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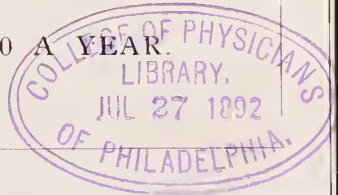
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THE
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VOL. II.

JULY 15, 1891.

No. 1.

Original Articles.

Address on Obstetrics and Gynecology.

BY J. T. JELKS, M. D., CHAIRMAN, HOT SPRINGS.

[Delivered before the Section on Obstetrics and Gynecology at the Sixteenth Annual Session of the State Medical Society of Arkansas, at Hot Springs, Ark., April 29-May 1, 1891.]

Gentlemen of the Section of Obstetrics and Gynecology of the State Medical Society of Arkansas:

At the foundation of the American Medical Association, and hence of all societies in affiliation with it, it was laid down as one of the special features of society work that the chairman of a section should read to the section an outline of all the progress that had taken place in that department during the year. At the time when this was enacted we had few medical journals, and the medical men occupying such positions of honor were expected to furnish to their less fortunate brethren this epitome of the year's work. At this time, too, men met occasionally to learn from eloquent political speakers the political news and progress of the day; these men were leaders and framed the thought of the masses; there were few papers and few readers, and it was right and proper that the people should assemble to learn from a few favored stu-

dents and learned men of the progress of the times and the prospects of the future. But with the advent of the great daily papers and the multitudes of weekly journals, the power of the public speaker waned and that of the press rose. So that today, when every man may have at his breakfast table the news of the old and new world of the day before, there is no longer the same necessity for the public speaker—because his audience have learned from the same fountain he has used. The great and growing power of the press of the country has shorn the orator of his power and at the same time of the necessity of his existence. So in this day of monthly and semi-monthly and weekly medical journals; in this day of universal reading where exists the necessity of the address which shall consume your valuable time, in briefly rehashing to you thoughts with which you are already familiar? Why should I attempt to cover two large fields of thought and give you but the briefest possible review of the progress for a year in these two fields, when you who are readers have already drawn your information from the fountain head, viz., the medical journals of the country? So I have concluded the law requiring this is better observed in its breach than in its performance, and hence I have thought it better to call your attention to one very important subject, and in doing so to emphasize the tendency of physicians to run after *fads*. We forget sometimes that fads are not all correct. It is true that much, if not all, of the progress of the world, is the result of the labor and enthusiasm of men who have hobbies—of men who make fads popular.

A few years ago many medical men were enthusiastic in praise of Sims' operation of splitting the cervix uteri to cure dysmenorrhœa. A few years later the profession was sewing up every uterus that had borne children. This became so universal that the master of such work, Dr. Emmett, called a halt, but not before much damage was done. It is but recently that every medical man in the land was buying some modification of the ubiquitous uterine divulsor for curing all the ills to which woman is heir.

Today gynecologists are going wild over laparotomy, so-called.

I would here enter my protest against medical and surgical "fads."

Today, then, instead of trying to cover the whole field of obstetrics and gynecology, I will call your attention to salpingitis, and give some personal experience in its treatment.

Salpingitis—Recently, Dr. Joseph Price of Philadelphia, and Dr. Maury of Memphis, have read before medical societies papers on this subject. Dr. Price takes for his subject, Pyosolpinx, or "Pus in the Pelvis, and how to deal with it;" and Dr. Maury, "Pelvic Inflammations, and how we treat them." Both are excellent papers, but when one has read them he rises with the impression that all pelvic inflammations are due to pus in the tubes, and that hence a laparotomy should at once be performed in order to save the life of the patient. It is true that in the discussion that followed the reading of these papers one or two medical men entered a protest against the evident tendency of the writers. It is also true that, in the hands of a master in antiseptic surgery, a laparotomy is comparatively a safe operation. But I desire here to demonstrate that all cases of tubal disease, and all cases where, to appearances, there is pus in the pelvis do not require a laparotomy for their cure. And to do this I will divide the subject of salpingitis as it is done by Sanger, and report cases I have observed.

Dr. Sanger of Leipsic, in a paper read before the Chicago Gynecological Society, divides cases of salpingitis into three groups :

- | | | |
|---------------------------------------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Group—Salpingitis,
produced by known specific
microbes. | { | 1. Salpingitis gonorrhoea
produced by the gonococcus
of Neiser.
2. Salpingitis tuberculosa,
produced by the bacillus tuber-
culosis of Koch.
3. Salpingitis actinomycetica
produced by the actinomyces
bovis of Bollinger. |
|---------------------------------------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

And here I may add that form of which two or more cases have been reported, viz.: Salpingitis syphilitica, produced by the bacillus of Lustgarten. In reference to cases of this group, there can be no doubt of its existence. In 1872 Norggarath called attention of the profession to the frequency of gonorrhœal injection in women, and to the fact that disease of the fallopian tubes was produced by this injection. For a long time the profession would not believe he was right, but today the majority of the leaders in gynecological work agree that Norggarath was correct in 1872, long before Neiser discovered and demonstrated the gonococcus. It is true that in every case of gonorrhœal salpingitis, the gonococcus cannot be demonstrated, but it is because it has been killed in its own ptomaine, I suppose. We need not be surprised that this is a very common form of salpingitis when we remember the frequency with which this coccus infects the male members of a community—the further fact, that the entire genital tract in the female is open to its invasion, from the “ostium vaginal to the ostium abdominal.

Sanger dwells upon the fact that gonorrhœal salpingitis is never a destructive form of inflammation, but that the inflammatory action is confined to the surface of the mucous membrane lining the tube; hence the pus is confined in the tube itself and is not in the cavity of the abdomen, save in those cases in which the pus has leaked into the cavity and set up pelvic peritonitis.

I report below a case of gonorrhœal salpingitis which I saw some time last year:

CASE I.—*Salpingitis Gonorrhœica*.—Mrs. C. V. I was asked by Dr. M. G. Thompson to see Mrs. C. V. She had been sick for some months and complained of pains in the sciatic nerve of right side. This had been prescribed for by myself some time previously, but without a thorough examination and with no relief to the patient. She had then sent for Dr. Thompson, who examined the pelvic organs and found a tumor in the right side attached to the uterus. Upon examination I found this tumor in size about as large as a lemon, con-

nected to the uterus and occupying the region of the fallopian tube. She had recently been having slight fever. I will state here that I treated the husband but a few months before for an attack of blenorrhœa.

We decided the case was one of pyosalpinx and determined upon aspiration, both as a means of diagnosis and treatment. In this case I used a small aspirator and withdrew about one and one-half ounces of thick yellow pus. This, with subsequent drainage, gave this patient complete relief, and now for more than a year she has been in perfect health so far as this pelvic trouble was concerned.

Salpingitis Tuberculosa.—The second class of cases under this head exist beyond a doubt, Lawson Tait to the contrary notwithstanding. Undoubted cases have been reported in which the bacilli of tuberculosis were found. It is very probable that many of the cases of tuberculosis of the peritoneum have their origin in this locality, as the fallopian tubes furnish an infection atrium—an open door through which the microbes may enter.

Lawson Tait denies the existence of tuberculosis of the fallopian tubes, and calls it the contracting stage of pyosalpinx (Sanger). Of course you understand that the term pyosalpinx simply means pus in the tube and conveys no pathological meaning; but when you say salpingitis gonorrhœica, S. syphilitica actinomycotica, etc., you hear and convey a clear pathological idea.

CASE 5.—While in Chicago last January I was invited to witness a laparotomy by my friend, Prof. Christian Fengar. He believed the patient had tuberculosis of the peritoneum. Upon opening the abdominal cavity we saw a peritoneum studded with milliary tuberculosis. He fished up and removed the tubes and ovaries; the former were covered with tubercular nodules and felt almost as hard as cartilage. They were enlarged somewhat more in some portions of the tube than in others. Upon opening these tubes we found them filled with the same tubercular masses, some of them having undergone

coagulation necrosis. This patient made an uninterrupted recovery.

Salpingitis Actinomycotica.—In 1883 Adolf Zeman reported a case of this form of the disease (Sanger), but so far I do not know of another case on record, and I report this here for the sake of scientific accuracy.

GROUP II (after Sanger)—*Salpingitis Septica.*—Salpingitis septica covers several varieties of the disease, as *S. pyemica*, *ichorosa*, *purulenta* and *diphtheritica*, but from the names given to them by Sanger you readily perceive that they are all the products of infection, with some germ from outside the body, and that hence there has been some medium of contagion. We can readily understand that at the bedside it may be very difficult to make a differential diagnosis between these different forms of the disease, but that they exist may be inferred from the fact that all their different forms of microbes may invade these parts. In each individual case we should do our utmost to ascertain the form of infection we have to deal with and not content ourselves with the vague diagnosis of pyosalpinx.

Sanger rightly calls our attention to the fact that there is a vast difference in the characteristics of the two classes of cases so far brought to our attention. The first group comprises *S. gonorrhœica*, *S. tuberculosa*, *S. actinomycotica* and *S. syphilitica*; and the cases of the second group, *S. septica*. This latter group may be called *salpingitis traumatica*, because some traumatism usually exists as a source of the infection; hence of course, there are as many forms of the disease, as there are pathogenic microbes.

CASE 2—*Salpingitis Septica, or Traumatica.*—Mrs. B. S. of Kansas, was referred to me by some of her friends. She is a woman of 30 years of age, a housewife by occupation, and married a number of years, but has never borne children. She is a ruddy looking woman and has always enjoyed the best of health; has suffered some from dysmenorrhœa for several years. Upon examination of the uterus and its appendages, I found them perfectly healthy and in normal posi-

tion. For the dysmenorrhœa and sterility, I advised dilation of the cervical canal. In pursuing this line of treatment I used Goodell's modification of Ellinger's steel dilators. Three times a week the cervix was dilated to the extent the patient could bear without an anesthetic. After the last dilation she was taken with a chill, followed by fever with pain and tenderness in the left iliac region. Upon digital and bi-manual examination, I found the left fallopian tube very tender and enlarged considerably. I ordered vaginal douches of hot water at 110° F., with application of Churchill's tr. iodine to vagina and abdomen, and free purgation with salines each alternate day. With this line of treatment she improved after a few days and in three weeks was well as usual—free from pain and tenderness in the region of the tube and all the swelling and infiltration had disappeared. Here was a case where I had evidently carried in with the dilators some germ of inflammation—probably the staphylococcus aureus or albus—infection of the tube followed, and an attack of inflammation which lasted for two weeks or more; and yet this inflammation subsided under hot water, Churchill's tr. iodine, rest and purgatives.

CASE 3—*Salpingitis Septica, or Traumatica.*—Mrs. M. of Hot Springs, Ark., aged 32 years, occupation, housewife; married, but has never borne children. She has suffered for years with painful menstruation. May 19, 1890, she sent for me, and I found her suffering great pain in both iliac regions—great tenderness on pressure, and slight fever. I diagnosed pelvic peritoneal inflammation and ordered free purgation and application of heat to abdomen. The pain was so great I was compelled to give hypodermic injection of morphine to relieve it until the purgative could act. When she had been purged five or six times, relief from the pain and tenderness was had. The fever disappeared and in ten days she came to my office for examination and treatment.

I found an indurated mass connected with the uterus on the left side, and diagnosed an inflammation of the left fallopian tube, and told her it was probable that I would have to

remove it. To this she demurred and I commenced the treatment of the case by using hot vaginal douches at 105° to 110° F., and painting the vaginal vault three times a week with Churchill's tr. iodine.

This treatment I kept up for three weeks, when I could no longer find any tenderness or enlargement of the tube. She had for years suffered with dysmenorrhœa, produced I thought by an antiflexed uterus, and she was very desirous of children. To relieve the dysmenorrhœa and give some opportunity for conception, I dilated the uterus twice a week with Goodell's dilator. This line of treatment was continued for about six weeks; at the same time the application of heat and iodine was not neglected.

This patient was now discharged, apparently as well as ever, and able to attend to her household duties.

Upon my return home from Chicago last December she came to my office the picture of misery and scarcely able to get up the steps. She told me that she had consulted another physician while I was in Chicago, and that he had treated her for some time, and that a few days before he had used an instrument to dilate the uterus, and that in twenty-four hours she was taken with great pain in the right side, low down in the pelvis, followed by chill and fever. I examined her and found a distended right fallopian tube, which I could get between my hands without difficulty, but which was very tender indeed. Again I thought this was a case for laparotomy in order that diseased tubes might be removed. To this she strenuously objected, and wanted me to treat her as before. I consented, and today the woman is apparently as well as ever. The tenderness and swelling of the tube is all gone and apparently, on bimanual manipulation, there is nothing the matter with her.

A Case of Salpingitis Without Known Cause.—A few years ago I was called to see Mrs. J. M. She had been sick for a week or more, and under the care of one of our physicians. She was suffering great pain in right and left iliac regions, and on the right side I found, by bimanual manipulation, a

swelling as large as both fists or a good-sized orange. She had the history of a pelvic inflammation, lasting a week or ten days, accompanied by fever and pain in this region. She was the mother of two or three children. I learned upon inquiry that the attending physician had diagnosed the case as one of "inflammation and rheumatism of the stomach, womb and bowels," and that he had prescribed a salve to be applied daily to the abdomen to "soften the hardness and inflammation."

As stated above, I discovered a swelling in the right iliac region. This swelling was rounded and smooth, painful on pressure and attached to the uterus. I called Dr. J. A. Fordyce in consultation. He confirmed the diagnosis of inflammation—presence of a tumor, and we decided upon aspiration. In introducing the aspirating needle I met with great resistance, so much so that I had almost made up my mind that I had a solid tumor to contend with. Understand that I had not been able to get any sense of fluctuation.

By using great force I succeeded in penetrating what was evidently a cavity, as all resistance to the needle ceased. Upon turning the stop-cock of the aspirator a watery fluid flowed into the receiving bottle. About six or eight ounces were thus withdrawn, with great relief to the patient, and upon examination I found the tumor had disappeared. The subsequent history of the case was uneventful and the woman made a good and speedy recovery.

I have here given you the brief history of several cases of pelvic inflammation, representing classes of cases different in origin, and I have thus brought them to your attention for several reasons. First, to call your attention to their causes. Second, to emphasize the line of treatment, and at the same time to sound a note of warning to the profession against the too indiscriminate indulgence in fads.

Some years ago, under the teachings of Monat of France, the profession went wild over cases of "cellulitis," "parame-tritis," "perimetritis," etc. I confess that following the teachings of that eminent man, Dr. Emmett, that I saw a great many

cases of "cellulites," and adopted the line of treatment as directed by him, viz., hot vaginal injections and Churchill's tincture of iodine to the vaginal vault; and again I confess, that with all the learned descriptions of the difference between para and perimetritis, I was never able at the bedside to make a differential diagnosis, and so called all these cases "cellulitis." Recently the profession have been "reading back," in order to "read up," and now we have our attention called to Bruntz' writings of thirty years ago, by Toit, in England, and Drs. Joseph Price, Maury, Wylie, Polk and many others in this country.

There is now no question but that Bruntz was right in his views of pelvic inflammations generally, viz., that in the vast majority of cases the disease was in the fallopian tubes, and that from these tubes the inflammation extended to the peritoneum, giving us cases of pelvic peritonitis, and that the recurrent attacks of so-called "cellulitis" were, in reality, recurrent attacks of pelvic peritonitis, produced by leaking tubes.

Let us now briefly review some of the causes of disease of the fallopian tubes, and in this manner we will be enabled to get a clearer insight into the cases of pelvic inflammation and how to deal with them. And let us at the same time remember the old maxim that "pus is a bad tenant and should be gotten rid of." The profession today fully recognize the researches of those patient men who, with microscope, have revealed to us the causes and course of inflammatory processes. The matter is now narrowed down to one of *infection with some one of the microbes of inflammation*, the form of inflammation taking its course in accordance with the known predilections of the inflicting microbe. For instance, a gonorrhœal inflammation is the product of invasion with the gonococcus, of Neisser, and erysipalatus inflammation always resulting from infection with the streptococcus, or the chain coccus inflammations followed by the production of pus, are always due to the presence of one of the pus producing cocci, as the staphylococcus aureus, or albus, or of the streptococcus pyogenus. Some of the forms of inflammation are the result of a mixed infection.

Now then, for the cases I have brought to your attention. In one we have a history of gonorrhœal infection in the husband, followed by infection of the wife, and an infection of her fallopian tubes, resulting in the formation of pus. Again, in the woman whom I infected with the ovarian dilator we had a dilator set up which in all probability would have resulted in formation of pus but for the vigorous antiphlogistic treatment, which cut short the inflammatory processes and restored the woman to her usual health, with the absorption of the inflammatory exudate. Again, the woman who was infected by another physician, in an effort to dilate her uterus, we have the same history, followed by the same results from same line of treatment, and yet in both of these cases there was every indication of an infection with one or more of these microbes of inflammation. In this case, as in the former one, the trouble was apparently cured by hot water, Churchill's tr. iodine, and free purgation.

In the case of my friend Dr. Fenger, we had one of tubercular inflammation of the peritoneum produced by a tubercular infection of the fallopian tubes. Whence this latter infection? We do not know unless it follows the law of locating on the place of least resistance; or that there was a previous history of gonorrhœal infection of the tubes, and as this subsided we had the tubercular process lighted up.

A Case of Ovarectomy. Recovery.

BY J. D. SOUTHARD, M. D., FORT SMITH, ARK.

[Read in the Section on Surgery at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29-May 1, 1891.]

On January 11th I was called to see Mrs. M. A. Taylor, an American lady, a widow, age 47 years. I found her features were very much shrunken, her limbs emaciated, her expression that of great distress. Her abdomen was in size enormous, containing, as was demonstrated later on, little, if any less,

than 100 pounds of extraneous matter. She suffered acute pain in right side, which upon examination I found was due to the existence of pleuro-pneumonitis. The great pressure from below and the intense pleuritic pain in right side conspired to render respiration extremely difficult and painful. She was propped up in bed with pillows, breathing at the rate of forty-five per minute. She could speak with difficulty in monosyllables only. Her condition was indeed a pitiable one and my prognosis extremely unfavorable. Indeed, I did not think she would survive twenty-four hours, her pulse being very weak and irregular. She surprised me however, and after a few days the pneumonitis began to give way, and the temperature, which had been running from 103° to 104° fell to 100° , but the dyspnoea from pressure was still very distressing, and the pressure increasing daily. In consultation with Dr. J. W. Breedlove, on January 23, it was agreed that in her extremely weak condition, tapping was the best, if not the only operative procedure to be recommended. Accordingly, I at once plunged in a large-sized trocar below the umbilicus and drew out seven gallons of dark, thick liquid. By so much her enormous abdomen was decreased in size, but quite a quantity of liquid, besides the large solid mass, remained. The result of this tapping came near being disastrous, mainly, I think, for the reason that too much of the fluid was allowed to escape, leaving the large fibro-cyst, which had before been supported by the liquid, without any support save its adhesions, and the tension thus made upon these adhesions produced constant and severe pain from which no position allowed her a moment's freedom night or day. The pressure of the tumor upon the abdominal aorta, when she remained in one position a short time, also gave rise to a feeling of great suffocation, which was very distressing and alarming to the patient. Nausea and vomiting set in the next day and was very persistent. This condition of affairs continued from day to day in spite of all efforts to the contrary. Finally, when it seemed that her feeble heart would hold out no longer nausea ceased, and she began to take nourishment. In a short time improvement was noticeable, and on February

24, she was taken to St. John's Hospital, where, on March 2, assisted by Drs. Breedlove, Bailey and Epler, I operated, removing a large ovarian fibro-cyst. Omitting to refer in detail to the different steps of the operation, which are common to all operations of this class, and familiar to all surgeons, I will only mention briefly a few points, which may be more interesting. An incision was made in the median line four inches long, beginning an inch above the pubes and extending upwards. When the cavity was reached about three gallons of liquid escaped. I then introduced my hand, which came at once in contact with a large, hard globular tumor.

Ascertaining that the smallest diameter of the tumor proper was about nine or ten inches, I extended the incision upwards to a total length of eleven inches, when it was found that the smallest diameter of the tumor would engage. The smaller adhesions were then broken up; the larger ones, of which there were many on the right side, were ligated with catgut and divided. The tumor, weighing about twenty or twenty-five pounds, filling a common-size water bucket, was then carefully pulled through the opening, exposing a large short pedicle arising from the left side of the uterus and including the appendages of that side, the ovary having merged into the tumor and passed beyond recognition. The pedicle was so large as to require its ligation in three sections and braided silk ligatures were used for this purpose; the pedicle was then divided and dropped back. The cavity was thoroughly cleansed with aseptic sponges, but no irrigation used.

A medium-size drainage tube was inserted and the wound closed with deep sutures. There was now quite an excess of abdominal wall, enough for two or three women. This was folded and bunched together as well as possible, but we could not avoid the formation of deep sulci or folds on all sides. I feared infection might occur through these, but by the free use of iodoform this was prevented. The temperature did not rise above $101\frac{1}{2}$, at any time following the operation. The drainage tube was removed on the ninth day, nothing having ever escaped through it. The wound was ex-

amined on the twelfth day, when it was found that primary union had taken place throughout, except at the point occupied by the drainage tube, and no pus was found at any point. Accordingly the sutures were removed and a second dressing applied. The patient, feeling quite well, was then allowed to sit up an hour. She made a splendid and speedy recovery and was discharged cured on the twenty-fourth day after the operation.

We endeavored to perform the operation aseptically and the result attests our success. Looking backward in the light of later developments, I believe I ought to have operated at once instead of tapping, but it was then impossible to foresee the serious result of that procedure.

The drainage tube did no good, but undoubtedly increased the danger of infection, as it must in all similar cases, and I would not employ it another time under like conditions. A point of some special interest to me in this case was the wonderful capacity of the patient's abdomen. She is a woman of little more than medium size, her average weight before the development of the tumor being between 125 and 130 pounds. Her abdomen contained, as was demonstrated both by a careful estimate of its contents as removed, and also by actual weight of patient before and after operation, 100 pounds of extraneous matter.

She was still well and hearty, and quite happy when I last saw her, April 25th inst.

A Case of Cancer of the Liver and Omentum, with Autopsy.

BY C. WATKINS, M. D., LITTLE ROCK, ARK.

[Read before the Little Rock Medical Society at the stated meeting held July 6, 1891.]

W. K., a prominent hide and leather merchant of this city, Englishman by birth, large, heavily-built man with splendid physique, clear, florid complexion, light hair and blue eyes, a

typical Anglo-Saxon, not to say dissipated, but a generous liver in every way. A hearty eater and a lover of good beer, for several years past he has had occasional "bilious attacks," which were promptly relieved by mercurials over night, followed up next morning by a saline cathartic. Finally, in the latter part of August, 1888, he had an attack apparently similar to his accustomed ones, but it proved more intractable to treatment. Although he was up and about every day, and persisted in attending to his business, not recuperating from this attack as quickly as he had from all former ones, after a thorough course of medicine I advised him to try the sulphur springs at Searcy, Ark., with the two-fold object in view of getting the benefit of the water and hot sulphur baths, together with a needed rest and cessation from business cares. He did not get any benefit from the use of the waters. On the contrary became worse, and after staying there about two weeks he returned to Little Rock with marked enlargement of the liver and appreciable ascites. This was on the 9th of September. My diagnosis was hypertrophic sclerosis, and the dropsy was attributed to obstruction to portal circulation. The ascites increased to such an extent, notwithstanding active treatment was instituted, that in ten days I concluded to tap him, and asked for a consultation. Dr. J. A. Dibrell saw the case with me, agreed both to diagnosis and the proposed evacuation of fluid from the abdominal cavity. It was the only practicable thing to do, in fact, was rendered imperative from the great abdominal tension and the difficult breathing caused by pressure upward upon the diaphragm. We tapped him on the 19th of September. He bore the tapping badly, and the two or three gallons of fluid evacuated was below the apparent amount it seemed from his size we should have gotten. The enlarged hardened mass of liver left behind could now the more easily be diagnosticated. The dullness on percussion was continuous from the hepatic region. It was smooth, no nodules. We could outline the smooth, even border of the mass. There was pain on pressure, but so far no characteristic pains of cancer; no cachexia. The skin was clear, and no more pain or

loss of flesh, apparently, than one would expect from an acute inflammation of the liver. We recognized the fact that we had a grave disorder of the liver, but we did not suspect cancer. There seemed absolutely nothing in the history, the symptoms and the acuteness of the attack, to justify such a diagnosis.

We hoped, of course, to have some advantage from the evacuation of the fluid and possibly prevent its re-accumulation. This we did not succeed in doing. The patient never fairly recovered from the tapping. The water rapidly re-accumulated, and in two or three days he began to suffer again, not only from the distention and difficult breathing as before, but added to these now were excruciating paroxysms of pain. We did not think it justifiable to tap again, because of the rapid accumulation of water in the three or four days, and because of his poor reaction from the former tapping. We recommended only palliative treatment and gave, of course, no hope of recovery.

At this juncture a kind friend of the patient recommended the services of a prominent homœopathic physician of this city. I understood he gave the same diagnosis and prognosis that we had, and prescribed arsenicum in high potency. I want to add, in justice to the gentleman, that no physician could have acted more fairly and squarely, under all the circumstances under which he was called in, both as to his medical predecessors and to the family as well.

I was called back again to see the patient shortly before his death, which occurred on the sixth day after the tapping. I did not suspect cancer, but from the history of the case as detailed above, and especially that it did not respond to any medication, and its gravity and unimpeded swiftness to a fatal termination, made me determined, if possible, to have a *post mortem*, that grim comforter to the physician, because *it* tells no lies. To my great relief, the request for *post mortem* was freely granted. I called Dr. Dibrell back again, and that evening we held a *post mortem*. It was a revelation to us! After opening the abdominal cavity through a very thick layer of adipose tissue, we came first upon a thick, smooth, hardened

mass. This, of course, we thought was the enlarged liver; its margin was sharp and well defined. Upon further investigation, however, we found that it reached entirely across the abdominal cavity, and upon raising up the hard board-like cancerous mass, laying it open and turning it aside, we found the liver enlarged, its edges hard, and upon opening it, found it studded throughout with nodulated cancerous masses in various stages of development, and the mass laid open above, of course, being the great omentum.

Gentlemen, I will not inflict upon you a text-book, description of the symptoms of cancer of the liver, or its differential diagnosis from other affections with which it may be confounded. We give you freely the benefit of our mistake in diagnosis, in the hope that it may prove more instructive than a typical case with its well-defined history, symptoms, and with all the well-marked clinical features could be.

Shall Physicians Specify Preparations in Prescriptions.

Since physicians have become in a measure accustomed to prescribe some proprietary (not secret) preparations, and since in many instances a number of different firms place similar articles on the market, the question occurs, shall physicians specify whose particular article they may desire?

So large a number of different makes of pills are offered for sale in our shops, that a physician's reputation may be at stake unless those of some particular and favorite firm are mentioned. Many other preparations, the formulæ of which are quite similar, may be mentioned. For instance, the hypophosphites, which are placed upon the market by various firms.

A physician may have used Fellows', or Robinson's, or Morgan's, and having obtained good results, may find his faith in hypophosphites shaken, or he may find his reputation ruined by the druggist preparing an extemporaneous mixture, or by giving a mixture prepared by the wholesale dealer.

The reputation of preparations like Fellows', Robinson's or Morgan's depends upon the uniform purity of the drugs, the exactness of doses and the perfection attained in the manufacture. These facts make them reliable articles, which cannot always be said of an extemporaneous preparation by the retail druggist, or of the mixtures of the local wholesale dealer.

Owing to the cheapness of the mixture of the wholesale dealer, many pharmacists supply it and thus make a larger profit. An inferior article is thus forced upon the patient at the expense of the physician's success and reputation.

It is unnecessary to offer argument to the intelligent physician that uniformity and purity of drugs and exactness of dose are necessary at all times to accomplish good results. It is therefore necessary to exercise due diligence in the selection of a desirable preparation and specify the same when prescribing.—[*Toledo Medical Compend.*]

Does it ever occur to those who advocate the specifying by physicians of the particular manufacturers' articles that any druggist who does not keep the best of drugs, chemicals and proprietary articles would not hesitate to substitute in case any particular manufacturer was specified? The solution of the whole difficulty is easily attained by every physician writing out the formula for the preparation he desires and seeing that it goes to some *reliable* druggists who can be trusted to compound prescriptions scientifically, and to use either preparations of his own production or those of others that are known to be pure and stable. If doctors ought to designate what manufacturers' proprietary preparation they desire to have in their prescriptions, why should they not also designate whose make of bicarbonate of soda or calomel, or Dovers' powder, or tr. aconite or salts?

Dr. E. R. Squibb and Powers & Weightman have the best trade-marks that were ever invented. They are not registered in the patent office, but by the honesty of the manufacturers and the purity of their drugs, their products are known throughout the land. Let pharmacists keep but one line of goods, the *very best*, and then let the physicians see that their prescriptions are filled by but one class of druggists—the *very best*, and they will have but one result from their prescriptions—the *very best*.

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NUMBER I.

Editorial.

THE WORK OF THE COUNTRY PRACTITIONERS.—In a state like Arkansas with no very large cities, and but few cities of the first class, a large majority of her physicians must necessarily be what are generally denominated "country doctors." The State Society is made up largely of that class and from their labors and observations many good results have followed. The country doctor has to rely on his individual resources more than his city brother, and is therefore a frequent demonstrator of the truth of that old saying that "necessity is the mother of invention." Besides, the physician who does a country practice has, on account of the distance between his patients, more time for reflection and study

between calls than can be utilized by a city physician. His visits are more prolonged, frequently extending, especially when far from home, through an entire night or the greater part of a day. While his physical labors are greater, he has, while riding from place to place, more uninterrupted time to study each case than he would have if his patients lived in a city where there would be but a few minutes ride between their residences.

Many a happy thought has been booked by the country doctor as he jogged along on a rough road studying the developments in some prolonged or unusual case.

Much is said and written of the "busy practitioner" who has not the time to devote to certain necessities of his profession. Does it ever occur to the "over-worked" or "busy practitioner," that he ought not to undertake, except, of course, under extreme circumstances, to treat more sick persons than he can conscientiously take charge of and give them the same attention that he would bestow upon any one of them if he had but one? These remarks apply with still more force to the physician in the city, who can call in assistance at his will, or leave his patients to seek other attendance when he has his hands full.

A witty, but rather sarcastic physician, criticising a brother practitioner, said that he was the busiest man he ever saw; that he was more engaged with one patient than an old setting hen could possibly be over a white alabaster door-knob; and that he could practice all day on one patient, whether the latter was sick much or slightly. Fortunately, most that is said about the "busy" and "over-worked" practitioner is found in the notices of hand-books, compends, etc., that are charitably (?) published for their alleged benefit.

Really busy doctors rarely talk of their business. The idle doctor, who wants to create the impression that he is doing much, is the one that complains most of fatigue and loss of rest.

The conscientious country doctor sees his patient as often as the urgency of the case or circumstance demands. He is

often out of reach of a competent consultant, and therefore, brings into use all of his own resources, which are generally sufficient, and have been accumulated by close observation rather than long experience. What he knows, he knows well, because he has learned it more at the bedside than from textbooks or elaborate journal articles. Be it understood that he keeps well up with the current literature of the profession. He reads, and while riding over the hills or corduroy roads, has what he has read jolted well into his cranium, thoroughly digests it, most of it that is not digestible is ejected, and the remainder assimilated and utilized for the good of his clients. To his Society he goes to learn, but oftener becomes the teacher before the meeting ends. How often does one hear the old-grown practitioner of the metropolis refer to the time when he practised medicine in the country, and there learned a lesson that had been of value to him all his life. Such gentlemen are fond of these reminiscences, and generally cast a significant glance at the professors and scientists when they relate them.

It was a country practitioner in Arkansas who, in a case of recto-vaginal fistula complicating labor by one limb presenting through the vagina and the other through the anus, without consultation converted the fissure into a complete laceration of the peroneum and delivered the child in a few minutes. While the operation of aspirating the pericardial sac for pus was being discussed in the societies of the East, one of the northwest Arkansas country doctors had performed the operation and reported it to the State Society. Another country doctor in the same vicinity, saved limbs that might have been lost in the best Eastern hospitals, and performed an "ovariotomy with complications," that put to a test the very highest order of intelligence, courage and skill.

All over Arkansas such things are occurring constantly, and with it all there is a modesty that is simply amazing to the ambitious cosmopolitan operator who is endeavoring to keep his name before the medical public by every device that his ingenuity can invent, and by many that the code of ethics forbids.

Some time since a member of the Society, in sending his dues and resignation to the Treasurer, made use of the following language: "I feel that it is a duty that doctors owe to themselves and their respective communities to keep up a good working State organization. This cannot be done either without a deal of *accurate*, close observation, such as few country practioners can command the time to make." It is very fortunate for the State Society and the friends of medical organizations throughout the State that so far this gentleman, a country practioner, is the only one that has been found up to date who does not attempt to perform a duty which he feels doctors owe to themselves and their respective communities.

Editorial Notes.

—The most unfortunate result of doctors rushing into the secular papers with their professional quarrels is the injury it does to the general profession. There is seldom a meeting of medical men that some kind of "doctor quarrel" does not "bob up serenely," and furnish to the secular papers foundation for the generally exaggerated accounts of such occurrences. If these contentions only affected the individuals engaging in them, their results would be hardly noticeable.

—The *Arkansas Gazette* of July 13th says: "The season when a community's health can be endangered by the miasmatic aromas that arise from dirty streets and filthy alleys, is approaching. Attention has been frequently called to the plague spots prevalent in Little Rock. The alley running through the block from Fifth to Sixth streets, between Main and Louisiana, is in need of attention. There are other places in the city that also demand a sanitary overhauling." The above is incorrect in at least two particulars. In the first place the season when a community's health can be endangered is *already* here; and secondly, it might have come nearer telling the true condition of affairs by stating that there is not a place

in the whole city that does not demand a sanitary overhauling. The commonest fatal mistake for communities and those in authority to commit is to put off cleaning up until the diseases resulting from filth are already developed. The time for *prevention* of disease is long before it makes its appearance, so that when the hot weather comes with alternating spells that are dry and wet, causing decomposition and poisoning influences, it may find nothing to work on. To stir up the filth in the midst of sickness that it causes is little less than homicide.

The State Society.

Minutes of the Sections.

The Secretary of the Society furnished note books to each of the members of the Society and on each leaf had printed a request that those who took part in the discussion would write a synopsis of their remarks and hand them to the secretaries of the respective sections for publication with the proper articles. Neither of the section secretaries received any of them, hence those who were not present can not have, as it was hoped, the benefit of the really interesting discussions that followed the reading of most of the papers.

To Delinquent Members.

On account of the present stringency of the money market and short crops last year making physicians' collections difficult or impossible, the Treasurer of the Society has concluded to wait until fall before drawing on the delinquent members for their dues. In the meantime, those who can afford to pay their dues are requested to do so without delay. A member wrote to the Treasurer that he was carrying over from last year

almost 90 per cent. of his accounts. The State Society is carrying more than 50 per cent. of the membership dues and most of it is owing from those who are able to pay them at any time. The member above referred to said he would pay as soon as he could, and he is one of those who keep their word. Will all other delinquents pay *as soon as they can*? The Society needs the money and ought to have it. At the same time the officers are not disposed to be annoying in performing the duties which the members of the Society imposed upon them when they elected them to their respective offices. The Treasurer's address is now No. 717 Main street, Little Rock, Ark.

The Way to Prepare Papers for the Next Meeting.

Although the next meeting of the Society is almost a year hence, now is the time to commence to prepare for it. Let the officers of the sections commence to confer with each other and endeavor to ascertain the character and amount of work they will have to do in order to have a full programme for each section. And now is the time for those who think it will be possible for them to attend next year to commence to dot down notes on some subject on which they may be able to write a paper. When a thought occurs to you make a note of it; keep this up until you have enough notes to make a paper and then put them together in readable form and come to the Society with the finished article. These few lines are not intended as an essay on composition and rhetoric, but only as a reminder that if you don't commence your paper you will never finish it, and if you never finish it you won't read it.

