has been doing a large amount of experimental work on lumbar puncture of the subarachnoid space. He reports 29 cases in the *Boston Medical and Surgical Journal* and strange to say they are not experimented on rabbits, dogs or monkeys, but on helpless babies. His results, which he thinks will justify the means employed, are as follows:

1. The normal cerebro-spinal fluid contains neither cells nor fibrin and is perfectly clear.

2. In cases of meningitis, the cerebro-spinal fluid is invariably cloudy when withdrawn. The degree of cloudiness is to some extent proportionate to the amount and character of the exudation in the meninges.

3. The cloudiness is caused by cells. The character of the cells differs with the variety of meningitis. After withdrawal, more or less fibrin is formed in the fluid. The presence of these cells and fibrin is pathognomonic of inflammation in the meninges.

4. The cloudiness is oftentimes so slight that close observation is necessary to detect it.

5. The operation is not difficult to perform on infants and children. It is not dangerous, if strict cleanliness is observed.

6. The differential diagnosis between the various kinds of meningitis can be made by microscopic examination of the sediment, by cultures taken from the fluid and by inoculation experiments.

7. Inoculation experiments afford the surest means of determining tubercular meningitis. It is of value to distinguish between the varieties of meningitis in order to determine if tubercular meningitis is recovered from.

8. In the normal fluid, a faint trace of albumen is usually present, about one-fiftieth of one per cent. or less, by quantitative analysis. In meningitis, the amount of albumen is increased and has varied from one-thirtieth to one-tenth of one per cent.

9. In one case a diagnosis of general infection with the staphylococcus pyogenes aureus was made from cultures taken from the cerebro-spinal fluid.

\* \* \*

PRIZE MEN.—The man who graduates high in his class is usually looked upon as a fortunate being and from him everything is expected, and the *General Practitioner* thinks that it is a wonder that we do not hear more from the prize men who graduate from our colleges. They obtain their medals and certificates of hon-

orable mention and go out into the world and the ground closes over them and they are heard of no more. While we are all agitating the question of high standard of scholarship and profound preliminary education, let us bear this thought in mind and ask ourselves why it is a gold medal acts as a hoodoo? This is just as true in classical colleges as in professional institutions. We are almost sorry when we see the student, in whom we as teachers have taken so much pride, obtain his just reward of merit. As a rule, with just enough exception to prove the rule, we shake hands with him for the last time, for if he goes away he never will earn money enough to get back, while the dull student, the one whom we perfectly hated the sight of, who was always a trouble, care and anxiety to us for fear he would fail in his examinations, and humiliate us by being obliged to pluck him, what does he do? Why, he settles down next door and the first thing we know he has got away with half our best practice.

How frequently we are brought face to face with the fact that the same qualities that make good students fail to make good business men. No man ever got more than decently well off in the practice of medicine who did not study it for the dollars that were in it. If he studied it for the sake of the art, and as an artist, like artists in general, he died poor. Art never pays except under a manager. The only thing that pays is business in the morning, at noon, in the evening and all night, with respect to no man's dollars but your own. If there is any one chair needed and needed bad, in our faculties of medicine and law today, it is a chair where the art of making money out of our profession is taught by some truthful past grand master. Perhaps it is most frequently the desire for wealth that is lacking. The desire for wealth must be for its own sake and for the power it gives over others, and not simply as a convenience and stepping-stone to other desires that are themselves paramount; and right here is the trouble with the prize student. His desires are for advancement in his professional study. For

this he would sacrifice everything — money, friends, future prospects, all — for him study is an end and not a means; and as an end, study is a disappointment. When the time comes, as it is sure to come, unless wealth has been inherited, that study must stop and practical life begin, the student has run ahead of his business. He hates to go back to practice on the threshold of his studies; he feels himself fitted for better things, and it is with a sensation of disgust that he begins to take the lowest seat. As a rule this disgust prevents his further advancement in material things. His studies may go on and fit him for a teacher if he is located handy to educational institutions, but he can never compel his career — he has to follow it.

\* \* \*

OBSTETRICAL LESIONS OF THE EYE.— De Wecker (*British Medical Journal*) has seen three cases of partial or complete opacity of the cornea in the newborn, the result of application of the forceps during delivery. He was called to see one of the cases when the child was ten days old; the cornea was so opaque that even with oblique illumination no trace of a pupil could be seen. The mark of the blade of the forceps across the middle of the eyebrow and extending towards the parietal region witnessed to the cause of the trouble. De Wecker made, in the space of a month, six subconjunctival injections of five drops of 1 in 1000 sublimate solution, with the result that the opacity was in that time almost completely dissipated, though he thinks that without any treatment such opacity will gradually clear up. He also alludes to cases of paralysis of the external recti and of ptosis, similarly produced.

\* \* \*

VAGINAL HYSTERECTOMY.—In certain operations for diseased conditions of the pelvis and lower abdominal region, entrance may be made by the vagina or through the abdomen. Each may have its advantage.

Dr. Wm. H. Wathen, in a paper read before the Kentucky State Medical Society on Vaginal Hysterectomy, says

that one surgeon may select one route and another a different one and this selection is made according to circumstances.

From his own experience he thinks that some of the reasons why vaginal hysterectomy should be preferred to abdominal section are :

1. There is less shock and more rapid and complete convalescence.
2. In pelvic suppuration there is less danger of septic infection from soiling the peritoneum.
3. Absence of suture or mural abscesses, and of sinuses following the use of drainage or an infected ligature.
4. Immunity from ventral hernia.
5. A lower mortality, fewer post-operative complications, and a more complete restoration to health in a relatively greater number of cases.

\* \* \*

VEGETABLE DYSPEPSIA.—Dr. W. A. Walker gives the following rules in the *Therapeutic Gazette* for patients with amylaceous indigestion:

1. Omit from the dietary, as far as practicable, pastry, condiments, syrups and sugars.
2. Chew the food, especially bread and vegetables, slowly and thoroughly.
3. Take some powerful digestive ferment immediately after eating.
4. Avoid any habit which causes the saliva to be expectorated instead of swallowed, for at least an hour after eating.
5. Correct any temporary excess of acidity in the stomach by a dose of bicarbonate of soda.

\* \* \*

THE PATHOLOGY OF TRACHOMA.—Professor Guarnieri of the University of Pisa has published in the *Lancet* an abstract of a preliminary account of his researches into the pathogenesis of trachoma. In fourteen hospital patients he has found in the detritus obtained by energetic "raclage" of the trachoma granulations some very small round bodies capable of being intensely stained, preferably with a 2 per cent. solution of magenta-red in water. They can then be recognized with a magnifying power of only ninety diameters, although they

are so small that the diameter of some is between a third and a half of that of a red blood-corpuscle. Professor Guarnieri is inclined to suspect that they are of a parasitic nature and belong to the class of blastomycetes, but he has not yet succeeded in cultivating them, and is still pursuing the investigation.

\* \* \*

THE EFFECT OF OÖPHORECTOMY UPON THE VOICE.—Dr. Teichmann of Berlin has furnished to the *New York Medical Journal* an abstract of an article by Dr. Castex, which appeared in the *Revue de Laryngologie*, on the influence of removal of the ovaries on the voice, a subject on which Moure had written some time before. Castex reports upon six women, under thirty-five years old, who had been subjected to oöphorectomy. In one instance the effect of the operation seemed to be damaging; the voice became harsh, especially in the high notes, and unfitted for singing. In another case, that of a mezzo soprano, four low tones were added to the compass of the voice without any change of its strength or timbre. In the remaining cases either there was no change in the voice or whatever alteration there was could not with certainty be attributed to the operation. The author believes that the chance of damage to the voice from oöphorectomy is too small to count as a contraindication to the operation.

\* \* \*

APPARENT RECURRENCES OF MALIGNANT TUMORS.—Gade (*Medical News*) mentions a pseudo-recurrence of a malignant tumor in the scar left by the operation, which may very likely have caused anxiety to others. In two instances in his practice a rapidly growing hard nodule in the cicatrix of a recent operation led the operator to suspect malignancy. The nodules were removed, and upon microscopical examination they were found to be composed of fibrous and granulation tissue surrounding a few cotton fibers. This possibility of including in a wound aseptic threads of cotton is an increased one, since the use of dry-gauze sponges has become general.

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BALTIMORE, OCTOBER 3, 1896.

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It is probable that the selection of Dr. John S. Fulton as successor to Dr. James A. Steuart as Secretary to the *The State Board of Health* will give general satisfaction.

While Dr. Fulton is a man without bacteriological training, he is of exceptional mental attainment and of unusual executive ability and from him much will be expected. He has, too, the good fortune to be a favorite both with the politicians and the medical profession.

Still, even the best equipped secretary can do little without a board in earnest, with a strong financial support. That this new board seems to be in earnest was shown in their determination to have a new secretary and just here it should be said in justice to the outgoing secretary that his inability to collect statistics to the satisfaction of the board was due not to his want of action, but to the apathy of the profession at large.

Dr. Steuart, in carrying out the duties of his office, as well as in drawing pay for his

work, had followed strictly in the footsteps of his predecessors in office and he did the work as well as could be expected under the circumstances. As is natural in a change in political power in a State, new material comes in and for a time, at least, the "new broom sweeps clean." As much of the work of the board devolves upon the secretary, here is a fine opportunity for Dr. Fulton to show what can be done.

There are many States whose boards of health are really scientific bodies, free from political influence and carefully guarding the State against disease. It is only necessary to look at Michigan, Pennsylvania, Massachusetts and many other States. Massachusetts, which covers less ground than Maryland, has on its board not only a set of willing and able workers, but for many years it has practically drawn an unlimited amount of money for needed improvements, which in the end have paid.

The State Board of Health of Maryland has a future and at this time, when hygiene and sanitary science occupy such an important place, deeds, and not words, are expected in this age of preventive medicine.

\* \* \*

GRAVES' disease is very rarely found in children, only some 20 or 30 cases being recorded in literature.