County Societies.

[The Scientific Proceedings of County Societies are requested for publication in this department.]

The Hot Springs Medical Society.

[From Proceedings of the Stated Meeting held June 1.]

HYDROCELE.

Dr. Linda H. Barry presented a report on four cases of hydrocele, showing specimens of parts removed.

First Case—Scrotum enlarged to 9x14 inches. Trocar introduced twice brought a few drops of bloody serum. On incising about three-fourths inch one-half pint of fluid was evacuated; no testis was found at all. The incision was made through the scrotum on the under sides and free drainage was secured. Patient was discharged after being in the hospital thirty days.

Second Case—One of four year's standing; scrotum measured 12x14 inches. Incision revealed same condition as in above case; no testicle, but a hardened fibrous condition of the scrotum with one-half pint of watery fluid. Attempt to dissect off this indurated portion showed it to be the external tunic. After completing as a castration the wound was left open for free drainage. The case is still under observation.

Third Case—Very redundant scrotum and swollen, with dropsical infiltration of the cellular structures; testicles in a healthy condition; an incision was made and left open. Hot water douche was used every few hours from the third day. Drastic purge of elaterium with citrate of caffeine on the seventh day reduced the swelling. Patient recovered on tonic treatment.

Fourth Case—Enlarged scrotum. One pint of water was drawn off by the trocar. Testicle on the right was enlarged and nodular; dropsical effusion returned, with same conditions present; decided to remove testicle. Eleven days after the

operation found him passing blood from the bowels, from which trouble he had suffered occasionally during the past six months. Patient died.

Discussion—The doctor said the peculiarities in these cases were in the facts that in the first two cases no trace of glandular structures could be found; that there was no evidence of suppuration having occurred; that the external tunics were very much thickened and distended; there was no dropsy of the scrotum, but of the gland proper; that there was no trace of syphilis in either case; that tuberculosis was general in the fourth case; that in all cases of enlarged scrotum with dropsical effusion which would not yield to tapping, he urged opening to allow free drainage; that he would like to hear from some one as to whether the tunic in the first two cases should have been removed.

Dr. M. G. Thompson said that unless the tunic was broken down and suppurating it was bad surgery to interfere. That if pus should be suspected or found it should be removed, else absorption would be injurious, causing infection with its subsequent fatalities; that the patient should not be dismissed as well until all swelling should be relieved, for slough will occur; that in the fourth case death was due of course to tuberculous bowel trouble.

Dr. W. H. Barry differed with Dr. Thompson in there being any danger of patient incurring any risk from slough now that free drainage was established. Atrophy will take place. He would like to ask what became of the testicles in the first cases. In case of the tuberculous patient he had previously suffered from hemorrhage of the lungs and bowels, and of course operation had nothing to do with death.

Dr. Thompson: The testicles atrophied and became blended with the tunics and other structures and can only be traced with the microscope.

Dr. L. H. Barry had no closing points to make, but would ask Dr. Fitts, of the United States Army and Navy Hospital, who had seen the case previously, what he thought of it.

Dr. Fitts said he had tapped the first patient for hydrocele and injected for some time a weak zinc sulph. solution, which might have had something to do with the atrophy.

BURN OF THIRD DEGREE.

E. C. Hay, M. D., reported a case of burn of the third degree. Patient, a laundry girl 18 years old. Caught left hand in an ironing drum of a steam laundry; burn destroying tissues to three-fourths the length of the dorsum of the hand. Carron oil was first applied for a few days, with occasional douching of warm sublimated water to prevent spasm and promote circulation; that antiseptic gauze cotton and rubber tissue were the applications for dressing throughout. On the fourth or fifth day, Bals. Peru boric acid were used after using perox of hydrogen at each dressing to remove dead material; that after granulation began to be seen almost all over the surface of the hand, the denuded phalanges became a question of serious consideration. After consulting with most of the surgeons in the city, who seemed divided as to whether amputation was necessary or not, he decided to try the conservative plan, and thought himself safe at present in saying that the girl's hand would recover entirely.

Dr. Keller asked if the hand could be used as a paper-weight.

Dr. Hay thought it could, but the contraction of the extensor tendons would cause considerable deformity.

Dr. Keller said that he had seen the patient after the hand was dressed and that on account of the excellent dressing advised non-interference. That the patient had received excellent conservative treatment, and even with the deformity would be better off than if she had to use an artificial hand. That the case was an excellent lesson to surgeons, young and old, to wait before deciding to cut. He considered that the case had been handsomely dealt with.

Dr. Thompson said that upon first viewing the case its frightful aspect would suggest ordinarily to old surgeons the immediate and imperative use of the knife, so great was the destruction of tissues. That the doctor should be proud of

having taken the conservative view of the case and postponed operating.

Dr. L. H. Barry asked if it would not be a good idea to divide the tendons.

Dr. Thompson: "No, sir; you already have too much dead tissue to deal with."

J. C. MINOR, *Secretary.*

Roll Call of Counties—Continued.

Conway County.

The County of Conway has every natural advantage that belongs to a prosperous section of the State. The Arkansas river traverses its southern part from west to east almost paralleled on the north by the Little Rock and Fort Smith Railway. The beautiful Petit Jean Mountains to the south of the river overlook as fine farming land as exists anywhere, while from the highest peaks one can peep into the prosperous little towns that dot the map along the railway line, and far north of it to the uplands beyond. The county capital is one of the most prosperous towns in all Arkansas. Morrilton's citizens are alert to every interest of the county and State. They are blessed with good medical attention when sick. There was a time when her physicians took more interest in medical matters than they seem to do now. Maybe some of the leaders have grown rich in the practice of their profession, and are enjoying that repose that is looked forward to by so many and attained by so few. Or maybe the young doctors who live in that section are what are called "busy practitioners," and have little time to devote to matters that pertain to the general good of the profession. Whatever the causes let some of the good doctors in that county write to the JOURNAL and tell their fellows in other parts of the State of them.

Craighead County.

For several years the name of this county was heard at every meeting of the State Society, because a devoted friend of medical organization invariably attended and always had cheerful words concerning his efforts to organize his brother physicians into a county society. There was but one railroad, if any, running through the county then. Now the county is prosperous, and the railways indicated on the map appear like the *pes anserinus*. But Craighead no longer sends a representative to the State Society, though frequently one of her physicians asks to be sent to the General Assembly, but with less success than in days gone by. As our State increases in wealth, population and conveniences of travel, it seems that the members of the medical profession ought to share in such benefits and show their prosperity by their work for the cause of medical organization, as the latter in every other State is taken as an index of the standing and progressiveness of the physicians. There is no State in this Union that has intelligent and progressive physicians without an excellent *working* society, and the same statement can apply to counties as well as States. So when a county like Craighead has not a medical society there is some ascertainable cause for it, and there is at least one good doctor in the county who can, and we are sure will, let us know why no delegate has lately responded to the call of Craighead County.

Miscellany.

The Abortive Treatment of Gonorrhœa.

The treatment of gonorrhœa in its early stages by strongly irritant injections, particularly those of nitrate of silver, at one time exceedingly popular, is now seldom applied by those most experienced in venereal diseases. This is because such treatment in practice was often ineffectual, and because when

it failed the violence of the original attack of urethritis seemed to be greatly exaggerated. As a result of this increased severity and duration of inflammation, tight strictures were much more commonly observed than was the case when gonorrhœa was treated by less irritating injections. It was also claimed that epididymitis was a very common sequel of anterior urethritis treated by nitrate of silver. The latter statement has, however, been shown to be false.

There are, then, sufficient grounds for abandoning a treatment which is so uncertain as to its successful issue, and is liable to be followed by a condition more grave than that for the cure of which the remedy is applied. There have always, however, been a number of practitioners who steadfastly adhered to the abortive treatment of gonorrhœa by silver nitrate, and who could show records in proof of their statements that in suitable cases the method was followed by sufficiently satisfactory results.

It has lately been proved, experimentally, that silver nitrate acts as a germicide upon the gonococcus even more powerfully than the bichloride of mercury, and the employment of this drug in weak solution has been advocated as an excellent continued treatment in gonorrhœa.

Both the gonococcus and nitrate of silver produce the same effect upon the urethral mucous membrane; that is, they cause a desquamation of the epithelium and an active inflammation of the deeper structures. The nitrate of silver, however, acts very rapidly—within a few hours—while the gonococcus requires several days to produce its full irritant effect. If, then, before the gonococcus has time to penetrate more deeply than the epithelium, an injection of silver is employed, it seems fairly reasonable to hope that it may not merely destroy the microbe, but may also cause it to be thrown out from the urethra by occasioning almost immediately an active inflammatory discharge, which, from its owing its cause solely to a chemical irritant, may be expected to subside entirely in a few days. If, however, the gonococcus has had time to penetrate deeply within the mucous or submucous layer, further irritation

cannot accomplish its throwing off, but will simply diminish tissue resistance, and add to the pabulum of the invading microbe, thereby increasing its multiplying powers.

It seems clear, then, that the abortive treatment cannot be entertained except in the very earliest period of a gonorrhœa; that is, when the tickling at the meatus and the drop of clear or slightly clouded mucous denote that the epithelium is invaded. Picard, the ablest modern exponent of the abortive treatment, holds that a red meatus, with swollen, everted lips, a turgid glans and intense pain, constitute absolute contraindications to this method of treatment, even if the case is seen early in its course.

The strength of the injection should vary from fifteen to twenty grains to the ounce of water. This produces a sufficient degree of irritation, yet is not strong enough to be followed by subsequent cicatricial contraction. The patient should first be instructed to urinate. Then the nozzle of a blunt-pointed syringe should be inserted into the meatus, the urethra should be compressed about two and a half inches farther back, so that the injection may not penetrate more deeply than is required, and the silver solution should be forced in so that all the urethra anterior to the point of pressure is fully distended. The solution should be retained a few seconds; it can then be allowed to escape by relaxing the pressure of the nozzle against the meatus. The anterior portion of the urethra should be distended and emptied till the syringe contains no more fluid. Urination should be postponed after this as long as possible.

According to Picard, the pain of this treatment is rarely severe. In a few hours there is a yellowish-white running, often bloodstained. This diminishes, becomes white, and in twenty-four hours is changed to a purely serous discharge, which entirely disappears in a few days. If the free discharge persists for from twenty-four to thirty-six hours, the treatment may be repeated, provided the parts are neither red nor painful.

The unfortunate part of this method is that patients rarely present themselves before the invasion of the urethra is too far advanced to admit of the abortive treatment. In suitable cases, however, it is a safer method and gives fairly constant results.—[*University Medical Magazine*.

Recent Criminal Malpractice Cases.

On the 6th of July, in Little Rock, a young negro woman died on the operating table of one whose outhanging sign reads, "J. F. Lewis, M. D., eclectic physician and surgeon." There were suspicious circumstances connected with the case and the coroner held an inquest. Lewis testified before the coroner's jury in substance as follows: "The deceased was brought to my office by Mrs. J. E. Bush. They waited in my ante-room until I disposed of a lady patient. I then went to the door and asked, Who next? When Mrs. Bush introduced this lady, whom I do not recollect to have seen before. She came into my private room, Mrs. Bush remaining in the other. She complained of pain in the abdominal region, particularly in the right side. I examined her externally, and asked her if it was possible that she was pregnant. She replied that she was married, her husband lived in Nashville, Tenn., and such a condition was possible. I placed her on my operating table and examined the mouth of the uterus with a speculum, and saw lying against the mouth a small fibre of some kind of fabric. I then examined her with my uterine sound and found the following dimensions: Depth of uterus, $4\frac{1}{2}$ inches, lateral diameter, 3 inches, antero-posterior about 2 inches. I noticed in this examination that the end of the sound touched a soft body, and I told her I thought she was pregnant. She went into a fainting condition, and I called Mrs. Bush to assist in restoring her, using the usual restoratives, such as bay rum, water, etc. Finding that she did not recover, I requested Mrs. Bush to go for another physician. Presently she returned with Dr. W. A. Cantrell. By that time the woman was dead. I

think she died from heart failure, caused by the shock produced by the sudden information that she was pregnant."

The coroner's physician testified that there was evidence of fatty degeneration of the heart, and that one side of that organ was flabby and longer than the other, and in his opinion death was the result of the shock caused by violence to the womb.

Other physicians testified that death resulted from the same cause.

And the jury! Here is the verdict: "We are of the opinion that death was caused by shock, the result of violence to the womb. The jury is of the opinion that Dr. F. Lewis used his instrument very *unwisely* [italics ours] in the examination he made."

A terser and more appropriate conclusion could have been expressed by saying that he used his instruments "not wisely, but too" much. Now, this man had the audacity to print a card in the *Arkansas Democrat*, asking his friends to suspend their judgment until his trial, and charging that because he was the only doctor of his school in the city the censuring verdict might have been reached on account of the testimony of the "allopathic" physicians who testified before the jury. It is not surprising that a man who is so ignorant or criminal as to introduce a sound into a womb that he had reason to *suspect* of being gravid would resort to the usual cry of persecution on account of his school, or his success, or the jealousy of the "allopaths." The coroner arrested the "persecuted" doctor on the charge of manslaughter, and he was held in \$1000 bail to appear before the next grand jury.

JUST as this is sent to the press there comes from Pine Bluff a newspaper account of a malpractice case in that city. It seems that one Dr. W. S. Moore attempted to perform some operation on the urethra of a prominent gentleman, which was followed by a hemorrhage that the alleged doctor attempted to check by the injection of Monsel's solution into the bladder, and the result was death. This alleged M. D. also comes out in a letter to the *Gazette* and charges the death of the patient

to the refusal of a regular physician to consult with him. His letter shows him to be very illiterate, and, as usual with ignorant people of his class, quite bigoted. We have not heard the particulars from a reliable source, but will endeavor to obtain them for the next issue.

Sanitation in Little Rock.

Not long since a newspaper which has done more than any other publication to attract capital and immigration to Arkansas characterized a certain class of country newspapers whose editors thought the metropolitan weekly was partial to Little Rock to the neglect of other portions of the State, as "little tin horns." Suppose some of these "little tin horns" were to take a drive through the streets of Little Rock, would they see much to remind them of a "City of Roses?" Or would the brick bats, old tin cans, partially burned paper and dry goods, that have been dumped indiscriminately on the streets, suggest some such pseudonym as the "City of Brick Bats," or the "Tin Can City?" From a medical standpoint, the JOURNAL has nothing to do with such things, except in so far as the dumping of all kinds of filth and trash into the streets affects the public health.

Little Rock was naturally one of the best drained and most beautifully situated cities, but every city engineer has done something to mar her beauty and affect her drainage; the latter to such an extent in many places as to form low places or mud holes, where water stands for a long time. Into just such places does the city authorities permit the throwing of all kinds of decaying trash. Most all of the rubbish from the cellars of the buildings destroyed in the recent big fires has been scattered indiscriminately over the streets of the city, either with the approbation, or at least not against the protest of the city authorities.

It is said that "a new broom sweeps clean," but the new city administration is a regretful exception to that rule. Little

Rock has a unique Board of Health, composed of the Mayor, the chairmen of three committees of the Council, the City Attorney and City Physician. But it does not appear that this wonderfully composed board takes any particular notice of the public health or attempts to prevent disease.

The water furnished by the Home Water Company is only water in so far as the City Council has made it so by its official recognition of the right of this corporation to extort exorbitant prices for a semi-fluid that is not only useless, but positively detrimental to the health of the community. It is said that the company is doing its best to get pure water. This is recognized as a difficult undertaking, and certainly every concession has been made to the company, and the consumers have paid water rates for mud and filth so long on such promises that forbearance is ceasing to be virtuous or healthful.

The capital of Little Rock has not been cleaned in years. Because the city has been providentially spared from epidemics, usually due to filthy conditions, is no guarantee that such protecting care will always be her lot. No vital statistics are kept—in truth, Little Rock is far behind every other first-class city in the State in matters relating to the health of her people, and the sooner she awakes to a realization of her backwardness in such important measures, the better. Filthy streets are so common in Little Rock, and have been allowed to remain in that condition so long that the people seem to have become accustomed to it. All of the city's streets are not unseemly. She can boast of as neat, pretty and pleasant drives as are to be found in any place of her size. And there is the trouble; only certain thoroughfares are habitually used for driving, and the side streets and alleys are absolutely uncared for and altogether neglected. If any of the city officials or citizens think this article overstates anything, let them accompany some of the physicians on their daily rounds and learn something of those streets and alleys not contiguous to the thoroughfares, and which are not frequented except from necessity—never for pleasure.

List of Drummers for Doctors in the City of Hot Springs, Ark., to Whom License Has Been Issued in Conformity to an Ordinance Passed June 17, 1889.

Name of doctor, Dr. E. C. Ellis ; names of drummers, W. J. Marshall, J. N. Webb, S. W. Vaughan, W. M. Belser, William Dougherty.

Name of doctor, Dr. Blaydes ; names of drummers, H. Brown, J. V. Pendley, William Dougherty, Harry Henley, C. M. Sage, W. F. Drake.

Name of doctor, Dr. A. U. Williams ; names of drummers, John C. Hall, P. J. Burke, James Shepard, W. J. Ellis, J. L. Heatherly, William Boutwell, William Bennett, Fred Darnell, C. P. Thompson, C. H. Gann.

Name of doctor, Dr. Forrest ; names of drummers, William Overman, James Dunlap, Anderson Flowers, Fred Darnell, J. S. Smith.

Name of doctor, Dr. J. S. Horner ; names of drummers, J. D. Slattery, James Shepard, Henry Brown, B. S. Hord, J. H. Kelpé, Charles Golden, Dick Morgan, James Holley, W. J. Marshall, P. J. Burke, J. D. Slattery.

Name of doctor, Drs. Dorr & Son ; names of drummers, James Dunlap, C. B. Webb.

Name of doctor, Dr. Higgins ; names of drummers, H. H. Martin, Jesse Coffee, A. A. Baumstock.

Name of doctor, Dr. Guild ; names of drummers, Fred Darnell, J. E. Cornelius.

Name of doctor, Dr. J. J. Walker ; names of drummers, Harry Henley, Louis Dodd.

Name of doctor, Dr. C. S. Reid ; names of drummers, William M. Overman, Anderson Flowers.

Name of doctor, Drs. Blaydes & Son ; name of drummer, John C. Hall, William Helwig.

Name of doctor, Dr. Standiford ; name of drummer, W. F. Drake.

I, W. E. Shannahan, city clerk of the City of Hot Springs, Ark., do hereby certify that the above and foregoing is a full

and true abstract taken from the records of my office to date.

WITNESS my hand and seal of office this 20th day of December, A. D. 1889.

[SEAL.]

W. E. SHANNAHAN, *City Clerk.*

This ordinance required all hotel and doctor drummers to take out license stating for whom they solicited, and making it obligatory upon them to wear badges showing their vocation.

Hot Water in Alimentation.

On the ground of his investigations, Dr. Guinard formulates the following conclusions: "Among the procedures for purifying water, boiling is at once the most certain, the most simple and within the reach of all. Another reason for recommending its employment is that it has little if any influence on the quality of the water. Contrary to what is generally thought, the quantity of salts contained in boiling water is always sufficient and differs little from that in the same water before boiling. The gases dissolved in water are never entirely expelled by boiling, even if prolonged; and if the water is cooled by contact with air, especially by prolonged exposure in a cool place, this is sufficient to cause the absorption of the greater portion of the gases which have escaped during the boiling.—*Lyon Medical.*

Hahnemann Against Homœopathy.

The editor of the *New York Medical Times*, in commenting on a long letter on the subject of the opposition to homœopathy being due to its exclusiveness, says:

"Two wrongs never make a right! It was wrong for the profession, as a school, to have ostracised Hahnemann and his followers as it did, and it was also wrong in our opinion for Hahnemann's followers to have established a school in medicine upon a single dogma.

"The letter of our correspondent is best answered by Hahnemann in his 'Lesser Writings,' p. 363, in which he says:

'The rallying motto of a sectarian name is incapable of exciting to sober, calm, scientific investigation; it only rouses the explosive spirit of accusations of heresy to a fierce, volcanic flame. Truth and weal of humanity should be the only motto of the genuine elucidators of the art, and the watchword of the brotherly, peaceful bond of reunion, without slavish adherence to any sectarian leader, if we would not see the little good that we know completely sacrificed to party spirit and discord.'

"Is it not about time to appropriate a little of Hahnemann's practical common sense and drop a name which is so offensive to the multitude, while we hold on to principles which are proved to be truth?—EDS."

The Journal of the Iowa State Medical Society.

THE VIS MEDICATRIX: A bi-monthly Journal of Medicine, Human and Comparative. The Journal of the Iowa State Medical Society. This is the rather long title of the new journal just started at Des Moines, Iowa, by Wood Hutchinson, A. M., M. D., editor.

In reading the minutes of the last meeting of the Iowa Society it is learned that the Society pays Dr. Hutchinson \$500 per annum for publishing its transactions in the *Vis Medicatrix*. This is a long step forward for the Iowa Society, and it is hoped that it will soon see the advantage of journalizing its transactions to such an extent as to own and control the publication containing them.

The first number of the journal is well appearing externally and contains much of interest between the cover leaves.

The Arkansas Society extends the right hand of fellowship, congratulates the Iowa Society on the right step it has taken, and expresses the wish that the example may be speedily followed by every State Medical Society in the United States. As a pioneer in the field the JOURNAL of the Arkansas Medical Society can testify to the good results that have followed the change from the annual to the monthly form of publishing its transactions.

How Tariff Benefits Oculists.

Apropos to that part of President Dibrell's recent address, in which he referred to the duty on surgical instruments, the subjoined is reproduced :

"There is a full-page advertisement in the *Ophthalmic Review*, published in London, of a very old firm of opticians in Philadelphia, which is noteworthy on account of its closing sentence. It is an offer to furnish a set of trial lenses "\$60 (£12), excepting in the United States, where price is \$75." In other words, this is an offer to pay the additional cost of extra handling and transportation, and furnish trial lenses to any Englishman desiring them for one-fifth less than they will sell the same lenses at home to their fellow-countrymen. This arrangement is doubtless much to the satisfaction of our English brethren, but hardly pleasing to the American, who learns that he must pay 20 per cent. more to a firm for whose benefit foreign competition has been excluded from the home trade, but which has proved its ability to cope with the same competition in foreign countries. Such a course as this firm has followed does not seem patriotic, but rather highly unfair and unjust to the people who have voluntarily taxed themselves for its benefit. But it is eminently natural."—[*The American Lancet*.

A Good Illustration.

Recently a physician was called from Little Rock to see a patient in the country. He found a lady suffering from a prolonged spell of malarial fever. The mother of the girl was very solicitous and asked the doctor if there was not *some medicine* that would break her fever and cause her speedy recovery. The physician explained to her that the general impression among the people that there was a specific remedy for each disease was incorrect, and that the physician could only put a patient in the best condition to get well, but could not by known means force a recovery any more than the farmer

could *make* his cotton grow, in spite of the soil, weather, etc. He was illustrating his meaning by comparing a good physician to a well-informed farmer, when the old lady interrupted with the remarks, "Oh, I see, I see. I understand now. It's just like my old man was onct. There was goin' to be a barbecue, and he wanted to have the first cotton bloom to show to his neighbors when they met, so he selected a few stalks on some rich ground close to the house, and watered them every day it didn't rain, and they was the *last* stalks to bloom on the place." How many recoveries from sickness have been retarded by too much medicine !

Unripe Ovarian Tumors.

Recently as several physicians were returning from a hospital where a large ovarian tumor had been removed, one of them remarked to the other that the tumor was a very large one. Another one said that he had spent some time in the Eastern hospitals and had not seen one so large. The third doctor said that it was easily explained, for in the East there are so many more ovariologists than there are tumors, that the eager gynecologists operate on them before they attain large size, in fact, hull them before they are ripe.

Health in Kansas.

An article has been going the rounds of the medical press to the effect that the only doctor in a Kansas county of 12,000 inhabitants had to leave it because there was not enough sickness among the inhabitants to afford him a support. That county must be one in which the location of the county seat has been *definitely* settled, or the doctor was averse to the practice of surgery. Or may be he was on the wrong side of the county seat question and left for the benefit of his own health.

PHARMACY.

This Department is the official organ of the Arkansas Association of Pharmacists, and is under the charge of an editor elected by that body, to whom all communications relating to it should be sent. Address its editor,

MR. W. W. KERR, Batesville, Ark.

Take Notice!

Every member of the Arkansas Association of Pharmacists who pays his annual dues for the next year in advance, as the law requires, will get one year's subscription to this journal free. The dues are \$2, and the price of the JOURNAL is \$2. You can count it as you please. You either get the one or the other for nothing.

WITH this number begins the second volume of this journal, the first subscription year of many of the druggists of the State, and, we believe the inauguration of a new and better era in the history of pharmacy in Arkansas. Now that it has become the official organ of the State Association, it will reach most, if not all the members, and affords a rare opportunity for rapidly developing pharmaceutical progress within the circle of its influence, and extending the usefulness of that organization. With an active, working Association, a solid board of pharmacy, armed with a good pharmacy law, to catch and hold what is gained, and a medium of communication to impart motion to the whole machinery, there would seem to be nothing in the way of success, and there is nothing, unless it be the apathy of those upon whom at last the work will depend, in not utilizing the means at hand—the men we have, the brains we have, and the tools we have—and if the edifice is not speedily erected, and if it is not an imposing structure, the only assignable reason will be inexcusable indifference.

The editor is exceedingly anxious to make this department not only creditable as a specimen of the current literature of its class, but the mirror which shall reflect the true condition of the profession in this State. This last it will do whatever

else it may not do, and it is for its readers, especially its pharmaceutical readers, to make the image a pleasing reflection, or otherwise, as they elect.

To the members of the Association we would say, this is your organ, made such by your own free and voluntary action, and by it your interest, zeal and wisdom in promoting professional advancement will be judged. The writer is only your editor *pro forma*, and is not expected to do all the work in the way of contributing original matter to its columns, nor indeed more than any other interested person. It is the journal of the Arkansas Association of Pharmacists, and must be made a success, or left to die a failure, by the members of that Association. Do you ask, how are we to utilize it? We can only point out a few ways at present, but will endeavor to enlighten you further on this subject from time to time.

The officers and committees can use it as a means of informing the members as to what is being done to advance the interests they have in charge, and elicit information in return to assist them in the discharge of their duties, and the members to exchange views upon live topics affecting the profession and business, as for instance, what changes should be made in the National Formulary, and what methods should be adopted to more thoroughly introduce that work to the notice of the physicians? How can the meetings of the State Association be made more useful and interesting and the membership increased? What changes should be made in the pharmacy law? What difficulties have you met with in compounding and dispensing physic, and how were they overcome, if they were surmounted; if not, submit them that others may enlighten you, or at least give their opinion. These and scores of other questions might and should be discussed in these columns, and we now urge upon you the duty of taking an interest in this movement, and assisting in working it up to the high plane of usefulness it is capable of attaining, and be assured the reflex action will bring back ample returns that will more than repay you for whatever labor and pains you bestowed upon it.

Proceedings of the Ninth Annual Meeting of the Arkansas State Pharmaceutical Association, at Hot Springs May the 20th, 1891.

The Arkansas Association of Pharmacists, assembled in the pavilion attached to the Park Hotel in the the City of Hot Springs, and was called to order at 3 p. m. by the President, W. W. Kerr. The roll of officers was called and the following answered to their names :

W. W. Kerr, President.

John Schaap, First Vice President.

J. W. Beidelman, Secretary.

D. W. Holman, Treasurer.

An opportunity was then given for members to register, when over fifty were found present. The local committee presented their report in the form of an order of exercises, which was adopted.

The order for the morning session was taken up in connection with that of the afternoon. The reading of the minutes was dispensed with and an address of welcome on the part of the citizens of Hot Springs was made by Hon. W. H. Martin, who kindly and eloquently gave us the freedom of the city during our stay. At the request of the President, Dr. John B. Bond was called upon to respond, which he did in a few well chosen words. At the conclusion of these introductory exercises, the First Vice President, John Schaap, was called to the chair and the President read his annual address. [The address will appear in the next issue.—ED.]

Upon the conclusion of the reading, John B. Bond moved that a committee of three be appointed on the President's address, which was amended by J. M. Anderson to consist of five, in which shape it was carried. The chair appointed John B. Bond, E. E. Shendal, A. C. McAdams, J. W. Morton and J. M. Anderson. The committee was instructed to report early Thursday morning. The credentials of H. M. Whelpley and J. S. Moffitt were presented as delegates from the Missouri State Pharmaceutical Association. They were formally intro-

duced by D. W. Holman. Both made very happy remarks, and Prof. Whelpley promised to have something more to say later in the session regarding the pharmaceutical section of the American Medical Association and the American Pharmaceutical Association.

Owing to the peculiar circumstances that there were no members of the Executive Committee present, it was on motion of J. W. Beidelman, agreed that a committee of three be appointed to act for this session, to whom should be referred all matters that should be referred to and acted upon by the standing committee. The chair appointed as such F. G. Kerr, F. W. Bush and E. F. Klein.

A number of applications for membership were then read, and referred to this Executive Committee.

Upon motion of D. W. Holman, a vote of thanks was tendered Hon. W. H. Martin for his cordial welcome.

Upon motion of A. C. McAdams, an invitation was extended to the physicians and pharmacists of the city to be present and take part in our proceedings.

John B. Bond stated that as our membership was increasing, we had gotten to the position where a committee on nominations for officers was required. He therefore moved that a committee consisting of seven be at once appointed to do this work.

After some discussion regarding the necessity for this, it was agreed to. The President stated that he would make the appointment later in the day.

The committee were directed to report at the second session of Thursday.

The credentials of W. H. Halliburton, delegate from the National Wholesale Druggists' Association, were read.

Prof. H. M. Whelpley, a delegate to the Pharmaceutical Section of the American Medical Association, and secretary of that section, made a statement of its work at the session just closed at Washington City. Being secretary it gave him full opportunity to speak knowingly of the scope of the proceedings. The "Pharmaceutical" is one of the largest of the

twenty-four sections of that body. There were thirty-two members present. Previous to four years ago it would have been impossible to have held a joint session of these two professions. Now the American Medical Association court the attendance of not only the American Pharmaceutical Association, but also of all State associations. They desire papers read, and invite discussions upon mutual and even *unmutual* subjects, for the latter are the only real causes of discussion. As the bodies now stand, members of our profession can meet with this section and take part in all its proceedings save the election of officers. This, it is thought, may eventually be effected, for to this end a committee was appointed consisting of five to devise means by which this may be accomplished. It is gratifying to see the growing desire for closer relations between these two bodies.

At the conclusion of these remarks, the Association adjourned until Thursday morning at 9:30 o'clock.

SPECIAL COMMITTEES FOR THE YEARS 1891-2.

Arrangements—J. W. Morton, W. O. Caldwell, Jno. Schaap, Fort Smith.

Publication—J. W. Beidelman, W. H. Halliburton, J. M. Colburn, Little Rock.

National Formulary—J. M. Anderson, Pine Bluff; Wylie W. Smith, Alma; P. G. Kerr, Van Buren.

Drug Display—O. Halliburton, Little Rock; R. H. Smiley, Hot Springs; Thomas M. Grubbs, Fort Smith.

Membership—W. C. Johnson, E. H. Nortini, J. L. Witherpoon, Little Rock; J. H. Mann, Pine Bluff; H. L. Moore, Newport.

STANDING COMMITTEES.

Executive—J. B. Bond, Little Rock; E. F. Klein, M. A. Eiselle, Hot Springs; J. A. Jungkind, J. E. Gibson, Little Rock.

Legislation—D. W. Holman, Little Rock; Al Weber, Hot Springs; F. W. Bush, Benton; E. J. Christian, Portland; Oscar F. Jenkins, Helena.

Pharmacy and Queries—W. W. Kerr, Batesville; Lee Miller, Malvern; J. N. Rector, Nashville.

Trade Interest—G. N. Hart, W. L. Dewoody, Pine Bluff; J. A. Livers, Hot Springs.

Adulteration of Drugs—Thomas M. Fletcher, Little Rock; J. B. Wilkerson, Augusta; A. P. Cressy, Hot Springs.

The Objects of State Associations.

Some difference of opinion, or at least confusion of ideas on this subject, manifested itself during the discussions at our last meeting. The question is, how far, if at all, does their jurisdiction extend beyond the realm of scientific pharmacy? The original idea, which until recent years seemed to prevail, was that such organizations were alone for the promotion of pharmacy as a profession, and such seemed to have been the only object the framers of our Constitution had in view when the following preamble was constructed:

“WHEREAS, To prepare and dispense drugs and medicines for the sick requires knowledge and skill of no ordinary ability, an ignorance of which admits of numberless evils and abuses, and is fraught with imminent danger to health and life; and

“WHEREAS, We desire to elevate the standard of pharmaceutical knowledge; to place the practice of pharmacy where it properly belongs—among the learned professions; to disseminate a *practical* as well as theoretical knowledge of pharmacy and the collateral branches of science; and to further develop these sentiments among our fellow pharmacists, we hereby organize ourselves into an association, and adopt for our government the following.”

That it was felt that its whole mission was not embraced in the above preamble, is evident from the following section from the code of ethics, which is equally a part of the Constitution:

“3. The apothecary should be remunerated by the public for his knowledge and skill; and his charges should be regulated by the *time* consumed in the preparation, as well as by

the value of the article sold. Although location and other circumstances necessarily affect the rate of charges at different establishments, no apothecary should *intentionally* undersell his neighbors with a view to their injury."

And also from the establishment of a committee of trade interests. The truth is that the demands made upon them by the requirements of the times constitute a higher law, which insists that they take cognizance of things pertaining to the business side of the druggist's occupation as well, and hence as a matter of fact, their object is to advance the interests of the profession in both respects, the former taking precedence inasmuch as it is one of the best means of advancing the interests of the trade. As to how far the latter may demand their interference is more difficult to determine, and this article is not written to decide it, but rather to call out an interchange of views which will throw light on the subject.

It is evident that they cannot go to the extent of fixing prices at which drugs shall be sold, or the terms upon which they may be sold, nor do anything which would tend to build up and foster a monopoly, nor yet to interfere in a cut-throat warfare between two members to secure trade; and yet they may and should lend their influence to the establishment and maintenance of fair, remunerative prices; to the unification of trade interests, and to the preservation of amicable business relations.

It is to be hoped that in our association more attention will be paid to this branch of its work in the future than in the past. It has amongst its members many old veteran business men who have been all along there, and it is their duty to divide their knowledge and experience with their brethren, and this they can do in no better way than by discussing questions pertaining to it in these columns, and by writing short, practical papers for our association meetings. These, when read, will call out the opinions of others, and thus provoke discussions that will do more good than anything else to build up a healthy and pleasant business interest.

How many will notify us within the next thirty days of their intention to give this matter thought and write it up? Let us hear from you, gentlemen.

The Missouri Pharmaceutical Association.

We are indebted to the National Druggist for a very early and full report of the proceedings of the thirteenth annual meeting of this Association at Excelsior Springs last month. This journal is to be commended for its enterprise in getting out complete reports of all the pharmaceutical meetings, and getting them out on time. We hope the accuracy of this one is not to be judged by the following extract from it: "W. W. Kerr of Batesville, ex-President of the Arkansas Association, was also introduced, and made a few remarks inaudible to those on the stage." We can vouch for the fact that bodily that individual was down in Arkansas, five hundred miles away, trying to keep cool, although, in spirit he was with the boys, but hardly so vividly present as to speak, even inaudibly. There was a member of the family there, however, F. G. Kerr of Van Buren, Ark., to whom allusion was doubtless made, and we are sorry for "those on the stage," as they missed something good, we know.

There was a large number present, and as usual, they had a good time. The following officers were elected for the ensuing year: Prof. Francis Hemm of St. Louis, President; Dr. Geo. A. Bennett of Pierce City, 1st Vice President; G. Howard Willett, 2d Vice President; R. H. Swinney, 3d Vice President; G. H. Chas. Klie, Secretary; Gus J. Meyer, Treasurer.

The A. P. A. plan to prevent cutting prices was adopted in full by a unanimous vote.

F. G. Kerr and E. F. Klein of Hot Springs represented the Arkansas Association.

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VOL. II.

AUGUST 15, 1891.

No. 2.

Original Articles.

Notes on Recent Surgical Pathology.

BY GEO. F. HYNES, M. D., CHAIRMAN, FORT SMITH, ARK.

[Read in the Section on Surgery at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29-May 1, 1891.]

The elementary sciences of medicine form the foundation of surgery, anatomy being the chief corner-stone. But before the building rises in all its beauty and symmetry, the substructure, the sills on which the frame is raised, must be hewn and secured in position. Pathology, then, the substructure lying between the foundation and the more conspicuous superstructure, the practical art, is the subject to which your attention is invited.

Advances have been made all along the line, but, while the less inclined to push himself into sight (just as the sills are hidden), there has been no dearth of work accomplished in bettering our knowledge of surgical pathology. It would be vain to attempt to bring before you all that is current upon the subject, but it may be that a brief notice of some of the new timber which has come to take the place of the decayed or rejected logs, will not be without advantage.

The reparative process in wounds is now spoken of as regenerative, while the word inflammation is reserved for conditions other than those strictly reparative.

It is now held that all wounds which heal without suppuration, heal without inflammation. The description of the inflammatory process is more complete each year. Not only the role of the leucocyte and the red blood corpuscle are better understood, but the third corpuscle is no longer doubted, having been seen escaping through the capillary wall in the same manner as the red blood corpuscle, and on account of its greater abundance and smaller size, being found in larger numbers in the inflammatory exudations. Fibrin is produced by this third corpuscle, and to it is also attributed an active part in the formation and growth of intravascular blood clots.

The train of pathological conditions which attend inflammation are now regarded as the effect of some form or forms of microbe on the capillary vessel, its walls, its contents and the fixed tissue cells outside the same. The intensity of the inflammatory action may be due either to the virulence of the microbe or to the number present.

The theory of phagocytosis, although assailed, is ably maintained; while the power of a leucocyte to digest the invading microbe is questioned. That the leucocyte envelops, and by thus housing it, prevents its guest from raiding on and destroying the tissues which it infests, is generally held.

Much light has been thrown on lesions of the joints, which were formerly spoken of as scrofulous, strumous, etc., but which are now known to be tubercular. Parataloid has done good in calling attention to these affections, as well as lupus, as being local expressions of tuberculosis; for while this has been known for some time, it had not received the attention from the profession as a whole to which it is entitled.

Actinomycosis has been further studied. Its microbe has been shown not to be a mould fungus, as Hertz asserted, but a member of the highest bacterial class, called cladothrix. Ramifying filaments being characteristic, the name proposed for this microbe is actino-cladothrix. More than 200 cases

have been reported up to this time. Israel, who in 1885 published thirty cases, finds that this disease in man, very nearly the same as in beasts, produces inflammation of the gums or roots of decaying teeth, then swellings and abscesses of the jaws, which latter open but never heal. The actino-cladothrix is always present and may be found in the pus or sputa.

The specific or non-specific character of urethritis, as proven by the gonococcus of Neisser, is the subject of much interesting discussion. Vibert and Bordas found, in cases where trumatism was the sole cause of vaginitis in little children, diplococci presenting all the characteristics of the gonococcus. Other observers, especially Bumm, find micro-organisms which cannot be distinguished, either morphologically or by staining, from the gonococcus. In a recent lecture delivered in Chicago by Dr. H. J. Reynolds, the attempt is made to put down the idea of a specific microbic cause for gonorrhœa, as without basis in fact, but the Scotch verdict, "not proven," is the true one.

Suggestion as a Therapeutic Measure or Mind Cure.

BY J. T. CLEGG, M. D., SILOAM SPRINGS, ARK.

[Read in the Section on Practice at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29-May 1, 1891.]

The sometimes wonderful results of homeopathy, of faith cure, of the laying on of hands, of Christian science, of prayer, of pilgrimages, of massage, and of many voodoo performances in the cure of certain varied, or apparently varied morbid conditions of both men and women, can but attract our attention and make us inquire why these results and how they come. Those who think at all know there can be no effect without a corresponding cause, and when we see the identical results produced by entirely different procedures or modes of action, we reasonably conclude the specific procedure or specific mode of action has in itself nothing to do with the result obtained.

We observe furthermore that precisely the same effect is wrought by the spiritualistic medium, the Christian scientist, the Indian doctor and the negro voo-doo. Their mode of action, so far as outside performances are concerned, do not in the least resemble each other. The medium attributes his results to the intervention of disembodied spirits, the Christian scientist to the influence of Jesus Christ by faith, the Indian doctor to the charms invested in bones, teeth, claws and rattles, the negro voo-doo to conjurations emanating from cabalistic letters, words, songs, ceremonies, noises, etc. Yet, too, we observe that they all agree in the one particular, that of suggesting the result desired. Says Professor Beaumetz: "The suggestive practices are absolutely the same, and it is always the suggester who imposes his will, either by touch, word or look." One of the exaggerations of this force of suggestion is exemplified in the practice of hypnotism. Here the operator profits double by the susceptibility of the one operated on, in fact, susceptibility to suggesting influence is prerequisite to the determination of the hypnotic state. The operator suggests that a state of somnolency will follow certain movements, words or passes, whereby the individual will be under the operator's will; then follows this state of somnolency in which the inhibitive power of the will is more perfectly subdued and the hypnotized subject is absolutely at the mercy of the suggestions of the operator.

It has been said that while in this hypnotic state the operator at will could make a Washington, a Napoleon or a Talmage, but such is not true. He may suggest the idea of Washington or Napoleon, but the individual so hypnotized will only assume the character of these men according to his own conception of it. The operator can add nothing to his intelligence, and were his conception of Napoleon that of a coward or a tyrant he would so assume it. The work of the mesmerist or hypnotist is, however, to the uninitiated, sometimes apparently unaccountable and marvelous. His influence is such over those hypnotized, or partially hypnotized, that state which the French call *petit hypnotisme*, that he can com-

mand a pain to flee and it is gone, or sleep to come and it comes. Remarkable and mysterious as the operations of the hypnotist may be, they are no more so than those of the Christian scientist, the faith curest or the voo-dooist. It is the mystery that pertains to these operations that promotes their effects. Man is a superstitious being and the belief in the supernatural dominates his thoughts, whatever may be his race or habitation, and it is this love of the marvelous and mysterious inherent in him that renders in many instances these practices possible. To say that these voo-doo practices, for they become voo-do practices only when practised by those who assume superior powers or special gifts, whether obtained of men, spirits, gods or devils. To say that these practices have no influence over certain individuals in certain conditions would not be true. They often do have very profound influences, even beneficial influences, though sometimes prejudicial perhaps—influences that may be utilized when properly exerted for much good; and it should be the duty of the medical profession to investigate the matter and rescue this psychic remedy from its unholy relations and place it upon a respectable and scientific basis. There are, no doubt, many reported cures of diseases by these measures, that were not really diseases, such as dizziness of vision, dullness of hearing, imaginary pains, etc. Yet, eliminating these, there are others more remarkable. Take for instance the alleged miraculous cures effected simply by a pilgrimage to the Grotto of Lourdes, in the mouth of which are suspended numerous crutches, canes, splints, etc., left there by persons who came lame and walked away, no longer needing their aid. This grotto became sanctified and obtained miraculous powers by the appearance at its mouth of the Holy Virgin to a poor peasant girl named Bernadette Saubirous. If testimonials are to be trusted, faith healers perform cures by faith and prayer, masseurs perform cures by rubbing and spanking, the Christian scientist by calling in the aid of Christ, the Indian medicine man by virtue of his eagle claws, snake bones and rattles. We ourselves often see so-called wonderful cures brought

about simply by suggestion, or what is the same, we witness unaccountable results from prescriptions that we did or did not expect.

Dr. Buchanan, professor of surgery in the Glasgow Medical College, reports in the London *Lancet*, of August, 1885, several cases in illustration, one of whom was a woman who had not been able to turn herself in bed for many months, of a painful affection of the spine. She could not bear even to be moved. Dr. Buchanan recognized the fact that her condition was not one of organic but purely a functional disease, and one susceptible to treatment by what we now know as suggestion. He commanded her to at once get out of bed and walk, and made her believe she could do it, and she did, and remained perfectly well afterwards. Many similar instances might be cited, but it is not necessary here.

There are no miracles, and it is not necessary to go beyond the realms of nature or natural phenomena to account for them, though they may appear ever so miraculous to those unlearned in psychological truths. The medical profession everywhere now recognizes the importance of the force of suggestion in the treatment of many diseases, or rather conditions of disease, and no longer considers the subject with indifference or levity, but is trying to lift it out from the chaos of superstition and charlantry, and place it on an enlightened footing as a valuable means of cure in certain otherwise incurable affections. The psychic remedy, however, is only applicable in the treatment of ailments pertaining to two great groups or classes of individuals, the hysterical and the neurotic. It is an adjuvant in a third group; that is, those affected with definite organic lesions, in whom the nervous element plays an important *role*.

It is in the first, or hysterical group, that suggestion has always produced its most positive effects, and this group of cases is a very large one, comprising both men and women. The worst cases of hysterics are sometimes seen in men, and are met with among all classes. Perhaps the chief and only psychopathological condition found in hysteria is perversion or weak-

ness, or complete loss of *will*, having utterly no control over ever changing impulses, though apparently at times the ever-changing impulses of an hysteric are in a state of fixidity immovable. Monsieur Ribot, in a chapter on diseases of the will, thus expresses it: "Hysterical patients are sometimes persuaded by a fixed idea, of which it is impossible to disabuse them. One refuses to eat, another to speak, a third to use her eyes, on the ground that the work of digestion or the exercise of the vocal or visual organs would, as they imagine, cause them pain. More frequently we find the species of paralysis known as 'psychic' or 'ideal.' The patient remains abed for weeks, months, or even years, in the belief that she is unable to stand or walk. Some moral shock, or simply the influence of some one who possesses her confidence, or who acts with authority, effects a cure. One betakes herself to her feet at the alarm of fire, another rises from her bed to meet her long absent brother, a third decides to partake of food out of fear of her physician. Briquet, in his '*Traitis de l'Hysterie*,' mentions several cases of women whom he cured by inspiring them with faith in their recovery. We might quote many of those so-called miraculous cures which have amused the curiosity of the public from the time of the Deacon Paris to our own day." Then, again, Professor Dujardin Beaumetz, in his recent lectures on new therapeutic agencies, says: "You easily understand how the symptoms of pseudo-maladies may be removed in male and female hysterics by suggestion, just as the paralyses, the contractures and other morbid manifestations of the neurosis may be made to disappear. I know of no better example to cite in this connection than that of a certain patient whom you have observed in our ward. This patient was a young man about 30 years of age, who had for the third time been admitted for treatment. This hysterical subject presented gastric and intestinal troubles, absolutely simulating internal strangulation, and to such an extent that at Nantes the hospital staff was ready to perform lumbar colotomy, but the fear of this operation caused all his symptoms to cease. This last time he entered the hospital for attacks of hemorrhages

from the lungs, which were rebellious to all treatment ; but the threat of punctiform cauterizations produced speedy and complete quittance of all the pulmonary phenomena, for in these patients intimidation is a sort of 'suggestion.' "

What a superb case this would have been to the masseur, the mind curist or the faith doctor ! But here is another from the same author : " That of an hysterical woman who has entered the wards for the fourth time. On the first occasion she came to be treated for contractures of the right inferior extremity. ' We practiced suggestions,' but rather maladroitly, for on awakening, instead of one, both limbs were contracted. Then one fine day all disappeared." The second group of cases susceptible to the influence of suggestion is a large one. It is composed of a host of idle valetudinarians, of neuresthenics, of warped or nervously broken unfortunates, of hypochondriacs, etc. We see them daily. They come to us with neuralgias, with stomach troubles, with headaches, with inability to sleep, with imaginary Bright's disease, with nasal catarrh, with liver complaints, and with any and every disease the last almanac or quack circular describes. They go from doctor to doctor ; then to the latest quack. They consult the Christian scientist, the spirit medium, the faith doctor, the Indian doctor, the voo-doo doctor, the massage man. They buy buzzing batteries, electric belts, electric shoe soles, liver pads, patent medicines by wholesale and retail. They buy A. Wilford Hall's health pamphlet and a syringe and every other abomination imaginable. They have made rich Helmbold, the buchu man, Green the August Flower man, Ayres the pill man, Warner the Safe Cure man. Some are by these means actually cured, the weaker and more credulous, perhaps. Many others go on and on, in the same routine, into complaining old age which kindly blunts their morbid sensations and gently rocks them in the last cradle to along sweet sleep from which they never wake. Strange as it may seem, this class of patients is usually long-lived. This, too, like the hysterical group, can be found among all classes of people and in all conditions of life, the poor as well as the rich, among those who labor as well as

those who idle. Lawyers, merchants, are subject to it, preachers are very prone to it, and even doctors are not exempt. It is defined as a morbid condition of the nervous system, whose underling characteristics are excessive irritability and weakness.

In these neuropathic patients, says Prof. Beaumetz, the influence of the physician, and the assurance with which he prescribes his remedies have more effect than the remedy itself. Here is the field of triumph of those granules, variously colored, and over which certain medicasters make magnetic passes before administering them. Here, too, is the field of triumph of the ancient homeopaths, I say *ancient*, for today homeopathy, at least that kind which is professed by Jousset and his school, discard the infinitesimal doses, and no longer retain aught of the doctrine but the principle *similia similibus*; but these men employ massive doses just as we do.

As for our third group, in which suggestion is a mere auxiliary. Here it must be admitted that suggestion has but very little power; it is limited to the moral influence which the physician may have over the patient. This influence, it is true, belongs to the sphere of suggestion, and may be considerable. How many patients are made better by simply seeing their physician, and by the assurance that they will soon get well, by the words of encouragement which he gives them. The very expression of the physician's countenance has its influence, as is a matter of every-day observation. To account for the *rationale* of the operation of the power of suggestion in these cases would open up a theme too complex for a paper like this. It would involve the discussion of the normal psychic state of man, certain aberrations of will and of personalty as well as perhaps other pathological conditions of mind. It is enough, however, to say that it acts in accordance with certain natural laws, or, in other words, according to properties naturally inherent in the brain and nervous system; properties, too, always belonging to the individual influenced by whatever suggests. One does not have to go into the realms of the mystic to account for it, nor call on the aid of some outside transcendental or superior power to procure its effect. Nor is

it the operation of animal magnetism transmitted from one to another; nor the influence of a differently charged electrical state between the suggester and the suggested to, as many suppose; but, as before said, it is a property purely inherent in the patient himself, and like every other nervous or mental phenomena, the outgrowth of reflex action. Fascinating though this part of the subject may be, we cannot pursue it further at present.

As fragmentary as I have presented the ideas I have tried to set forth in this paper, I don't think I will have done right to close it without calling attention to another fact that is also of great importance. I allude to the influence of suggestion in producing morbid conditions. Every one is familiar with the story of the man who started to his place of business one morning perfectly well, but who was told by those whom he met how bad he looked, and before he met half a dozen became convinced he was sick and went home to bed, sick purely from suggestion.

In our daily practice we see many analogous cases. Observe when some fellow gets up a new "cure" for catarrh, for instance, and publishes a pamphlet setting forth in vivid words the horrors of nasal catarrh, how our catarrhal patients multiply, and those hardest to cure, and those easiest for the nostrum to cure, are those who do not have the disease at all save the suggested disease. And it is worse with those concerning female disorders. Every woman has pains and aches and bad feelings at times, natural or physiological pains and aches and bad feelings, so much so that a certain Frenchman defined woman as "*un maladie*." How easy it is for the charlatan to magnify these physiological pains into dire diseases by the suggestion of their base literature! Just how easy, but not just how much suffering poor women endure from this cause, every physician knows.

"Nor those the only evils. There are those
 Who for the troubled mind prepare repose.
 They write. The young are tenderly addressed,
 Much danger hinted, much concern expressed.
 They dwell on freedom lads are prone to take,
 Which makes the doctor tremble for their sake."

Many a sensitive though indiscreet lad has been driven to the asylum or suicide by the suggestions contained in the villainous circulars and pamphlets that our postoffice officials wisely exclude from the mails.

I know my paper is incomplete and much disjointed, for the subject is an extensive one, but if I have thrown a spark of light upon, or if I succeed in bringing out by discussion any information that will benefit either the profession or the people, my object is accomplished, and I am fully paid for the time and attention given it.

Anterior Nasal Hypertrophy.

BY J. R. FLEMING, M. D., ARKADELPHIA, ARK.

[Read before the Southwest Arkansas Medical Association, April 13, 1891.]

My purpose in discussing this subject is not so much to call attention to any new or novel ideas in its treatment, but because there is possibly no disease of the nose for which relief is more often sought at the hands of the general practitioner than anterior nasal hypertrophy, and there are few, if any diseases that get as little satisfactory treatment at his hands.

Such things, brethren, should not be and are not necessarily so, for there are but few physicians who have not in their general supply of instruments all necessary appliances for its treatment, which is simple and easy.

Nasal hypertrophy is the result of continued or often repeated irritation of the membrane that envelops the nasal bones in, which there is not only a thickening of the mucous membrane proper, but layer upon layer of new organized connective tissue is built up both in the mucous and sub-mucous layers, containing new blood vessels, with all other normal elements entering into the formation of mucous membrane. The points of irritation not being generally or evenly distributed over the membrane, but at different locations, wherever a cause

might chance to exist, the thickening or hypertrophy is not general as a rule, but built up wherever an exciting cause is found.

The hypertrophies present themselves as smooth, glistening nodules or ridges, with a greater or less degree of firmness and elevation, according to their age and amount of inflammation present.

They are found at all points in the nasal passage, but my observation is that they are most common on the anterior surface of the superior and middle turbinated bones. The first step in the treatment is the use of a mild astringent antiseptic cleansing fluid.

This is applied by any good atomizer you may select ("Magic atomizer No. 5," manufactured by the Duval Rubber Company, Providence, R. I., is a favorite with me), in both post and anterior nasal openings, until the membrane is thoroughly bathed in the fluid.

After waiting ten or fifteen minutes blow the nose forcibly until all the hardened deposits are cleared away, then apply the fluid as before and let it remain to be absorbed.

When the weather is warm and pleasant this may be done once or twice daily, but if the patient is to be exposed to a raw, disagreeable atmosphere, it is best to apply the fluid only at bed-time, as the removal of the mucous coating from the membrane will allow it to become inflamed by the irritating effects of the atmosphere. This application should be kept up for a week or ten days, when it will be found that the general condition of the parts will be much improved, and the hypertrophies more clearly defined. The next step is to cauterize the hypertrophy, and that is done as follows :

After freeing the part from mucous or other secretion, saturate a piece of absorbent cotton with either a 20 per cent. sol. of cocaine or a saturated sol. of sulph of morphia (I use the latter) and apply to the hypertrophy, letting it remain ten to twenty minutes, which is sufficient time to produce anæsthesia. This being done, a small silver probe is warmed and dipped into chromic acid crystals, or, if preferred, a saturated

sol. of chromic acid may be used, and in that event cotton may be used upon the part to take up the acid. The application of the acid should be watched, and when sufficiently cauterized, the acid should be thoroughly washed off, as any that should remain will continue to burn. A solution of common table salt will control the action of the acid.

The hypertrophy being cauterized, apply an ointment of sulph. of morphia upon a pledget of cotton to prevent any after pain, as it is quite likely that the application of the cauterium will cause a severe headache, which sometimes continues twenty-four hours after the application, and this will always be prevented by the use of the morphia treatment.

It will generally require from one to three applications of the acid to destroy a hypertrophy, but at least five to ten days should intervene between them, and not more than one hypertrophy should be treated at a time. The wash should be kept up during this time, and as long after as may be necessary to reduce the membrane to a healthy condition, which will generally be from two to four months.

In the meantime an appropriate constitutional treatment should be kept up, which would be dictated by the conditions of the individual case.

All that I have said is in regard more especially to anterior hypertrophies, which, as I said in the beginning, any physician can treat without sending his patient from home, for they are of easy access, and at the same time the most common form of nasal trouble. But such is not the case in regard to posterior nasal hypertrophy, which does not only have a much larger field for growth, but is very difficult to reach, and can not be satisfactorily treated without many conveniences not needed in the other and more common trouble.

DR. J. H. DUNN, in the *New York Medical Journal*, says that though for a long time a railroad surgeon, he is unable to see that the specialty of railroad surgery has added lustre to the lamp of surgical science, certainly no very great emoluments

and dignity to the medical profession. If I were to speak of those achievements of which I am proudest, or those which have given me most unfeigned delight, I should leave most of my connection with that specialty unmentioned, particularly the medico-legal and expert part. In the west, railroad positions have been coveted by members of the profession chiefly as a means of advertising to the uninitiated that they were surgeons. Since, in general, the emoluments have not been great, I fancy the companies have very largely regarded them as means to achieve ends, since their appointments are quite generally given to those who have influence or are friends of the officers.

IN concluding an article on "The Code; and Interpretation," Dr. F. A. Seymour says in the Southern California Practitioner:

"Meanwhile, in the language of authors long dead before the days of Hippocrates, I venture to epitomize what I conceive to be the spirit of the Code, and which cannot be well misunderstood.

ARTICLE I.

"'Whatsoever ye would that men should *not* do to you, do not unto them.' (*Confucius.*)

ARTICLE II.

"'Judge not, that ye be not judged. For with what judgment ye judge, ye shall be judged.' (*Jesus.*)

ARTICLE III.

"'Study to be quiet and mind your own business.' (*Paul.*)

ARTICLE IV.

"'Study to show thyself approved, a workman that needeth not to be ashamed.' (*Paul.*)

ARTICLE V.

"'Abstain from every form of evil.' (*Paul.*)

ARTICLE VI.

"'All things whatsoever ye would that men should do to you, do ye even so to them.'" (*Jesus.*)

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Editorial.

THE FIRST CONVICTION UNDER THE PROVISIONS OF AN ACT TO PREVENT UNPROFESSIONAL CONDUCT IN THE PRACTICE OF MEDICINE.—Elsewhere in this issue is published the decision of the State Board of Medical Examiners in the case of the State against John A. Blaydes, appeal from the Garland County Board of Medical Examiners. This was the second case of the kind, the other came from Hot Springs also, but was reversed on appeal to the State Board. The better class of physicians and citizens of Hot Springs have labored long and faithfully and tried many devices for the suppression of the monstrous criminal practices of the drumming doctors, who have done more to injure the reputation of Hot Springs than all else combined. From reading the decision of the board,

wherein the testimony is partially summed up, it appears that the defendant was guilty of violating three provisions of the law, viz.: (1) Using drummers and subsidizing boarding-houses. (2) Obtaining fees on written guarantee of cures which could not be made, and (3) advertising business in an illegal manner. All of the charges were sustained and the decision of the State Board was unanimous. It is understood that the case will be carried to the State courts for final decision. A case in point was decided by the Supreme Court of Missouri, last year and the decision was published in the March number of the JOURNAL, from which the following extracts are made:

“By section 6878, the Revised Statutes of 1889, it is enacted that ‘The State Board of Health may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes, after giving the accused an opportunity to be heard in his defense before the board.’

“This section of the statute imposes upon the board duties which are quasi-judicial in their character. The question whether the applicant is guilty of unprofessional or dishonorable conduct calls for the exercise of judgment and sound discretion. It is a question as to which the board must hear evidence and pronounce a conclusion. The principle of law is well settled that mandamus will not lie to review official acts which require the exercise of judgment and discretion. Mandamus may be awarded for the purpose of requiring such officers to proceed and act upon such matters, but does not lie to direct or control the conclusion to be reached. The respondents heard the relator’s application and decided that he was not entitled to a certificate, because guilty of unprofessional and dishonorable conduct, and that decision cannot be brought here for review by this proceeding. The case of *State ex rel., Granville v. Gregory*, 83 Missouri, 123, is in point, and disposes of the question in hand. Other courts have expressed the same views under statutes quite like our own. *State of Minnesota ex rel., etc., v. State Examining Board*, 32 Minne-

sota, 324; *People v. Dental Examiners*, 110, 111, 180. See also, *Allbut v. The General Council of Medical Education and Registration*, 23 Law Report, 400, Queen's Bench Division.

* * * * *

“Their claim is that advertisements which tend to mislead and deceive the public constitute unprofessional and dishonorable conduct, and in this they are within the purview of the law. If, however, a physician will, in his advertisements, throw out inducements to patients to submit to treatment, then the matter is within the exclusive jurisdiction of the board. We are not furnished with a copy of the advertisements upon which the board made its first ruling. The burden, however, is upon the relator to show that the ruling of the board is manifestly unjust.

* * * * *

“The board of health is charged with the performance of important discretionary duties, and the performance of their duties will not be hampered by mandamus until a case of manifest injustice is shown. The relator has not made out such a case. Peremptory writ denied. All concur.”

The Arkansas act has the advantage over that of Missouri, in that it prescribes what shall be considered unprofessional conduct. If the case is taken to the courts the sooner a final decision is reached the better.

The Garland County Medical Board now has the power to regulate to a great extent the abuses which have so long existed. It would be well if the board proceeds slowly and cautiously, accepting nothing as evidence that would not stand the severest tests. It will be better to convict a few on unimpeachable testimony than to acquit many on hastily prepared and insufficient evidence, or to have their decisions reversed by the State Board. The Garland County Board is composed of men equal to the serious duties that will devolve upon them. Unless the number of drumming doctors at Hot Springs has been greatly overstated; or their brazen methods exaggerated, there ought to be sufficient material to keep the mill of the gods grinding with much regularity. The drumming for doc-

tors is an institution that is peculiar only to Hot Springs, but it affects the good name of the whole State, and every doctor in Arkansas will be glad to learn of the success of the last measure enacted for its eradication.

Editorial Notes.

—The medical corps of the Arkansas State Guards consists, according to the record in the Assistant's Adjutant General's office, of one physician, who is surgeon general, with the rank of colonel. It is understood that his duties are not so onerous as to seriously interfere with his private practice.

—The friendly relations which exist between the physicians and pharmacists in Arkansas are attracting considerable attention in other localities. As long as doctors' signs are clustered about the portals of drug-stores and the druggists' cards are printed on the back of the physician's prescription blanks, there is no use to talk about antagonism between the two professions, except, of course, in meeting, and on such occasions it is only talk.

—The Mississippi Valley Medical Association will meet at St. Louis October 14, 15 and 16, 1891. Dr. C. H. Hughes, St. Louis, is president, Dr. E. S. McKee, Cincinnati, is secretary, and Dr. I. N. Sone, St. Louis, chairman of the committee of arrangements. It has been proposed to have at the same date a meeting and conference of the Medical Press Association. Everything possible is being done to have a splendid meeting. The officers are indefatigable in their work, and it will not be their fault if the session does not prove to be the largest and most interesting the Association has ever held.

The State Society.

The Decision in the Blaydes Case.

THE STATE OF ARKANSAS

VS.

JOHN A. BLAYDES, M. D.

APPEAL FROM THE BOARD OF MEDICAL EXAMINERS FOR GARLAND COUNTY.

On the 25th of June, 1891, a number of persons appeared before the Board of Medical Examiners for Garland County, and stated that they had been drummed to Dr. John A. Blaydes for medical treatment. Thereupon the secretary of said board cited defendant to appear before it on the 30th day of June, 1891, and show cause why his license should not be revoked, as provided by the act of the Legislature entitled, "An act to prevent unprofessional conduct in the practice of medicine," approved February 28, 1891.

On the 30th of June, 1891, defendant appeared before said board and announced himself ready for trial. All the evidence, both on behalf of the State and the defendant, having been heard, said board found the defendant guilty of the charges and specifications, and revoked his license to practice medicine in the State of Arkansas. Defendant appealed to this board.

The charges and specifications are as follows :

CHARGES.

1st. Using drummers and subsidizing a boarding house, in violation of the second subdivision of section 9 of an act to prevent unprofessional conduct, approved February 28, 1891.

2d. Obtaining fees on a written guarantee of cures, which could not be made.

3d. Advertising business in violation of the fifth subdivision of section 9, the same act.

SPECIFICATIONS.

1st. The Boutwell family drum all persons whom they can control to the Gaines Cottage and to Dr. John A. Blaydes, for his benefit and at his instance.

2d. That Dr. John A. Blaydes guarantees and gives written obligations to cure diseases, which cannot be cured as guaranteed.

3d. That the said Dr. John A. Blaydes habitually advertises a medical and surgical institute which does not exist.

Eight witnesses are introduced on behalf of the State, and all of them except witness Moon state that they were met between Little Rock and Hot Springs by "runners" or "drummer," and induced to go to the Gaines Cottage in Hot Springs, a boarding house kept by Mrs. Boutwell. Their evidence shows that they were recommended to the defendant for medical treatment by members of Mrs. Boutwell's family, and that her sons went so far as to persuade and go with their boarders to his office and introduce them to him. Some of the witnesses had been recommended before leaving their homes for Hot Springs to other physicians, and when they made inquiries about them, the reply the Boutwells gave was either that they knew of no such person or that his business was so large that he could not give them proper attention. Four witnesses have testified they were taken to the office of the defendant before they had been in the city six hours, and others before they had had opportunities to follow their directions or present their letters to other physicians to whom they had been recommended before leaving their homes.

The receipts for money required and paid in advance, and guarantees of cures to be made within a specified time, are offered in evidence. These receipts and guarantees are written on blanks of the Hot Springs Medical and Surgical Institute, and all of them are signed "R. O. Blaydes, Secretary," whereas, all the witnesses testify that the money was paid to the defendant and the receipt was made out by him. To these statements defendant makes no denial. Guarantees were given to effect cures within three, four and five weeks, when it

is evident from the nature of the diseases that such guarantees could not have been given in good faith.

Witnesses also testify that when one Mr. Boutwell was sick, defendant was not summoned to attend him, but that another physician, who was said to be their family physician, was called. This circumstance tends to show that the Boutwells did not believe defendant to be the best physician in the city as they recommended him, and their reason for recommending him was self-interest.

Defendant introduces Mr. Huggins, who denies that he drummed witness Moon to defendant. Moon is the only witness who was not drummed by some one of the Boutwells. The defendant, although he denies that he employs drummers, does not introduce any of the Boutwells to rebut the State's evidence, although the evidence shows that they are still engaged in running the Gaines Cottage at Hot Springs. Defendant's son, Dr. Reese Blaydes, in reply to the question, "Were these patients drummed by the Boutwells?" stated, "I only know what is drummed to me. I do not know what is drummed to my father."

As to the existence of the Hot Springs Medical and Surgical Institute, witnesses for the State testify that they only saw a number of doctors' offices, just as in any other building. Defendant contents himself with introducing the certified copy of the articles of incorporation of the institute, but does not rebut the statements of the witnesses, nor attempt to show that the incorporators are doing a *bona fide* business under their charter.

Upon the whole of the proof, it is evident that the charges have been fully sustained, and this board, however reluctant to revoke the license of a fellow-practitioner, still it is forced by the great weight of the evidence to the conclusion that the defendant has been guilty of violating the laws as charged. The witnesses for the State were put through a severe cross-examination, but their statements were the same throughout.

The judgment of the lower board is affirmed.

List of Officers from the Organization of the Society.

[This list is published annually for its historical significance and as a guide for the Nominating Committee in selecting officers.—ED.]

PRESIDENTS.

W. B. Welch, M. D., 1875-6.	*A. N. Carrigan, M. D., 1877-8.
A. A. Horner, M. D., 1878-9.	*E. T. Dale, M. D., 1879-80.
W. M. Lawrence, M. D., 1880-1.	R. G. Jennings, M. D., 1881-2.
J. H. Southall, M. D., 1882-3.	J. M. Keller, M. D., 1883-4.
T. W. Hurley, M. D., 1884-5.	*W. H. Hawkins, M. D., 1885-6.
J. A. Dibrell, Sr., M. D., 1886-7.	W. P. Hart, M. D., 1887-8.
E. Bently, M. D., 1888-9.	Z. Orto, M. D., 1889-90.
J. A. Dibrell, Jr., M. D., 1890-1.	

VICE-PRESIDENTS.

*E. H. Alexander, M. D., 1884-5.	*P. C. West, M. D., 1886-7.
J. F. Blackburn, M. D., 1883-4.	F. N. Burke, M. D., 1886-7.
S. M. Carrigan, M. D., 1883-4.	R. B. Christian, M. D., 1880-1.
*J. G. Clegg, M. D., 1889-90.	J. W. Coffman, M. D., 1887-8.
J. B. Cummings, M. D., 1879-80.	*E. T. Dale, M. D., 1875-6.
A. Dunlap, M. D., 1875-6-79-80.	J. A. Dibrell, Sr., 1882-3.
J. G. Eberle, M. D., 1887-8.	Isaac Folsom, M. D., 1878-9.
D. C. Ewing, M. D., 1881-2.	J. L. Goree, M. D., 1890-1.
B. Hatchett, 1888-9.	C. S. Gray, 1888-9.
*J. T. Hamilton, M. D., 1879-80.	W. P. Hart, M. D., 1884-5.
*W. H. Hawkins, M. D., 1878-9.	W. H. Heard, M. D., 1881-2.
W. H. Hill, 1888-9.	A. A. Horner, M. D., 1877-8.
W. W. Hipolite, M. D., 1885-6.	T. W. Hurley, M. D., 1878-9.
G. W. Hudson, M. D., 1883-4.	W. M. Lawrence, M. D., 1879-80.
W. B. Lawrence, M. D., 1885-6.	*Drake McDowell, M. D., 1877-8.
J. J. McAlmont, M. D., 1884-5.	D. S. Mills, M. D., 1883-4.
G. B. Malone, M. D., 1881-2.	T. E. Murrell, M. D., 1885-6-9-90.
J. B. Payne, M. D., 1890-1.	*T. J. Pollard, M. D., 1877-8.
J. P. Mitchell, M. D., 1885-6.	H. L. Routh, M. D., 1885-6.
Z. Orto, M. D., 1883-4.	D. P. Ruff, M. D., 1887-8.
W. P. Owen, M. D., 1889-90.	J. S. Shibley, M. D., 1885-6.
D. J. Prather, M. D., 1882-3.	D. H. Stayton, M. D., 1880-1.
W. A. C. Sayle, M. D., 1880-1.	H. H. Turner, M. D., 1881-2-3-4.
R. N. Ross, M. D., 1890-1.	*J. E. Bennett, M. D., 1880-1.
J. F. Simmons, M. D., 1886-7.	*R. Brunson, M. D., 1875-6.
J. A. Stinson, M. D., 1877-8.	C. Watkins, M. D., 1886-7.
A. J. Vance, M. D., 1888-9.	J. A. Williams, 1890-1.
R. S. Wallis, M. D., 1884-5.	R. M. Wilson, M. D., 1889-90.

*Deceased.

SECRETARIES.

L. P. Gibson, M. D., 1881 to 1891. R. G. Jennings, M. D., 1875 to 1881.

ASSISTANT SECRETARIES.

F. N. Burke, M. D., 1885-6. Edward Meek, M. D., 1890-1-'81 to
L. P. Gibson, M. D., 1877 to 1881. 1884-6-7-9.
B. Hatchett, M. D., 1887-8. Z. Orto, M. D., 1887-9.
J. G. Eberle, M. D., 1875-6-'84-5.

TREASURER.

A. L. Breysacher, M. D., 1875 to 1891.

LIBRARIANS.

T. H. Bates, M. D., 1875-6. John Waters, M. D., 1880 to 1883.
R. B. Christian, M. D., 1889-90. J. H. Lenow, M. D., 1878 to 1880.
T. E. Murrell, M. D., 1877-8. R. W. Lindsey, M. D., 1889-90.
L. R. Stark, M. D., 1885 to 1887.

OFFICERS OF THE SECTIONS, 1890-91.