*Exophthalmic Goiter in Children.* It differs little from the same disease in adults.

Graves' symptom is usually absent and tremor is seldom seen. Mild psychical symptoms, rarely severe, have been reported. Chorea may be present.

Exophthalmic goiter occasionally ends in death, not from the disease itself, but from complications. In cases which end in recovery some traces may be left, as slight exophthalmos or enlargement of the thyroid, but these give no further trouble.

In the *Practitioner*, August, 1896, Dr. Dreschfield in a general review of the disease mentions two cases occurring in children under his care, one patient being a girl of twelve years, the other a girl of three years. The history of the latter is given at length. It dated from a fright, began with screaming in sleep and listlessness and emaciation, precordial heaving and pulsation were soon observed; no nervous heredity was found.

After six months of illness Dr. Dreschfield saw her. She had then in addition a large



pulsating thyroid, giving on pressure a distinct thrill, and on auscultation a loud systolic bruit. The heart apex was in the fifth intercostal space. The large vessels also pulsated to view. The heart beats were 130. Mild "urticaria factitia" was observed. Anorexia, emesis and diarrhea were present. The urine was not abnormal. There were profuse perspirations but no rise of temperature. The reflexes were normal, the temper irritable at times.

Belladonna and pancreatic emulsion were persistently given and after a long time improvement set in, the diarrhea first moderating and then the heart tumult and emaciation becoming less marked. At date of report, her seventh year of age, she had been for some time feeling wholly well, and attended school. She was still thin with slight "popping" of the eyes.

\* \* \*

THE recent magnificent bequest of the late Enoch Pratt to the Sheppard Asylum makes possible a wonderful development of that great institution's facilities for treating mental cases. It makes little difference how wealthy a hospital or college is, a little more is never despised and when a wealthy philanthropist like Mr. Pratt feels that the Sheppard Asylum needs more buildings and larger wards he probably confers greater benefits on suffering mankind by adding to an institution whose plans are already outlined than by starting a new one partially endowed.

There seems to be little doubt but that the trustees of the Sheppard Asylum will accept the bequest even at the expense of giving their hospital a long and clumsy name. It would have been just as well had Mr. Pratt built a Pratt ward and allowed the old asylum still to bear the name of its original benefactor. As it is now it looks as if any man of wealth might so leave his money that institutions will be in danger of having names too long to bear.

Mr. Pratt said little about this bequest during his life, but he paid many visits to the Sheppard Asylum and had many talks with Dr. Brush, to whom the news of this additional endowment was probably not unexpected.

As far as laws are concerned the insane are very well taken care of in Maryland and

few cases of mismanagement are ever reported. Dr. Brush is a man not only of wide experience in his former hospitals but he has shown here in Maryland what excellent work can be done. The trustees have also harbored the original small sum left by Moses Sheppard, until now it has reached a large amount. It was perhaps a pity that the buildings were begun so long ago that some parts of them are antiquated.

As to the renaming of the institution, as much as the longer name may be disliked it is a necessary part of receiving the bequest and the only way to even things up is for some public-spirited man to leave a handsome sum of money to extend the usefulness of the Pratt Library under similar conditions of change of name as Mr. Pratt made with the trustees of the Sheppard Asylum.

\* \* \*

THE advertisers in a medical journal rarely receive that attention they deserve. Readers ignorant of the ways of *The Advertisers*. journalism ask why so much space is given up to advertising, never once thinking that the reading space is never less and usually more for the increased advertising, and also that it is the advertiser more than the subscriber that makes the medical journal possible.

Bias is a very objectionable trait, and the sooner it is learned that all advertisements are put in journals to be read, the sooner will medical journalism advance.

The statements of the advertiser are usually made in his own words and the editor of the journal may not always be able to endorse them, but in all standard articles put up by reliable firms there is probably less trickery and deceit in statements than in the average article which is written to advertise a specialist. The advertiser is necessary for the journal and his goods are necessary for the progress of the reading physician.

A physician may read unconsciously the advertisement of a certain firm giving the properties and virtues of certain wares. He may smile to himself and think they are useless. That same man sits by the sick-bed and as he thinks what to prescribe, like a picture the advertisement comes before him and he uses the preparation and is convinced.

Continuous advertising pays and the use of a tried preparation will often give good results, prejudice to the contrary.

### Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 26, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		5
Phthisis Pulmonalis.....		26
Measles.....	3	
Whooping Cough.....	1	1
Pseudo-membranous Croup and Diphtheria. }	13	6
Mumps.....		
Scarlet fever.....	2	
Varioloid.....		
Varicella.....	2	
Typhoid fever.....	21	8

Philadelphia will soon have filtered water.

Brooklyn is carefully looking into the cause of its bad drinking water.

Seven children at a birth are reported from a small town in Germany.

The Health Department of Pittsburg has been raiding unclean dairies.

Professor Gusserow is dean of the Berlin University for the next year.

The Hebrew Hospital of Baltimore has received some large contributions of late.

The Philadelphia Board of Health has decided to open a hospital for tuberculous cases.

Dr. W. T. Wootton of Frederick and Dr. W. H. Perkins of Hancock both died recently.

Syphilis is said to be a sufficient cause for divorce in France. It ought, also, to be a bar to marriage.

The Board of Health of Spokane, Washington, demands definite diagnosis in its death certificates.

The Eighth Annual Meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee will be held in Chattanooga, October 13, 14 and 15, 1896.

Dr. W. H. Sanders of Mobile has been elected Health Officer by the State Board of Health of Alabama to fill the unexpired term of the late Dr. Jerome Cochran.

The Medical Society of the State of Virginia will hold its next meeting at the White

Sulphur Springs. Dr. George Ben Johnson was elected president.

The Congress of Sanitary Institutes, which has just adjourned in England, strongly endorses bicycling for women.

Dr. Henry H. Mitchell, a prominent physician of Elkton, Maryland, died at his home last Sunday after a long illness. Dr. Mitchell was born in 1820 and was graduated from the University of Pennsylvania in 1842.

Dr. H. O. Hyatt of Kinston, North Carolina, in a letter to the *North Carolina Medical Journal*, says that for many years a man has been traveling in North Carolina in the interest of a certain Baltimore specialist.

The Nederland Life Insurance Company of Amsterdam has begun business in Maryland. The examiners for Baltimore are Drs. Wm. S. Halsted, T. A. Ashby and Wm. B. Canfield. Dr. Landon Carter Gray of New York is at the head of the medical department for this country.

The Medical and Chirurgical Faculty will hold its semi-annual meeting this year at Hagerstown, Maryland, Tuesday and Wednesday, November 10 and 11, 1896. Those intending to read papers should send titles to Dr. Hiram Woods, 816 Park Avenue, before October 25.

The Canadian Medical Association has elected Dr. V. H. Moon of Rockville, Ontario, as president for 1896-1897, and Dr. F. N. G. Starr of Ontario, General Secretary. The place of meeting in 1897 is Montreal, in conjunction with meeting of the British Medical Association.

Megrim, a pupil and associate of Brouardel, claims that careful study of the bodies of the dead has made it possible for him to determine accurately the time of death of an individual upon examination of the cadaver and of the successive generations of organisms which are found inhabiting it.

The *Pittsburg Medical Review* gives some figures on the proportion of physicians to the population in the various States and districts. Maryland has 1,042,390 inhabitants with 2003 physicians, or 1 physician to each 520.4 inhabitants; Alaska has a total of 5 physicians, or 1 to 6410; the District of Columbia 1 to 264.2, and Oklahoma 1 to 189.7. There are about 175 medical schools of all kinds in this country.

## Book Reviews.

THE MEDICAL AND SURGICAL USES OF ELECTRICITY. By A. D. Rockwell, A. M., M. D., Fellow of the New York Academy of Medicine, etc. Illustrated with Two Hundred Engravings. New Edition. New York: William Wood & Co., 1896. Pp. xvi-612.

A very good illustration of the progress of electro-therapeutics is the comparison of the volume before us with the early editions of Beard & Rockwell's treatise on electricity. It is, however, a mistake to call this an edition of the former book, which was written in collaboration, since it is the work of Dr. Rockwell alone and is almost a new book. About the first third of the volume is devoted to the physics of electricity, a subject of great importance to everyone using electricity. It is almost impossible to properly apply electricity without having a clear idea of the laws which govern its action. These laws are clearly and satisfactorily explained and there is a short description of the various kinds of apparatus to be employed. While it is always a little risky to go into the description of apparatus, Dr. Rockwell might with advantage have dwelt a little more fully on this subject. The novice is usually very ignorant as to what sort of batteries to buy for different kinds of work and needs some advice in this respect. The subject of the physiological action of the various currents is very fully and, on the whole, temperately discussed. The remainder of the book is devoted to the special application of electricity to various conditions, medical and surgical. The concluding chapter describes the Röntgen photography. Altogether the book is a very complete treatise upon the medical and surgical uses of electricity and should be in the library of every student of this subject.

## REPRINTS, ETC., RECEIVED.

Laboratories and Hospital Work. By Henry M. Hurd, M. D., LL.D. Reprinted from the *Bulletin of the American Academy of Medicine*.

Tears of the Rectum in Abdominal Operations for Pyosalpinx and their Treatment. Abstracted by Hunter Robb, M. D. Reprint from the *Cleveland Medical Gazette*.

## Current Editorial Comment.

### CAREFUL DIAGNOSIS.

*Medical Fortnightly.*

IN making a diagnosis, a physician should have the advantage of everything that will assist him. He should be thorough in his examination and not hastily jump at conclusions because certain symptoms are present. It is the differentiation of symptoms which shows skill, and it is the careful searcher who becomes the skillful physician.

### THE STATISTICIAN.

*New Orleans Medical and Surgical Journal.*

OF the juggling statistician the name is legion. We find him frequently in the medical as well as in the lay press. He starts off, not to find the truth, but to *prove something*. He adroitly gathers the inoffensive figures that are apparently correct and puts them in shape that they end by ruining their reputation for veracity. What cares he as long as his end is attained?