Chairmen.—On Practice of Medicine, J. S. Shibley, M. D.;
on Surgery, George F. Hynes, M. D.; on Obstetrics and
Gynecology, J. T. Jelks, M. D.

Secretaries.—On Practice of Medicine, A. C. Jordan, M. D.;
on Surgery, A. J. Vance, M. D.; on Obstetrics and Gynecology,
W. B. Barner, M. D.

The President of the Society.

Dr. J. S. Shibley of Paris, Logan County, Arkansas, was born in Adair County, Missouri, November 30, 1843.

He received a common school education in his youth, afterwards studied medicine and graduated at the University of Nashville, Tenn., in 1870, being the valedictorian of his class. Since 1873, he has practiced medicine at Roseville and Paris, in Logan County, Arkansas, being most of the time Secretary of the County Medical Society since its organization in 1878. He was a member of the convention that met in 1875 to form the State Society, and belongs also to the American Medical Association.

He is a close student of medicine, an independent thinker and actor, as has been so often demonstrated at the annual sessions of the Society, where he has seldom failed to read a carefully prepared paper, and to take leading parts in the discussions of topics introduced by others.

He is a fluent speaker, fine parliamentarian, has a magnificent physique, and is in every manner endowed with the attributes of a leader of men, both in thought, and, if need be, in action. He will not disappoint his friends who so wisely presented him for the highest office in the gift of the medical profession of Arkansas, and the whole society feel delighted in having made so excellent a choice for their presiding officer.

The Committees.

As the committees of the Society, since the adoption of the section plan, will have but little to do before the Society meets, there has been no haste in appointing them. The Committee on State Medicine is by far the most important, and its members will be selected with regard to their willingness and ability to serve and assist the chairman in the preparation of the committee's report.

Dues.

Members are slowly paying their dues, while the expenses of the Society are not decreasing at all. Those who can afford to pay now, but do not do so from indifference ought to make a note of their obligation, and the first time they go to the bank, or postoffice, or express office, send the Treasurer the amount they owe.

County Societies.

[The Scientific Proceedings of County Societies are requested for publication in this department.]

Scientific Proceedings.

The JOURNAL is often in receipt of the minutes of County Societies giving simply the record of the routine work and business transactions. What is desired for publication in this department is a report of the *scientific* proceedings and the papers read. There is hardly a society meeting that some discussion does not take place, which, if properly epitomized, would be of value for publication in the JOURNAL. The attention of the secretaries of County Societies is called to the matter, and they are requested to assist the JOURNAL in the publication of the proceeding of their local Societies, to the extent of furnishing full records of their papers and debates.

Roll Call of Counties—Continued.

CLEVELAND COUNTY.

The name of this county should have been called right after Cleburne. The political events of, and following, 1884 caused the name of Dorsey County to be changed to Cleveland, but the gentleman who revised the list of counties the JOURNAL is using failed to put Cleveland as high in the roll as it belonged, but instead placed it over the old word Dorsey, hence, it was omitted in the proper place in the Cs. But the alphabetical position of Cleveland is of no importance whatever. Where does the county stand with regard to medical organization? There are enough good doctors, undoubtedly, in the county for the purposes of conducting a society. Can't five of them get together and keep up an organization? In every county

where five leading physicians will unite to form a society, and conduct it properly, all the others who it is desirable to have will soon come in, or if they don't come into the County Society their motives will be so manifest that they will reap injury rather than gain by their selfish and demagogical conduct. There is no reason to believe that there are any medical demagogues in Cleveland County, and for that reason the JOURNAL can speak more plainly without fear of offending. There are counties, however, that are kept out of organized medicine by the threats and action of demagogues pure and simple—men who create the impression that Societies are organized for the purpose of advancing or keeping up the fees; for persecuting and driving out of practice the "poor" country practitioner, etc., etc. The best way is to treat such fellows with dignified courtesy, but stick to your medical organization with a persistence and enthusiasm that will show patrons that the best element of the profession in your county belongs to a medical society, and that the same is true of the State, the United States and the world. So much, in fact too much, for the County of Cleveland. More has been said than was intended to apply to that county. Whatever don't apply to Cleveland can be with *fitness* turned over to some county that it will *fit*.

CRAWFORD COUNTY

still keeps up a County Medical Society, but it seems to be affected with some kind of intermittent or remittent indisposition that requires continuous tonic treatment. Crawford generally answers the roll-call at the State Society by a delegate who creates the impression that if such a doctor comes to the State Society, there must be some just like him at home, and if there are as many as five such in the county, there ought to be a society whose proceedings would be worth reading when published in the JOURNAL. There is an elegant, accomplished physician—"a fine Arkansas gentleman, close to the Choctaw line," who has grown old and honored in the practice of his profession, who has always taken an active part in every movement intended for the benefit of his fellow practitioners, and

who, by the right of his age and his past work, is entitled to that rest and repose that few reach the three-score and ten to enjoy or deserve. This gentleman was present and took part in the organization of the first Medical Society in Arkansas. He is still enthusiastic in everything that relates to medicine, and particularly medical organization. What a store of knowledge he must have saved from an experience of fifty years' practice in Arkansas, and what a pleasure and profit it would be for the younger members to meet with him once every month and compare notes. There are others in the county whose experiences are too valuable to be lost to their fellows through diffidence and lack of time to prepare journal articles. The best way is to talk it over at the Society meeting, and let a good secretary preserve enough of it for publication. Dr. Dibrell, can't you get the "boys" together three or four times a year?

CRITTENDEN COUNTY.

Crawford County is one of the western border counties of the State, and directly east of it, bordering on the Father of Waters, is Crittenden County. There is at least one good town in that county—Marion. The centre of the county is just about opposite Memphis, Tenn., and this is the most plausible excuse or reason for Crittenden's lethargy in medical matters. A majority of her doctors live in another State, and are not eligible to membership in our State medical organization. Unless we take in the taxing district of Shelby County, Tennessee, and annex it to Crittenden County, there is not much hope of very brilliant achievement in that part of our State contiguous to Memphis.

Miscellany.

“Being Marched Straight to—Hell!”

The *Medical News* of August 1, contains the following under the caption of—

“DRUMMERS FOR DOCTORS:”

“We rubbed our eyes, re-cleansed our spectacle-lenses, looked again at the journal cover, made sure it was not a summer theater we were in—but had at last to confess that the words stood as given below. The periodical is ‘our esteemed contemporary,’ the JOURNAL OF THE STATE MEDICAL SOCIETY OF ARKANSAS, and in its ‘Miscellany’ there appears without comment or explanation the following.

“‘LIST OF DRUMMERS FOR DOCTORS IN THE CITY OF HOT SPRINGS, ARK., TO WHOM LICENSE HAS BEEN ISSUED IN CONFORMITY TO AN ORDINANCE PASSED JUNE 17, 1889.’

“Since we do not wish to give a free advertisement to these gentlemen we can only explain that the list comprises the names of twelve doctors, each followed by the names of his ‘drummers.’ One doctor has but one drummer, five have two, one has three, two have five, one has six, one ten, and one has eleven—fifty one men ‘touting’ and ‘healing’ for the doctors of one small town!

“The City Clerk swears the list is a true abstract of the office records, and a note appended explains that the ‘hotel and doctor drummers’ are by ordinance required to take out a license and wear badges showing their vocation. (What excellent devices and mottoes for these drummers’ badges might be found in the medieval ‘Dances of Death,’ or copied from the old Flemish painters of resurrection scenes. Picture, for example, the fright and resistance of some fleshless, sin-eaten old *roue* being pulled with frolicsome fury by a dozen satanic minions, happy at last in securing their long-awaited prey!)

“Will our contemporary inform us if the undertakers of the city also have ‘drummers,’ and if these ply their persuasive powers upon all invalids arriving at Hot Springs? And, finally, it might be well to know if the city cemetery is a stock company, and how many shares are owned by the ‘doctors’ and their ‘drummers.’

“What a fine hint the report might give Gilbert and Sullivan, or the concocters of modern opera-bouffe run mad! Can anything be imagined more uproariously funny?

“But there is a mawkish suggestiveness in it that reminds one somewhat of the clown that laughed, and laughed, and laughed again, simply at the thought that the devil had him by the ear, and that he was at last and actually being marched straight to—hell!”

The *News*(s) editor might apply his witty sarcasm with more propriety to a less serious subject. To those who are supposed to be well informed in medical matters in *all* of the United States, further explanation than the publication of the list was deemed superflous, because previous publications on the subject in this JOURNAL and others made such comment unnecessary. But for the benefit of the *News* an explanation will be given.

Arkansas is *one* of the United States.

The Hot Springs of Arkansas are situated in Arkansas. These springs have a world-wide reputation for efficacy in the treatment of many diseases; more particularly syphilis, rheumatism, neuralgia, paralysis, skin diseases, and various others unnecessary to name. About *fifty thousand* visitors annually go to the Springs to receive treatment. Among the visitors may be found every class of humanity from the titled aristocracy of foreign countries to the penniless tramp of America. Naturally to such a place physicians, or so called doctors of all the various “schools,” and many of no school at all, have flocked in large numbers. Among the numerous kinds of doctors that infest the Springs are those who have gone there as adventurers, determined to make money by any means that they can command, regardless of the pecuniary, physical, or

mental condition of their patients, or the methods employed to get them. These so-called doctors and healers have grown to be so numerous, so bold and criminal in their methods, that many devices have been employed to protect innocent visitors from their depredations.

From the beginning the *regular* resident physicians of the Springs have been powerless to prevent these crimes. From time to time attempts have been made by the City Council of Hot Springs, and by the Legislature of the State, having for their object the accomplishment of the same end. Among the former was the adoption of an ordinance giving the mayor authority to employ policemen to travel, wearing their uniforms, on the trains and to distribute to incoming visitors the following:

“ A WARNING TO YOU.

“ Don't listen to any one who volunteers advice about doctors.

“ No regular physician will require more than \$5 in advance.

“ If you have letters to a physician deliver them in person.

“ If drummers find you have such letters they will tell you the doctor is out of the city, dead, quit practicing, drunk, or something of the kind.

“ Drummers on the trains, on the streets or at the hotels or boarding houses, will pretend that they are visitors.

“ Drummers are paid to steer you to a doctor.

“ I, W. E. Shannahan, do hereby certify that the above is a true copy of a circular adopted by the City Council of Hot Springs, March 1st, 1890.

“ Given under my hand and seal of office this 6th day of March, 1890. W. E. SHANNAHAN, *Clerk.*

“ [SEAL.] JOHN LAUGHRAN, *Mayor of Hot Springs.*”

This method improved matters for a short time, but soon proved to be inadequate. Then the Legislature passed a law permitting the railway companies to eject from their trains men engaged in certain unlawful practices. This, intended to aid in the suppression of the practice, was never enforced to any beneficial extent.

Previous to this, the ordinance was passed by the Hot Springs Council requiring that drummers for hotels and doctors should take out license and wear badges indicative of their vocation. This was done to make drumming "odious." It caused a few to desist, but made no material impression. The list published in the last issue was composed of those doctors and their drummers who had complied with the ordinance and were plying their hellish business openly.

It was hoped that if any of the medical journals noticed it at all, the list would be republished so that physicians sending patients to the Springs would know some of those to warn them against, if they did not know to whom to send them. The editor of the *News* did not rub his eyes quite enough and did not thoroughly cleanse his glasses, or he would not have hesitated "to give a free advertisement to these gentlemen."

The *last* Legislature passed an act to prevent unprofessional conduct in the practice of medicine: "Sec. 9. Unprofessional conduct for the purposes of this act shall be held to be:

"First. The procuring, or aiding, or abetting in the procuring of criminal abortion.

"Second. Employing or using what are known as cappers, steerers or drummers, or the subsidizing of hotels or boarding houses to procure practice.

"Third. The obtaining of any fee on the assurance that a manifestly incurable disease can be permanently cured.

"Fourth. The wilfully betraying a professional secret to the detriment of a patron.

"Fifth. All advertising of medical business in which untruthful and improbable statements are made.

"Sixth. All advertisements of any medicine or means whereby the monthly periods of women can be regulated or the menses re-established.

"Seventh. Conviction of any offense involving moral turpitude.

"Eighth. Habitual drunkenness."

Under this act the Garland County Board is now attempting to purge the Springs of the monstrous quacks who have so

long thrived at the expense of visitors who have been steered or drummed to them by their employes or subsidized hotels and boarding houses. The JOURNAL is not informed as to whether the undertakers also have drummers.

Several years since the body of a deceased visitor was attached there to prevent its removal until friends or relatives paid the undertaker. The JOURNAL has not been in close relation with the undertakers and cemetery proprietors of Hot Springs or elsewhere, hence the attempt is not made to inform one who has had such superior advantages in that line.

While the scenes enacted at Hot Springs are better suited to heavy tragedy some of them might be utilized very happily for "the concocters of opera-bouffe run mad."

If the editor of the *News* should visit the Springs unattended and neglect while *en route* to rub his "eyes" and recleanse his spectacles, and should by that neglect fall into the clutches of some of the plausible sharks he might meet on the road, he would not laugh at the thought, but would actually believe "that he was at last and actually being marched straight to—hell."

Birds of a Feather.

When the Blaydes case was tried before the State Board of Examiners the *Arkansas Gazette*, in giving a very partial report of the case, headed it with these lines:

A RATHER WEAK CASE.

CHARGES OF GARLAND COUNTY PHYSICIANS AGAINST DR
BLAYDES.

NOTHING IN THE EVIDENCE TO PROVE THAT HE EVER EM-
PLOYED A DRUMMER—PROCEEDINGS OF THE
STATE BOARD.

The following advertisements were taken from the same issue of the *Gazette*:

THE OLD DOCTOR'S
COTTON ROOT PILLS.
 LADIES' FAVORITE.

ALWAYS RELIABLE and perfectly SAFE. The same as used by thousands of women all over the United States, in an OLD DOCTOR'S private medical practice, for 30 years, and not a single bad result. Money returned if not as represented. Send 4 cents (stamps) for sealed particulars.
 Dr. Ward & Co., 117 N. 8th St., St. Louis, Mo.

WANTED.

\$15 A WEEK—Any lady, employed or unemployed, can make this for a few hours work each day. Salary or com. \$10 samples free.
 Ad. H. Benjamin & Co., 115 N. 8th St., St. Louis, Mo.

ANY LADY can get a valuable secret that cost me \$5.00, and a rubber shield for 30 cents.
 MRS. V. M. APP. CO.
 115 N. 8th Street, St. Louis, Mo.

The following is a copy of subdivision section 6, of section 9, of an act to prevent unprofessional conduct in the practice of medicine:

“Sec. 9. Unprofessional conduct for the purposes of this act shall be.”

* * * * *

“Sixth.—All advertisements of any medium or means whereby the monthly periods of women can be regulated or the menses re-established.”

The *Gazette* also carries the advertisement of Pennyroyal Pills, besides the usual number of quack advertisements of “Big G,” “To Men Only,” etc., etc.

By the eternal fitness of things, such a paper should be the defender and apologist of quacks and quack methods whenever—paid for it.

Personal.

DR. J. A. DIBRELL, JR., has returned from the sea shore, where he has been for a month recuperating from a severe attack of sickness that confined him to his bed for several weeks. His medical friends will be glad to know that he has been greatly improved.

DR. A. J. BREWER has removed from Marion County to Newport, Jackson County. The doctor has been a member of
 M. J.—3.

the State Society for many years, but on account of the remoteness of his home from the places of meeting, he has not attended in some time. He has moved to Newport so as to be near enough the Society meetings to attend them. He will practice medicine between times of meeting.

DR. H. M. WHELPLEY, professor of microscopy in the St. Louis College of Pharmacy, and editor of the *Meyer Brothers' Druggist*, has been elected professor of physiology and histology, and director of the Histological Laboratory, and secretary of the faculty of the Missouri Medical College.

DR. J. L. BLAKEMORE, for several years one of the assistant physicians at the State Lunatic Asylum, has resigned for the purpose of resuming his practice at Greenwood, Sebastian County. Dr. Frank J. Baum, of Lonoke, has been appointed to fill the vacancy.

THE STATE BOARD OF MEDICAL EXAMINERS consist of Drs. W. A. Cantrell, R. G. Jennings, C. E. Nash, W. E. Green and J. G. Scarborough.

Obituary.

DR. DAVID MAXWELL, president of the Sevier County Medical Society, died at his home in Lockesburg on Friday, July 31, from secondary carcinoma (sub-maxillary and parotid glands). The doctor was past the meridian of life, and had spent an active and useful career in his chosen profession, loved and honored by all who knew him. S.

DR. RANDOLPH BRUNSON died suddenly at his home in Pine Bluff, on the 1st of August. He was a charter member of the State Society, but had not attended a meeting for several years. He was a successful practitioner in his section of the State, where he had lived many years in the enjoyment of the confidence and esteem of the people and his fellow practitioners. His funeral is said to have been the largest that ever took place in Pine Bluff.

UNDER the title of "Antisepsis in Ovariectomy and Battey's Operation," Dr. Robert Battey reports 300 consecutive cases, with 185 recoveries and 15 deaths, the fatal cases being classed as follows: Septicæmia, 7; shock, 2; intestinal obstruction, 2; gastro-enteritis, 1; heart clot (hemorrhage), 1; chronic cerebrites, 1; unknown, 1.

The following case is selected as showing the courage and honesty of the man who reports it. Would that every medical writer had the frankness to acknowledge mistakes and report failures as willingly and quickly as some of them do their successes. Statistics would be more reliable, and reputations would stand on firmer foundations. Here is Dr. Battey's report of one of the fatal cases: "No. 106. Double ovariectomy. Age, 37; married; exploratory incision November 9, 1886; uterus considerably enlarged; the broad ligament spreads out over the cysts and mingles with them on either side; there appears to be much solid material at the base of the tumors, nor could any pedicles be made out, or the ovaries outlined. Wound healed promptly, but in consequence of continued pain and sensation of something tearing loose, she returned to the infirmary. The abdominal enlargement and size of the uterus was less. Operated May 14, 1887. Sacs tapped and enucleated after Miner's method; the remaining envelopes and fallopian tubes were ligated in sections and dropped backed into the pelvis. Weight of cysts and contents twenty pounds; fever; exhaustion and collapse; died morning of the third day. Autopsy: Several coils of small intestine, injected and bound together with lymph. A compression forceps was found in Douglas' cul-de-sac on an adhesion, also two ounces of bloody serum. The loss of the forceps had been reported before abdomen was closed and close search was twice made, but not being found, was supposed to have been lost about the room."

PHARMACY.

This Department is the official organ of the Arkansas Association of Pharmacists, and is under the charge of an editor elected by that body, to whom all communications relating to it should be sent. Address its editor,
MR. W. W. KERR, Batesville, Ark.

Annual Address of the President.

BY W. W. KERR, BATESVILLE, ARK.

[Delivered at the Ninth Annual Meeting, Hot Springs, May 20, 1891.]

GENTLEMEN—It behooves associations like ours, as well as individuals, to have stopping places at regular intervals along their life journey at which they may pause, not merely to rest and refresh themselves, but from which, as points of observation, they may look back over the road already trod and view the difficulties overcome, the mistakes made, the useless steps taken, the hills of difficulty as well as the valleys of pleasure and the streams of refreshment; and from which, too, they may look forward to the journey yet before them, the mountains yet to cross, the muddy sloughs to be avoided and the swollen streams to ford. The opportunity is thus furnished of utilizing the mistakes of the past in smoothing the highway ahead, and gathering inspiration from experience for the work still to be done. In the life of our Association, our annual meetings pre-eminently serve this end, not only to us as an organization, but to each individual member of it. They may be compared to the comfortable wayside inns in the good old days of stage-coach travel, which, within the memory of the older ones, afforded solid comfort itself after the jolting of the day, made more solid by the jolting. Our conveyance up to this time, too, has not been unlike that antiquated relic of the past, even to the bumping, and some are here today who bear the scars of sudden contact with its angular projections as it jolted along over the rough, uneven way. Our present meeting is the ninth stage we have reached, and though the route has been rough, filled with discouragements and disappoint-

ments, and the progress apparently snail-like, we have reason to congratulate ourselves that we have advanced so far. It is only by looking back over our route to the starting point, that we can see what a dim little spot, like the vanishing point in perspective, the distance makes it appear. We find, too, that we have not only come a long way, but have gained a much greater elevation; we not only look backward, but downward.

Even casting our eyes to the half-way place—four years ago—when that little knot of earnest, determined men met in the sombre shades of the Arkansas Medical College building in the City of Little Rock, to deliberate on what, if anything, could be done to improve the condition of pharmacy in Arkansas, we find that we have made a long stride forward. The prospect then, like that room, was dark, but determination and pluck have won more battles than numbers, and that little nucleus had both.

There were present on that occasion but five members from outside the City of Little Rock, and not more than twice that number from within it. There was no organization among the pharmacists, and but little disposition upon their part to organize. The Association was then five years old, and had scarcely any more members than it started with. Two attempts to secure a pharmacy law had failed. It was felt that pharmaceutical legislation could not be secured without concerted action, and it was feared that the latter could not be had without the former, so we were somewhat between "the devil and the deep sea," and discouragement was written all over the faces of those who had stood in the breach and kept up the fight, but they had put their hands to the plow and could not turn back, and would not if they could. Inasmuch as the little organization we had in sight was all the capital stock there was with which to operate, it was determined to utilize it to the fullest extent, and each member left that meeting a committee of one resolved to exert himself to the utmost to build up an association in Arkansas that would command the respect of our brethren in other States as well as in our own, and wield such an influence as would compel a recognition of

our professional status upon the part of our law-making Solons.

It was not long until the effects of that meeting were felt throughout the State, and an interest in our work exhibited amongst those who had scarcely known of our existence. Our numbers began to increase, numerous inquiries were received as to our objects, our plan of operations, our condition of membership, etc. Other State associations began to write to us and inquire after our health, and by the time of our next annual meeting we had so lifted up our heads that we met in the Senate Chamber of the State House with between forty and fifty members present. We held a three-days session and transacted a great deal of business of such importance that it was thought worthy of a published record, and consequently our proceedings were printed in a neat pamphlet that would have done credit to an association of much greater pretensions. At that meeting a draft of a pharmacy bill was presented by the Committee on Legislation, which after a full, free discussion was adopted for submission to the Legislature, and it was confidently expected that inasmuch as it was felt to be admirably adapted to the wants of the people of Arkansas, and loudly called for by the druggists of the State, that it would become a law, but "the best laid plans o' mice and men aft gang alee," and so did this—it failed like its two predecessors and disappointment again settled upon us. In addition to this, before the time of our meeting in 1889, we suffered the loss of all of our records by the fire which swept away the store of our worthy secretary, and our history had no other record than the curling wreaths of smoke that ascended to heaven from the burning building. The outlook was gloomy indeed. Hope deserted many a brave breast and they were ready to say, "we never intend to make another attempt; the pharmacy law and pharmacy in Arkansas may go for us; we can live as we have done, if others can." There seemed to be absolutely nothing left but ashes, a perfect sea of ashes, but beneath that dreary waste there was a spark—"courage." The unspoken watchword of the gloomy room in the college build-

ing, in 1837, whispered "never say die," and once more the oars were seized, and a long, strong and an altogether pull brought us over the shoal into the placid water above, and we sailed smoothly to the landing in that same Senate Chamber in 1889 with a larger attendance and a more enthusiastic meeting than ever before.

The failures and disappointments of the past were forgotten or swallowed up in the zeal for the success of our undertaking in defiance of untoward circumstances, which characterized the deliberations of that convention. The determination to raise our profession to a higher plane, with the aid of legal sanction, if possible, but to raise it, nevertheless, was uppermost in the minds of all who were present, and previous despondency only hardened the nerve for the effort. Much good work was done that has told, and will continue to tell, upon pharmacy in Arkansas throughout all the coming years. Amongst other things, it was decided to change the place of meeting from Little Rock to Pine Bluff, and hereafter to make the Association a peripatetic body, hoping by taking it to the different parts of the State to better interest the druggists in the several sections in its work. The wisdom of this course was doubted by some, but it was abundantly verified by far the largest attendance, the largest increase of membership and the most enthusiastic meeting in all our history. The Pine Bluff meeting demonstrated the fact beyond a doubt that it was within the power of this Association to make our profession what we desired it to be, even in the absence of pharmacal legislation. This hasty trip over the road thus far traveled brings us to the year now closing, in every way the most eventful one of all our years, our year of jubilee; the "glorious summer" following the "winter of our discontent;" the year that witnessed the enactment of a law regulating the practice of pharmacy in the future, upon the basis of the fitness of those who would assume its responsibilities and the safety of their constituents. Gentlemen, it is the proudest moment of my life to be permitted to stand before you today, as president of your Association, and make this announcement, and con-

gratulate you on the victory that has at last crowned the long, hard struggle of the last eight years. Yes, Arkansas has a pharmacy law at last. It is not by any means all that is desirable in such a statute, but with one important exception it is all we asked for, and more than we hoped to get, and with a wise and prudent administration, will fulfil the desired end, and in the light of increased education, may be amended from time to time until all the requirements are met. The question which now confronts this Association is the problem of its proper and effective enforcement, which devolves upon us just this far, that it will be our duty as an organization and as individuals to work in harmony with the Board of Pharmacy in the discharge of their onerous and delicate duties, that it may be executed fully, fairly, firmly and impartially, and so as to commend it to the intelligence of the people of Arkansas.

As a means to this end I would recommend that the board be formally requested to make an annual report to this body of all its official acts, and such recommendations as to additional or altered legislation as it may deem proper. From motives of policy, the existence of the Arkansas Association of Pharmacists was ignored as much as possible in framing the bill, somewhat to the detriment of its effectiveness, and hence, an important clause that was in it two years ago was omitted this time, and that was the provision that the Governor should appoint the Board of Pharmacy from lists of names furnished by this Association. In order to secure, if possible, the advantages of such a requirement by the unwritten law of custom, in the absence of the written statute, I would recommend that this Association, by an election, recommend to the Governor each year three names from which to fill the vacancies occurring, and inasmuch as the present executive will be called upon to appoint the successor to one of the present members of the board before our next meeting, that you now select the three names to be submitted to him at the proper time.

Another thing in this connection. We are without doubt more indebted to Hon. B. F. Williams, of Washington County, for the success of our measure than to any other one man.

When everything seemed hopelessly lost, the sun gone down, he stood at his post and held the fort until the tide turned, and at the auspicious moment rallied his forces, and by a sudden charge carried everything before him, and I think it is due to him, as well as to ourselves, that we should give him some substantial token of our appreciation of his noble fight for higher pharmacy. As this is positively my farewell address, as well as annual message, I hope I may be pardoned for indulging in the luxury of giving some gratuitous advice in this connection.

The idea obtains to some extent that the enactment of a pharmacy law was the chief end of this Association, and this accomplished, our work was done. Hug no such delusion to your breasts. The law is not and never was intended to be more than a lever in our hands to assist in raising our professional standard to the plane it should occupy, and its existence should only be an active stimulant to us to labor harder than ever before for the accomplishment of this end. Another idea which prevails, and which has perhaps furnished the mainspring to the zeal of some in their efforts to secure its passage, is that it will in some way contribute to their greater financial prosperity by crowding out some competitor and making more room for the rest. This is a very sordid estimate, and all such golden dreams are doomed to a leaden disappointment. There is no doubt but that the supply will always equal the demand if not exceed it, and the only advantage in this direction which may be hoped for is, that as the professional standard is elevated the character of the competition will be raised with it, and thus the drug business be improved, but that it will sell more drugs or increase the profits on those sold is a mistaken idea; and I would advise any who hold it to disabuse their minds at once before they are more rudely awakened by the stubborn facts of the future.

In other respects the history of the past year has been a very quiet, uneventful one, an increased interest in the work of the Association has been apparent throughout the whole State. The matter of increasing the membership has been left to the

committee raised at our last meeting for that purpose. I have not failed, however, to urge that duty upon all the numerous outsiders with whom I have corresponded.

The thirty-ninth annual meeting of the American Pharmaceutical Association occurring before the date of this meeting made it necessary for me to appoint our delegates to it, and I accordingly appointed Mr. W. L. Dewoody, our old stand-by, and Mr. E. T. Mitchell to represent us before that body. I was unable to secure a representative to the Pharmaceutical Section of the American Medical Society. I regretted this very much, as this is one of the best moves in the direction of harmony between the two professions that has ever been made in the history of either, and I hope this Association will take an advanced position in this as it has done in all other matters pertaining to a closer relation with our medical brethren, and that we will always be able to have a representative present at the meetings of that society. As has been our custom for several years, I appointed Messrs. M. A. Eisele, E. E. Shendal and E. F. Klein delegates to the meeting of the Arkansas State Medical Society, which met in this city on the 29th day of April last.

In my last annual address I called attention to the proposition of the State Medical Society to establish a medical journal, and their offer to devote a part of it to the subject of pharmacy and the interests of this Association, and asked your indorsement of the project. That journal was started last July, and I was asked to take charge of the pharmacy department. I did so with great hesitation, and only because I felt that I might be able in this way to contribute something to the cause this Association has in view—higher education, better organization, closer professional intimacy and fewer patent medicines in the practice of physic. I am sorry to say that up to this time almost the only indorsement the enterprise has ever had is the verbal one found in our proceedings of last year, and the hesitation with which I undertook the work has grown to positive despondency, in view of the want of interest manifested by our members in it. The State Medical Society has

met us more than half way in a movement we inaugurated ourselves, and in a spirit manifested by no other similar society in this country, and has given in this offer a practical demonstration of their sincerity which leaves no room to doubt, and yet—I do not speak advisedly, but quite confidently—there are not half a dozen members of this Association who are subscribers to this journal. I would beg leave again to urge the importance of this matter upon you, and ask this body to use its utmost influence to secure the substantial assistance of its members.

It is the great duty of this organization to foster, encourage, and promote the cause of pharmaceutical education within its own borders; and the existence of a law regulating the practice of pharmacy not only emphasizes this duty, but assists in its performance. I would therefore submit for your consideration the propriety of taking steps looking to the establishment of a school of pharmacy in Arkansas, for the benefit of our young men who propose to follow that profession. I have no definite plan to suggest, and its realization may be so far in the future as to render any plan at this time somewhat nebulous, but still it is a future possibility and must have a beginning, and the sooner it is begun the sooner it may be accomplished. It has occurred to me that it might be effected in connection with the Arkansas State University, as is the Arkansas Medical College.

As we plod along the rough, uneven road, one and another of our number tire and drop out. Two have left us since our last meeting. Mr. W. L. Maddock died at his home in Newport, Ark., on the 14th day of December last, after a twenty months' illness. He was a good pharmacist of the old school, before physic was made by machinery and dispensed automatically, but at the same time kept well up with his profession. He joined this Association in 1888 and was one of its warmest friends, although, on account of his affliction, he was never able to attend but one meeting. He very earnestly desired to see a pharmacy law enacted, and served one year on

the committee on legislation, working zealously to accomplish that end.

Some time ago I picked up a copy of the *Arkansas Daily Gazette* of the 28th of January last, and my eye chanced to fall upon the following notice: "Yesterday Coroner John B. Bond held an inquest on the body of a man found dead in a room at the Tremont House. Nothing of value was found on his person. His clothing was marked 'J. B. Sisson.' A pawn-ticket was taken in the name of 'Johnny Sisson,' and a small breastpin was marked 'S. B. Sisson, Bolivar, Ohio.'" Johnny Sisson, as he was familiarly called, was a member of this Association. He was a favorite clerk with all his employers on account of his superior neatness and good taste in arranging stock, as well as his competence as a dispenser. He had but one fault, and that, as the above record would seem to indicate, was the Nemesis which drove him to his sad end.

This is the second time within the last four years that the painful duty has devolved upon me of announcing a tragic end of bright young lives.

Gentlemen, I have before stated that this is my farewell address as the president of this Association. I have no words with which to thank you for the many honors you have conferred upon me, and the kindness and courtesy you have uniformly shown me. I wish to assure you that I will be with you in the future as in the past. It is no separation, only a change of relation, and one I think will be for the good of the Association, for which end I shall ever work with whatever zeal, energy and ability I have been endowed.

To the Members of the Arkansas Association of Pharmacists.

The undersigned, committee "on pharmacy and queries," recognizing the importance of work assigned to them to look after, would beg to call the attention of members of the Association, thus early in the year to the necessity

of making preparation for the presentation of papers at our next meeting. This is one feature of our annual convocations that has heretofore been notoriously conspicuous by its absence. This may be partially accounted for by the fact that the time has been taken up with matters pertaining to pharmaceutical legislation. This question has happily been set at rest, and the field left clear to turn attention to the real objects of our organization, the elevation of our profession and the improvement of our business.

The routine business of our meetings will hereafter occupy but a small part of the time at our disposal, and the remainder must be filled up with the presentation and discussion of questions pertaining to our occupation, and the improvement of our capacities to meet the demands of our constituents upon our skill.

We therefore call upon you to submit to us *at once* any question you would like to have discussed, and we will endeavor to secure some one to write upon it.

We would further request all members who are willing to write upon a subject, either of their own selection or otherwise, to notify us of the fact within the next thirty days. Address any member of the committee.

Come now, brethren, and help us to work up this most important feature of our Association to such a standard of excellence that we will not be ashamed to go before the world with our record, and show it that Arkansas is not that benighted region, pharmaceutically, it has been wont to believe.

W. W. KERR, *Chairman*, Batesville.

LEE MILLER, Malvern,

J. N. RECTOR, Nashville.

NEWS items pertaining to the drug trade throughout the State are desired. We want one correspondent in each of the larger towns, and in the different sections of the State, to keep our readers posted as to the changes in business firms, new firms, and the condition of trade in their several sections.

Western Interstate Associated Pharmacists.

Something over a year ago it was suggested by Dr. R. J. Brown, of Leavenworth, Kansas, that the States of Missouri, Kansas, Nebraska, Colorado, Iowa, Illinois, Arkansas and Texas should, through their several State Associations, form an interstate association, for the purpose of assisting each other in advancing those interests which, by reason of their geographical relation, they have especially in common. A preliminary meeting was held at Excelsior Springs, Mo., in June, 1890, at which several of the above States were represented, when it was determined to organize such an association.

The second meeting was held at the same place last June, at which the following States were represented: Missouri, by J. M. Love, G. Howard Willet, Dr. H. M. Pettit, Dr. H. M. Whelpley and Francis Hemm; Arkansas, E. F. Klein and F. G. Kerr; Kansas, R. J. Brown, Dr. Drake; Nebraska, Mrs. J. McCrissey and Dr. James Reed; Illinois, Prof. C. S. Hallberg and Thos. Noble; Iowa, Fletcher Howard.

Dr. R. J. Brown was elected president, G. Howard Willet secretary, and one vice president from each State represented, as follows: Missouri, Dr. H. M. Pettit; Kansas, Henry Mehl; Nebraska, James Reed; Iowa, Fletcher Howard; Illinois, Thos. Noble; Arkansas, E. F. Klein.

A constitution was adopted and considerable discussion had upon the questions of interchange of certificates between States, and the registration of graduates of pharmaceutical colleges without examination. The next meeting was fixed for the second Tuesday in June, 1892, at Excelsior Springs, Mo. Each State Association is entitled to ten delegates.

The Arkansas State Board of Pharmacy

Held its first regular meeting in room No. 2, Hotel Richelieu, Little Rock, on the 15th day of July. All the members were present. The meeting was called to order by President Kerr at 11:50 o'clock a. m.

Seven hundred and fifteen applications for registration, without examination under the statute, were examined and approved.

Four persons presented themselves for examination, of which number the following were successful: Charles W. Bacon, Rogers; J. W. Corbin, Pine Bluff; and Charles Huff, Gurdon.

A series of rules governing examinations was adopted; and the president was appointed a committee to prepare a list of what shall be regarded as "grocers' drugs."

The next meeting will be held on the second Tuesday in November (10th day) next, to which time the board adjourned.

D. W. HOLMAN, *Secretary*.

The Committee on Legislation.