### LIFE INSURANCE EXAMINATIONS.

*Medical Examiner.*

THERE is one cardinal truth which physicians and representatives of all other businesses know, or should know, and that is, if they are prepared for their line of work and can do it satisfactorily, they are more likely to be employed and retained when employed than those who are not prepared or fail through incompetence or carelessness to do the work satisfactorily which they propose to do. If a physician fails to make satisfactory examinations through incompetence, carelessness or fraudulent practices, his "school" will not save him.

### MEDICAL EDUCATION.

*Gaillard's Medical Journal.*

OF all professions, medicine offers the most opportunities for the display and for the distribution of general information; on the other hand, it offers quite as large a field for the display of ignorance in these matters. Over and above the ordinary school education, it seems to us that every young man who proposes or hopes to accomplish anything in medicine ought to have several years of collegiate work. We would not exclude necessarily everyone who had not either the money or the opportunity for such preliminary work, but we would say that there ought to be exceedingly strong reasons for waiving such a requirement.

## Publishers' Department.

## PHARMACEUTICAL.

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## Convention Calendar.

OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
..	..	..	..	1	2	3	1	2	3	4	5	6	7	..	..	1	2	3	4	5
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
25	26	27	28	29	30	31	29	30	..	..	..	..	..	27	28	29	30	31	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

## State Societies.

## OCTOBER.

- 1-2. UTAH, at Salt Lake City. J. N. Harrison, M. D., Secretary, Salt Lake City, Utah.  
10-11. MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, at Hagerstown.  
13-15. NEW YORK, at New York. E. D. Ferguson M. D., Secretary, Troy, N. Y.  
13-15. TRI-STATE, of Alabama, Georgia and Tennessee, at Chattanooga, Tenn. Frank T. Smith, M. D., Secretary, Chattanooga. J. B. Murfree, M. D., President, Murfreesboro, Tenn.  
15-16. VERMONT, at St. Johnsbury. D. C. Hawley, M. D., Secretary, Burlington, Vt.

## NOVEMBER.

27. NEW YORK STATE ASSOCIATION OF RAILWAY SURGEONS, at New York City. C. B. Henich, M. D., Secretary, Troy.

## National Societies.

## NOVEMBER.

10. SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION, at Nashville. W. E. B. Davis, M. D., Secretary, Birmingham, Ala.  
16-19. PAN-AMERICAN MEDICAL CONGRESS, at City of Mexico, Mexico.

## DECEMBER.

- 30-31. WESTERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Herman E. Pearse, M. D., Secretary, Kansas City, Mo.

## BALTIMORE.

- BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. Meets 2d and 4th Mondays of each month.  
BOOK AND JOURNAL CLUB OF THE FACULTY. Meets 2d and 4th Wednesdays, 8 P. M.  
CLINICAL SOCIETY, 847 N. Eutaw St. Meets 1st and 3d Fridays—October to June—8.30 P. M. J. M. HUNDLEY, M. D., President. H. O. REIK, M. D., Secretary.  
GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d Tuesday of each month—October to May (inclusive)—8.30 P. M. W. S. GARDNER, M. D., President. J. M. HUNDLEY, M. D., Secretary.  
MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. W. S. GARDNER, M. D., President. CHAS. F. BLAKE, M. D., Corresponding Secretary.

AUTUMNAL FEVERS now prevail. The liberal use of "Platt's Chlorides" for disinfecting discharges, deodorizing and refreshing the sick-room, is recommended by the most eminent physicians. For disinfecting dejecta, dilute with 4 parts water. For sprinkling floors and moistening towels or cloths, dilute with 10 parts water.

ANALGESIC AND SEDATIVE EFFECTS OF LACTOPHENIN.—Dr. H. D. Peterson, in a "Clinical Report on Lactophenin" in the *Chicago Medical Reporter* (August, 1896) says: Among the newer remedies of this class (analgesics and antipyretics) is Lactophenin, one which so far seems to offer the best results with the least ill effects. Clinical tests have shown it to be of especial value in relieving pain and reducing temperature gradually and maintaining it at a lowered degree without frequent repetition. It is not disagreeable to the taste and is easily administered. The dose is 5 to 10 grains and 45 grains may be given in a day. In doses of 15 grains it acts as a gentle hypnotic. The author then reports a number of cases from which we epitomize: M. F., aged 37, laborer, suffered for years from periodical attacks of articular rheumatism, often preventing him from working. Lactophenin in 8 grain doses four times daily completely relieved him from pain; other remedies, especially salicylates, had failed. Mr. W., aged 40, business man. Long troubled with insomnia and frontal headache; extremely nervous from want of sleep; a 10 grain powder of Lactophenin at bedtime dispelled headache and sleep followed; no unpleasant symptoms in the morning. Mr. S., aged 27; periodical attacks of migraine. One 8 grain powder of Lactophenin entirely relieves. Mrs. D., aged 20, housewife; severe headache accompanying typhoid fever. Headache disappeared and did not return after 8 grain dose of Lactophenin; no noticeable effect on temperature. Mrs. B., aged 25; facial paralysis on right side and neuralgic pains on left side. An 8 grain dose of Lactophenin relieved the pain and produced sleep. Dr. Peterson concludes that "where speedy relief from pain is desired Lactophenin offers as good results as any remedy at our command."

# MARYLAND MEDICAL JOURNAL

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## Original Articles.

### ALCHEMY.

ADDRESS DELIVERED AT THE OPENING OF THE SIXTEENTH ANNUAL SESSION OF THE  
BALTIMORE MEDICAL COLLEGE, SEPTEMBER, 30, 1896.

*By W. B. D. Penniman,*

Professor of Chemistry, Baltimore Medical College.

WE shall err greatly if we take the popular view that alchemy was merely a delusion or a fraud—a pretended art of transmuting baser metals into gold and silver, practiced and professed by quacks and swindlers to impoverish their dupes and enrich themselves. It is true that this gold-making appealed most strongly to the imagination of the public and was popularly considered to be the whole mystery of alchemy—but it was much more than this. Alchemy was really the whole science of chemistry, as it was studied in the dark and middle ages; it had intimate connections with the physics, astrology and therapeutics of the time and influenced its philosophy, theology and demonology. For not less than 800 years, and probably much more, all the natural science of Europe and of a large part of the East was closely interwoven with and shaped by the theories of alchemy.

There is difficulty in studying the subject philosophically and tracing it back to its source, for the reason that most of the writings on the subject that have descended to our time have been from the pens of the later alchemists, who delighted in wrapping their statements up in an enigmatic jargon, intelligible only to the adepts, and in claim-

ing a fabulous antiquity for their art. Moses, they said, was an alchemist, because he made the Israelites drink the golden calf they had fashioned, therefore he had the secret of dissolving gold. Solomon was an alchemist, because the Bible says he "made silver and gold as plenteous as stones." (2 Chronicles, I. 15.) A legend of St. John represents him as changing sticks of wood into bars of gold and pebbles into jewels; hence he was an alchemist.

In the broader sense, as the study of the composition and reactions of bodies, we cannot fix the beginnings of alchemy; but the first historical attempts to transmute metals date back as far as the fifth century, A. D. The alchemists of this time refer the origin of their art to a certain Hermes (called Trismegistus, or "thrice-greatest"), a personage of remote antiquity and probably mythical. Various writings bearing his name are still extant, but their style proves them to be forgeries. From this Hermes alchemy was called the "hermetic art," and its students "hermetic philosophers"; and the "hermetic seal" is still in use.

From the fifth to the seventh century alchemy was studied and practiced by the Alexandrian philosophers, who blended

it with the peculiar mysticism of their school and gave it that color of magic and association with elemental spirits or demons, which it ever afterwards retained.

The Arabs received this art from the Alexandrians and in their hands it became more rational and experimental. In Spain, in particular, under the Arab domination, it was zealously pursued; the eminent philosopher Geber of Seville, being one of its leading lights in the ninth century, succeeded by a long series of Arab physicians and naturalists coming down to the fourteenth century.

These Arab schools of alchemy—that is, chemistry—in Seville, Córdoba and Toledo, were attended by scholars from all parts of Europe and their doctrine and practice were carried to England, Germany, France and Italy. Albertus Magnus in Germany and Roger Bacon in England were alchemists of the thirteenth century.

The popes at first set their faces against alchemy, probably because it seemed too closely allied to magic; but notwithstanding this, the most ardent alchemists were found in the clergy and especially in the monasteries, hardly one of which was without a laboratory of some sort where alchemical researches and processes were carried on and many important discoveries made.

The one idea of the transmutation of the baser metals into gold and silver, fixed, as was natural, most strongly on the popular mind, and alchemy came generally to be regarded as the art of gold-making, and a passion for it pervaded all classes in the sixteenth and seventeenth centuries. It was generally understood that the process was exceedingly long, difficult and expensive, requiring quite exceptional knowledge on the part of the practitioner and the coincidence of so many favorable circumstances that years might pass without a single success. Many princes attached alchemists to their courts and furnished them with the necessary apparatus and materials. Societies, such as the Rosicrucians, were formed for carrying on the operations. One of these societies (which, however, treated

alchemy in the broader sense), the Nuremberg Alchemical Society, founded in 1654, had the illustrious Leibnitz for its secretary. But the investigations and principles on which modern chemistry is founded gave alchemy its death-blow; though a belief in it still lingers with a few visionaries, such as still practice astrology and such obsolete follies.

Two fundamental ideas lay at the root of all alchemy, which will be briefly explained. It was held that God, in the beginning of all things, created from nothing one simple homogeneous substance and this they called *materia prima*, the first matter. To this he gave variety by attaching to it, in various proportions and quantities, certain sensible qualities such as weight, density, color, form, hardness, etc., thus distinguishing all the substances that are. This characteristic combination of qualities was called the "form" of the substance. Weight, yellowness, ductility, unsusceptibility to rust, and so forth, were the form of gold; transparency, fluidity, etc., the form of water; the underlying matter being the same in all cases.

After God had completed the creative act, Nature (which could not create something from nothing, but could change forms) took up the task and carried on the endless transformations that we see, in all phases of change, growth and decay. Many of these transformations man could himself perform; he could burn wood to ashes, boil water to steam, extract metals from ores, dissolve metals to salts, and so forth; some of the processes being easy and some difficult. Hence arose a belief that with sufficient knowledge and skill, man might imitate Nature in all her processes and carry the original matter through any of its transformations.

Another fundamental idea arose from their attributing to Nature something like a human personality. As man, as a rule, desires the best and most perfect, so Nature, as a rule, aimed at producing the best. As gold and silver were held to be more perfect and noble than the baser metals, and gems than stones, Nature, if unhindered, would produce the better. And so it really

was, they said, before the fall of man ; and would be again in the New Jerusalem. But the fall of man had cast a blight upon all things and balked Nature's beneficent intentions. The earth teemed with thorns and thistles instead of fruits and flowers. Man himself became feeble and subject to disease and death. Nature continued her operations, but they were thwarted, and when she strove to make gold or silver, copper or lead or tin resulted.

Now, they argued, if we can take up these failures of Nature, which she has, so to speak, thrown away in disgust, if we can take this copper or this lead, which are on the way to becoming gold and silver, and carry them through a process similar to that which Nature would have used if she had had her way, we can complete her unfinished work. And this process, or series of processes, which they sought so painfully, was "the way," or "the road," which figures in alchemical books.

Various things helped to encourage this belief. They held that between the first matter and the first form these were intermediate steps. Thus they held—or at least some held—that metals were composed of sulphur and mercury in various proportions. They were acquainted with various natural sulphides and knew that when heated these gave out fumes of sulphur and often left a metallic bead, which sometimes resembled silver.

In some of their experiments they seemed to see actual transformations of metals. Zinc (as well as some of its ores) imparts a golden color and luster to copper ; and though they did not mistake the resulting alloy for gold, it seemed to be a step toward gold. In the process of extracting lead from its ores, silver was also found ; and this was thought to be the small percentage of nature's success. Gold was found in some ores of arsenic.

The process of transmutation, or "the way," was extremely long and complex, and nearly every alchemist had some secret of his own. From the infinity of experiments, many valuable discoveries resulted ; and many important processes

were invented. Distillation was invented by Moorish alchemists in the 12th century. Geber, in the 13th, invented cupellation, and discovered, among other things, corrosive sublimate and the salts of ammonia. Others invented the reverberatory furnace, and the self-feeding furnace, to which they gave the grand name of "athanor." The "hermetic seal" has been mentioned already.

Nearly all agreed that the process involved the finding or preparation of a mysterious substance which, when added to the metal in a state of fusion, wrought the transformation. This efficient substance was called "the philosopher's stone," or "the elixir," and was variously described ; and most of the extant alchemical treatises contain directions for obtaining it, but concealed under such enigmatical phraseology, and such a mystic jargon, as to make them almost unintelligible, and the student could never be quite sure that he was obeying the master's directions. This uncertainty, and the various accidents of the laboratory, continually baffled honest investigators, and afforded an easy escape for charlatans, who invented innumerable ways to dupe their patrons and lure them on to liberality. And these charlatans were often the deceived as well as the deceivers, and while they were entrapping their patrons with the simplest tricks, were carrying on the search with confident hopes in their own behalf. Chaucer tells of one of these who deceives his patron by means of a hollow stick with silver filings in it, stopped with wax, and again a hollow piece of charcoal similarly charged. The coal being laid above a crucible, when the wax melted, the filings ran out into the crucible and were then melted to a lump of pure silver. In the same way, the stick was used to stir the fire above another crucible. Yet this alchemist was only cheating his dupe to obtain money for his own researches.

Medals are still in existence bearing the inscription that they were struck from gold made by this or that alchemist ; but examination has shown that

they are of base metal plated with gold. In the last century a nail, half of iron and half of gold, was exhibited in Florence, accompanied by a certificate that an adept had made the transmutation simply by plunging the point into a hot liquid, in the presence of the Grand Duke of Tuscany, and other credible witnesses, who attested the fact. Later investigations showed that the golden half was simply neatly soldered to the iron half, and the adept had, no doubt, covered the gold with some black substance which dissolved away in the liquid.

Such tricks as these served to put off for a while the evil day which the alchemist who was engaged in a prince's service had always to fear. When the patron lost patience, he not unfrequently put the alchemist to torture to make him deliver up his secret, or confess his fraud. Or, if he retained his faith, he imprisoned the alchemist for life, lest he should go to some rival prince and be more successful. But if all faith in him departed, he was hanged without mercy on a gallows of extraordinary height.

Bötticher, the alchemist of King Augustus II. of Saxony, had a narrow escape. Failing to make the philosopher's stone, he was imprisoned, but allowed to continue his researches. In these he discovered the secret of the manufacture of porcelain, on which the King not only set him at liberty, but made him the director of the royal porcelain works at Meissen.

I might have added to the discoveries of the alchemists the production of sulphuric and nitric acids and their salts; alcohol, ether, phosphorus and gunpowder; and the processes of filtration, sublimation and crystallization.

Some of these discoveries were, in the light of our present knowledge, overestimated in value.

A sulphide of calcium was made by treating lime with sulphur. This compound fumed when acted upon by vinegar, producing sulphuretted hydrogen, which I may say for the uninitiated is the substance that renders eggs after a certain time disagreeable, to say the

least. Directions for the preparation of it are given, and the maker merely says that the gas is "very unpleasant," nevertheless gives it the name of the "divine water," probably from the fact that it produces so many colored precipitates.

Another feature of the alchemist's doctrine led directly to the next phase of chemical science, which I shall presently consider.

I have already spoken of their view that the human race shared, physically as well as spiritually, in the disastrous consequences of the fall of man. Here too, as in the metals, nature aimed to produce the best, but was continually baffled; and here too, it was thought that science might come to nature's aid, and discover a remedy which would banish disease, and prolong life and vigor indefinitely. This remedy was called "the elixir of life," and by some it was held to be identical with the philosopher's stone. Several famous charlatans professed to have discovered it, and to have lived through centuries. Investigations in this direction naturally led to experiments in therapeutics, and the study of the effects of chemical compounds on the human body in health and in disease.

A very amusing illustration of this is the application of distillation. Alcoholic drinks like beer and wines have been known since the dawn of history. When these were distilled stronger mixtures of alcohol were obtained and these were believed to be most potent medicines and were therefore called *aqua vitæ*. One of the inventors of a method for rectifying it says that it will make old people young again and was "*consolatio ultima corporis humani*," or the ultimate solace of humanity.

As Liebig has said: The philosopher's stone was eminently calculated to be an incentive to exhaustive work. Their idea was false, but science has benefited thereby. The same thing is going on today. Our ideas are of a higher order, perhaps, but the principle is still the same.

As soon as the alchemist began to feel that his search was for the impossible, he ceased his labors. But before



many did so, the ideas of medical or Iatro-chemistry became the new incentive to labors of a chemical sort. So science came to possess more of the truly scientific spirit. Its purposes were already of a higher kind.

Now what was the cause of this change? We usually ascribe such changes to some great man, who impressed the minds of others with the truth of his ideas, true and not true; there is almost always a subtle preparation leading up to the revolution, of which the great man is the result rather than the cause. The theory of evolution is always spoken of as the Darwinian theory. But it was announced, and pretty clearly and strongly announced, long before Darwin identified himself with the movement. Many were growing to hold similar ideas, and it was only for him to give definiteness and power to the advance. Thus we almost always find that preparation is necessary to the birth of great eras.

In this case, however, we have to do with a truly remarkable man. So remarkable, in fact, that I have some hesitation in speaking of him. A man who, in many respects, was far from admirable; was, indeed, a *débauché* and renegade of the most pronounced stamp. Still, he pointed out the applicability of chemistry and chemicals to various forms of disease, and the world owes him an immeasurable debt.

Philippus Aureolus Theophrastus Bombastus ab Hohenheim, who took the name of Paracelsus, was born in Einsiedeln, Switzerland, in 1493. His father trained him in medicine, which had been his own profession. The son took up a wandering life very early in his career. Magician, alchemist, astrologer, fortune-teller, and withal an arrant scamp, he roamed for years about the mining districts of various neighboring countries. To these wanderings and the results of observations there made some of his theories may, as we shall see, be readily traced. He possessed the gift of attracting men by his speech and personal presence, and became a sort of wandering talker to such chance crowds as he might encounter.

On his return to Switzerland without any of that preparation which a university man, even in those days, was supposed to have as a necessity, he was called to the chair of medicine at Bâle, and was duly installed in his professorship. He rapidly became popular, for various reasons. Some remarkable cures were attributed to him. His lectures were delivered in German, as he scouted Latin, and boasted of his ignorance of it, saying that German was good enough for him. The works of Galen and Avicenna he burned before his audience, saying that he would show men how to do better than these. He was addicted to the use of stimulants, and it is said was often intoxicated during his lectures. Driven, at length, from the university for his intemperance and general misconduct, he traveled in the far East, studying and experimenting, and finally returned to Switzerland, there to do a little more work, and die in the year 1541.

An odd character to lead a great scientific movement; but he did. He impressed the minds of the greatest thinkers of his time. The old methods of medical treatment had been in the highest degree based upon superstition, the use of particular parts of various animals, and very careful preparations made with reference to the phases of the moon and positions of the planets. His doctrine was one of plain chemical common sense, with still somewhat of the theories of the alchemist clinging about them.

All metals consisted of sulphur and mercury. It is easy to see the origin of this idea. Similar ideas, however, he transferred to the human body, which he held consisted of salt, sulphur and mercury in varying proportions.