The chairman of this committee desires the members of the Association to indicate through this journal what changes they would like to see made in the pharmacy law, with the view of getting the concensus of opinion on that subject as a basis of their report next year. This is a matter that should be fully and freely discussed, so that whatever changes are asked for may correctly represent the popular will of the profession, in order to gain its united support.

Remember,

It is only through the columns of this journal that the members of the Association will obtain information as to the workings of the organization they belong to, and to belong to an association and not know what is being done, is a kind of ignorance for which there is no excuse. Remember, too, that you can have it one year free by paying your dues in advance. A hint to the *wise* is *always* sufficient.

Pharmacy and Queries.

In the interest of that part of the work of the Association assigned to the committee on pharmacy and queries, we propose to devote a part of our space each month to "Questions and Answers." This will not be after the manner of such columns in most journals, in which the editor answers the questions, but it will be for our readers to ask and answer them for themselves. If any one wishes to propound a query, let him do so in this column. It will be published, if it is at all a sensible one, of any importance to the profession, and will be open to reply by any other reader. In this way it is hoped that discussions may be started which will edify and instruct all who read them. In this way, too, subjects may be suggested which will form the basis of papers for our next meeting. Let all who are interested in pharmaceutical progress join in this movement and assist in making it pleasant and profitable.

Take Notice.

The next meeting of the Arkansas State Board of Pharmacy will be held in the City of Little Rock on the 10th day of November next, at 10 o'clock a. m. All persons desiring to appear before it for examination should notify me of the fact beforehand.

D. W. HOLMAN, *Secretary.*

WHEN twins are born in France, the last born is considered by the law the eldest! Consequently, if both survive, and, in case of boys, reach manhood, the second is called to the army to serve, being pronounced the eldest. By some extraordinary calculation the medical men who were consulted at the passing of the act years ago came to the conclusion that the last born of twins was always the first conceived.—[*Medical Press and Circular.*

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Original Articles.

Asthma.

BY C. S. GRAY, M. D., LITTLE ROCK.

[Read by title in the Section on Practice at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29-May 1, 1891.]

The symptoms of asthma in its several forms are familiar to you all. Consequently, I shall only refer to that part of the subject in an incidental way, confining myself for the most part to a consideration of the causes, and treatment.

I use the term, asthma, in a generic sense, for, while it is the purpose of this article to deal mainly with what has been generally known and called spasmodic asthma, with its divisions of perennial, seasonal, diurnal types, I shall refer to and desire to embrace hay fever in the same general definition. I do so for the reason that the clinical history of the two affections, forces us to the conclusion that they are dependent, directly or indirectly, on the same causes and are, in truth, one and the same disease.

As early as the sixteenth century we have recorded symptoms, constituting what we now denominate, asthma, using the word in the broad and comprehensive sense which I have indi

cated. One writer describing a condition very much like seasonal asthma, another a set of symptoms which we recognize as belonging to hay fever. From the time mentioned, to forty years ago, a score or more of theories were offered in explanation of these symptoms. I say symptoms, for during all these years the intelligence of the profession held that asthma was only symptomatic of some other disease, especially of blood disorders. These theories are remarkable alone for their vagueness. Nor is the uncertainty which attended the opinion of the early writers to be wondered at, when we consider the "varied manifestations and inconstant clinical history of the affection."

In 1852, Bergson advanced the claim that asthma was entitled to a place among those diseases which were acknowledged by the medical world to possess a distinct entity. Some of the causes to which are attributed asthmatic conditions are cardiac lesions, certain diseased states of the kidneys, gastric disorders, and emphysema. These I shall not discuss.

As to heredity, we cannot fail to recognize its all-pervading influence in this as in so many other diseases. Just how far this cause is to be held accountable, it is difficult to say. Some of our most eminent authorities state that 60 per cent. of their cases certainly relate to a predisposing family history, but that heredity is a necessary element in all cases of asthma, I do not concede.

From the earliest time of which we have any history, of this disease, two opinions stand out prominently and are today accepted facts.

The first is, that the characteristic dyspnea of asthma is due to the obstruction of the lumen of the bronchial tubes.

The second, that nervous influence is, in some manner, responsible for the presence of the obstruction. As to the nature of the obstruction, and kind and character of nervous influence causing it, much discussion exists to-day.

For many years the accepted idea has been that the dyspnea is due to spasm of the involuntary muscular fibre in the wall

of the bronchial tube. This idea is still advocated by Loomis, Fothergill, Hyde, Sutter and others of equal prominence, while recent investigation induced Weber, supported especially by Bosworth and Daly, to adopt a different, and to them a more plausible view, to which I shall refer further on. However, there may be formulated certain propositions, on which the authorities mentioned, together with a large part of the profession, are agreed. They are in substance as follows: In order that any type of asthma may occur, there must exist, first, a neurotic habit or condition; second, there must exist some vulnerable point through which a train of irritating, nervous action is started, by which means the calibre of the bronchial tubes is interfered with, resulting in asthmatic dyspnea; third, certain atmospheric conditions must be present to act as an exciting agent. These propositions have met with indorsement on the part of the profession at large. In 1882 Daly announced—I think I am correct in giving Daly the credit—that it was necessary, before the irritating, pollen of rag weed could produce that type of asthma which we denominate hay fever, there should exist a diseased condition of the nasal mucous membrane. This opinion was accepted as correct by leading writers and thinkers on this subject.

In 1885 Bosworth, in a published article, stated that in all of his cases of perennial, or of hay asthma, there was present some diseased state of the nasal cavities. Two years later he made the broad, and in some respects radical statement, that intra-nasal disease was a necessary part and parcel of every case of asthma, let the type be what it may, except in those cases dependent on cardiac, kidney or gastric lesions, or on emphysema. He then laid down three propositions, embracing what he deemed was necessary to the existence of an asthmatic paroxysm. First, a neurotic condition of habit; second, certain atmospheric states, often obscure, which act as the immediate and exciting causes of an attack; third, a diseased state of the nasal mucous membrane, or an abnormal condition of the nasal cavities.

In regard to the first proposition, "What is the nature of a

neurotic habit," we must "do the soul good by an honest confession" and say that we do not know. But we do know that such a condition exists. There are facts in medicine which are established as such by observing, in the presence of certain environments, certain states of the system manifested. In this way we have arrived at a knowledge of the existence of a neurcotic habit.

Regarding the second proposition—the atmospheric state, in so far as concerns that type of asthma known as hay fever—no fact is better established than that the pollen of certain kinds of vegetation, notably the rag-weed, will produce, when inhaled by certain persons, violent seizures of the disease. While we are as yet in ignorance of the nature of the irritating element in the atmosphere, which is the exciting agent in perennial, seasonal or diurnal asthma, we have abundant proof that such an agent exists. This is evidenced by the fact that these types of the disease are disposed to appear at certain seasons of the year, or certain times of the day. That removal from one locality to another where the conditions of climate and vegetation are different often results in a disappearance of the disease.

In the last proposition, Bosworth locates the point at which the irritation takes place and the reflex is started in the nasal cavities. At the same time he denies the truth of the old theory that the dyspnœa which is the distressing feature of this disease, is caused by spasm of the muscular fibre in the wall of the bronchial tubes, substituting therefor what he deems the more reasonable theory of Weber, that the obstruction is due to a paresis of the vaso-motor nerves controlling the blood vessels in the bronchial membrane, permitting an unusual influx of blood to interfere by distention with the calibre of the tube, thereby rendering the ingress and egress of air difficult.

He says: "After a time this distention of the membrane is relieved by an out-pouring of serum and sero-mucus, and the dyspnœa passes off."

Weber, in explanation of this theory, states that the nasal

and bronchial membranes are presided over by the same set of vaso-motor nerves, and that, through a well-known law of reflex action, if there be irritation to a mucous membrane of one part, the reflex phenomena are manifested in another and distant mucous surface. Hence the conclusion that an irritation of the nasal mucous membrane, in one possessed of neurotic habit, induces the vaso-motor paralysis in the bronchial membrane, causing a paroxysm of asthma.

This theory is denied by many able laryngologists; nevertheless the results of treatment and observation are doing much to rescue its author from the charge of extravagance.

Voltoine, we are informed, deserves credit for first publishing cases of perennial asthma, cured by the removal of nasal polypi. From this source Bosworth doubtless received the idea which was elaborated into the statement that all kinds of nasal obstruction were capable of producing asthma in the presence of certain atmospheric environments. At the same time he suggests that the disease be called vaso-motor bronchitis, instead of asthma. The advocates of this theory offer many reasons for their faith. The strongest evidence in their favor is to be found in the results of treatment.

I think the profession at large fail to recognize the importance of the part assigned to the nasal cavities in the respiratory apparatus.

It has been established as true, that in one day (twenty-four hours) the normal nasal mucous membrane pours out sixteen ounces of watery fluid. This is taken up by the inspired air and conveyed to every part of the mucous membrane belonging to the respiratory tract. In diseased conditions of the nasal cavities resulting in more or less stenosis and impeded inspiration through the nose, the individual is compelled to do more or less mouth-breathing; hence, the air is carried into the lungs lacking the normal and necessary amount of moisture, and is not only dry, but very much rarified. We can readily understand that this condition of atmosphere cannot be otherwise than hurtful to the mucous coverings of the bronchial tubes, inclining them to respond readily to the nervous reflex fro

diseased distant point. It is estimated that the temperature of the inspired current of air, as it passes through the healthy nose, is raised from 10 to 15 degrees. Again we can understand how enforced mouth breathing, drawing in constantly air that is not only dry and rare, but of a lower temperature than the delicate lining of the respiratory tract is accustomed to, must result in irritation and injury.

Concede these facts and we are forced to acknowledge that irritating disease located at some distant point, as in the nose, on the same vaso-motor tract, may readily bring about all the phenomena of spasmodic asthma. In this connection let me say, if these statements are true, and I believe they are, why may not the same causes induce conditions which predispose to bronchial inflammation and greatly aggravate a previously existing bronchitis. Bosworth considers the question of treatment under three heads, and as we are inclined to adopt his way of thinking regarding the disease, we will quote his divisions :

First—Treatment of the local predisposing cause, which we locate in the nose.

Second—The treatment of the paroxysm.

Third—Constitutional treatment, or treatment of the neurotic habit.

As stated, the source of irritation in the nose, will, as a rule, depend on the presence of obstruction in some form. It may be hypertrophic rhinitis, deflected ceptum, bony spur from septum, or nasal polypi.

Considering these conditions in the order mentioned, the treatment depends on such applications as will remove the structural change in the tissue, which we denominate hypertrophy. This done the consequent hyperemia will disappear.

Of the remedies most in favor may be mentioned chromic acid, galvano cautery, glacial acetic and nitric acids. The first two are most used. For myself, considering the question of convenience, and the exactness with which the applications can be made, I prefer chromic acid, although the same results can be attained through the galvano cautery, and if there

is anything in the effect of the treatment on the patient's mind this instrument deserves the highest consideration. The frequency of the application must depend largely on the degree of reaction following their use. Usually two and sometimes three applications can be made in one week

One thing should be kept in mind; do as little burning as will accomplish the end, for if extensive cicatricial conditions are produced atrophic changes may follow which are as objectionable as the hypertrophy or asthma. I consider nitric acid undesirable on this account—we sometimes destroy more tissue than we intend. Chromic acid is self-limiting in its action; every molecule of the acid which destroys a molecule of tissue is itself rendered inert through oxidization. For deflected septum, especially if the bony part is involved, the saw devised by Bosworth, or a similar one used by Curtis, is the most convenient instrument. Curtis has designed small trephines, which may be run by an ordinary dental engine, or the motor attached to a storage battery, by which means the deflection, whether it be cartilaginous or bony, is easily shaved off.

As to the bony spur from septum, this can only be removed by the saw. For the removal of polypi, the snare devised by Jarvis, or some of its many modifications, will be found most satisfactory. The state of the naso-pharynx must be looked after. Should the thickening of the membrane not disappear after the removal of the nasal obstruction, it is advisable to resort to applications, astringent and alterative in character. Among those which may be used, I rank first, solution of nitrate of silver in strengths of thirty, forty, or even sixty grains to the ounce of water.

In many cases we find an œdematous condition of the uvula and soft palate, to which the silver solution—forty grains to the ounce—is productive of good results.

If the tonsils are hypertrophied, they should either be excised or reduced by igni-puncture. The way in which this treatment relieves asthma is a question on which different opinions are held. By some it is thought that the reflex tendency in the nasal cavity is overcome by the counter-irritation

of the treatment. To me a more plausible idea is that the removal of the obstruction permits a free entrance of air, bringing with it a normal degree of atmospheric pressure, under which the distended membranes and blood vessels are restored to a normal condition, the vaso-motor nerves recover their tone, and the irritation causing the reflex ceases.

In the treatment of the paroxysm a 4 per cent solution of cocaine will often be found most potent.

This may be used in the ordinary atomizer and sprayed into the nasal cavities. The comfort which ensues on the relief of the dyspnoea is strong testimony in favor of the intra-nasal origin of asthma.

Morphia, hypodermically, is sometimes demanded, and is effective. Inhalation of smoke from the burning leaves of the stramonium datura, the burning fumes of saltpetre, the ice bag to the spine, and many other remedies with which you are familiar, bring the temporary relief sought for during the paroxysm. It is hardly necessary to say that if cocaine is used it should be use cautiously—even in solutions of 4 per cent. there is a degree of danger.

A medical friend advises the following formula, which I have found useful. I do not remember to have seen it in the text books:

℞

Pot. Iodidii, ℥ ii.

Fld. Ext. Grindelia Robusta, ℥ ii.

Fld. Ext. Belladonna, grs. xxv.

Tr. Gilsemnium, grs. xl.

Aqua, ℥ i.

Elix. Simplex. Add ℥ iii.

Mix.

Sig.—One and a half teaspoonfuls every two or three hours until three doses are taken.

Usually by the time the third dose is taken the tightness of breathing is gone.

For internal medication of the neurotic habit, I can only speak with confidence of two remedies, though there are many

which might be mentioned in this connection. These are potassium, iodide and *grindelia robusta*.

The first possesses decided value in all conditions of plethora of the nasal and bronchial membranes. I usually prescribe it in doses of seven to ten grains in one of the bitter tonics, three times daily. As soon as iodism is produced I reduce the dose, but continue the remedy, sometimes for weeks.

Of the *grindelia* I do not think so much, but in certain persons, who do not bear the iodide well, it may be used with benefit. I invariably advise my patients to use the cold bath, usually directing the shower or cold sponging.

This is not only a valuable systematic tonic and stimulant, but by far the most reliable preventive to colds which we possess. This course of treatment, with unimportant changes in the one adopted by all believers in the intra-nasal origin of asthma. Bosworth, who is the champion of this theory in this country, has a record of 80 cases in the five years from 1884 to 1890; 46 of these had perennial asthma; 34 had hay fever. In all these cases there existed nasal obstruction in some form, the larger part of them having hypertrophic rhinitis—the remaining having polypi, or deflected septum.

His statement is as follows :

Hay fever, treatment and results—

Cured.....	19
Improved.....	14
Unimproved.....	1
	—
Whole number treated	34

Perennial asthma—

Cured	28
Improved.....	12
Unimproved	1
Not heard from recently.....	5
	—
Whole number treated	46

As will be seen, of the total number of cases, 48 or considerably more than one-half, were cured. As I understand,

he had arrested the disease, and up to the time of writing, in 1890, there had been no recurrence of it; 26 were greatly improved, some of them being under treatment at time of publication of record; 5 received treatment and did not respond to his letter of inquiry as to condition; 2 cases of the 80 treated were not benefited.

This is a startling record, especially when we compare it with the results of the treatment which has been so long practiced. My own experience is of course limited. Within the last year I have had under my care four cases of spasmodic asthma. The first, a man fifty years old, had suffered for years from spasmodic asthma, the seizures occurring daily for weeks, when they would disappear for a few days and again return. He came to me for treatment of chronic pharyngitis and gave the asthma history. I found the nasal obstruction due to hypertrophies. He was given pot. iodide for a short time. The nasal swellings were reduced by applications of chromic acid. The pharynx was sprayed with a 40-grain solution of nitrate of silver. During the first month he had several paroxysms of asthma, but at the time of this writing, six months have elapsed without a seizure of the disease.

The second case informed me at the time of consultation that every night for nearly three months he had had an attack of spasmodic asthma, and had just returned from a journey made in the vain hope of relief. I found that he had nasal hypertrophies and deflected septum. The disease made its appearance two and a half years ago. For the nose I alternated between chromic acid and galvano-cautery. There was an œdematous condition of the soft palate and uvula, for which I used solution of silver nitrate, 40 grains to the ounce. After three weeks I left off pot. iodide and continued the local treatment. For six months this patient had no return of the disease. Two weeks ago he was attacked by "La Grippe," and had two severe seizures of asthma. I found the nasal membrane intensely congested and swollen. I began soothing applications to this, and in a few days operated on the deflected

septum, removing a portion of cartilage and bone. So far he has had no return of asthma.

The third case is now under treatment constitutional and local, and while she has no more asthma, we cannot say what the ultimate success will be.

The fourth case consulted me within the last few days for nasal polypi. She is in good health except the asthmatic condition, which occurs at night on an average of three times a week. She relates a history, which leads me to anticipate success. Three years ago she began to have asthma. Noticed about the same time a considerable degree of nasal obstruction, but did not in any way associate it with asthma. She was treated for some months with varying success. Finally, while spending the summer in Colorado, where she had gone in hope of relief, she consulted a physician about the nasal trouble. He found polypi and removed them. Within a few days the asthmatic attacks ceased, and though she returned to the south, she was free from the disease until the last six months, when she again observed more or less nasal stenosis. The asthmatic seizures seem to have increased in frequency as the polypi have grown, and as the stenosis has become more complete, I think we can safely predict a disappearance of the asthma when the polypi are removed.

In advocating this line of treatment I would not be understood as desiring to relegate this disease to the domain of the specialist entirely. Certain cases can be improved by the use of internal remedies, the use of cold baths and a strict observance of hygienic laws; but I do contend that in intractable cases the full duty of the physician is not done until the condition of the nose and throat is ascertained and treated, if demanded.

In conclusion, let me say something in support of my belief that spasmodic asthma and hay fever are identical. Only in certain persons is the pollen of rag weed, or other vegetation, capable of exciting an attack of hay fever, and from this fact we infer the existence of a neurotic habit identical with that to be found in asthmatics.

Again, while we know that the disease is spoken of as a rhinitis, it in fact differs materially from an ordinary inflammation of the nasal mucous membrane. In the latter the superficial vessels and vessels proper of the membrane are involved, while in hay fever we simply find a dilatation of the venous sinuses of the turbinated tissues. This occurs on contact with the pollen, and disappears when the pollen is no longer present. On this account the name vaso-motor rhinitis has been applied to the disease.

The diseases are interchangeable in many instances. Sometimes the asthma comes on during an attack of hay fever, sometimes the hay fever is replaced entirely by spasmodic asthma of seasonal type. It is conceded that both affections are dependent on atmospheric conditions for an exciting agent. Finally, there must be present intra-nasal disease before either can exist.

How I Have Dealt With My Ten Last Cases in Which Pus Was Found in the Abdomen.*

BY T. J. CROFFORD, M. D., OF MEMPHIS, TENN.

[Read before the State Medical Society of Arkansas, at the Sixteenth Annual Session at Hot Springs, April 29-May 1, 1891.]

In making this report I have eliminated all cases of abdominal surgery for other than suppuration. I have not included any case in which it was possible to reach the purulent accumulation through the vaginal summit, but restricted it to those cases encountered within the last twelve months which required abdominal section for the evacuation of a purulent accumulation within the abdominal cavity, representing the very worst features of abdominal, the worst variety of surgery.

*The first five cases of this list have been included in a "Report of recent abdominal work," sent out some three months since. The last five have been done quite recently, some of them within the last few weeks.

Some remarks at the close of this article are also taken from that report.

Some of them had grown desperate and the operation was a *dernier resort*.

CASE I.—Mrs. G., a multipara, aged 35, was delivered at term; in two weeks or earlier, fever set in, which did not yield to quinine. Two weeks later I saw the case, and found a large but circumscribed swelling on the left side, too high to be felt at the vaginal vault. Diagnosed suppuration. A few days later an incision was made, a pint or more of pus was evacuated, and a drainage tube was put in. Although reduced to an extreme she entirely recovered, and is in all respects well.

CASE II.—I first saw Mrs. C., multipara, aged 27 years, on the 24th of last July. One month previously she had been delivered of a seven months' dead child. Three days after labor, fever set in, which had continued up to the time I saw her. Associated with this fever there was a circumscribed swelling in the left side, accompanied by great pain. She was weak, and we prepared for an operation that afternoon. In the meantime she was carried to St. Joseph's Hospital and the operation was done there.

We cautiously opened the abdomen over the swelling into the pus cavity, took advantage of adhesion, evacuated and put in a drainage tube. She uninterruptedly got well.

CASE III.—Mrs. P., a primapara, aged 24, had been a sufferer from pelvic inflammation and its results for several months, dating from the birth of her first and only child. This inflammation had already resulted in suppuration, and the surgeon in attendance had made openings through the vaginal vault and abdominal parietes into the sac of pus which at different times had pointed at these sites. There was also an opening into the bladder from the pus cavity from perforation by the pus. There had also been an opening made by the surgeon into the base of the bladder through the anterior vaginal wall.

At this stage, on November, 13, 1889, I, at the instigation of her physician, took charge of her case. Her pulse was 133, her temperature was 103 degrees; there was delirium from

uræmic poisoning, incident to absorption of the urine in the abdomen.

It was evident that the first thing to be done was to dilate the opening into the sac, and draw a tube through the abdominal incision, and out through the opening in the vaginal vault. We were enabled to irrigate the abdomen, or that portion taken up by the sac, and in a short while clear up the delirium and materially improve the condition of the patient. After a treatment in this way for some weeks, the opening from the bladder into the abdomen was healed, and all the urine dribbled away through the base of the bladder. Before a great while this patient was sitting up, and in the course of a few months was going around, though far from being cured. The pains in the abdomen continued in their accustomed severity. An examination by the bi-manual method showed that there were adhesions, a result of the inflammation through which she had passed. An exploratory incision was offered her with the idea that, if compatible with a reasonable safety, of removing the diseased appendages which had likely produced her trouble, and were still offending her. She accepted the proposition. On May 23d we opened the abdomen, but found intestines, uterus and appendages so matted together that we did not think it very likely that she would recover if this mass were broken up.

The abdomen was washed out and closed. She was up again in three weeks; has since materially improved; visited her relatives in Canada, and is now attending to her household duties.

This case illustrates the value of the palliative expectant treatment, and the folly of abandoning treatment because you are foiled in your effort to accomplish what seems to be the proper thing. Lawson Tait thinks an exploratory operation frequently results in good that cannot be explained. Should she suffer too greatly, we would advise the unraveling of this mass of intestines and removing the appendages, although the risk would be great.

CASE IV.—Mrs. F., aged 24, came to me September 28th, last. She was married one year ago. Her abdomen was quite large. The history was that one year ago an enlargement presented rather to the left of the median line, and has grown rapidly. The diagnosis was ovarian tumor.

The pulse was high, indicating that suppuration was going on. She was prepared for the operation, and on October 1st the usual incision was made. The tumor was adherent to the whole front of the abdomen. This was forcibly separated by the hand, the trocar plunged in, and the fluid drawn off. This left the solid portion, which was too large to be removed. The incision was extended to the ensiform cartilage, and the solid portion of the tumor, which weighed eighteen pounds after being separated from its attachments, was lifted out, making with the fluid portion forty pounds in weight. There was quite a lot of pus in the bottom of the sac. Notwithstanding the pulse was more than 100 before the operation, and 120 for several days thereafter, she made an uninterrupted recovery. I was permitted to examine this case not long since, and am gratified to report her in all respects well.

CASE V.—Mrs. S., aged 23, a Jewess of small stature, has been married three years—no child. Upon examination we diagnosed an ovarian tumor of small size, which was wedged in between the uterus and rectum. Each morning, at the time of the evacuation of the bowels, and for several hours afterward, there was excruciating pain. She was very much reduced in flesh, and was decidedly anæmic. The pulse was also high—above 90. Under the influence of local treatment—tonics and massage—we, in six weeks, had her much improved for the operation of removal of this tumor. On the 9th of this month we opened the abdomen, and found the tumor somewhat larger than we anticipated. Upon attempting its removal, after loosening its adhesions, to our dismay it ruptured, liberating a pint or two of pus into the abdominal cavity among the intestines. Realizing the great danger from this unfortunate accident, which was not preventable, owing to the thinness and rottenness of the walls of the tumor, we removed

this pus as rapidly as possible by means of sponges, and tied off the pedicle. We hastened to make the abdomen clean by repeated irrigations. We had but few patients to progress better than this one has done. She returned to her home on December 7th last in good condition, and subsequent information is to the effect that she is perfectly cured.

CASE VI.—Mrs. C. was brought to me on the 7th of last December, suffering from a nodular abdominal tumor the size of a cocoanut or larger. The symptoms and history pointed to a tubercular peritonitis. An explanatory incision was made and a pocket of pus evacuated. The tumor embraced the peritoneum and was likely omental in its origin, and could not be removed. She remained under our treatment for two months. During this time there were three or four collections of pus evacuated and the cavities packed with gauze. They healed. She then went to her home. She is somewhat better, but she is still confined to her bed. An occasional abscess forms, which her physician evacuates. It is probable she may eventually recover.

CASE VII.—Mrs. M. was, on January 5th, referred to me by her physician, who ten days before had aspirated a large suppurating ovarian cyst. The cyst had again refilled and was greatly disturbing and depressing her. An opening was made below the umbilicus. Owing to almost universal adhesions the cyst wall was stitched to the abdominal, thoroughly washed out and a drainage tube put in. The cavity, which was washed out twice daily, held about one-half gallon. This diminished beautifully from day to day until it (at the expiration of ten days), held only a few ounces. She now was seized with a morbid desire to go home, and all argument for her to remain was worthless. She went home. She returned a few days ago all healed, with the exception of a sinus extending just under the skin to the depth of two inches. I advised her to remain two weeks, allowing me to split up this sinus and pack with gauze, which would almost certainly cure her. She would not consent to remain from her home more than one week, so we could not agree. She has gained twenty pounds, is able to

attend to her household and farm duties, and is in all respects well, save the sinus just alluded to. This sinus may heal in the course of a few months without anything being done beyond a cleansing daily.

CASE VIII.—Mrs. S., aged 36, was delivered of twins eight weeks prior to her admission into the sanitarium, which was March 13th. Four days after delivery she had a chill followed by high fevers, rigors, sweating, etc., which told that the pelvic inflammation was approaching a suppuration. This was followed by a discharge of pus through the fallopian tube and womb. When she entered the sanitarium she was brought on a litter, was exhausted by the high temperature and suppuration, which she had been experiencing for near two months; her temperature was still registering high in the afternoon, 104.5 degrees. For several days the interior of the uterus was cleansed by irrigation, but the real seat of the suppuration not being reached, the temperature kept up, and her husband, who was quite an intelligent and progressive physician, readily agreed to a laparotomy. The abdomen was opened, not in the median line but to the left, above the supposed adhesions, in order that we might determine whether or not they were sufficient to allow of making an opening into the suppurating mass. We found the adhesions insufficient. The incision was extended downward, the adhesions were broken up in this location, preparatory to moving that whole mass, but other adhesions were found to the region of the pubes, to the womb and the bladder, and to the intestines so formidable that I was of the opinion that the hemorrhage would be sufficient to kill her in her weakened and anæmic condition. It was also clear to me that the mass was not draining into the womb, because it had gravitated too low, while the woman was on her back. It not being safe to remove the whole mass, the next best and safest thing to be done was to so place this mass that its suppurating interior might drain through the fallopian tube into the womb. We accordingly stitched it into the lower portion of the abdominal incision, securing its firm attachment with silk to the parietal peritoneum. Then after closing the

incision above, and putting in a glass drainage tube into the peritoneal cavity, and packing with gauze down to the mass, we felt that if the case was not cured there was but little danger from the operation, and in the event it should ever give trouble again, it would be so adherent to the abdominal wall as to give the greater chance of pus coming to the surface. The packing was changed every twenty-four or forty-eight hours; the stitches were removed on the eighth day. Two weeks ago she returned to her home, not having had a temperature of more than 100° , and this for only short intervals on the afternoons of the first few days after the operation. Her husband writes me she is regaining her strength and flesh, and is in all other respects well.

CASE IX.—Mrs. L., aged 40, presented herself on the 23d of last month with a large tumor. The abdomen was opened on the next day. It was found to be a multilocular ovarian cyst filled with colloid contents. Some of these cysts had undergone suppuration. These walls containing pus were so thin that when the adhesions were separated the pus flooded the abdominal cavity. The abdomen was washed for twenty or thirty minutes with warm water and stitched up. In spite of an attack of la grippe, which brought on bronchitis and pneumonia, she returned to her home last Sunday cured.

CASE X.—Mrs. H., aged 32. On the 15th of this month I went to Durant, Miss., to see in consultation a lady who had been quite ill for more than three weeks. Her disease was general peritonitis. The suffering was so great that one-half grain of morphine had to be administered every two or three hours. There were bands of adhesion around the rectum at the sigmoid flexure. No movement of the bowels had taken place for two weeks, not even gas having escaped in this length of time. The drum-like distention was so great that respiration was interfered with to no inconsiderable degree. The pulse, temperature and pallor indicated that unless something be done the end was not far distant. I proposed a laparotomy and drainage of the peritoneal cavity. The propo-

sition was accepted. An opening was made midway between the umbilicus and pubes large enough to introduce two fingers, break up the band contracting the gut and guide a Sims hard rubber tube down in behind the fundus into Douglas, cul-de-sac. This tube was flushed at intervals of a few hours with warm water. In a few hours later gas escaped through the rectum. The intervals grew longer between the doses of morphine. By the next day she was in a condition to stand an effort at removal of the fecal impaction. In one or two more days this was gotten rid of. With the exception of an inflammation of the parotid glands, due to the septic infection which had already taken place, her recovery has been steady. Her physician writes me that she is now out of danger, and will soon be able to sit up. There are three points connected with the case: First, the breaking up of the adhesions. Second, the draining of the peritoneal cavity as any other cavity. Third, the influence of the atmospheric pressure directly upon the bowels in overcoming or counteracting the gas within the bowels. The latter point has, so far as I have heard, never been made.

No.	Name and Age.	Married or Single.	Pathological Condition.	Operation.	Adhesions.	Drainage.	Where Operation Was Done.	Recovery or Death.	Effect of Operation.	Remarks.
1	Mrs. G., 35.	Married.	Emeric abscess following delivery.	Abdominal section and drainage. Sac not removed.	Firm.	Yes.	Residence.	Recovered.	Permanently cured.	She was a strong woman, a multipara, and had experienced no difficulty after delivery prior to this. The cause likely infection.
2	Mrs. C., 27.	Married.	Perimetritic abscess following delivery.	Abdominal section and drainage. Sac not removed.	Firm.	Yes.	St. Joseph's Hospital.	Recovered.	Permanently cured.	Not strong, and had a lump in side two years before, after delivery, evidently a threatened abscess, possibly an encysted one.
3	Mrs. P., 24.	Married.	Diseased appendages giving rise to peritonitis and abscess.	Abdominal section for abscess; then again for removal of appendages.	Yes.	In first operation only.	Residence.	Recovered.	Not fully cured but able to do her household duties.	She had experienced great suffering for months before, as described in Case 3. The removal of appendages was not permitted unless thought to be compatible with safety.
4	Mrs. F., 24.	Married.	(varian polycystic tumor.	Abdominal section and removal of 4 lb. tumor containing a large collection of pus.	Extensive.	No.	Private sanitarium.	Recovered.	Permanently cured.	The difficulties were that 13 pounds of tumor were solid, so shaped and adhered that it was impossible to remove it without opening the abdomen from the ensiform cartilage to the symphysis pubes. The tumor weighed 40 pounds.
5	Mrs. S., 23.	Married.	Suppurating ovarian cyst.	Abdominal section and removal of cyst.	Yes.	Yes.	Private sanitarium.	Recovered.	Permanently cured.	The cyst ruptured and liberated two pints pus into a domical cavity among intestines. Sponged out pus; very thorough irrigation for 30 minutes, which not only did away with danger from infection, but the water being 120°, diminished shock.
6	Mrs. C., 24.	Married.	Tubercular peritonitis.	Abd. sec. for evacuation of pus.	Yes.	Yes.	Private sanitarium.	Recovered.	Probable ultimate recovery.	Has had pus evacuated several times, but is still confined to bed.
7	Mrs. M., 42.	Married.	Suppurating ovarian cyst.	Abdominal section.	Very firm.	Yes.	Private sanitarium.	Recovered.	Thought to be permanently cured.	Has gained 25 pounds and is attending to her accustomed duties.
8	Mrs. S., 36.	Married.	Suppurating tubercular.	Abdominal section.	Extensive; very firm.	Yes.	Private sanitarium.	Recovered.	Cure unquestionable.	Has returned home and resumed her duties.
9	Mrs. L., 40.	Married.	Suppurating ovarian cyst.	Abdominal section.	Numerous.	Yes.	Private sanitarium.	Recovered.	Cure unquestionable.	Has returned home and resumed her duties.
10	Mrs. H., 32.	Married.	Suppurative peritonitis.	Abdominal section.	Yes.	Yes.	At residence in country.	Recovered.	Cure permanent.	Has been up some weeks and resumed her housekeeping.

REMARKS.

The fifth case was one in which there was greater danger of rupture, which might have occurred at any moment. The cyst wall could be torn like wet paper, and might have given way on slight exertion, such as getting in or out of her carriage. It is impossible to estimate or appreciate such dangers as this lady was daily exposed to.

In this report I have sought not to burden the Society with methods, technique and details. This can be brought out in the discussion as the members may be disposed. The greatest conservatism compatible with thoroughness has been observed.

In cases 1, 2, 3 and 6, simply the pus was evacuated; it would have been far from conservatism to have attempted a removal of the sac in these cases, whilst in cases 4, 5 and 9 it would have been quite as unsurgical as dangerous to let it remain, although there were some adhesions. In cases 1, 2, 3, 6, 7, 8 and 10 neither ovary was removed. In cases 4, 5 and 9 only one of these organs was sacrificed.

Each case has a healthy ovary left, and some of them two. I see no reason why they may not in the future bear children. The necessity for the removal of the sound ovary is not required in ovariectomy, as some operators claim it is (though I doubt it) in oophorectomy.

In these days of brilliant abdominal surgery, the operator is too frequently carried beyond the true conservative point, and many a life has been sacrificed in removing or attempting to remove a suppurating cyst or sac, when if it had only been properly drained the patient could have been saved and the cure quite as satisfactory. I would say to the young operator, go slow. But upon the other hand there is nothing like thoroughness of removal of every vestige of the sac when the peritoneal cavity cannot be shut off from the cavity of suppuration. Here radicalism is true conservatism. I should like in this connection to call attention to the use of sterilized absorbent gauze as a valuable addition to the drainage tube in keeping septic material from the peritoneum. In these operations common sense has predominated; the greatest simplicity in

methods has been preserved; boiled water alone has been used for irrigation inside the abdomen.

A long needle invented by myself for putting in the stitches through both sides at once, has been used. I am satisfied that in closing a long incision, 10, 20 or 30 minutes can be saved. Time at this juncture is very valuable in obviating, as far as possible, the oncoming shock. The needle is pushed down through from the side next the operator; then, with the aid of the assistant, up through the opposite side. A suture is placed in the slot; it is then quickly withdrawn, bringing with it the suture. This needle differs from all others in having a length and curve adapted to putting in stitches through both sides of the abdominal wall at one stroke or movement. All sutures, one after the other in rapid succession, are introduced in the manner described.

With the exception of the spray, the most thorough antiseptis outside, and asepsis inside the abdomen, has been observed. It is perhaps worth stating that antiseptis with me is only valuable as it induces to asepsis. I believe in the use of the spray before the operation, not that the carbolic acid in it is of value in killing germs, not that it is so important to kill germs, not this at all, but I do believe, by increasing the humidity of the atmosphere, it will cause the organic matter floating in the room to settle down, and there is consequently less likelihood of its being deposited in the open wound.