By these terms must not be understood sodium chloride, mercury and sulphur, but certain properties and peculiarities. Salt was the incombustible portion of the body. The sulphur was that part of the body which was destroyed by fire, while the mercury was that which was volatilized without change. These must be present in just the correct proportions for the various parts of the body, or disease would result. If the

functions failed in any way, it was the physician's business to ascertain which of the necessary elements was in excess or deficient, and by the removal or addition to correct the difficulty. These theories were not very definite, nor very correct, but they were far in advance of the old mystical ideas of occult forces, charms and spells. He found that certain salts of sulphur and mercury produced powerful effects upon the human system, and that some (perhaps those whom he could not kill) got well. Some of his methods were barbarous, and he held that atmospheric conditions exercised powerful influences upon health. These theories were the outgrowth of his wanderings among the mines and his observations of the great effects of certain metallurgical vapors. At the same time he collected an enormous amount of information.

Still, these theories and his experiments served to point out the possibility of applying chemical substances and chemical knowledge to the purposes of medicine. There was here also one great object in view. It was thought that there was a specific (some one substance) that would heal all diseases. This led to the making of a very large number of new compounds and to many experiments of various sorts upon the human body.

Still, so long as chemistry served simply as handmaiden to medicine, or any of the arts, it did not occupy its true position—was not pursued for its own sake.

The followers (in doctrine and work) of Paracelsus were men like himself, of strong personality, possessed by similar ideas, and they served to fill the period of Iatro-chemistry with many valuable discoveries, with which some of you are familiar from your reading of the history of medicine, but which we cannot consider under alchemy.

The reasoning of the alchemists, now that we understand the basis of their beliefs, is clearly set forth in Ben John-

son's comedy, "The Alchymist," of which I shall cite an extract.

The speakers are Subtle, the alchemist, and Surly, an unbeliever.

Surly says it seems to him impossible

"That you hatch gold in a furnace, sir,  
As they do eggs in Egypt."

*Subtle* — Why, I think that the greater  
miracle;  
No egg but differs from a chicken more  
Than metals in themselves.

*Surly* — That can not be.

The egg's ordained by Nature to that end  
And is a chicken *in potentia*.

*Subtle* — The same we say of gold and other  
metals,

Which would be gold if they had time . . .  
For 'twere absurd

To think that Nature in the earth had gold  
Perfect in the instant. Something went  
before.

There must be *remote matter*.

*Surly* — What is that?

*Subtle* — It is of the one part  
A humid exhalation, which we call  
*Materia liquida*, or the unctuous water.  
On the other part a certain crass and viscons  
Portion of earth; both which concorporate  
Do make the elementary matter of gold,  
Which is not yet *propria materia*  
[The peculiar substance of gold],  
But common to all metals and all stones,  
For, when it is forsaken of that moisture  
And hath more dryness, it becomes a stone.  
When it retains more of the humid fatness,  
It turns to sulphur or to quicksilver,  
Who are the parents of all other metals.  
Nor can this *remote matter* suddenly  
Progress so from extreme unto extreme  
As to grow gold and leap o'er all the means.  
Nature does first beget the imperfect, then  
Proceeds she to the perfect. . . .

These two [*i. e.*, Hg. and S.]

Make the rest ductile, malleable, extensive,  
And even in gold they are; for we do find  
Seeds of them by our fire, and gold in them,  
And can produce the species of each metal  
More perfect thence than Nature does in  
Earth.

## Society Reports.

### MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

REPORTED FOR THE MARYLAND MEDICAL JOURNAL.

THE Twenty-second Annual Meeting of the Mississippi Valley Medical Association was held at the Minnesota State Capitol, St. Paul, September 15, 16, 17 and 18, 1896.

The Association convened in the senate chamber at the Capitol. Dr. C. A. Wheaton, Chairman of the Committee of Arrangements, called the meeting to order. Most Rev. John Ireland, D. D., offered prayer. On behalf of the State of Minnesota, Governor D. M. Clough gave an address of welcome. The physicians were welcomed on behalf of the city by Mayor F. B. Doran. He referred to the city's reputation as a host, won by the magnificent record of the recent encampment, and that upon that occasion St. Paul had welcomed the men who had preserved the nation, and now were happy to welcome the men who preserved the bodies of the nation's defenders. Dr. A. J. Stone spoke for the profession in St. Paul in extending a welcome to the visitors. "We owe much of our delight in anticipating your visit here to the ladies, and we want you all to place your wives, mothers and daughters in the hands of ours at the Kittson residence, so that aside from the scientific labors of the occasion there will be social pleasures for the ladies and gentlemen from abroad."

Dr. Wheaton presented the President of the Association, Dr. Henry O. Walker, Detroit, who delivered the "President's Address." He said, in part, the path thus far has been strewn with roses and I hope it will so continue to the end. I have found it difficult to secure a subject which has not been thoroughly threshed over and over again. I have therefore departed from the usual course and will offer some suggestions in a purely scientific vein by reporting three cases, in which four operations were done, representing nearly all the operative procedures now done upon the kidney.

CASE I.—Sacculated kidney with supuration and nephrolithiasis, and nephro-lithotomy and subsequent nephrectomy. August 4, 1896, J. R., aged 29, was referred to me for operation, with a history of severe pain in the left kidney twenty years previously. These attacks recurred at intervals of one to three months. This continued with increasing severity until three months before I saw him, when it became constant. There was sediment in the urine for nearly fifteen years. Examination of urine showed pus in quantity, blood at times, but no casts. He presented a marked emaciation, rapid pulse, temperature 99.6°; percussion revealed well marked dulness on the left side. I had, however, suspicion of trouble in the right kidney, therefore the character of the operation to be done must be in conformity with that suspicion. The wound has nearly healed, appetite good and he walks about the hospital. There is yet some pus in the urine; I here present you with the kidney together with the calculi removed.

CASE II.—Tubercular kidney and nuclein treatment. The diagnosis was disease of the right kidney. Microscopical examination failed to reveal bacilli, but contained large quantities of pus and epithelium. A nephrotomy was done August 16, 1896. It is not always possible to determine the true character of secretions and excretions from important organs even by careful microscopical examinations. Clinical impressions are most important. The nuclein treatment was instituted with marked improvement until she left the hospital September 9.

CASE III.—Movable kidney—fixation by a modification. Chronic constipation, flatulence, indigestion, supraorbital neuralgia and pain in the right hypochondriac and lumbar regions. A freely movable tumor in the right hypochondriac region. My experience in fixation of movable kidney has been most satisfactory. The kidney was placed in its proper position and the capsule divided for a distance of three inches on its convexity, using care not to wound the cortical substance. The capsule was then

separated from the kidney for one inch entirely around the cut and by interrupted catgut sutures. The cut edges were fastened to the fascia and muscle, so that when the suturing was complete there was a solidity of fixation of the kidney. I do not use the deep suture through the substance of the kidney. The simplicity of the method commends itself both as to safety and a greater probability of permanent good results. The most practical route to the kidney is anteriorly. The selection of the lumbar route is largely by precedent. A nephrectomy for tubercular kidney is not always practicable. Fixation of a movable kidney is best done by stitching its reflected capsules to the muscles.

The reports of the secretary and treasurer were read and accepted.

The report of the committee appointed on Preservation of the Transactions was received from Dr. Coulter and the matter referred to the executive committee.

*Dr. Truman W. Brophy* of Chicago read a paper on A NEW OPERATION FOR CLEFT PALATE. He took the ground that the operation should be performed much earlier than has been the custom of surgeons heretofore. It has usually not been thought advisable to operate for the closure of cleft palate until the child has reached the age of two to five years. He maintains that when the operation was thus postponed the changes in the voice had become permanent and a repair of the cleft at that time would not react favorably in the voice production. His operation consisted in freshening the edges of the cleft, then by a deep suture of silver wire fixed through a lead plate, conforming to the palate, the edges of the cleft are thus drawn together and so maintained until healing takes place. The technique of the operation was minutely explained. It was original with the author and in his experience has proven most effectual.

*Dr. W. H. Daly* of Pittsburg, in discussing the paper, complimented the author in presenting a method so markedly original and in advance of modern surgery. Dr. Daly said that this method does away with all the objections to the old operations. "We all know that in

some cases we were compelled to operate four or five times and then consider ourselves fortunate if we succeeded in getting a perfect result. Even in these cases the result was never perfect inasmuch as we could not at that late date teach our patients a perfect speech.

*Dr. C. H. Hughes*, St. Louis, Mo., read a paper on THE PSYCHO-NEURAL FACTOR IN CLINICAL MEDICINE. The physician must consider the whole mechanism of the system when treating any one part. Some parts of the body influence the whole less or more than others. The surgeon must consider the susceptibility, predisposition, powers of resistance, recuperative powers and natural courage of the patient in determining as to prognosis on operation. In any case the nervous system is either for or against him. Painful ovaries, neuralgic, congested or inflamed, are not necessarily to be cut out; but to be cured by neurological treatment. The surgeons are beginning to recognize only those symptoms which come under their own legitimate sphere. He must have a wide neurological and psychiatric knowledge if he would avoid fatal mistakes. Much can be done in improving the case often by tranquilizing neurological treatment. In fatal surgical results the reputation of the operating surgeon often suffers because of overlooked neurological conditions which are at fault. Hope is itself a buoyant medicine; and faith in the physician or surgeon is a therapeutic power that should never be shattered by us.

*Dr. Buckner* of Cincinnati: This paper is evidently the result of experience. A good surgeon must be hopeful, calm and at all times careful to avoid anything disturbing to the patient, already fearful of the prospects of an operation. I am very certain it requires but little observation for the good physician and surgeon to realize how important it is to be careful of every expression, act and word in the sick-room. The paper is one such as we rarely listen to and I want to compliment the author.

*Dr. Parker* of Cleveland: I agree with the writer, as a physician, who is doing some such work. But even with

the aid of the neurologist we are unable at times to make a diagnosis; and, indeed, there are many things in neurology that are not yet settled. I think the stress that he has laid upon intimidation of the patient is all right. I think it highly desirable to anesthetize the patient in another room. We know the disadvantages of this as surgeons, but I am satisfied the advantages are very much greater. I wish the picture that he has painted might be the one followed in all our hospital work.

*Dr. Hughes*, in closing: I had no intention to cast reflections on the good surgeons. We all know there has been vast improvement in the technique of the operating room. We know that the patient has been more of a consideration in the last few years and the surroundings have been correspondingly changed. The American surgeons today are achieving results which are utterly impossible without this psycho-neural factor and assistance. There are schools of American surgeons who have placed American surgery before the world. It will not be long before the world will come to us for examples of the best surgery.

*Dr. Hugh T. Patrick* of Chicago read a paper on TRUNK ANESTHESIA IN LOCOMOTOR ATAXIA. In substance he said, in nearly all cases of tabes dorsalis there is a band of anesthesia about the trunk at the level of the nipple. It is early in the disease, very narrow or even incomplete, or may be represented by a zone in which the localization of touches is not normally accurate. The sensory blunting on the leg, so frequent in tabes, is generally an analgesia. The trunk anesthesia is essentially tactile and the pain sense may be quite normal. The band of anesthesia does not correspond to the cutaneous distribution of the intercostal nerves, but to the nerve fibers arising from adjoining segments of the spinal cord. In some cases there are two distinct zones of anesthesia, indicating simultaneous involvement of spinal segments at some distance from each other. The borders are inconstant, ordinarily retract on continued testing and vary in position with the method of examination. The same band of anes-

thesia may occur in syphilitic pseudo-tabes, as shown by an illustrative case, as far as known, the only one on record. The patient presented nearly all the symptoms of locomotor ataxia, including a wide band of trunk anesthesia, but a diagnosis of syphilitic disease of the cord was made and under an active specific treatment he made an almost perfect recovery.

The principal characteristics of the symptoms were illustrated by numerous diagrams and photographs.

*Dr. Hughes*, in discussing the paper, said: It is not surprising that these peculiar areas of anesthesia should be found in locomotor ataxia; considering that the entire symptom complex of the disease is due to disturbance of the sensory mechanism. I have asked the doctor whether any of his patients were women, and if so, how many. For I have long taught that organic disease may give expression to a latent hysteria, causing a combination of the two diseases. In locomotor ataxia we may have not only anesthesia and analgesia, but also hyperesthesia and hyperalgesia.

*Dr. Gustavus Blech* of Detroit read a paper on the TREATMENT OF SOME INFLAMMATORY DISEASES OF THE GASTRO-INTESTINAL TRACT.

He said that the treatment of catarrh of the stomach and other similar inflammatory conditions of the same, as it is practiced today by most medical men, meets with failure because the treatment is directed against the symptoms and not against the cause of the disease. All the usual remedies may improve one or the other symptom for a limited time, but the etiological morbid condition still remaining the symptoms necessarily will appear again. The treatment is directed against the inflammation itself. He prescribes hydrozone, well diluted in water, at least a quarter of an hour before each meal. The oxygen which then develops kill the germs, cleanses the membrane of the wall of the stomach without injuring the animal cells. It is an efficient and powerful, yet still bland and innocent remedy. *Dr. Blech* then explained the cure of a case of gastric ulcer with the above

treatment. He has seen the most stubborn cases recover and hence he believes the treatment will heal ulcers of the stomach.

*Dr. Daly* of Pittsburg deprecated the very general use of such remedies unless a very careful and discriminating diagnosis had been made. Most of these cases are due largely to the formation of toxines.

*Dr. C. H. Hughes* of St. Louis said that few physicians recognize the importance of the pneumogastric nerve in gastritis.

*Dr. F. F. Lawrence* suggested that gastritis was sometimes due to gallstones.

*Dr. Patrick* of Chicago was sorry that he could not agree with the author; but he could not until it was explained which variety of inflammatory condition in the stomach was referred to. Gastritis is too comprehensive a term. When a cure is proposed we must know what form of gastritis we have to deal with.

*Dr. I. A. Abt*, Chicago, in his remarks said: "The diseases of the stomach cannot be grouped together as gastritis. Many of these conditions are due to toxines found in the gastro-intestinal tract. We cannot always make a positive diagnosis at once, but by experiment only can we arrive at definite conclusions. Any one remedy cannot and will not answer for all cases. Few writers deem lavage as of more importance than a diagnostic measure."

*Dr. Larrabee* of Louisville had this to say: Almost any condition found in the stomach may come from the causes mentioned by those who have spoken, but I am convinced that the portal circulation is a most important factor in these cases; and one, too, which is often overlooked. Exercise is of paramount importance, in all cases of chronic gastritis. In arresting putrefactive changes in the stomach glycozone has proven in my hands most excellent, but do not neglect to stimulate the liver when indicated.

The paper was further discussed by *Dr. Caldwell* of Freeport, Ill., and closed by the author.

*Dr. Paul Paquin* of St. Louis read a paper entitled: THE TREATMENT OF EXPERIMENTAL TUBERCULOSIS IN ANIMALS BY THE USE OF BLOOD SERUM.

The use of antioxine goes back to the active principle underlying immunization, an agent which is itself curative to a certain degree.

Tuberculin is, to a degree, capable of modifying certain forms of tuberculosis. The inconvenience resulting is chiefly in the more or less severe reaction following. It is now claimed that tuberculin may be made with this poisonous principle eliminated.

Experiments in guinea pigs unfortunately do not give the same results that they do in the human subject. Furthermore, the experience of investigations with the serum therapy treatment of tuberculosis varies greatly in different cases. They all, however, demand of any treatment absolute cure of the tuberculosis when used in the human. We have been busy with all possible and varied forms of experimentation in the smaller animals; but we are not always able to properly interpret the results of any given form of treatment and then make an exact application of those principles to man as a reliable guide.

In guinea pigs inoculated with tuberculosis and then treated with serum 10 per cent. were saved. Later results show very much higher percentage than this, from 25 per cent. to 55 is favorable. In the human 226 cases showed about 60 per cent. favorable with 40 recoveries and 120 improved. Anti-tubercle serum is positively curative in many cases; it has passed the experimental stage, but yet we know it is not perfect. From my own, and the experience of others, it will be observed that only a relative number of tuberculous patients can, with our present knowledge of tuberculosis and anti-tubercle serum, be treated successfully. If it does not succeed it is because of existing conditions, such as intolerance to serum injections of any kind (which is very rare), general destruction of physiological equilibrium beyond repair, incurable lesions of mixed infection.

*Dr. Longstreet Taylor* of St. Paul: It

is not necessary that the serum should produce an antitoxine in the body. It will in many cases give most gratifying results, but in others, for some reason, it is just as disappointing. My experience with the Paquin serum has not been entirely satisfactory, but I intend to give it further tests.

*Dr. I. N. Love* of St. Louis: We have heard several papers on this most important subject by the same author during the past four years. Maragliani recently published his work on the subject. It is now almost beyond the stage of experimentation, but we must not be too hasty in our conclusion, for at least ten years' experience is necessary before anything is positively and definitely known.

*Dr. W. F. Barclay* of Pittsburg: The paper shows us that there are honest men at work and we should hail all honest effort with delight. I am satisfied that some such men as Paquin will demonstrate the ultimate success and positive value of anti-tubercle serum, and I hope criticism will not discourage him and others.

*Dr. H. W. Loeb* of St. Louis: At the last meeting I presented some reports relative to the treatment of laryngeal tuberculosis with serum. I promised at that time to report the results. While they have not been as good as we had hoped, yet they are such as to encourage still further attempts. Knowing that these cases at best are almost always fatal, we as well as the patient are glad to try anything that gives the least hope of a cure. Of the cases reported at least two are yet living and well. Of two others I cannot say, but at last reports there was no return. I believe the serum treatment will eventually be the method, but we must go farther before we can say it is a specific.

*Dr. W. H. Daly* of Pittsburg: No matter what treatment we adopt they will improve for a time. It is sad to think that medical science has been able to do so little for the tuberculous victim.

*Dr. Charles Green* of St. Paul: The fallacy of medical statistics is best shown by tuberculosis. I do not have much confidence in any such. Two centuries

ago a cure for tuberculosis was vaunted as infallible.

*Dr. Joseph Muir* of New York: All other "cures" are claimed to have some specific or selective action, but Dr. Paquin has not said what is the selective action in the serum therapy treatment. I am convinced a change in the home surroundings of many cases will do more toward a cure than a change of climate.

*Dr. Paquin*, in closing, said: I agree with all who have said that nature must come to our assistance in these cases. There are so many complications usually that we can scarcely hope to cope with all of them successfully. Digestion and the nervous system must be always considered.

*Dr. E. M. Houghton* of Detroit read a paper on A DEMONSTRATION OF THE THERAPEUTIC ACTION OF THE ANTITOXINE.

The author reviewed the theories of serum therapy demonstrating the differences between toxines and antitoxines. It has not as yet been shown just how the antitoxine counteracts or destroys the toxine. I have brought six guinea pigs for demonstration. I will inject three of these with the toxine cultures, the other three with the antitoxine and toxine. The discussion of the paper was postponed until the result of the injection on the animals should be determined.

*Dr. Joseph Muir* of New York read a paper on REINFECTION IN CONSUMPTION. Statistics show that a first attack is not usually fatal, and death is often found to be due to other causes. Primary infection is not usually due to inherited tendencies, but external conditions play a most important part. Consumption is best treated among the rich, frequently, indeed, a permanent cure is effected in this class of cases; so for evident reasons those who are poor should be given especial attention. Patients who have been cured must not be allowed to return to their former environment. Redevelopment is inconsistent with clinical experience.

Change of air and outdoor exercise and labor hardens and freshens the

tissues, and the respiratory impurities of former environment are no longer present. Reinfection may be prevented by—

First. Thorough disinfection of the patient and surroundings.

Second. Destruction of the sputum. This protects the patient against himself.

*Dr. H. J. O'Brien* of St. Paul: I am satisfied there are many cases of reinfection. I have sent them away and in six months they would come back to die; by staying away they will sometimes escape contagion and reinfection.