It is gratifying to me to relate the fact that I have never had a case of peritonitis to follow an abdominal operation, nor has a ventral hernia ever ensued.

Laparotomy for Removal of Dermoid Cyst.

BY B. HATCHETT, M. D., FORT SMITH.

[Read in the Section on Surgery at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29-May 1, 1891.]

Early in January of the present year Mrs. Catherine W., a colored woman of 40 years of age, consulted me on account of a "swelling in her side," and "jerking of her abdomen." She gave the following history: Married twelve years; never pregnant; menses regular; no excessive flow; but little pain at menstrual periods. She had noticed a tumor in her right side some years before her marriage, which she imagined would become enlarged at her catamenial epochs, and then decreased in size as the flow ceased. At irregular intervals she suffered very considerable pain, which did not become worse as the years wore on and the tumor increased in size. The motion of her abdomen was first noticed about two years after her marriage, making its existence about ten years. It had grown worse continually as the size of the tumor increased.

Upon making an external examination I found the abdomen enlarged to about the size of a seven months' pregnancy, even and symmetrical in contour. The tumor was quite firm to the feel, no possible fluctuation, and yet not solid; monocular and round in shape, and presenting most prominently in the median line. What she described as the "jerking of the abdomen," I found to be a continuation of quick, spasmodic contractions of the abdominal muscles, at times the recti and then the oblique, following each other in rapid succession.

This "jerking," as before stated, had been increasing for ten years, so that at the time of the examination spasms would occur almost strong enough to raise her shoulder from the table. She declared many a physician had examined her, and diagnosed pregnancy, claiming this muscular action to be but the visible expression of the kicking proclivities of the as yet

unborn. An examination of the uterus per vaginam revealed an unusually small organ one and one-half inches in depth, with the fundus tipped into the right iliac fossa, and, the smallest pin hole as it has ever been my fortune to see. Movement of the tumor had no effect on the motion of the uterus.

Diagnosis: Semi-solid cystic tumor, attached to some of the uterine appendages.

Patient readily consented to operative treatment, and was admitted to St. John's Hospital for that purpose, where, on the 27th of January, assisted by Drs. Saunders, Eberle and Wright, I proceeded to perform laparotomy.

After chloroform anæsthesia, primary incision was made in median line, extending from umbilicus to within an inch of pubes. Dividing the tissues and exposing tumor, numerous adhesions were met with, which required some force to break down, by means of the fingers and hand. Finding the tumor too large to be brought out en masse, it was incised and liberated of a large amount of a semi-solid material, after which other adhesions were broken down, pedicle secured and tied with a strong double cat-gut ligature, and divided within an inch of point of ligation, and dropped back into the abdominal cavity. The amount of hemorrhage was remarkably small, but little sponging being necessary to control it and insure cleanliness. And here I would like to express the belief that it is best, in these cases, to use as little irrigation and sponging as possible.

A small drainage tube was inserted and wound closed with a triple row of sutures—first, the peritoneum with fine catgut, then a row of deep silk, and finally a superficial row of silk. A large, strictly antiseptic dressing was applied, and patient put to bed in a very comfortable state.

A partial record of the progress of the case runs as follows:

January 27. Day of operation. 6 p. m.—Temperature, 99; respiration, 18; pulse, 100. Resting well. Catheter passed at midnight.

January 28. Temperature, 99; pulse, 88; respiration, 17; Catheter passed three times during day. Milk and beef tea

diet. Hypodermic morphia and crushed ice for slight nausea.

January 29. Highest temperature, 99.5. Catheter passed as on previous day. Same treatment. Less nausea.

January 30. Highest temperature, 99.5. Resting well. No nausea. Urine passed naturally.

January 31. Highest temperature, 99; pulse, 80; respiration, 17. Passed urine naturally. Diet as on previous days. Resting well.

February 1. Highest temperature, 99. Patient menstruating. Resting well.

February 2. Temperature, 98.5; pulse, 80; respiration, 17. Took a little solid food. Gave rectal enema. Bowels moved freely.

February 3. Temperature, normal. Solid food increased. A little flatulence, for which an enema of quinine in acid solution was given, followed by relief. Dressing, drainage tube, and a part of stitches removed. Wound looking healthy. Healing by first intention. Drainage tube left out, and new dressing applied.

From this time on, no rise of temperature or other unfavorable symptoms. Patient going on to complete recovery, and left hospital at end of four weeks.

My plan of using drainage tube was by letting it extend through dressings and project some six or eight inches, fastening over its patulous end antiseptic sponges, which were changed twice a day, and all accumulations of fluid drawn out by means of a syringe. Accumulations were extremely slight.

The cyst was the size of a man's head, and the contents weighed fourteen pounds. Its walls were very thick, and lined on the inside with a growth of short, curly hair, and heavy deposits of phosphates. Contents were about the consistency of boiled custard, yellow in color, odorless, and under the microscope revealed fat globules, amorphous phosphates, epithelial cells, and short bits of broken hair.

Patient up to date (April 20), continues in good health, menstruates regularly, has no pain, and no recurrence of the spasmodic abdominal contractions.

Photography in Medicine.

Of all the progress in the arts and sciences not directly related to medicine and surgery, there is none more valuable than the recent improvements in photography. And yet the value of this method of recording phases of disease, deformity and injury, seems hardly to be appreciated or understood by the medical profession. True, some of the more progressive are daily making use of the aid photography furnishes. For instance, many of the splendid illustrations in Piffard's new work on skin diseases were made possible only by the use of the flash light process in photography, which the author himself used. It is strange that those engaged in plastic and orthœpedic work do not constantly keep in use an instrument that is capable by simply "pressing the button" (the manufacturer of the instrument will "do the rest") of producing an absolutely correct picture of the deformity before, during, or after operation, as may be desired. Many of the most unique skin diseases, deformities, etc., are not recorded because they are almost indescribable, or still more because the observing physician has not the artistic skill to illustrate the abnormal condition. With a "kodak" (which has probably, so far, reached the highest degree of perfection combined with simplicity, of all the many cameras manufactured) the physician has an infallible artist at his command, whose services can be called into requisition instantly and whose pictures will be an accurate illustration of the conditions as they existed at the time the button was pressed.

What an interesting record could be preserved if a physician would carefully take pictures of his interesting cases and keep them in an album for ready reference and study.

How many physicians in describing their cases frequently exclaim, "I wish I had a picture of it. It was so peculiar. I cannot describe it so that you can fully appreciate the state of affairs as it existed." Such statements would be of the past if those physicians who are interested in preserving faithful records of their cases, would provide themselves with one of the compact little kodaks, which are always ready to be used instantly, and can be operated by any person having sufficient skill to ring a door-bell.

THE
JOURNAL
OF THE
STATE MEDICAL SOCIETY
OF
ARKANSAS.

OWNED AND CONTROLLED BY THE STATE MEDICAL SOCIETY OF ARKANSAS WITH
NO OTHER PROPRIETARY OR BUSINESS INTERESTS WHATEVER.

OFFICIAL ORGAN OF THE ARKANSAS ASSOCIATION OF PHARMACISTS.

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All members of the Society should send their annual dues to the TREASURER
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111 East Fifth Street, Little Rock, Ark.

VOLUME II.

SEPTEMBER 15, 1891.

NUMBER 3.

Editorial.

A NOTE OF WARNING TO THE COUNTY BOARDS OF MEDICAL EXAMINERS.—The recent action of the Sevier County Board, in revoking the license of a physician who evaded that board, obtained license in an adjoining county, and then returned to the former county to practise, suggests that it might be well to call the attention of the respective county boards throughout the State to the fact that such action is entirely contrary to law, and gives the opponents of medical legislation an opportunity to invoke the cry of persecution in their behalf.

The Attorney General of the State has given his opinion that while the *spirit* of the law did not intend that applicants for examination should be allowed to go beyond the confines of

their respective counties to obtain license, there was nothing in the letter of the act to prevent it.

It appears that the action of the Sevier board was taken under the provisions of the recent law to prevent unprofessional conduct in the practice of medicine, claiming that the conduct of the applicant referred to was unprofessional under the law. This view is entirely untenable, because the law to prevent unprofessional conduct clearly defines what acts shall be considered as such, and does not include, as it very properly might, the obtaining of license from one board after having been rejected by another.

The only clause under which such action could be brought is the seventh, which states that "conviction of any offense involving moral turpitude," is sufficient cause for revoking license. But as the authorities have decided that the letter of the law permits applicants to tramp from county to county until they can find an examining board so low in the scale of professional manhood as to grant their license, it is unreasonable to suppose that either the State board or the courts would uphold a decision revoking license for such cause. It is better for the sake of the law and the medical profession in the State, that ten unqualified licensed men should practise medicine than that one of the ten should be arraigned and acquitted on insufficient testimony, or without the full sanction of the law.

MORE SPECIALISTS' SOCIETIES.—The New York *Medical Journal* states that the preliminary steps are being taken to organize a *State Society of Railway Surgeons* in New York State. This suggests that there is a large field in Arkansas for more thorough medical and surgical organization. Why not have in this State in addition to the railway surgeons a society of saw-mill surgeons, of gin-house surgeons, or, to take special care of "Young America" fruit-tree surgeons and physicians? The injuries resulting from employment about saw-mills and gin-houses are just as distinct and peculiar as those resulting from railways, and the protean

results of eating green fruit, or climbing fruit trees, call for the exercise of the highest degree of skill and knowledge. Arkansas is fortunate in having a sufficient number of surgeons accustomed to the treatment of saw-mill, gin-house and fruit-tree disasters to form a good society, but the proprietors of these injury-producing contrivances issue no passes to their surgeons, and the designation of "saw-mill" or "gin-house" surgeon has not that attractiveness that is inspired by the greater "railway surgeon," and does not impress the common people with the marked ability supposed to be possessed by the latter.

The medical profession will never be fully organized until all of the injury-producing machines or combinations are represented in associations organized by those who attend to injuries produced by each respective one when called upon, and in the meantime treat all other cases that come to them. If the fruit-tree surgeons succeed in organization the JOURNAL suggests that "The mothers of our Forest Land" be made active members. For, with all deference to the attainments of the scientific specialists in the prevention and treatment of "green-apple belly-ache" the mothers are beyond comparison, using their ever faithful allies, "epecac" and castor oil, in treatment, and together with these two a q. s. of the extract of peach tree in the prevention.

Editorial Notes.

—THE NEW ENGLAND MEDICAL MONTHLY celebrates its tenth anniversary by publishing a monster souvenir edition, containing, along with splendid reading matter, pictures of many of the more noted physicians throughout the United States, the frontispiece containing a photo-engraving of editor Wile, surrounded by the associate editors. No unprosperous journal could afford the means and labor necessary to issue such an edition. The *Monthly* is conducted by comparatively young men, who fully illustrate what the late Dr. Levis stated

in one of his addresses, which was in substance, that it was to the young members of the profession that we had to look for advancement and discovery; the old were fixed in their methods and opinions and were loth to give way to apparent innovations, which the young members grasp, investigate and accept or reject, according to their merit or uselessness. The *JOURNAL* wishes the *Monthly* many decades of progress and prosperity, and expresses the hope that instead of, as Dr. Holmes says, becoming "forty years old," it may attain the age of "seventy years young."

—Dr. E. R. Dibrell has been appointed a member of the Board of Pension Examining Surgeons at Little Rock in place of Dr. John Waters, removed.

—From the numbers of ills of a periodical tendency that are reported to be relieved by quinine, and attributed to malaria, it might be suggested to define malaria as a morbid agent which produces various conditions that show a tendency to periodicity, are relieved by quinine, and in which a correct diagnosis cannot in all cases be clearly made.

The State Society.

WITH A HIGHER PRICE THAN "DOLLAR" WHEAT, cotton going higher every day, a good corn crop, prolific yield of fruit and fine mast the Arkansas doctors ought to be able to make fair collections for their professional services this year. But don't be backward about making your demands. Charge fair and just prices, collect promptly, get as many of your clients out of your debt as possible and you can rely on their patronage for another year. What more doth it profit a doctor to practise in a family and receive no pay than to let that family employ another physician. There is no reason why a person who can pay his grocers, dry goodsmen, lawyers and others who credit him should not also pay a "friend in need," who is "a friend indeed"—his family² physician. If the physi-

icians respect themselves and enforce their demands with promptness the people in other vocations will respect them the more and the more readily accede to their just requirements. It is a blight upon the medical profession, the meekness with which its members submit to delinquencies from those from whom men pursuing other callings and professions succeed in obtaining their dues to the utmost farthing. In the "hard times" of the last year the doctors have had to bear, or more correctly have borne, more than their share of the *tidings* over until another harvest. But as prosperity's sun begins to dawn on our beautiful Indian summer let not the faithful physician fail to heed the crowing of the cock and, loitering with his uncollected accounts, permit his more business-like neighbor, like the early bird, to get all the worms.

As your finances prosper so should the exchequer of your State Society improve its financial condition to the extent of having paid to it the dues from delinquent members and the sending of subscriptions to its JOURNAL from all who can lend a helping hand.

IN THE NEXT ISSUE WILL BE PUBLISHED the list of the members of the Society. If any member has changed his address or knows of any who have, he is requested to send to the secretary of the Society the present address. It is intended to make the list as correct as possible, but it can only be made absolutely so by the assistance of those who are aware of the errors and will aid the secretary in correcting them.

County Societies.

[The Scientific Proceedings of County Societies are requested for publication in this department.]

The County Society in Summer.

It is just about all that the average doctor can do to attend to his practice during the hot, dusty months of summer without exerting himself to prepare papers for and attend meetings of his local society. The necessities of his profession demand so much of his time and intellect that he has but little left for what ought to be considered the pleasures, if not luxuries, of his calling—the meeting and comingling with his fellow practitioners at the society meeting once a month or once a quarter. But though the societies may not hold meetings during the summer months, it is the very season when the individual member can improve the time by laying out his plans for the more pleasant season of winter, when he can arrange and revise his observations of the busy summer to deliver them to his fellows in such complete and finished detail as to make them entertained and profited listeners. Every member can save something from the summer's heat, dust, mosquitos, gnats and sickness to lay upon the dissecting table of his little society for the good of the profession and benefit of humanity.

The roll-call of counties is omitted this month on account of lack of space. In the meantime, it would not be out of place for any doctor in any of the counties previously called to respond.

Miscellany.

The Conclusions Reached by the Second Congress for the Study of Tuberculosis.

[*Editorial in University Medical Magazine.*]

The rare spectacle of the gathering of a congress which devoted itself entirely to the study and discussion of a single question was presented in Paris, July 27 to August 1, in the second meeting of the Congress for the Study of Tuberculosis.

At a time when the failure of the treatment of Koch is apparently complete, when the theories and results published by other experimenters are so numerous and so contradictory, it is good fortune which calls together in public debate many of the workers in this field of medical activity. Under such circumstances the many reports may be discussed and judged more rapidly and accurately, and the wheat sifted from the chaff. Fortunately for this purpose this congress, fostered by Verneuil and Petit, continued to have the success it received in 1888, although some authorities, notably Germain See, looked upon it simply as a huge advertisement, and consequently did not subscribe for its support nor join in its deliberations.

All the various phases of the study of tuberculosis were narrowed down to two clearly-cut questions—*pathogenesis* and *therapeutics*. By common consent contagion, heredity, emigration, pathological anatomy and semeiology, which have been great questions in other congresses in the past, were kept in the background.

The question of *pathogenesis*, as was presented to the congress, was concerned largely with the plurality of tuberculosis. Nocard and Roux, after four years' study of the subject, have given the forms of culture applicable to the tuberculosis of birds, which, up to that period, had been regarded as identical with mammalian tuberculosis. Koch has declared that the

character of the culture of bird tuberculosis differs from that obtained from guinea-pigs inoculated with the products of human tuberculosis. Rivolta and Mafucci, Italian observers, have carried out this work of differentiation still further.

In France there has been the decisive work of Straus and Gamaleia. These two observers are the most positive and most extreme in their views of the dualists, *i. e.*, those who claim the complete non-identity of these two forms of tuberculosis. According to them there is a sameness in the form and reaction to the principal aniline colors between the bacilli of the mammal and the bird; yet the appearance of the cultures, and especially their biological characteristics, serve to show their distinct characters. For example, the human bacilli does not develop at 45° C., while this temperature favors the development of the bacilli of the bird. They claim that the dog takes human tuberculosis, but not that of birds, while the hen takes bird tuberculosis, but is absolutely refractory to that of man. The rat, rabbit and guinea-pig are receptive to both bacilli, but the products produced by the experimental injections are wholly different. The human bacilli forms the tubercle; the bacilli of the bird a special form of septicæmia, studied most exhaustively by Yersin.

Gilbert and Cadiot reach similar conclusions concerning the non-identity of these two forms of tuberculosis, with the reservation that there seems to be exceptional cases, in which human tuberculosis has been inoculated in gallinacæ, *i. e.*, that species of bird which exhibits typically bird tuberculosis, and conversely that bird tuberculosis has been inoculated in mammals. Courmont and Dor, on the other hand, believe that these differences in the bacilli are not so marked. They state that Koch himself has inoculated hens with human tuberculosis. They claim to be able to produce the different forms of tuberculosis by intravenous injections, no results being obtained by other methods. Hence they conclude (1) that gallinacæ are not wholly refractory to human tuberculosis; (2) that inoculation by the digestive tract, or the subcutaneous method, is uncertain; (3) that human tuberculosis inoculated

in gallinaceæ and cultivated in a series of cases is still inoculable again in mammals.

According to these conclusions, which seem to express most accurately the opinions of the members of the congress, the bacilli of bird and human tuberculosis are not two distinct species, but rather two forms of the same species.

Chauveau, on a branch of this same subject, reported three series of inoculation of human tuberculosis in cattle, in the course of which he shows that human and bovine tuberculosis are identical.

In this discussion of the plurality or unity of these two forms of tuberculosis, the point of interest in practical medicine lies in the question, Are the therapeutic and prophylactic conclusions which may be found useful in one form of tuberculosis of service in the other? If they are, then the degree of relationship between the two bacilli becomes a matter of indifference to the practical physician. If these measures are not of service in both forms, then this fact will invalidate the experiments of the authorities who claim the unity of the two bacilli.

Grancher and Martin, in the study of the causes of the lack of success of Koch's tuberculin, reported experimental vaccination with cultures weakened by age. These cultures are less violent, but are still active. A prolonged observation from experiments on rabbits, leads to the conclusion that it is possible to confer immunity from tuberculosis by this method. The tubercular virus seems to contain two principles, a vaccinal and a toxic substance. The latter causes the mischief noticed. From their work they believe that tubercular virus protects against tubercular virus and that anti-tubercular vaccination does exist, although as yet it is imperfect.

Taking up the second great question of this congress, that of *therapeutics*, the material is singularly rich.

First and foremost was the report of the study of Koch's tuberculin. Arloing, in a very thorough paper, taking up first the *diagnostic value* of this substance, showed that certain tubercular animals presented no reaction to the lymph, while

other animals, perfectly healthy, showed considerable reaction. In regard to its *curative power*, he found that it never arrested or retarded the tubercular process; on the other hand that it frequently hastened it. As to its *preventive action*, he found that healthy animals resisted better the action of tuberculosis than other healthy animals which had been fortified with injections of tuberculin.

This paper of Arloing was received with great applause; it represented undoubtedly the feeling and experiences of the members of the congress. The national prejudice to anything German which must be felt by any congress held in Paris painted the results of Koch's treatment in darker colors, possibly, than it deserves; especially as the members were aware of the all-potent power of the German emperor, whose influence in every field of German activity is not appreciated in this country. It was this power which forced the unfortunate Koch to divulge his plan of treatment prematurely.

The emperor wanted the glory of a scientific Sedan. It was disaster.

Of the other forms of treatment it can be truthfully said that the later the theory and the shorter the time for clinical experience the more hopeful and brilliant were the results.

Redard reported the remote results of the injection of iodoform, dissolved in oil, in cold abscesses. He cleansed first the cavity with naphthol and water; in this way the unpleasant effects of iodoform were avoided. The results have been very good in closed cavities, less favorable in cavities with fistulas or open spaces.

Hericourt reported the results of the injections of the serum of the dog in human tuberculosis. These experiments were begun on animals in 1888; they were tried on man in 1890. He divides his observations into two groups; in the first, twenty-five cases of tuberculosis in the third stage, the results were perfectly *nil*; in the second series of patients in the second stage, dyspepsia was diminished, the appetite improved and the vomiting checked, but the bacilli persisted in the sputum. Bernheim reported the transfusion of the blood of the

goat. The results were negative. Semmola has tried the combination of iodoform by the mouth and the injection of dog serum. He is at present unable to present a single case of genuine cure, although he feels encouraged to continue.

The treatment by compressed air charged with medications, preferably creosote, was discussed, although See, their advocate, was not present. No cases of cure are reported. The injection under the skin of large doses of creosote and oil was mentioned, but not recommended.

The use of chloroformed water, salts of lead, especially the acetate, inhalation of osmic acid, camphorated injections of olive oil, antiseptic injections of guiacol, eucalyptol, arseniate of strychnia, iodoformized guiacol were also discussed. No definite results could be claimed for any of these methods.

Undoubtedly, the form of treatment which attracted the most attention was the surgical injections of Lannelongue.¹ It is simplicity itself; simply the injection subcutaneously of a solution of the chloride of zinc. Lannelongue exhibited to the congress, at the Hospital Trousseau, thirty children treated by this method; most of them were suffering from tubercular joint trouble. In those cases which had received nine or ten injections, and had been under observation for three months, it was easy to see great improvement. There was the diminution of the volume of the swelling, the formation of new tissue and the return of articular motion.

The present congress was not marked by any great discovery; but on the other hand it has been very rich in experimental facts, very full of the details of laboratory and clinical experience, which may be pregnant with conclusions of the most widespread importance.

Undoubtedly the present trend of the day is to make use of the methods which nature employs against tubercular processes. The therapeutics of the future seems to be taking that form—the production artificially of nature's methods of prevention and elimination.

1. *Surgical Progress*, p. 798.

Signs of Life in an Arkansas Doctor.

Through an error of the secretary of the Society, for which the editor of the JOURNAL assumes no responsibility whatever, a "star" was misplaced last month in the list of officers. Fortunately, so small a thing as the misplacement of a star did not result in the death of the one whose name it fell upon. The doctor is a living witness of the absurdity of astrology, as is evidenced by the following letter :

"To the Editor :

"In the August number of the JOURNAL for the State Society, in the list of vice presidents, I see you have me *starred* as being *dead*. True, the name is not exactly right, but I know it is me to whom you allude. If I am dead, I do not realize it. I have never seen my obituary. I still feel it when I pinch myself, my bread and meat and "Big Springs" taste natural yet. Money is just as hard to get, and looks as comforting as it ever did. If I am dead, my dear doctor, *post mortem* appearances are mighty natural. I wish you would investigate the matter further. Yours very truly,"

* * *

Perusal of the above letter suggests the anecdote recently published in *Harper's Monthly*, of the noted English Bishop who for years had nursed the fear that he would some day become paralyzed. On one occasion, at a dining, he suddenly interrupted the guests at table, by exclaiming that his worst fears had been realized at last; that he was paralyzed in his right lower limb; that he had been pinching his thighs for some moments, and was unable to detect the slightest feeling. Lady—sitting next to him assured him that he was mistaken for it was *her* limb he had been pinching instead of his, the silk of the lady's dress being difficult to detect from the silk of the Bishop's robe. He was cured.

As far as the life of the members of the State Medical Society is concerned, their fate is written in the treasurer's book. If their dues have been paid, they still live; if they owe for two years, they are in a precarious condition; if they owe for

more than two years, they are stone dead to medical organization, and their obsequies will take place at the next meeting, the services to be performed by the judicial council.

PHARMACY.

This Department is the official organ of the Arkansas Association of Pharmacists, and is under the charge of an editor elected by that body, to whom all communications relating to it should be sent. Address its editor,

MR. W. W. KERR, Batesville, Ark.

Proceedings of the Ninth Annual Meeting of the Arkansas Association of Pharmacists, Held at Hot Springs, May 20-22, 1891—Continued.

SECOND DAY.

THURSDAY, May 21, 1891.

The Association met at 9:30 a.m., pursuant to adjournment.

The minutes of the previous day's meeting were read and approved.

The president announced the nominating committee of seven: John W. Norton, chairman; E. E. Shendal, C. D. Petty, G. N. Hart, S. C. Dowell, O. Halliburton, J. Wilkerson.

The executive committee reported the following names for membership, as approved, which, upon motion, were unanimously elected: Wylie W. Smith, Alma; J. W. Fletcher, Batesville; Al. Weber, Hot Springs; R. H. Lusby, Jos. H. Brown, W. B. Allen, E. H. Norteni, John R. Walter, W. A. Blair, Samuel B. Steel, Little Rock; S. C. Wilkerson, Morrilton; W. J. Murry, Malvern; Herbert Rose, J. A. Livers, Harry R. Lower, Richard Bancroft, Hot Springs; E. J. Christian, Portland; Joseph K. Sexton, Walnut Ridge; Parkes Chandler, Fordyce; J. H. Ferguson, Bald Knob; Harry C. Munger, Judsonia; H. C. Sweeten, Benton; Jesse W. Fuller, Augusta; E. W. Burruss, Holly Grove; J. H. Muse, Arkansas City; Lee Miller, Malvern.

The report of the secretary was now read, as follows:

LITTLE ROCK, ARK., May 15, 1891.

To the Arkansas Association of Pharmacists:

GENTS—Your secretary would beg leave to submit the following report: The duties of secretary have been much reduced by the action of the Association, relieving him of the financial part of the work, as it formerly existed, the duty of sending out bills for dues and collecting same now falling upon the treasurer. My last report shows the number of members to have been 134, since which time we have admitted twenty-three, making the number of members now in good standing, as far as my records show, 157.

The proceedings of the eighth annual meeting were gotten out and mailed to all the members, and also to the secretaries of the different State Pharmaceutical Associations, and to the various journals.

I beg to acknowledge the receipt of the proceedings of the following State Associations: Nebraska, Pennsylvania, Michigan, Georgia, Louisiana, New Hampshire, New Jersey, Missouri, Wisconsin, Kentucky, California, Delaware, Florida, Massachusetts, North Dakota, South Dakota, Kansas, Minnesota. Also, from Prof. John Attfield, of London, a copy of the revision of the B. P., all of which has been acknowledged by letter, and public acknowledgment is now made.

To the following journals are we also indebted: Meyer Bros.' *Druggist*, *Pacific Drug Review*, *National Druggist*, *Rocky Mountain Druggist*, and to the American Pharmacists' Association for a copy of their proceedings, and the National Wholesale Druggists' Association for the report of their meeting.

About the time of the consideration of the pharmacy law by the Legislature, and its subsequent passage, much correspondence has resulted from the desire of parties interested to know what they were to do. To all of these inquiries I have promptly replied, and in issuing notices for this meeting I deferred so doing until the last moment, hoping definite information could be included in that. In fact the notices for this meeting were written and almost in the hand of the printer,

and would have been but for neglect, without reference to the organization of the Board of Pharmacy. Fortunately the appointments were made and a new notice written including this information.

There must be an increasing interest in pharmacy matters in this State from the inquiries made of the secretary. This will, no doubt, be all transferred to the board.

J. W. BIEDELMAN, *Secretary*.

Which, upon motion, was received and referred to the committee on publication.

The committee on publication made their report through J. W. Beidelman, verbally, stating that the minutes of the eighth session had been carefully prepared and 350 copies printed and mailed to each name on our list, to all the secretaries of the various State associations, pharmaceutical journals and pharmaceutical colleges in the country.

The report was accepted and the committee discharged.

The committee on legislation, through John B. Bond, chairman, presented their report, as follows, which was received and referred to the committee on publication :

To the Arkansas Association of Pharmacists.

GENTLEMEN—The committee on legislation has little to report at this meeting beyond the official statement of the fact well known to the profession in Arkansas that victory has at last perched on our banners. The draft of the bill so carefully matured by this body at its last annual meeting was enacted into a law by the last General Assembly with a single amendment. The Senate struck out your provision for a small annual re-registration fee. While this is to be regretted, it is the opinion of your committee that the next assembly can be easily induced to add that section to the existing law, if the measure continues to be as popular with the druggists as it now is.

The committee is of the opinion that the General Assembly will be unwilling for the present to add the other provision we so much desire, *i. e.*, giving this Association the privilege of nominating a few persons annually, from which nominations

the Governor would be compelled to select one member to fill the occurring vacancy. It was the settled conviction of this body at its last meeting that such a clause in the bill would be unwise until our Association represented a larger percentage of the druggists in Arkansas than it does at present.

From a careful study of nearly all of the pharmacy laws in force in the United States, your committee is firmly of the opinion that the law passed, through your long efforts, is superior to most of them. It is brief, it is clear and properly liberal in its provisions, and contains none of the very obnoxious features met with in the statutes of several other States.

Your committee makes this report with very great satisfaction, and heartily congratulates your Association upon the splendid success that has at last crowned your labors.

Respectfully submitted,

JOHN B. BOND, *Chairman.*

John B. Bond offered the following amendment to the constitution, which, under the rules, was laid over until next year:

“Amend section 4, by adding a standing committee on nominations of officers, said committee to consist of seven and be appointed by the President.”

The report of the treasurer was then made by D. W. Holman, which was referred to the executive committee for examination. The report is as follows:

TREASURER'S REPORT.

January 19, 1890, to cash from E. P. Schaer, former treasurer.....	\$ 68 38
May 19, 1891, to amount received to date, as per books.....	269 50
CR.	
July 15, 1890, by stamps.....	\$ 25
August 4, 1890, by stamps.....	2 00
November 10, 1890, by postage.....	3 00
November 10, 1890, by two blank books and letter file.....	3 00

May 1, 1890, by postage	6 00
May 1, 1890, by W. W. Kerr, voucher No. 23.	11 40
May 15, 1890, by voucher No. 18	9 95
May 15, 1890, by voucher No. 19	3 85
May 15, 1890, by voucher No. 20	14 65
May 15, 1890, by voucher No. 21	7 50
May 15, 1890, by voucher No. 22	50 00
May 19, 1891, by balance	226 28
Total	<hr/> \$337 88=\$337 88

D. W. HOLMAN, *Treasurer.*

J. M. Anderson, chairman of committee on president's address, then presented their report, as follows:

REPORT OF THE COMMITTEE ON PRESIDENT'S ANNUAL ADDRESS.

We, the committee appointed to act on the suggestions contained in the president's address, submit the following report, recommending—

1. That the Board of Pharmacy of Arkansas be requested to make an annual report to the Arkansas Association of Pharmacists of all their acts, and make such recommendations as it may deem proper as to additional or amended legislation.

2. That we approve the recommendation requiring this Association to elect three of its members, from whom the Governor is requested to select one to fill the vacancies in the board yearly.

3. That a special committee be appointed to devise some plan by which some substantial assistance may be offered to the ARKANSAS STATE MEDICAL JOURNAL; also, that this committee be required to report at the earliest convenience during this session.

4. That a special committee on necrology, consisting of three members, be appointed by the president to take action in reference to the deaths of two of our members which have occurred since our last annual meeting.

J. B. BOND, *Chairman.*

After some little discussion as to the necessity of appointing a committee on necrology, the report was adopted and the committee was discharged.

Vice President John Schaap now took the chair, and W. W. Kerr made a statement regarding the STATE MEDICAL JOURNAL and its work. A portion of the JOURNAL, which is published monthly by the State Medical Society, has been set apart for the benefit of the pharmacists of the State ; that since its publication, at the request of its editor, he had taken charge of that department, and now proposed that we should, in some tangible way, show our appreciation of having a medium of communication between members, and that every month. He therefore moved that in place of having our minutes printed as for the past two years, we publish them month by month until completed in the JOURNAL, and that a copy be sent to every member. This motion being seconded, was made a matter of exchange of views, and the motion was amended so as to read : *Resolved*, That we subscribe for one copy of the JOURNAL for each member who has paid his dues for the year 1891-92, and as they will appear from the treasurer's books from time to time, at the rate of \$1 per year for each ; that the secretary furnish a list of names to the publisher, and also the proceedings published as usual and forwarded to members and those entitled to same as formerly.

In this shape the subject was agreed upon and the amended motion carried.

The need for an editor of the pharmacy department of the JOURNAL was stated, and the name of W. W. Kerr urged to fill the place. Upon motion, he was unanimously elected editor of the pharmacy department of the STATE MEDICAL JOURNAL.

Recess was now taken until 3 p. m.

Don't Forget!!

That every member of the Arkansas Association of Pharmacists whose dues are paid a year in advance gets this journal for nothing.

Substitution.

There was a time when this word, as applied to pharmacy, was taken to mean the substitution of another ingredient for one required by the physician in his prescription, or perhaps giving out a similar drug when another was called for; and was justly considered a very reprehensible act. Of late years the word seems to have its most accurate definition in the substitution of one manufacturer's patent nostrum, when another was wanted, notwithstanding it may have been done with the full knowledge and consent of the customer. Indeed, according to this modern code of ethics, it would be a very unjustifiable thing to supply any simple remedy of known therapeutic value in a given case, instead of the patent cure-all. There is absolutely no room left to the competent, conscientious pharmacist to exercise his judgment in the premises, but he is obligated to furnish the exact preparation called for, without question.

This is the attitude in which he is placed by all the plans yet submitted for the prevention of price-cutting in which the proprietors have had any hand, and it forms one of the conditions of the Arkansas Pharmaceutical Association plan. This plan, so far as it has had consideration by the State Associations, has been generally adopted without material alteration. The Arkansas Association, in its wisdom, however, saw proper to strike out that clause in the third condition which requires that retail druggists shall "agree not to substitute another article for any article required." In doing this, the Association simply took the high professional ground, that no conscientious pharmacist could afford to so hamper himself as to forbid his exercising his better judgment and professional skill when the same was appealed to, even to the point of recommending a course to his customer different from that which he had marked out for himself. For instance, a customer enters the store and asks for B's cough syrup. It is produced, wrapped, handed to him, and paid for. He then asks the druggist if he has anything any better. If he has, or if he has something the con-

stituents of which he knows, and knows to be well calculated to answer the requirements of such a remedy, it is a duty he owes to a higher court than any earthly tribunal of patent medicine makers, to unhesitatingly say so, but then he *substitutes* in the eyes of the law!

It must be admitted, however, that the proprietor has some claims upon the retail druggist in this direction, in view of the fact that he has spent large sums of money in placing his wares upon the market, and in doing so has largely advertised the latter, and the retail druggist has signed, sealed and delivered the articles of copartnership when he admitted the remedies to his shelves and allowed his name to appear upon the advertising material, and hence is under some obligation to see that they have at least an equal show with others of the same character. The first mistake was made when he permitted himself to become an agent for the proprietor, and no subsequent wrong can right it, consequently the situation as it exists, and not as it should be, must be faced.

We beg therefore to submit the following amendment to section 3 of the Arkansas Pharmaceutical Association plan: Substitute the words "proprietary preparation" for the word "article," making it read, "and further agree not to substitute another proprietary preparation for any article required," etc. This would place all remedies of that class upon the same footing, which would seem to be all that any reasonable man, or set of men, ought to ask.

Pharmaceutical Education.

The greatest good that will come of the pharmacy law, is the stimulus it will give to higher education in pharmacy. The day when a boy can enter a drug store and sell patent physic for a year, and then go into business for himself, is passed.

All those young men who have started on the road as clerks within the last three years, if they have done so with the sincere desire to make pharmacists of themselves in the

true sense of that word, will continue to hold out, and will exert themselves to be ready to stand an examination before the board, so of necessity they will have to pursue their studies with something like system in order to compass that object within a reasonable length of time. The same will be true of those who enter the ranks hereafter. They will do so with their eyes open to what is expected of them, and it will have the double effect of deterring those who have not ambition enough to succeed—a class that is always an incubus in any walk in life—and stimulating those who are worthy of success.