*Dr. J. A. Larrabee* of Louisville: I have long believed, if a consumptive could have these conveniences and this care in the beginning, along with a stuffed feeding, that in many cases we could check or abort entirely the disease. The most terrible mistake is made in sending subjects away for treatment. Home is best, no matter where that home is. Improve it all that is possible, but leave them among friends. I think there is much in this idea of reinfection.

*Dr. R. H. Babcock* of Chicago: The author of course does not claim all cases are of infection. I wish to emphasize in the strongest possible terms the idea, that if sent away and they improve they must stay away permanently.

*Dr. J. B. Murphy* of Chicago read a paper on INDICATIONS FOR AND DEMONSTRATIONS OF REMOVAL OF THE GASSERIAN GANGLION. The doctor demonstrated the technique of the operation on a cadaver head. By his eloquent, exact and clear explanation of each minute part he led one to think that this operation known as one of the most difficult in surgery was in his hands but quite an ordinary matter. The operation may seem heroic, but heroic measures are necessary in a condition so severe as trigeminal or facial neuralgia. These patients will submit to anything in the hope of relief. Indeed, they have said to me before the operation, "Doctor, either kill or cure me." This method of operating is more simple and results in less deformity as well as being more certain in its results than any other yet suggested. I have always suggested

some conditional treatment, especially that of castor oil, before resorting to so heroic and serious a measure as this operation. The trouble, however, with all such treatments is that they do not give a permanent relief. The castor oil treatment has given temporary relief in several cases.

*Dr. A. J. Ochsner* of Chicago: The author has given us a most beautiful demonstration of a difficult operation and one which in his hands no doubt will give a large measure of success. I hesitate to operate in these cases of facial neuralgia for the very fact that they are necessarily of a serious nature. I have recently had some experience in these cases, in the use of castor oil. I have given this remedy in half ounce doses twice daily for ten days or two weeks at a time and to my surprise it has thus far proven a most elegant remedy. As to whether the results will be permanent I cannot say, but no case has yet returned to its former severity. I should repeat the castor oil whenever there are indications of a returning attack.

*Dr. Hugh T. Patrick* of Chicago read a paper on ELECTRO-DIAGNOSIS AND ELECTRO-THERAPEUTICS SIMPLIFIED. Electro-diagnosis is limited to the affirmation or denial of a lesion of the lower neuron; that is, of a lesion of the motor cells in the spinal cord, or of the nerve fiber, the peripheral nerves springing from those cells. A lesion of this neuron causes the action of degeneration and this, stripped of all unnecessary technicalities, may be recognized by two variations from the normal, namely, a loss or very considerable diminution of faradic contractions and the slow, worm-like contraction of the muscles to interruption of the galvanic current.

In the electro-therapeutics of organic disease of the nervous system, applications of electricity through the brain may be entirely discarded as useless. Electricity through the spinal cord is little better. In diseases of the peripheral nerves it probably hastens recovery and that current is to be chosen which the better causes muscular contraction.

In functional nervous disease electric-



ity is of more practical value than in organic affections, but it is almost impossible to determine what proportion of this good effect is due to mental impression—to suggestion.

The galvanic current is chosen for facial neuralgia, costal and sciatica. The faradic for lumbago, hysterical anesthesia, paralysis and pain. The galvanic for exophthalmic goiter and sometimes for neurasthenic headache and backache. For facial spasms, tic, spasmodic torticollis, tremor and chorea, electricity is useful aside from the mental effect.

The highly practical and otherwise unusual merits of the paper were touched upon in the discussion which followed by many physicians.

Drs. Larrabee, Hughes, Manley and Stuckey participated in the discussion.

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### Correspondence.

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#### ANTITOXINE COLLECTIVE INVESTIGATION (SECOND) OF THE AMERICAN PEDIATRIC SOCIETY.

NEW YORK, October 6, 1896.

Editor MARYLAND MEDICAL JOURNAL:

*Dear Sir:*—The American Pediatric Society are encouraged to ask the coöperation of the profession in a further collective investigation. Laryngeal diphtheria is believed to furnish a crucial test for antitoxine; the present aim is to ascertain (1) what percentage of cases of laryngeal diphtheria recover without operation, under antitoxine treatment; (2) what percentage of operated cases recover.

The Society asks for records of cases of diphtheria involving the larynx, whether operated or not, occurring in private practice in the United States and Canada, treated with antitoxine. It is expected that cases occurring this year will be treated with reliable preparations of the serum, will be treated early and will be given efficient doses. The second report is designed to be a study of cases occurring between the closing of the first report, May 1, 1896, and the

closing of the present collective investigation, April 1, 1897.

In order to secure data which shall make the tables complete, circulars containing blanks for ten cases have been printed and are now ready for distribution. It is desired that physicians shall fill out circulars, blanks, as cases occur, not trusting to memory, and shall urge their friends having similar cases to do the same. Circulars can be had by applying to the Committee (address below). Several groups of cases in the first investigation arrived too late and were lost to the report. It is desired that circulars as soon as filled (ten cases) be returned to the Committee. The collection of cases must close at the end of March, 1897.

For extra circulars (blanks), for returning circulars (filled) and for further information, address the Chairman of the Committee.

You may remember that the action of the Society on the first report was as follows:—

1. *Dosage.* For a child over two years old, the dosage of antitoxine should be in all laryngeal cases with stenosis, and in all other severe cases, 1500 to 2000 units for the first injection, to be repeated in from eighteen to twenty-four hours if there is no improvement; a third dose after a similar interval if necessary. For severe cases in children under two years, and for mild cases over that age, the initial dose should be 1000 units, to be repeated as above if necessary; a second dose is not usually required. The dosage should always be estimated in antitoxine units and not of the amount of serum.

2. *Quality of Antitoxine.* The most concentrated strength of an absolutely reliable preparation.

3. *Time of administration.* Antitoxine should be administered as early as possible on a clinical diagnosis, not waiting for a bacteriological culture. However late the first observation is made, an injection should be given unless the progress of the case is favorable and satisfactory.

W. P. NORTHRUP, M. D.,  
57 East 79th Street.

MARYLAND  
**Medical Journal.**

PUBLISHED WEEKLY. \*

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MARYLAND MEDICAL JOURNAL,  
 209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:  
 913 F Street, N. W.

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BALTIMORE, OCTOBER 10, 1896.

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If the doctrine that the greatest good is that done to the greatest number be true, then whatever can be done *Consumptive Hospitals* to ameliorate the condition of the large *Centers of Contagion.* class of consumptives, and actually cure many cases, is a good which should suffer no prejudiced objection to its consummation.

It has been the usual custom with physicians to treat a case of pulmonary consumption either in a half hopeless way or send it to some distant point for what they too often vaguely call a change of climate. This change was either sought in Colorado, Southern California, the mountains of North Carolina or the Adirondacks. Those who were not fortunate enough to possess the means to travel to such points and exist there were forced to stay home and die.

Now physicians are gradually being led to believe that consumption treated in a city or in the suburbs of any large city does not necessarily end fatally. The public, the poor,

ignorant public, however, strongly protests against the establishment of hospitals and asylums for the care and treatment of consumptives. They say it is dangerous to the neighborhood and tends to depreciate property and in this statement they are often led by some physician.

Those who know, however, feel very well convinced that a consumptive hospital properly managed can in no way affect the neighborhood; and indeed the nurses and physicians resident in the hospital can protect themselves if the infective principle be always destroyed and made inert as soon as it leaves the patient. Everyone who has visited these small hospitals knows that the careful disposal of the expectoration and other secretions forms one of the most important methods of keeping the disease within the patient affected.

In such villages as Görbersdorf and Falkenstein, in Germany, it has been found that deaths from pulmonary consumption and even cases of this disease occur less frequently among the inhabitants of the town in which these great consumptive hospitals are situated than before the days of these hospitals and even when the population had increased enormously.

It is a mistake for people to oppose such a humane and philanthropic undertaking as the establishment of a hospital for consumptives and maintain that it is dangerous to a neighborhood when their objections have no foundation and are usually the result of prejudice.

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THE character of work done at the meetings of the American Public Health Association has greatly improved of late. *Municipal Responsibility for Unhealthy Schoolhouses.* While most of the papers either tell what to do and not how to do it, or else explain the "how" and outline work in such a lavish way as to practically prohibit it; some papers contain good, hard, practical sense.

It is very likely that the one woman, Mrs. Ellen H. Richards of Boston, who read a paper, suggested a title giving food for reflection. If the municipal government insists on putting up unhealthy school buildings designed and erected by men better versed in politics than in their legitimate business, then the city should be responsible for the

bad effects of these faulty buildings on the young who use them. Every city possesses some schoolhouses which are far from perfect from a hygienic standpoint and probably Baltimore is not an exception.

Bills are introduced in the City Council of Baltimore, for example, appropriating money for schools which are hastily and badly constructed and no one suffers more than the helpless children. Even with all the building the schoolhouses are crowded and poor work is done. To give more ground for school buildings, the Mayor of Baltimore, usually intelligent in matters, suggests that a portion of the ground around the schools may be used for building purposes, which will obviate the necessity of buying ground.

Thus will the poor children be not only crowded in the buildings, but the proper amount of light and playground will be sacrificed for more room, which should be found elsewhere.

While it is hard to make out what exactly was the full meaning of Mrs. Richard's paper from the meager reports so far received, still her subject is one pregnant with ideas and is a kind of question which such bodies as the American Public Health Association and perhaps the Society for the Protection of Children from Cruelty might in union consider and act on.

\* \* \*

AT the recent meeting of the British Medical Association Sir Joseph Lister, the president, delivered an address on the relations of clinical medicine to modern scientific research in which he reviewed in a very able manner all the recent discoveries in medicine.

It is only when one sees these great advances in medical science mentioned and described together that one appreciates what progress medicine has made in the past few years, and yet there are those who say that every other science has strided on and left medicine behind.

He who would contradict such statements would do well to read this masterly address first and then he would well be proud of the work done. Lister begins with the use of the Röntgen rays in medicine and surgery and speaks more especially of the applications of skiagraphy to surgery.

He then calls attention to the fact that

this is the jubilee, the fiftieth anniversary, of the discovery of anesthetics, and here he attributes to Dr. Morton all the credit of the discovery. At this point he begins to speak of fermentation, of Pasteur's work and gradually falls into a discussion of the origin of bacteria and the antiseptic system of surgery.

This last part is really his great work and yet he refers to what he did so modestly that he hardly does himself full justice. Vaccination, Pasteur's work on rabies and the toxines and antitoxines receive his attention. He highly approves of and firmly believes in the treatment of diphtheria by the use of antitoxine.

In his last section he discusses phagocytosis. This carefully prepared résumé of our knowledge of the recent advances in medicine tells the story of the newest things in medicine in a manner tending to fix them on the memory.

\* \* \*

THE work of the American Pediatric Society in seeking to arrive at the exact value of the antitoxine treatment of diphtheria is a very worthy undertaking and deserves the support of every intelligent physician. It is astonishing or perhaps humiliating to the medical profession in general to notice how some members, as well as some medical journals, take every opportunity to belittle any discovery because they do not understand it. In the rush for priority and glory many men hastily reported cases treated with antitoxine which died before their work was printed and many extravagant statements were made, only to be later retracted.

Such trivialities, however, should not lessen the value of this new form of treatment and the letter in this issue from Dr. Northrup should certainly receive the support of every one who reads it and who is able to report cases in the manner requested. There have been made public some serious results from the use of this powerful remedy, but these were only exceptional and due to unlooked-for complications.

The letter of the committee should be carefully read and each physician should contribute his part towards these general statistics, which will eventually show whether the antitoxine treatment really lowers the diphtheria mortality or not.

**Medical Items.**

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 3, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox.....		
Pneumonia.....		7
Phthisis Pulmonalis.....		17
Measles.....		
Whooping Cough.....		
Pseudo-membranous Croup and Diphtheria. }	8	7
Mumps.....		
Scarlet fever.....	14	
Varioloid.....		
Varicella.....		
Typhoid fever.....	21	6

The plague at Hong Kong is over.

Bicycles are now prescribed for the insane.

*Matthews' Medical Quarterly* will change its name.

Bellevue Hospital has a Roman Catholic chapel on the grounds.

All the medical schools of Baltimore have begun work with a fair number of students.

Dr. Robert Hoffmann has removed his office from 502 West Fayette Street to 613 Park Avenue.

The patronage at the free baths of Baltimore last summer was about twenty-five thousand.

About 20 students have entered the Johns Hopkins Medical School this year; 12 of them are women.

The death is announced in England of the celebrated surgeon Sir John Eric Erichsen, aged 76 years.

The University of Breslau has a special laboratory for the study of diphtheria. Professor Flügge is at the head of it.

The statistics of the medical societies show that papers read are usually by physicians connected with some teaching body.

Dr. A. K. Bond has removed to the North-east corner of Park Avenue and Howard Street, four doors south of his former location.

On account of the great risk of septic poisoning during an operation, physicians pay a

higher rate for accident insurance than formerly.

It is a desire of some graduates of the University of Maryland to erect a window in the new University Hospital to the memory of the late Dr. J. Edwin Michael.

The Hospital for Consumptives of Maryland has room for a few pay patients. Physicians are invited to send in such cases, which will receive the best food, nursing and treatment.

The Bay View Board has cut off the small honorarium formerly allowed the Bay View Hospital Visiting Staff from the medical schools of Baltimore. This is rather petty economy.

In the College of Physicians and Surgeons of Baltimore, Dr. C. Hampson Jones succeeds Dr. L. E. Neale as Professor of Obstetrics and Dr. Wm. F. Smith succeeds Dr. J. H. Branham as Professor of Anatomy.

There are 2922 physicians in Paris, 521 of whom are foreigners. About half of these foreigners are graduate students in the Latin Quarter, while the other half are physicians practicing in the wealthiest part of Paris.

The jubilee of anesthesia will be celebrated in the Massachusetts General Hospital in the same old amphitheater in which the first operation under ether was performed. Addresses will be delivered by well-known physicians, among them Dr. William H. Welch of Baltimore.

At the meeting of the Clinical Society of Maryland held last week the following were elected for the ensuing year: President, Dr. S. K. Merrick; Vice-President, Dr. W. D. Booker; Secretary, Dr. H. O. Reik; Treasurer, Dr. W. J. Todd; Finance Committee, Drs. A. Friedenwald, G. Lane Taneyhill and J. M. Hundley; Executive Committee, Drs. J. W. Lord, William B. Canfield and T. P. McCormick.

Dr. Eugene F. Cordell will hold a lecture and musicale on Thursday, October 15, at 8 P. M., at the Y. M. C. A. Building, in order to raise money for a new bacteriological laboratory for the Woman's Medical College, of which he is secretary. He will lecture on "Slave Days and War Times," and there will be interspersed music of a varied character—all the words and music being composed by Dr. Cordell.

**THE BALTIMORE MEDICAL COLLEGE.***Opening of the New Building.*

THE Baltimore Medical College begins its Sixteenth Annual Session with the opening of a new building, a cut of which is here shown.

It is intended that the new quarters will fulfill the three-fold purpose of increased laboratory and hospital facilities, the accommodation of internes and the dental depart-

ridor extending the full length of the building. Beneath is a basement containing large boilers and store-rooms. On the south of the corridor, on the main floor, is the dental department, including a lathe-room, twenty by thirty feet, plaster-room, sixteen by twenty feet, impression and toilet-rooms. North of the corridor are reception and reading-rooms for the College Young Men's Christian Association, with three large private rooms for



NEW BUILDING OF THE BALTIMORE MEDICAL COLLEGE.

ment. The new building, which has been erected at a cost of \$60,000, is sixty-seven feet wide, has a depth of eighty feet, with corridors on each floor. The front is of red brick, with brownstone trimmings, Romanesque in style, and in harmony with the other college building. The main entrance, ten feet wide, is on the first floor, through a large arched recessed vestibule into a central cor-

ridor, and a lateral corridor communicating with the Maryland General Hospital, on Linden Avenue, and which is a part of the college proper.

On the second floor of the main building is situated the main operating room of the dental department, forty by forty feet; a second operating room seventeen by twenty-eight feet; a special operating room, cloak

room and toilet. On the north side are four large private bedrooms for internes; in the north wing are three additional bedrooms for internes, toilet and bath, and a lateral corridor communicating with the hospital.

On the third floor, there is an amphitheater forty by forty feet, especially adapted for teaching biology, anatomy and gross pathology, operative surgery, and performing autopsies before the class; a laboratory for histology and pathology, extending forty feet on the east and eighty feet on the south. On the northern side of the corridor in the main building, there are four private rooms for internes; in the north wing there is a large public ward, with a lateral corridor leading thereto.

On the fourth floor is the mezzanine story, containing the top of the amphitheater, a second histological and pathological laboratory and toilet; in the northern side four bedrooms for students, the usual bath and toilet; in the north wing a large public ward, No. 2, with bath and toilet.

On the fifth floor, main building, is situated the anatomical and biological laboratory, forty feet square, which contains tables for one hundred students to dissect at one time; it is perfectly lighted with windows and skylights, is thoroughly ventilated; is provided with cloak room and lavatory, with liberal supply of hot and cold water, elevator for supply of anatomical material and removal of debris, and other conveniences for practical anatomical work, and has a floor impervious to fluids and arranged for flushing and perfect drainage.

In the south wing, two special isolation wards, with bath and toilet; in the north side, linen room and four bedrooms for students.

An elevator and air shaft will extend from bottom to top of the building; steam heating with direct-indirect radiation will be used.

The north and south wings flank an open court through which light and air will be received in rear of building.

The new building is connected with the present building on the third, fourth and fifth floors by covered bridges. The erection of the new building adds nine thousand feet of laboratory space to the present facilities.

The faculty of this progressive college is to be congratulated on this magnificent addition to their present facilities.

## Book Reviews.

A MANUAL OF MATERIA MEDICA AND PHARMACOLOGY, comprising all Organic and Inorganic Drugs, which are and have been Official in the United States Pharmacopeia, together with important Allied Species and Useful Synthetics, for Students of Medicine, Druggists, Pharmacists, and Physicians. By David M. R. Culbreth, M. D., Professor of Botany, Materia Medica and Pharmacognosy in the Maryland College of Pharmacy, Baltimore. In one handsome octavo volume of 812 pages, with 445 illustrations. Philadelphia and New York: Lea Brothers & Co. 1896. Price, \$4.75.

This valuable work is the result of a wide experience of twenty years as a practicing pharmacist and ten years as teacher. Substances which have a common or allied origin he has associated. The author ignores the metric system of weights and measures and gives the doses only in apothecary's weight and the temperature in Fahrenheit scale. He thinks this will be more intelligible to the average American student, while the figures may be easily converted by a table which he gives. In mentioning each drug German and French synonyms are given and in almost every case an illustration, which as a rule is original with the author, accompanies the description. There is an excellent appendix on the microscope and its use, showing that the author is an expert microscopist. An appendix also contains a list of the poisons and their antidotes. The work is carefully prepared and is a great credit to the painstaking methods of the writer. The publishers have spared no expense to turn out a valuable work.

THE THERAPEUTICAL APPLICATION OF PEROXIDE OF HYDROGEN (Medicinal), GLYCOSONE, HYDROZONE AND EYE BALSAM. By Charles Marchand, Chemist. 11th Edition. New York. 1896.

This is a very carefully prepared brochure of about two hundred pages, containing many monographs, all referring to the article mentioned. They are not testimonials or written in the office of the manufacturer, but are simply the experiments of the writers (most of whom are well-known) with the preparations mentioned. The book is a valuable one for those looking for that kind of literature and should be read by all advanced students. The book will be sent free on application to the author.