With the necessity of a higher education comes the question: "How is it to be obtained?" Manifestly the best means is a good college of pharmacy, and fortunately there are many of them, first-class institutions, within easy reach as to distance and comparatively so as to cost, but *unfortunately*, not so easy of access on the latter score, as to be within the grasp of many of our young men. Those who have to depend upon their own acquired means to defray the expense of their education, are usually shut out, for the reason that the wages they can command for the first few years in a drug store will scarcely support them at home, and by the time they have acquired sufficient knowledge and skill to entitle them to such a salary as will yield a surplus, they have become so fixed in their habits of drug-store life, that it is hard to break the connection. At the same time it is clear that *some* systematic course of study must be pursued or the object could not be attained in years. The progress of the age has not forgotten the situation, and institutions exist for bringing the systematic study of pharmacy to the home of the student. Notably among these is the National Institute of Pharmacy, located on Dearborn street, Chicago, Ill.

From personal examination we can cheerfully commend this course to all who contemplate entering or continuing in the profession, whether they expect to attend a college of pharmacy or not. We are repeatedly asked to give some general idea of the character of the examinations which the Board of Pharmacy propose to adopt. We can answer this question by

citing all inquirers to this course of lectures, which contains an answer to every question that will be asked. It consists of twenty-four lectures covering pharmacy, chemistry and materia medica, and run through a whole year. These are sent out semi-monthly, and all except the first one contain a series of questions upon the preceding lecture. These are answered by the student and the answers forwarded for examination and criticism. At the end of the course the proficiency is rated, and diplomas awarded to all who have reached the required standard.

We have just had information that the Department of Pharmacy of the Northwestern University, better known as the Illinois College of Pharmacy, has inaugurated a somewhat similar system, but differing in that it consists in publishing in book form, "First Lessons in the Study of Pharmacy," by Prof. Oscar Oldburg. Examination questions are sent out periodically, as the time and talents of the student enable him to answer and return them, upon this book. This course comprises twenty lessons, and it is thought that any one can complete it in forty-six weeks. We have not seen the book, but Prof. Oldburg's name on the title page is a sufficient guarantee of its value.

We have felt called upon to call the attention of our younger readers who are not entitled to register without examination to these sources of information, in view of the urgent necessity which just now exists for their getting ready to stand their examinations.

THE time for registration without examination, under the pharmacy law, has been extended until the 15th day of September, but will again have expired before this reaches our readers. This conclusion was not reached by the board until about the middle of August, so the real extension is only about thirty days. It was ascertained that there were near one hundred druggists in the State who were entitled to register who had not done so, mainly through neglect, perhaps, but in a good many instances from not having notice; it was therefore thought best, in order to silence any cavil, to take the above course.

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The Nature and Treatment of Croupous or Lobar
Pneumonia.

BY W. P. HART, M. D., PINE BLUFF, ARK.

[Read in the Section on Practice at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29-May 1, 1891.]

Prof. Austin Flint, Sr., considers pneumonia a constitutional malady and of microbic origin. Prof. Loomis says, "Pneumonia is an acute, general disease, with a characteristic local pulmonary lesion." Prof. Bartholow says, "There is a growing belief that pneumonia is a constitutional disease. It differs from other inflammations in that it is self limited and terminates by crisis." Fothergill says, "There is no treatment for pneumonia in itself." I suggest that this statement is not true of simple inflammation. That pneumonia is not a simple, local inflammation is evidenced by the fact that the introduction into the lungs of irritating vapors and noxious acids and gases, by inhalation, and of caustic agents, by tracheal injection whose presence excites local inflammation, have all resulted negatively as exciting causes of pneumonia." (Loomis.) Again, the symptomatology of pneumonia mili-

tates against the idea of its being only, and nothing more, than a local inflammation. If it be a local inflammatory disease, there should exist a correlation between the amount of structures involved and the attending symptoms; whereas "high fever, delirium or convulsions, and rapid heart-failure, are often as well marked when a post-mortem reveals only one lobe to be involved, as when a double pneumonia exists. The local inflammation in its general extension and composite character offers no sort of parallelism to the fever which, for a while, accompanies it. In local phlegmasias there is a definite and distinct correlation between the extent and amount of structures involved and the attendant constitutional disturbance. But, during the first stages of pneumonia it is often the case, when the constitutional symptoms are most active and pronounced, physical signs fail to reveal any correlative local disease.

Again, pneumonia cases observe critical days. Statistics indicate the fifth and seventh as the critical days in a large majority of the cases. "About three-fourths of the attacks terminate in crisis before the eighth day." (L.) Simple inflammatory processes observe no such critical days. Tendency to heart-failure is a prominent feature in lobar pneumonia, but it cannot be attributed to local pulmonary inflammation and infiltration, because the most extensive pneumonias are not always attended by the greatest amount of heart-flagging. "Heart-failure may exist before or just as consolidation is beginning. In many pulmonary affections the obstruction to the pulmonic circulation is greater than in pneumonia, yet there is no marked heart-failure. The pneumonia with the highest temperature range is not necessarily the pneumonia in which heart-failure is most marked or earliest to develop. There are many diseases in which there is a much higher range of temperature and yet no evidence of heart-failure occurs." (L.) Decided prostration supervenes earlier and is more pronounced in pneumonia than in any other active disease, except typhus fever. (L.) Patients become prostrated within the first four or five days, and all the symptoms indicate that the primary at-

tack and shock are felt in the nerve centers. The rapid, feeble, irregular, intermittent or dicrotic pulse; the extremities and surface of the body cold and cyanosed; the features pinched and haggard; the respirations rapid and shallow; these all announce imperfect nerve supply that precedes fatal prostration and collapse.

The average mortality in pneumonia is about "20 per cent.—the same as when Andrat wrote fifty years ago." It is estimated and claimed by some authorities that nearly nine-tenths of all persons over 65 years of age, dying of active disease, die of pneumonia, and this in spite of and in the face of our vaunted improved treatment with heroic doses of quinine and the aniline antipyretics. The prognosis is grave in all violent or complicated cases, and in persons previously enfeebled, but it is not aggravated either by a cold latitude or previous attack. The cause of death is not attributable to pulmonary edoema or heart-clot, as is claimed by some authorities. These are the effects, not the cause of heart-failure. All the symptoms in the latter stages of the disease suggest asthenia as the mode of death.

In treating pneumonia it will be well not to overlook the fact that we are dealing with a "self-limited, active, febrile disease which usually runs a cyclical course," whose danger and fatality lie in prostration, and in which routine treatment is always unscientific and irrational.

Until the middle of the present century the treatment of lobar pneumonia was generally of the antiphlogistic character. Since that period different systems of treatment have been in vogue, and all of them have had their adherents and devotees. It is doubtless true that a large number of simple, uncomplicated attacks of pneumonia, the patient being favorably situated as to hygienic surroundings, will get well without any treatment whatever; but it is equally true that a great many other cases would die if neglected or improperly treated, that will recover under timely and judicious medication.

In treatment, it will be well to bear in mind the fact that the pneumonia lung no more requires treatment than do the

intestinal ulcers in typhoid fever, and that we are to be governed by the patient's general condition, and not by the structural changes in the lungs as indicated by the physical signs. The recognition and recollection of this fact will impress us with the conviction that all those measures which have been employed for the purpose solely of arresting a local inflammatory process, have no proper place in pneumonic therapeutics. I apprehend that we bestow too much time, thought and attention upon the affected lung, to the neglect of the patient's general condition, and the real nature and tendency of his disease. The reason that venesection, which stands at the head of the list of antiphlogistic agents, that at a former period were considered the sheet-anchor—the "*sine qua non*"—in the treatment and cure of croupous pneumonia, has now fallen into such general disuse, is because of the change of opinion as to the nature of the disease. If it be simply a local inflammation, the antiphlogistic treatment, with all of its spoliative, enervating and prostrating effects, is clearly indicated as the rational and scientific treatment. But there are numerous reasons, satisfactory to my mind, why the antiphlogistic regimen, and especially its chief agent, blood-letting, should not be practised in the treatment of this disease, among which may be enumerated the following :

First, it does not abridge or cure the disease; second, it interrupts and delays convalescence; third, recovery is more rapid and satisfactory when it is not resorted to; fourth, it is especially fatal in young children and old people, and persons previously enfeebled; fifth, it is absolutely unnecessary in the average adult; sixth, it aggravates and precipitates prostration and collapse; seventh, it augments the fatality of the disease and the same objections obtains to a limited extent against the entire spoliative treatment, as a routine practice, and it is, at the present time, largely ignored and condemned. But there is a condition that sometimes arises, in which, I believe, a resort to the lance is justifiable and demanded. It is this: an adult person, usually stout and robust, and of full habit, is violently attacked, with the nerve centers severely

shocked, and the heart's action partially paralyzed, as evidenced by capillary congestion and stagnation. In such a case the lance should be called into requisition to relieve, temporarily, the passive congestion that threatens the integrity of vital organs, and to overwhelm the patient under the first stroke. But, except it be in some such case as that hypothesized, I think that wisdom and prudence will suggest, in view of the prostration that attends the critical period, that the lance be not employed in the treatment of croupous or lobar pneumonia.

Mercury and antimony have had their day and been relegated to the past. The claim formerly made by some practitioners in behalf of antimony, that it possessed the power of arresting and cutting short the pneumonic process, finds now but few advocates or defenders. Expectorants, simply as such, hold but a minor and insignificant, if any, proper place in the treatment of pneumonia; for the reason that, but a very small quantity, relatively of the exudative matters in the lung is unmoved by expectoration. The accumulation of mucus in the bronchial tubes and lung structure is the result of exhaustion and enfeebled muscular power, and expectorants are wholly inadequate to the task of their removal. Pneumonia attacks are not thrown off in the sputa, and if we anticipate a favorable crisis or mitigation of unfavorable symptoms, as the result of frequent coughing and abundant expectoration, we misconceive the true nature of the malady and the processes of restoration. When indicated, anodyne expectorants may be employed to allay and control the cough that is annoying and distressing the patient, and thus procure necessary rest and repose; but not to disgorge and unload the infiltrated and hepatized lung.

Counter-irritation by mustard and other similar rubefacients in the early stages of pneumonia, is unquestionably beneficial, and accomplishes all the good results that can be claimed, rationally and scientifically, for cantharides or other vesicants, without their ill effects. Some physicians propose to abort or jugulate pneumonia in its earliest stages, and they claim that fly-blisters are active agents in the accomplishment of this object. But the large majority of physicians who employ them,

confidently relying upon them to produce good results, insist that the appropriate time for their application is about or just before the crisis. But they offer no rational and satisfactory explanation of their assumed good results at this critical period. If they are capable of producing any beneficial effects, more than mustard, in this or any other stage of the disease, we are wholly incapable of explaining the fact, and arrive at the conclusion that they possess virtues extra and peculiar to themselves, solely through empiric methods. Nor can we point out and designate, rationally and scientifically, any feature or emergency in which their estimated good effects are demanded more than those of simple counter-irritants, or rubefacients. But, if without reason or science, and relying alone upon hoary tradition, they be employed empirically, they should never be followed by warm and moist fomentations, or poultices, unless it be in the earliest stages of the disease; because these are the active promoters of prostration and dissolution—the very dangers that confront the patient. In the beginning of the attack, in connection with counter-irritants, they seem to be capable of producing good results; but not so at the crisis—the time when they are most frequently used.

To quiet and control the nervous shock that attends violent attacks of lobar pneumonia, during the first three or four days of the formative period, and before infiltration is accomplished, opium stands pre-eminent and without a rival. But, after effusion and consolidation have taken place, it is a dangerous remedy; and, if used at all, it should be with the greatest care and caution, and narrowly watched, because of the danger of its inducing paralysis of the bronchi, and, in consequence, a greater accumulation of effusions and secretions in the bronchial tubes that will further embarrass respiration and aggravate the already existing dyspnoea. Two imminent and prominent dangers confront the patient in all violent attacks of lobar pneumonia; namely, high temperature and heart-failure; and they suggest two prominent indications to be met and fulfilled in treatment; namely, to control and reduce excessive body-heat and support the heart's action. The latter part of

this proposition questions and antagonizes the therapeutic virtues of all heart sedatives and depressents, and especially affects the status of that large class of phenol anti-pyretics that have recently come into such general use. As stated before, pneumonia is not merely an inflammation characterized alone by high temperature; but it is a complex, morbid condition in which all the vital functions of the economy are involved. In the commencement of inflammatory diseases, accompanied with excessive body-heat; and in some neurotic attacks, the aniline anti-pyretics will procure temporary relief by reducing the abnormal heat, and by their analgesic properties. But their debilitating and enfeebling efforts forbid their employment in the latter stages of continued fevers and pneumonia for the reason that they paralyze to a certain degree the vaso-motor system and nerve centers, and thus hasten and precipitate the prostration and collapse that eventuate in complete asthenia. Their daily and continued employment in anti-pyretic doses enfeebles and depresses all the vital powers and energies of the economy; and instead of shortening or curing the disease, or reducing the per centum of mortality, the fact seems to be, as set forth by statistics, though insufficient and imperfect as yet, that the rate of mortality is increased by their administration. Temporarily reduced temperature and temporary relief from pain but poorly compensate for the disturbance and interruption of functions that vitally affect the corpuscular elements of the blood, and interfere with its normal and healthy oxygenation and decarbonization.

The *modus operandi* of these agents is not yet understood, but this much seems to be established and accepted as true, that they all produce their anti-thermic and analgesic effects by a marked depression or paritic effect upon the vaso-motor, sensory and excito-motor nerve centers, and a more or less pronounced interference with the normal function of the arterialization of the blood. If the allaying of pain or reducing body heat embraced all and constituted the whole of the treatment in violent attacks of disease, then, indeed, would the aniline analgesics and antipyretics be entitled to the appella-

tion, specifics. But while they are producing their analgesic and antipyretic effects, they disturb or pervert the vital functions, depress the heart and nerve centers and paralyze the factors and forces of the system to a degree that the patient can illly afford in the latter stages of the attack. For the above reasons I conclude that the phenal antipyretics are not indicated or permissible in the treatment of croupous pneumonia, unless it be in the early stages of the attack, before the lung has become infiltrated and hepated, and only for a limited period even then. And the same distinction is applicable to a certain extent to all the heart sedatives and nerve depressants.

In the incipiency of the attack the temptation is great to resort to them, to control excessive body heat and quiet tumultuous cardiac action, and they may be resorted to temporarily for this purpose, provided they are demanded to stay and arrest imminent danger to some vital organ until an equilibrium can be restored; otherwise, the prostration that will soon develop will forbid their employment. The heart, already depressed, is struggling with the additional burden imposed upon the pulmonary circulation by the resistance resulting from the infiltration and solidification of the lung. This pathological condition produces a stasis or passive hyperamia of the lungs, and to administer remedies to relieve this condition whose prominent and chief property is manifested through their depressing effects upon the heart, is to aggravate the very troubles already present, and hence, is positively interdicted.

Sponging or bathing with water of the proper temperature is much more effective, certain and agreeable, and comparatively free of the depressing and paritic effects of the modern antipyretics. When the body heat reaches $102\frac{1}{2}^{\circ}$ or 103° F., to sponge your patient or employ the bath or coil until you have reduced to the desired degree, is a practice that is scientific and effective, and fulfills all the important indications in treatment, which are: First—To reduce the temperature. Second—Tone up the heart's action. Third—Refresh the failing nerve supply of the heart and lungs. Fourth—Deepen res-

piration. Fifth—Enlarge the surface area of the blood. Sixth—Restore the lost tone of the capillaries.

These are the legitimate effects of the water, and should it become necessary to employ an auxiliary to assist the water in producing and maintaining its beneficial and salutary results upon the body heat, and especially in controlling tumultuous cardiac action, give one drop of tincture veratrum or aconite, and repeat every half hour until you have met the indications for which they were given. The two last mentioned articles, when prescribed in full doses, sometimes produce prostrating and alarming effects, but when administered in small doses, and frequently repeated, they act as arterial sedatives and defervescents, and not as depressants or paralyzers, and accomplish all and more in dissipating abnormal heat than can be obtained with the phenol antipyretics, and without any or very few of their unpleasant results.

The second and greatest danger in all violent attacks of lobar pneumonia, is heart failure ; and to support and sustain its flagging powers, is the second and most prominent and urgent indications to be met and fulfilled in treatment. From time almost immemorial, and by a very general consensus of opinion, alcohol in some form has been accepted and prescribed as being the most active and efficient agent for stimulating and sustaining a weakened and failing heart. Is it really and truthfully entitled to the claim thus awarded it? Do physiological investigations into its therapeutic properties, or clinical observations, establish the truth of the proposition that it is *par excellence* a heart stimulant? Or is that claim only an assumption without theoretic or demonstrated facts to sustain it? Without detaining and annoying you with a discussion of this subject, I submit for your consideration the following propositions in regard to alcohol as a medicinal agent. First, it is not a food, nor is it a hydro carbon, whose combustion generates or excites any vital force or power whatever ; second, it is not a stimulant proper or tonic to any of the organs or tissues of this economy ; but, instead, it reduces body heat, enfeebles all the vital energies of the system, and par-

alyzes the nerve centers; third, it is a functional disturber; fourth, it is a tissue promoter and destroyer; fifth, it interrupts digestion and assimilation; sixth, it impedes oxidation and increases the production of waste, poisonous elements and prevents their elimination from the system; seventh, it interferes with healthy and normal arterialization and decarbonization of the blood; eighth, it works changes in the morphological structure of tissues and nerve cells that result in their partial or complete paralysis; ninth, instead of consuming any of the organs or tissues in their vital functions, or generating or developing any new strength, force or power in the muscular tissues or nerve centers, the very worst effects, prostration and paralysis, are induced.

The transient arterial excitement that attends the administration of alcoholic stimulants, is procured at the expense of the reserve vital forces, that are infinitely more valuable to the greatly depressed system than the artificial and temporary stimulation for which they have been bartered off, to say nothing of their ulterior bad effects.

For proof and substantiation of the above propositions I refer you to the latest experiments and investigations into the physiological and therapeutic properties of alcoholic stimulants, supplemented and corroborated with clinical observations and statistical reports, that show a much higher per cent. of mortality in continued fevers and pneumonias treated with, than in similar cases treated without them.* Carbonate of ammonia with the nerve stimulants and heart-tonics is far preferable as a safe and reliable stimulant in pneumonia; and is free of all the objections that attach to alcoholic preparations. To sustain and support the flagging heart, give ten to twenty grains carb. ammonia with requisite doses of the nervous and arterial stimulants and repeat as often as necessary. This is a powerful stimulant and unattended by any unpleasant or hurtful results. It exercises also a controlling influence in preventing the too rapid fibrinization of the blood.

* See address of Prof. N. S. Davis on "Medicine" at the Forty-first Annual Meeting of the American Medical Association, at Nashville, Tenn., May 21, 1890.

I have said nothing, as yet, in regard to quinine in the treatment of pneumonia, because, when it is given in anti pyretic or anti-phlogistic doses of twenty to forty grains, as recommended, with the view of aborting or jugulating the disease, it is often attended with unfavorable effects that militate against its utility. Furthermore, clinical observations and reports have failed to sustain and verify the hopeful predictions made by Jurgensen, Ringer, Gill and others in its behalf in the treatment of pneumonia. When there is a malarial complication present, quinine is always indicated in sufficient quantities to control and eliminate that feature of the case. And during convalescence, it is a valuable component in small quantities in tonic preparations. But otherwise than as suggested above, I am not aware of any important indication that it can fulfill in the treatment of croupous or lobar pneumonia. Adequate and ample nourishment throughout the entire course of the disease is the surest and best of all stimulants and tonics.

Is the Operation for Strabismus So Simple or So Successful as Ordinarily Considered?

BY T. E. MURRELL, M. D., LITTLE ROCK, ARK.

[Read in the Section on Surgery at the Sixteenth Annual Session of the State Medical Society of Arkansas, at Hot Springs, April 29-May 1, 1891.]

Strange to say the operation for strabismus is in popular estimation the simplest of almost all surgical procedures; and I hardly presume any surgeon who has had experience with it will not say a greater error was never promulgated. Simply raising a tendon on the hook and dividing it does not constitute all there is in a strabismus operation, as any surgeon soon learns for himself when he ventures upon such operations. In the first place the causes and degrees of squint, together with the modifying conditions, are so complex as to necessitate a careful study of each case before measures are resorted to for

its correction. He who takes a crossed eye and blindly severs the internal rectus tendon will be far more likely to fail than to succeed in accomplishing what he intended.

Of all the forms of strabismus, the convergent is by far the most frequent and also the most easily corrected. We will presume we have a convergent squint to deal with: What are some of the points to be considered before resorting to surgery?

In the first place stands causation. It was first pointed out by Donders that a shortening of the optic axis, that is, hyperopia, is the most prolific cause of convergent strabismus. This being the case, the condition of refraction should always be determined beforehand, and if the strabismus be periodic, wearing correcting glasses, especially if atropine is at the same time used in the eyes, will often correct the tendency to squint; and if it be permanent, wearing the correcting glasses afterwards with or without atropine will modify the result and prevent a relapse. Then, again, the degree of vision in the squinting eye should always be taken into consideration. However well the operation may be planned to suit the muscular deviation, if the squinting eye is so highly amblyopic as to have lost the power of fixation, or if, as is often the case, fixation, is eccentric, the good results at first obtained are not like to remain; either the eye will again converge, or, if the muscular balance should tend the other way, it will diverge. It is very common to find an ugly divergent squint in persons operated in early life for convergent strabismus if the strabismic eye is defective in sight.

Then, again, the muscular strength must be carefully measured. This is, perhaps, the most difficult of all the examinations to do with accuracy, and requires much study and experience to do with precision. Any weakness of the opposing muscle will minify, while the opposite condition will magnify the results. Again, for reasons not apparent, a single well performed tenotomy will in some instances produce very little and in others very great deviation of the eye. In a very high degree of convergent squint I have found the second day after a careful division of one internal rectus a very marked over-

correction, requiring a suture to bring the tendon forward again. If the degree of strabismus is high, and dynamic divergence small, a tenotomy of both internal recti, with a second division of one or both tendons later, is sometimes called for, thus doing two or three, and sometimes four operations for the correction of a strabismus. There are cases in which one or several tenotomies will altogether fail to bring about correction. Then resort must be had to advancing the weak muscle. The operation of advancing is not a simple one, and is not altogether devoid of risk, and should be done under strict asepsis and with a full knowledge of the technique. The correction of strabismus is regarded by all experienced surgeons as anything but so simple a procedure as it appears, and not always so satisfactory in its results as could be wished.

From a cosmetic point of view a well-performed operation, or operations, for strabismus generally yields at least fairly good results, perfect correction being the exception. But a very closely approximated correction, which is after the highest result attainable, usually leaves so little to be desired as regards appearances that no one ever notices any defect in the eyes. If, however, the stereoscope be tried it will be found that its effects, viz., perspective, are wanting; in other words there is not a binocular fixation. The individual has, therefore, monocular vision.

It was not known until a few years since that so few persons who have had a strabismus corrected by operation have binocular vision. This is even the case sometimes where vision is well nigh or quite perfect in the eye that had been strabismic. This is a very grave defect, to be sure, and one not only incurrible, but difficult to account for.

Considered from an optical point of view, therefore, the operation for strabismus is not a very great success. To sum up: *The operation for strabismus is not a simple operation, but is fraught with many difficulties, and the result is not always perfect, cosmetically considered, but only approximately so; while, optically considered, in a large majority of instances, the result of the operation would be considered a total failure.*

Leucorrhœa—Its Treatment With Hydrogen Peroxide.

BY E. A. NEELY, M. D., MEMPHIS, TENN.

I have purposely used the term leucorrhœa, as being expressive of that complexity of pathological conditions which give rise to the abnormal discharge so very disagreeable and repulsive to womankind, and designated by the less æsthetically cultured portion of the sex as the whites.

Under the heading of leucorrhœa, physicians are in the habit of speaking of diseases widely differing one from the other, although all are characterized by this one symptom of a white discharge—white in a relative sense.

I recognize that to speak of a *vaginitis a cervicitis or endometritis*, would be more scientifically correct, but all of these conditions, in my experience, are so universally present and dependent one upon the other as to justify me in venturing to state that one is rarely seen existing as a distinct condition. I know that I am somewhat heterodox in this assertion, but it has been my experience.

Occasionally we see one of these conditions essaying an independent existence, but if it persists long enough, it is sure to become associated with one or more of the others.

It is quite natural to suppose that the different parts of the female genital tract, so closely allied as they are in location, in histological development and in function, should not only be subject to the same pathological conditions, but that we should observe an intimate relationship in the etiological factors giving rise to these diseases.

Of course, this applies only to those acute or sub-acute inflammatory diseases which are accompanied by the symptom under discussion, and does not include pregnancy and uterine tumors exhibiting leucorrhœa as a symptom.

The relief of this symptom is as frequently demanded of the general practitioner as of the gynæcologist, and both of these not unfrequently find it a rather difficult task to accomplish.

This is to be attributed to the fact that while we recognize that leucorrhœa is only a symptom, we are too prone to treat it as a disease *per se*, and further, to the fact that we are not always careful enough in our examinations, and consequently do not always recognize the nature of the trouble from an etiological view. In other words, we are too apt to dismiss our patients with a syringe and a wash, when we really should have made a careful examination, and based our advice as to treatment upon that. As physicians, we are not solely to blame for this, for we are actively encouraged in it by the patients themselves.

As Keating* has very aptly said, in the treatment of leucorrhœa, it is quite important to bear two points in mind; first, that leucorrhœa proceeds from inflammation of the mucous membrane, and as such, will require local treatment; the other, that we frequently have, either as a cause, or a complication, a constitutional failing or a mechanical irritation which needs as much attention as does the local trouble.

It is not within the purpose of this paper to speak of the various remedies or combination of remedies, or their comparative value in the local treatment of this affection. I have applied them myself and have given them to my patients for self-use.

All of them have given me but an indifferent satisfaction. I despaired almost of finding anything which would prove perfectly satisfactory; but there came into my office one day a woman suffering a profuse discharge, the remnants of a case of gonorrhœa. Seeing a bottle of peroxide of hydrogen on my table, the thought came to me that that might prove an excellent remedy. I tried it, finding that after swabbing out the vagina with a piece of absorbent cotton saturated with the remedy, the mucous membrane was left absolutely clean. After a few applications I was charmed when she reported to me that she was entirely free from any discharge, and upon examination I found the mucous membrane clean, soft and normal in appearance.

*Reference Hand-Book of Medical Sciences.

CASE 2. Mrs. L., age 28, multipara. This patient was treated by me about two months prior to coming to office for gonorrhœa, which caused an acute salpingitis and localized peritonitis on the right side. She complained of a copious white discharge, of pain on pressure over right ovary, of pain in back and of frequent micturation. Her general health was not good. I put her on a ferruginous tonic and began the local use of the peroxide of hydrogen, carrying it into the previously dilated uterus with a hard rubber uterine syringe and by the same means applied it to the urethra and neck of bladder. To the vaginal walls, I applied it on a pledget of absorbent cotton held with the dressing forceps. The applications were made three times a week. After three weeks she was discharged, improved in general health and the local trouble to all appearances well. Two months after discharging this patient, at my request she permitted me to make an examination, when I found the vagina normal in appearance.

CASE 3. Mr. G., multipara. Had not had good health since the birth of her last child three years before. She stated that at that time a portion of the placenta was retained and had to be curetted away by her accoucher. She had suffered irregular menstruation and once had had a severe hemorrhage. She was anæmic and had lost flesh. Upon examination I found the uterus congested and enlarged and the canal elongated. The vaginal mucous membrane was bathed in a copious white discharge. I gave her syr. hypophos. co. to be taken after meals and tr. guiac (Dewees) before meals in milk, and began the local use of the peroxide of hydrogen as in case 2. In six weeks I had the satisfaction of discharging this patient well, so far as her local trouble was concerned and greatly improved in general health.

CASE 4 was that of Mrs. M., a large stout woman who, although married eight years, had never borne children. She had been a constant sufferer from obstructive dysmenorrhœa. The uterus in size and position seemed normal and her general health was good, but she was a constant sufferer from this white discharge which she said annoyed her greatly. She

had used various washes for it, but none of them gave anything but transient relief. I treated the uterine stenosis and began the use of the peroxide as above described. She like the others improved rapidly and was soon discharged. A few days ago she told me she had had no return of her old *bete noire*. These results, so much better than any other remedy or combination of remedies have ever given me, would seem to indicate that peroxide of hydrogen will ultimately prove one of our best remedies in the local treatment of leucorrhœa. I do not assume, of course, that the results I have thus far obtained are sufficient to establish it but they, to my mind, are quite good enough to warrant a further investigation into its merits in the treatment of these abnormal discharges.

The Quack and the Postmaster.

[Editorial in The Medical News.]

“ We have received copies of circulars presumably sent to all the postmasters of this country, in which extraordinary inducements are offered them in order to secure, by their aid, lists of persons that receive their mail at a specified office. The lists are to be of two kinds: all those not invalids, and those that are suffering from any chronic ailment. The postmaster is especially instructed to give ‘ the names of persons suffering from rupture (breach), for which we possess a new and radical means of cure; also, those suffering from piles, or from fistula-in-ano, for both of which diseases we have new, improved and radical methods of treatment, or of those afflicted with diseases of the throat and chest; or of the digestive organs, heart diseases, diseases peculiar to women, scrofulous diseases, as fever-sores, white swellings, and old sores or ulcers; also, the names of any sufferers from diseases of the urinary organs, as diabetes, Bright’s disease, gravel, inflammation of the bladder, stone in the bladder, strictures and kindred affections; or from epilepsy, or fits, chorea or St.

Vitus's dance, paralysis, curvature of the spine, nervous debility, or from tumors, or any other chronic diseases, for all of which our institution offers special advantages and facilities for treatment. Please to be particular to indicate opposite every name, 'in the Invalids' division of the list,' the disease (if known to you) with which the party *sic!*] is supposed to be afflicted.'

"Upon the receipt of the list the presumption is that the people will be deluged with testimonials and promises to cure, from the proprietors of the 'Cosmic Dispensary and World's Therapeutic Institute.'

"The only law or ruling pertaining to this abuse of the United States postoffice for the purpose of preying upon the gullible, is contained in the following postoffice order: 'Complaints having been made to this department that the names of persons within the delivery of postoffices are frequently furnished by postmasters upon the application of parties desiring to mail to the addresses so furnished improper matter, covering, in many cases, indelicate advertisements or cunningly devised schemes to defraud, postmasters are hereby forbidden, in any case, to furnish such lists, until they are satisfied the parties making the application will not use the names for improper purposes, and reasonable assurance has been given that such lists will not be offered for sale or transfer.'

"It would appear that this lax instruction is not by any means sufficiently explicit and inhibitory. The execrable business should not be thus even indirectly aided by the general government. The physicians of each village and town should see that the postmaster does not thus disgrace his office."

It is hardly to be expected that a government, or a department of a government, that permits transmission through its mails papers containing all kinds of hideous advertisements intended to fleece the sick and ignorant will bestir itself much to prohibit postmasters lending their assistance to such schemes.

THE
JOURNAL
OF THE
STATE MEDICAL SOCIETY
OF
ARKANSAS.

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All members of the Society should send their annual dues to the TREASURER, Dr. A. L. Breysacher, 719 Main Street, Little Rock, Ark.

Address the Editor:—L. P. GIBSON, M. D.,

111 East Fifth Street, Little Rock, Ark.

VOLUME II.

OCTOBER 15, 1891.

NUMBER 4.

Editorial.

THE SUBORDINATION OF THE SECULAR PRESS BY PATENT MEDICINE MANUFACTURERS.—At the last meeting of the National Editorial Association a paper was read by an eastern advertising agent on the subject of "Substitution by Retail Druggists." The tenor of the article was that as the manufacturers of patent medicines advertised their products in the secular press and through advertising agencies the retail druggists had no right to offer to substitute their own or any other article for such advertised nostrums. That an avaricious advertising agent should have the audacity to proclaim such doctrines before an assemblage of intelligent and respectable gen-

tlemen is not as surprising as the reception accorded his paper. It was filled with abuse of the retail druggist, while it sang the praises of the good Samaritans—the benefactors of the press and public—the patent medicine advertisers. No sooner had the paper been read than all the subsidized newspapers began to publish long extracts from the address and with them editorials commendatory of the great work of the eastern advertising agent. When it is remembered that the patent medicine fraud is the most notorious and disastrous to the public and that *advertising alone*, regardless of the worth of the nostrums, is the sole reliance of the manufacturers of these humbugs, it is not astonishing that there should be inaugurated all along the line an united movement for the protection of these frauds and those who prosper by their advertising patronage, regardless of the credulous people who suffer and die while being misled and imposed upon by the most startling advertising lies that can be invented to sell frauds.

This eastern advertising agent receives his income mostly from the *manufacturers* of these frauds, and is therefore unconcerned about the welfare of the retail druggists, who do most of their advertising through their local papers without the aid of a third party styled advertising agent. The only part of the address that makes an undeniable charge against the retailers is that in *some* instances similar wrappers and names have been used by them for the purpose of deceiving would-be purchasers of largely advertised articles. If this charge is sustained the practice should be discontinued, because it is simply combating one fraud by another.

But there is no reason why every retailer should not put up a line of remedies of his own manufacture, and of which the contents are known to him and push them instead of the patent medicines composed of—lavish advertising. The JOURNAL has no direct concern regarding the matter, believing that the retailers are able to take care of themselves, but the signs of the times indicate that if papers like that of the eastern advertising agent are received and indorsed by a national association of editors and then reindorsed by many of them in their pa-

pers, the date is not far distant when the same source may insist that competent physicians should not be recommended to and treat persons suffering from "catarrh in the head," "humors in the blood," "nervous exhaustion," "lost manhood," "gleet and wasting discharges," etc., because, forsooth, the quacks who advertise to treat such diseases patronize the secular papers, and the substitution of a competent, gentlemanly physician for these advertising sharks robs the newspapers of the charletan's patronage.

Editorial Notes.

—THE PRELIMINARY ANNOUNCEMENT OF THE PROGRAMME for the seventeenth annual session of the Mississippi Valley Medical Association, to be held in St. Louis October 14th, 15th and 16th, was not received in time for insertion in the September issue of the JOURNAL, and this number will be issued too late for any benefit to be derived from its publication this month. The officers and committeemen have exerted themselves to make every arrangement for the reception and entertainment of those who attended, and doubtless the meeting was most successful. In the preliminary programme forty-nine titles were announced, the following being the geographical sources of the papers: St. Louis, Mo., 12; Chicago, Ill., 7; Louisville, Ky., 7; Cincinnati, Ohio, 5; Kansas City, Mo., 4; New York City, 2; Philadelphia, Pa., 2; Lampasas, Texas, 1; West Point, Ky., 1; Randall, Kansas, 1; Buffalo, N. Y., 1; Belleville, Ill., 1; Henderson, Ky., 1; St. Joseph, Mo., 1; Petersburg, Ind., 1; Warrenton, Mo., 1; Denver, Col., 1. Of all the papers, not one treats of the conditions peculiar to, or at least generally supposed to be so, of the great alluvial basin of the Mississippi. And yet more strange is the fact that the States, except Missouri and Illinois, mostly traversed by the Father of Waters, are entirely unrepresented. What is the matter with Arkansas, Tennessee, Mississippi and Louisiana? Could their physicians contribute nothing for so important a meeting? Or

is Dr. Billings entirely correct in his conclusions concerning science and malaria? This programme furnishes a strong argument confirmatory of his views. This is being written before the final programme is completed, and let us hope that after all it is but the innate modesty of the southern physicians that has kept them in the background until the time for action—the meeting time—arrives. The JOURNAL expresses the wish that the meeting may be in every way successful, and, as before stated, with those who have its welfare in their custody, it cannot be otherwise.

—THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its nineteenth meeting at Kansas City, October 20 to 24, 1891. The local committee of arrangements announce that all the railway passenger associations of the country have granted one and one-third fare for the round trip on the usual certificate plan. The leading hotels of Kansas City will give reduced rates to delegates. In addition to the usual entertainments an excursion into Kansas has been arranged for those attending the convention. Dr. E. R. Lewis is chairman of the committee of arrangements.

—MEMBERSHIP IN THE AMERICAN MEDICAL ASSOCIATION is obtainable, at any time, by a member of any State or local Medical Society which is entitled to send delegates to the Association. All that is necessary is for the applicant to write to the treasurer of the Association, Dr. Richard J. Dunglison, Lock Box 1274, Philadelphia, Pa., sending him a certificate or statement that he is in good standing in his own Society, signed by the president and secretary of said Society, with \$5 for annual dues. Attendance as a delegate at an annual meeting of the Association is not necessary to obtain membership. On receipt of the above amount the weekly *Journal* of the Association will be forwarded regularly.

—DR. J. H. T. MAIN, OF FORT SMITH, died on October 1. He was one of the oldest, wealthiest and most highly esteemed citizens of that city. He came there many years ago, and not only amassed a fortune by steadfast devotion to his profession,

and prudence in investing his earnings, but he gained that which is far more comforting in old age—he had won the esteem of his fellow practitioners, the love of his patients, and the regard and respect of all of his neighbors, which latter comprise all the citizens of Fort Smith and the surrounding country for miles distant. He leaves a wife and one daughter, the wife of Dr. W. W. Bailey, to whom the JOURNAL, as the representative of every member of the State Medical Society of Arkansas, extend tenderest sympathy. A more extended notice of Dr. Main's life will be published later, when his county Society, composed of his fellow practitioners in Sebastian county, who loved him most, shall speak of him as only those who knew him best can.

The State Society.

[Members will confer a favor upon the Secretary by reading carefully the list of members and informing him of any inaccuracies that may be noticed either in their own names or that of others that are known to them.]

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OF THE

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(Revised October 15, 1891.)

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Hodges, T. B.	Sulphur Rock	University Louisville.
Jeffrey, Finis	Desha	University Louisville.
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Lawrence, W. M.	Batesville	Missouri Medical College.
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Stanley, J. P.	Pine Bluff	University Pennsylvania.

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Rector, N.....	Smithville	Nashville Col. Med. & Sur

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Drake, D. S.....	Marianna	Bellevue Hosp. Med. Col
Hayes, J. W.....	Marianna	Washington University.
Williams, J. A.....	Haynes.....	Vanderbilt University.

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Pendleton, P. H.....	Douglass	Louisville Medical Col.
Taylor, C. M.....	South Bend.....	Transylvania University.

LITTLE RIVER COUNTY.

Sager, L. A.....	Rocky Comfort.....	Bellevue Hosp. Med. Col.
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LOGAN COUNTY.

Merritt, T. D.....	Magazine	University Louisiana.
Powell, E. T.....	Magazine	(Com. on Credentials failed to record <i>alma mater</i> .—ED.)

Shibley, J. S..... Paris University Nashville.
 Sipe, J. N..... Booneville Vanderbilt University.
 Smith, J. J..... Chismville Memphis Medical College.

LONOKE COUNTY.

Fletcher, J. P..... Lonoke Charity Hospital Medical
 College, 1876.
 Folsom, I..... Lonoke St. Louis Medical College.
 Ross, R. N..... Lonoke University Nashville.

MILLER COUNTY.

Brown, John..... Texarkana St. Louis Col. of P and S.
 Spearman, W. C..... Texarkana University Louisville.

MISSISSIPPI COUNTY.

Dunavant, H. C..... Osceola University Nashville.
 McGavock, F. G..... McGavock University of Nashville.
 Prewitt, R. C..... Osceola Kentucky School of Med.

MONROE COUNTY.

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NEVADA COUNTY.

Armistead, E. R..... Prescott University of Louisville.

OUACHITA COUNTY.

Henry, J. T..... Millville University of Nashville.
 Hudson, G. W..... Camden University of Maryland.

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 Fink, M..... Helena Missouri Medical College.
 Goodwin, B. C..... Marvel Medical College Virginia.
 Horner, A. A..... Helena University Pennsylvania.
 Hughes, A. J..... Barton Louisville, Ky.
 Linthicum, D. A..... Helena St. Louis University.
 Linthicum, T. C..... Helena..... Kentucky School of Med.
 Vineyard, J. H..... Vineyard Jefferson Medical College.

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Hancock, N. C..... New Hope University of Nashville.

POLK COUNTY.

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POPE COUNTY.

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Hill, W. H.	Russellville	University Louisville.
Kirkscey, C. L.	Dover	Atlanta Medical College.
Ruff, D. P.	Dover	Nashville Medical College.

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Owen, W. P.	Devalls Bluff	Col. Physicians and Surg.
Williams, W. F.	Hazen	Memphis Hospital Col.

PULASKI COUNTY.

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Bond, J. B.	Little Rock	St. Louis Medical College.
Breysacher, A. L.	Little Rock	Missouri Medical College.
Christian, R. B.	Little Rock	University Virginia.
Coors, G. A.	Little Rock	Medical Dept., A. I. U.
Dibrell, E. R.	Little Rock	University Pennsylvania.
Dibrell, J. A., Jr.	Little Rock	University Pennsylvania.
Dickinson, P.	Little Rock	Missouri Medical College.
Gibson, L. P.	Little Rock	Jefferson Medical College.
Gray, C. S.	Little Rock	St. Louis Medical College.
Gray, D. A.	Little Rock	University Pennsylvania.
Hooper, P. O.	Little Rock	Jefferson Medical College.
Howell, A. R.	Argenta	Jefferson Medical College.
Hudspeth, G. W.	Little Rock	Memphis Hospital Col.
Jennings, R. G.	Little Rock	Maine Medical College.
Joyner, W. T.	Little Rock	Medical Dept., A. I. U.
King, S.	Little Rock	University Louisville.
Koch, G. C.	Little Rock	University of Kiel.
Lenow, J. H.	Little Rock	Jefferson Medical College.
Lindsey, R. W.	Little Rock	University Nashville.
McAlmont, J. J.	Little Rock	Cleveland, Ohio.
Meek, E.	Argenta	Kansas City Col. P. and S.
Murrell, T. E.	Little Rock	University Maryland.
Nash, C. E.	Little Rock	N. Y. Col. Phys. and Surg.
Pipkin, J. W.	Little Rock	Medical Dept. A. I. U.
Prather, D. J.	Little Rock	Louisville Med. College.
Robertson, J. J.	Little Rock	Atlanta Medical College.

Scott, A. H.	Little Rock	Jefferson Medical College.
Southall, J. H.	Little Rock	University Louisiana.
Stark, L. R.	Little Rock	New Orleans School Med.
Thompson, Wm.	Little Rock	University Louisville.
Watkins, C.	Little Rock	Jefferson Medical College.
Weny, N.	Little Rock	St. Louis Col. Phy. & Surg.

SCOTT COUNTY.

Sanfork, A. A.	Waldron	Vanderbilt University.
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Brewster, A. L.	Huntington	Vanderbilt University.
Eberle, J. G.	Fort Smith	Kentucky School of Med.
Hatchett, B.	Fort Smith	Vanderbilt University.
Gardner, D. M.	Fort Smith	Missouri Medical College.
Hynes, Geo. F.	Fort Smith	Cleveland Med. College.
Johnson, D. T.	Fort Smith	Bellevue Hosp. Med. Col.
Johnson, F. W.	Fort Smith	Missouri Medical College.
Kelleam, J. M.	Fort Smith	University Louisiana.
McConnell, J. W.	Huntington	Medical Depart. A. I. U.
McGinty, John.	Hackett	Kentucky School Med.
Moulton, H.	Fort Smith	Chicago Medical College.
Sanders, L. L.	Fort Smith	Medical Dep. U. Georgia.
Southard, J. D.	Fort Smith	University Louisville.

SEVIER COUNTY.

Smith, Ferdinand.	Lockesburg	Medical Dept. Iowa S. U.
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UNION COUNTY.

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McHenry, M. A.	Hillsboro	University Louisiana.

VAN BUREN COUNTY.

Guthrie, Adam, Jr.	Quitman	Medical Depart. A. I. U.
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Dunlap, Albert	Winslow	Transylvania University.

McCormick, E. G. Prairie Grove Missouri Medical College.
 Webster, J. W. Cincinnati Missouri Medical College.
 Welch, W. B. Fayetteville University Nashville.

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 Dalton, George Russell Missouri Medical College.
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 McIntosh, R. A. Beebe University Louisville,
 Moore, L. E. Searcy Vanderbilt University.

WOODRUFF COUNTY.

Jelks, L. A. McCrary Vanderbilt University.

FINAL NOTICE TO DELINQUENTS.

The treasurer desires notice to be given that he will avail himself of the usual method of collecting accounts by drawing through the banks on delinquent members for the amount of their dues, unless the same shall be remitted to the treasurer before the 15th day of November, 1891. In order to make the sending of dues as convenient as possible, and as a reminder to those who have neglected to attend to the matter the following blank form is inserted and can be torn off and enclosed with remittance :

....., 1891.

Dr. A. L. BREYSACHER, Treasurer :

Enclosed find remittance of *\$....., dues to the State Medical Society for 189.....

Yours truly,

.....

(P. O. Address.)

*Those who owe for two years should send \$10.

County Societies.

[The Scientific Proceedings of County Societies are requested for publication in this department.]

Roll Call of Counties—Continued.

CROSS COUNTY.

Not since the time when Dr. Van Patton lived at Wittsburg has Cross County had a member of the State Society residing within her borders. Time and the railway has wrought many changes since Dr. Van Patton removed to St. Francis County. Little villages have become thriving towns; the railways have increased from none until now three different lines cross the county in such directions as to form the letter H. These ought to afford ample facility for transportation of the doctors to their patients as well as to a society meeting. There is probably not a county in the State that has a greater number of regular physicians to the number of inhabitants than has Cross. Their diplomas come from some of the best schools, and they ought to be progressive enough to have a County Society. May be they have but keep its light hid under a bushel. Whatever the reasons let the light shine upon them. Will not one or more of the good doctors at Vanndale, Wittsburg or Wynne, three thriving towns in Cross County answer the query: Why is there not a medical society in Cross County and what shall be done to organize one?

DALLAS COUNTY.

It is doubtless whether there is a sufficient number of graduates in this county to form a society though, it is well known that there are two or three excellent physicians in the county. Fordyce, the principal town, and a thriving one, too, is in the extreme southeastern part of the county, is the home of Dr. E. H. M. Parham, an old and respected citizen and practitioner. The towns in Dallas are few, small and far between and there

is much to discourage the few physicians in the county. However, the State Society has one steadfast member—Dr. Lantorn, living at Dalark, on the western boundary line of the county. It is a long way between the doctors above referred to and a sparsely settled country separates them, so the most convenient thing for them to do is to meet at the State Society and bring others along with them.

DESHA COUNTY.

The State Society has on its roll of membership one name from Desha. The geographical situation and topographical condition of the county are not conducive to meetings of any kind. It is a county of lowlands and levies, overflows and dugouts, railways and steamboats. Between the overflows, mud and mosquitos the doctors of Desha must have a hard time of it, getting about to see their patients, and, really, they are excusable for not trying to keep up a medical organization. But let it not be inferred that the whole county is unfortunate in the particulars above mentioned. Not at all, for some of this overflow-land is the finest and most productive, and the very obstacles that, to one unaccustomed to them, would seem to dishearten the most ambitious, appears to only increase the determination and vim of the more dauntless. And much of the county blossoms as the rose, not with the rose, for the "fleecy staple" is the one that flourishes in that county, whether those who cultivate it and the physicians who depend upon them flourish or not. Desha has the advantage of railway and river transportation, but there are no large towns in the county except Arkansas City. If two or three more are added to the roll of membership of the State Society, Desha will be excused for any other shortcoming.

The Southeast Arkansas Medical Association.

From an item published in the *Arkansas Gazette*, THE JOURNAL learned that a meeting of the physicians was recently called for organizing a society having the above name.

On account of the small number attending the first convention an adjournment was had until a larger number could be induced to attend.

This is a move in an important and proper direction, and although the first attempt was not a complete success it is encouraging to be able to state that the physicians of that section have at last *moved*. The first to start are not always the first to reach the goal and it may be that these doctors in southeast Arkansas who have been hampered by so many difficulties, will, when once organized, rapidly gain on and even pass some of the older societies.

The Southwest Arkansas Medical Association

Issued the usual neat and complete programme for the meeting to be held at Arkadelphia, October 5th and 6th.

The programme announced papers of unusual interest and the meeting must have been a pleasant gathering of the members to hear and discuss them.

The JOURNAL regrets that the full proceedings have not been received in time for insertion in this issue.

Miscellany.

The Eastern Advertising Agent.

It is said that Mr. Richardson, who so ably presented the cause of the patent medicine men at the editors' meeting in St. Paul, is a stockholder in a large number of leading secular papers. The strengthening of the patent medicine men would naturally increase their patronage of his papers, and so increase his income. It makes a "stump" smile to read his talk about the villiany of the imitators of patent medicines, when said "stump" is familiar with the outrageous lies with which these

patent medicine men fill the papers in order to catch the unwary. If there is any item of truth or honor that the advertisements of the same patent medicine men have not constantly outraged, we have yet to learn of it. The spectacle of an intelligent man defending these men before the public suffices to make an angel hide his face for shame.

The patent medicine men are disturbed because their goods are imitated. They stole formulas found valuable by physicians, and by blatant advertising of the most lying sort, duped the people into buying the same to such an extent as to become many times millionaires. The physicians did not like it, but could do nothing farther than to state the facts as opportunity offered. In the end, doubtless, this process of general education will correct the evil. But meantime these vendors of patent medicines are being imitated, and others secure a portion of their spoils. This makes them mad, and they have turned loose upon the public the entire host of newspapers which they so largely support by their advertising patronage. The medical public would be glad if in this fight the public could be taught to use no medicine other than that directed by a physician who had determined the necessity of it by actual study of the sick.—[*American Lancet*.

Personal.

THE address of Dr. W. P. Hart, late of Hope, will hereafter be Pine Bluff.

DR. C. S. GRAY has resumed his practice in Little Rock, after a month spent in New York attending the special clinics relating to the disease to which he limits his practice.

DR. H. MOULTON of Fort Smith will shortly leave home to be absent about six or eight months—partly on account of necessary business, and partly to further investigate his special studies in the east, and perhaps in Europe.

PHARMACY.

This Department is the official organ of the Arkansas Association of Pharmacists, and is under the charge of an editor elected by that body, to whom all communications relating to it should be sent. Address its editor,
MR. W. W. KERR, Batesville, Ark.

Proceedings of the Ninth Annual Meeting of the Arkansas Association of Pharmacists, Held at Hot Springs, May 20-22, 1891—Continued.

THURSDAY, MAY 21—AFTERNOON SESSION.

The Association was called to order at 3:30.

The president announced the following as a committee on necrology, who were permitted to report to the secretary, if not ready so to do before final adjournment: J. M. Anderson, F. G. Kerr, S. A. Miller.

The report of the committee on trade interests was read by F. E. Sapp, chairman, and is as follows:

To the Officers and Members of the Arkansas Association of Pharmacists:

GENTLEMEN—It is a little discouraging to write up a report from the small number of answers received. We mailed 475 circulars, and received 108 answers.

About 75 per cent. report a fair increase in business, and that trade generally was better than in 1890. A few report volume of business less on account of more competition and short crops. The profits compare favorably with the previous year, but there is still considerable complaint about the cutting of prices by general merchants, and, in several towns, by the druggists themselves. About 90 per cent. report a good increase in the prescription trade, which, as we all know, is where our best profits lie. The relations between the two professions, medicine and pharmacy, seem to be of the most pleasant kind, excepting a very few cases where the physicians carry their own drugs and never write prescriptions. As your committee reported last year, there is considerable dissatisfac-

tion created by the jobbers mailing price currents to general merchants and farmers, who happen to have bought goods from them once or twice. We think it a good idea to give the drummers a straight talk about the matter whenever we have a chance. As to the manufacture of pharmaceuticals, nearly all report as making everything that can be made with the limited apparatus usually kept in a retail drug store. The prescribing of the so-called proprietary medicines by physicians seems to be on the increase. As the profit on these articles is small, we think the best thing to do will be to get a "national formulary," and call the attention of the physicians to the fact, and try and get them to use as many of the preparations as possible. Nearly all report taking from one to four drug journals, which is a good indication that the profession in our State, is keeping up with the times, and do not propose to be "left" if reading the current literature will do any good. There seems to be a general feeling of exultation over the passage of the pharmacy bill, and all hope it will prove a turn for the better in the drug trade in Arkansas. The impression generally is, that the law is not stringent enough, and that there should be a clause inserted, prohibiting the sale of *any kind* of drugs except by a registered pharmacist. We think this a good idea in "cities and incorporated towns" at least.

Respectfully submitted,

F. E. SAPP, *Chairman.*

The report caused considerable discussion, and upon motion it was received and referred to the committee on publication.

J. M. Anderson now read the report of the committee on National Formulary. [The full report will appear later.]

The discussions following the reading of this report was very interesting. Among other facts developed, the statement was made that there were 12,000 copies of the National Formulary in the hands of the druggists and physicians of the country. A revision of the work is in contemplation, and it was moved that the committee on National Formulary get from the druggists of this State such formulas as are in common use among them and not already taken up by the committee

on National Formulary, and which should have at least a hearing as to their adaptability to be recommended to the committee on revision, the idea being to get those which are in current use, and which we think should have a place among National Formulary preparations as being common among us, and yet with sufficient merit as to warrant a recognition in that work. Considerable discussion followed as to the best means to get National Formulary preparations introduced to the medical profession. It was apparent that some decisive method is required to bring them into more general use. The report was accompanied by about forty samples of preparations made by that standard, which were examined and commented upon by the members present.

Mr. E. T. Mitchell read the report of the delegates to the American Pharmaceutical Association, as follows:

To the Officers and Members of the Arkansas Association of Pharmacists:

GENTLEMEN—The delegates to the New Orleans meeting of the American Pharmaceutical Association, report as follows: When your delegates filed their credentials with the permanent secretary he seemed pleased that Arkansas was represented. That's more than can be said of some other States. One honor your delegates enjoyed, viz.: Being placed on the nominating committee, and voting for Mr. A. K. Finlay, of New Orleans, the new president.

The following is a list of the new officers, and as will be noticed, contains the names of some gentlemen you are familiar with:

President—A. K. FINLAY, New Orleans, La.

First Vice President—GEORGE J. SEABURY, New York, N. Y.

Second Vice President—W. H. TORBERT, Dubuque, Iowa.

Third Vice President—L. T. DUNNING, Sioux Falls, S. D.

Permanent Secretary—J. M. MAISCH, Philadelphia, Pa.

Treasurer—S. A. D. SHEPPARD, Boston, Mass.

The next meeting will be held at the Crawford House, White mountains, on the first Monday in September, 1892.

Much time was consumed by trade interests to the detriment

of the scientific section, we are sorry to report, though several interesting papers were read, a file of which accompanies this. The principal feature of this meeting was the entertainments. First, a drive through the city for the lady visitors; an excursion on the river to a sugar plantation and Chalmette cemetery; a drive through the city in tallyho and wagonettes to Audubon park, and West End, where liquid refreshments were served. Fluids and solids were served on the excursion too, and a big banquet on the last night, served as only the French can, with a different kind of wine with every course. All of which was enjoyed by yours truly,

W. L. DEWOODY,

EDWARD T. MITCHELL.

The report was accepted and referred to the committee on publication.

Prof. H. M. Whelpley then made a statement regarding the American Pharmaceutical Association, stating that this State had but a small representation now in the list of members, and urging that we should be more largely represented, giving the terms of membership and the benefits to be derived from joining. He hoped by this time next year Arkansas would make a larger showing in members than at present.

Mr. E. T. Mitchell read a paper entitled, "Anannas Sativa," the common pineapple,* its use chemically and commercially, which was accompanied by specimens of the fruit, several varieties of which had never been seen by some present, and were the finest, so pronounced by all ever seen by them. One specimen weighed five pounds. The reading was attentively listened to, and the paper was, on motion, referred to the committee on publication.

On motion, the Association adjourned until Friday morning at 9:30.

FRIDAY, MAY 22, 1891.

The Association met at 9:30.

The minutes of the previous day were read and approved.

The executive committee reported the following names for membership: J. Murry, Malvern; Joseph H. Brown, Little

*This paper will be published in a subsequent issue.

Rock; Richard Bancroft, Hot Springs; Samuel C. Wilkerson, Morrilton, who were duly elected to membership.

The executive committee also reported having examined the treasurer's books and found them correct, and the following bills ordered paid and warrants drawn upon the treasurer for same: D. W. Holman, for postage, \$14.85; J. M. Anderson, for use of National Formulary committee, \$13.65; Harry Moore, for committee on legislation, \$9.50; F. E. Sapp, for committee on trade interests, \$9.75; Arkansas *Democrat*, printing announcements, \$9.50; Press Printing Company, for printing proceedings, \$82.50; Press Printing Company, for postals, \$3.25; J. W. Beidelman, postage for the year, \$25.05; J. W. Beidelman, salary as secretary, \$50.

F. G. Kerr, on behalf of the Board of Pharmacy stated that the board, by resolution, had agreed to refund to the Association the expenses incurred by the committee on legislation the postage for same, which was estimated at \$11.50. This action was accepted with thanks.

The committee on drug display stated that there were no exhibits and consequently no report.

The committee on necrology asked for further time, and leave was granted them to report after the session was closed to the secretary.

The committee on nominations reported through J. W. Morton, as follows: President, E. E. Shendal, Hot Springs; first vice president, W. L. Dewoody, Pine Bluff; second vice president, W. A. Robinson, Texarkana; secretary, J. W. Beidelman, Little Rock; treasurer, John A. Jungkind, Little Rock.

The report was received, and the committee, on motion, was discharged.

It was now moved to go into an election for officers for the ensuing year. It was proceeded with with the following results: President, E. E. Shendal, Hot Springs; first vice president, C. M. Davis, Helena; second vice president, W. A. Robinson, Texarkana; secretary, J. W. Beidelman, Little Rock; treasurer, J. A. Jungkind, Little Rock.

The next meeting of this Association occurring before the meeting of the American Pharmaceutical Association, the election of delegates to that body was deferred until our next meeting.

The president announced the following delegates to the Interstate Pharmaceutical meeting, at Excelsior Grove, Mo.:

W. H. Halliburton, Little Rock; John A. Jungkind, Little Rock; S. A. Miller, Wynne; G. N. Hart, Pine Bluff; John Schaap, Fort Smith; Frank G. Kerr, Van Buren; James H. Mann, Pine Bluff; E. E. Shendal, Hot Springs; E. F. Klein, Hot Springs; W. W. Kerr, Batesville.

The amendment proposed at the last meeting, and laid over for action under the rules, until this, was now taken up and passed, amending article 3, by adding a new section:

No. 6, A committee on U. S. Pharmacopea. As the number of that committee was not stated, J. M. Anderson proposed a further amendment, that the committee consist of three. Carried.

J. W. Beidelman read a paper entitled a remedy for cut rates. This was followed by another upon the same general subject by G. N. Hart.*

The reading of these papers was followed by a general discussion of the commercial side of our interests. Members were outspoken in their views. The papers were received and referred to the committee on publication. Prof. H. M. Whelpley submitted the plan for the amelioration of those suffering from cut rates proposed by the American Pharmaceutical Association. [This plan was published in the June number of this Journal.—ED.] After a full and free discussion of the subject it was moved to strike out section third, in third line, after the the word "agreement," to and including the word "plan" on the fifth line, which was carried, and in the amended form the entire edition was adopted as the sense of this Association, and the secretary was instructed to submit this to the Proprietors' Association.

*The papers with all others read at the meeting will be published in regular course after the publication of the minutes shall have been completed.

It was also moved and carried, that the plan outlined in the paper read by J. W. Beidelman be also submitted to the same Association, with the hope that some definite relief may be obtained from the growing evil of cutting.

The place for our next meeting being now in order, it was unanimously agreed to accept the offer from our friends in Fort Smith to meet with them, the time to be fixed by the president and executive committee. Recess was now taken until 3 o'clock.

AFTERNOON SESSION.

Upon being called to order at the hour named, the Association listened to an address from John H. Moffitt of St. Louis, Mo., upon the relation of the jobber to the cutters. He very forcibly presented the plan now in force by about twenty of the leading manufacturers of proprietary goods, and urged the indorsement of the plans put forth by them. He was listened to attentively, and members found that the path of the jobber is not much more flowery than the retail dealer. As the plan submitted by the American Pharmaceutical Association had already been acted upon, no further action was necessary upon our part. The Board of Pharmacy, through W. W. Kerr, stated that they would report the proceedings of their body to this Association, and in pursuance of the suggestions in the president's address and indorsed by committee of same, the Association proceeded to select three names to be presented to the Governor for selection of a member of the board whose term expires in one year. The names selected are John Schaap, J. M. Anderson and A. C. McAdam. At this time Mr. E. T. Mitchell, whose paper on the common pineapple was read yesterday, invited the Association to partake of the mammoth one exhibited yesterday, which had been sliced and sugared and was offered in a very tempting way. The fruit was greatly enjoyed by all. There was plenty of it and to spare.

Upon motion of F. G. Kerr, the salary of the secretary was made for the ensuing year, \$75.

The thanks of the Association were extended to the local committee for their kindness, and to the Moffit-West Drug

Company for the souvenirs presented by them to members.

G. N. Hart presented the following, which was unanimously adopted:

WHEREAS, It is stated that in some portions of our State, the spirit, if not the letter, of our Code of Ethics, has been, and is being violated by members selling goods at prices not commensurate with cost and skill exercised in their preparation; therefore, be it

Resolved, That it is the sense of this Association that the president may, upon the request of a member, call the attention of member so offending to the fact, and refer him to section 3, Code of Ethics.

A very cordial and earnest invitation was extended to all to attend the meeting of the Missouri State Association, promising a very warm welcome and a good time.

A rising vote was the only way in which the Association could express to the retiring president, W. W. Kerr, its thanks for the able way in which he has administered the affairs of this Association during the last four years.

A fitting acknowledgment was made by the retiring president, in which he gave a history of the work accomplished during the past four years. Remarks were also made by other members in the same strain. A short time was spent in a very pleasant exchange of courtesies, and there being no further business, a motion was made to adjourn, which was carried, and the ninth annual meeting was brought to a close.

The Prescription.

A good deal of fun has been poked at the doctors about their bad penmanship in writing prescriptions, so much indeed, that the casual reader would be inclined to conclude that none of them could write so that any one could read it. We feel inclined to defend our Esculapian brethren against a general charge of this character. As a class they write about as well and as plainly as other professional men, and certainly better

than lawyers, whose business requires a great deal more practice.

A faulty construction of the prescription is a far more prevalent evil, and one for which there is less excuse. The pharmacist is the most exacting critic, and the best qualified one, and as he has a direct personal interest in the matter, we may be pardoned for calling their attention to some of these faults.

To begin at the beginning. It is a very common practice to insert the name of the party who is to pay for the prescription, without any reference to the person who is to take the physic. This leaves the prescriptionist without any clue to guide him in detecting any mistake that might have been made in apportioning the dose or the proportion of each ingredient. What would be a proper dose for "John Jones" would be a very *improper* one for John Jones' child, and still more so for his infant child. It is a very easy matter, in writing "grs. v.," to connect the two parts of the letter a little way from the lower end so as to make it look more like an X. Ten grs. would be all right if the physic is for the head of the family, as the name at the beginning would indicate, but all wrong if it is for a child, as in all probability it is. The first name inserted should be that of the responsible party, which should be followed by a plain indication of who is to take it; as "Thos. Smith, for self," "for wife," "for child," "for infant," as the case may be.

Again, the great similarity in appearance between the dram and ounce marks, and the ease with which the former may be converted into the latter in construction, introduces a confusion which is sometimes annoying, and would be more so but for the great difference in quantities represented by them. It is flying in the face of the books and all the precedents of the past, but nevertheless it is true that all these characters should be dispensed with and their places taken by the abbreviations "dr." for dram, and "oz." for ounce in liquid measure, and "grs." for dram or drams in weights. These abbreviations and the use of the Arabic instead of the Roman numerals, would

dispose of one of the most frequent causes of mistakes; thus:

Potassii Brom., grs. 60,
Aquæ, q. s., ad., oz. 2.

The busy practitioner, whose mind is more intent upon securing certain results in the use of certain remedies in a given case, is apt to undertake to combine them in a way that they will not combine, and perhaps defeat the very object he has in view. He knows very well what are the therapeutic properties of each ingredient, and he knows too that there is no chemical incompatibility between them, or if so, it is not such a one as will interfere with the desired result—perhaps even intensify it—but he forgets that in selecting the vehicle, or apportioning the amount of drug or drugs to the whole quantity, he may get one in which they are hardly soluble, if at all, or not to the extent of taking up the amount prescribed. For instance, if a doctor prescribes fluid extract of *cannabis indica* in an aqueous menstruum, unless he did it upon the principle that bread pills are sometimes said to be administered, he would be likely to fail of any very pronounced result.

Again, in prescribing the soluble salts, it is no uncommon thing to write for two drams, for instance, in two ounces of water, forgetting that such a solution when finished will make more than two fluid ounces, and yet the dose was based upon that quantity. This carelessness in apportioning quantities often exhibits itself in emulsions, which are sometimes so overloaded* with alcoholic fluids as to precipitate the gum and spoil the emulsion. The worst specimen of carelessness in the whole list, is the very common signature, "Take as directed." Carelessness is a very modest name for it. Its correct title sounds a little rough, and we refrain from using it.

It is frequently the case that the ability to decipher a prescription depends upon knowing whether the physic is intended for external or internal administration, the size of the dose and the frequency of its repetition. These given, the other unknown quantities may be determined, but with doubt obscuring each item in it, and the doubt lost in darkness by

the absence of any directions, it is sometimes almost, if not quite impossible, to tell what was intended.

Until physicians learn to exercise more care in writing their prescriptions, upon which not only their own and the pharmacists' reputation depend, but the lives of their patients, such cautions as "mix well," "triturate thoroughly," etc., which are sometimes injected into them, sound flat.

The Inter-State Druggists' League.

A number of representatives from several States met in the Southern Hotel in St. Louis on the 3d of September last and organized an association to which the above name was given.

The idea originated with the St. Louis Apothecary's Association, or at least the call was from its president, Mr. Thos. Layton, and was issued too near the time fixed for the first meeting to get general attention. The object was to secure co-operation between the Mississippi Valley States in matters pertaining exclusively to the business interests of retail druggists, particularly to the cutting of prices, its jurisdiction to be extended until all the States in the Union are interested. Representatives were present from Tennessee, Illinois, Kentucky, Indiana, Iowa, Kansas, Ohio and Missouri.

After considerable discussion it was decided to make it a permanent organization, and Thos. Layton was elected president, with D. F. Goodyear, vice president; G. H. Willett, secretary, and the following executive committee, viz.: H. E. Zimmerman, Indiana; Chas. T. P. Fennel, Ohio; Wm. Bode-man, Illinois; E. W. Gordon, —; Rob't J. Frick, Kentucky; Wm. C. Schott, Kansas, and J. Ballard, Iowa. The next meeting will be held in Louisville at the call of the executive committee.

REMEMBER the State Board of Pharmacy will meet in Little Rock on November 10th to examine applicants for registration. All persons who desire to be examined should communicate with the secretary, D. W. Holman, beforehand, with reference thereto.

Prize Award.

The following is taken from the *Pharmaceutical Era* of September 15th. Some weeks ago the *Era* offered \$100 in cash as prizes, divided amongst these topics :

1. \$25 for the best letter on the value of a drug journal to a druggist.
2. \$25 for the best and most complete *index* of the goods advertised in the four issues of June 1st, June 15th; July 1st and July 15th.
3. \$25 for the best list of the twenty-five most handsome advertisements in these four issues.
4. \$25 for the best list of *special offers* advertised in these four issues.
5. In addition, an agreement was announced to pay \$50 in cash to the manufacturer or jobber making the best special offer to druggists in these four issues. This award to be decided by the votes of the druggists.

In response to these offers there have been very liberal returns, and the judges, selected to award the prizes, now announce their decision as follows :

Offer No. 1—The value of a drug journal to a druggist. In this competition were received a very considerable number of essays. The judges, Prof. A. B. Stevens, of Ann Arbor; Mr. James Vernor, Detroit, and Mr. J. E. D'Avignon, of Windsor, Ont., are unanimous in their decision that the prize should go to W. W. Kerr, Batesville, Ark., whose essay was received twenty-second on the list. This paper will receive publication in the next issue of the *Era*. Those ranking next in order below the prize winner, are respectively O. C. Tobey, Salina, Kan.; H. H. McConnell, Jacksboro, Tex.; W. M. Fredenburg, Convoy, O.; T. B. Rains, Columbia, S. C.; Frank Edel, Leavenworth, Kan. The award was based on the judges' opinion of their comparative merits, as indicated by a special rating, and particularly in accordance with the ideas expressed, rather than on their literary quality, for the grammar and composition of some were rather defective.

Question Box.

1. What amendments should be made to our pharmacy law?
 2. Should the sale of patent medicines be included in the restrictions of pharmacy laws?
 3. What subjects should be discussed at the next meeting of our Association?
 4. What objections are there to making tinctures and syrups from fluid extracts?
-

Don't Forget

That every member of the Arkansas Association of Pharmacists who pays his dues in advance, will get a copy of this journal for one year.

MUCH thought was expended nearly half a century ago by some of the ablest minds in the profession you have this day entered, in constructing a set of rules which should govern us in our relations to our patients, and especially to each other. The result was the Code of Ethics of the American Medical Association, a modern classic in literature which embodies the highest principles of conduct of men toward men. You will do well to study it closely, and make it your guide; but you will learn from such study that the Code of Ethics is but an expression of an older and briefer code, "Do unto others as you would that they should do unto you." Than this there can be no safer guide, and if followed it will avoid most, if not all the misunderstandings which arise among medical men.— [*Tyson's Valedictory Address, 1891.*]

UNTIL the publication of the proceedings of the Hot Springs meeting of the Association is completed, there will not be room in this department for much other matter. After that is disposed of, we hope to be able to furnish our readers with more varied, and perhaps more interesting reading.

THE
JOURNAL
OF THE
STATE MEDICAL SOCIETY
OF
ARKANSAS.

VOL. II.

NOVEMBER 15, 1891.

No. 5.

Original Articles.

Report of the Committee on State Medicine.

BY B. HATCHETT, M. D., CHAIRMAN, FORT SMITH, ARK.

[Read in the Section on Practice at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29–May 1, 1891.]

Mr. President and Gentlemen of the Medical Society of Arkansas:

During the last six months, and since I was informed of my being made chairman of your Committee on State Medicine, I have been diligent in my efforts to collect suitable data from all sections of our commonwealth, in order that I might formulate such a complete and comprehensive report as the importance of the subject demands. To this end I have written and mailed over two hundred letters and circulars to members of the committee and other physicians throughout the State, urging and begging them to let me hear from their respective sections. As a result of this labor, I have answers from fourteen—a noble fourteen, for whom I have the highest regard, and to whom I now wish to extend my thanks and appreciation.

So far as it has been in my power to learn, our State as a

whole, during the past year, has been spared the visitation of fatal epidemics or importations of pests of any character from without its own borders, though a few diseases of a non-malignant character have spread over the State epidemically, the most notable of these being la grippe and rubeola. Endemica and diseases resulting from local morbidic influences have been numerous and varied, both as to their nature and severity, according to the locality of their occurrence, differences in altitude and humidity producing, perhaps, the greatest difference in the progress of prevailing disease.

Perhaps there is no State in the Union that presents such a variety of changes in this respect as ours—changes from an altitude 2000 feet above sea level, with dry atmosphere, and free from malarial germs, down to the swamp regions scarcely above tide level, where malaria is manifest in its most virulent types, little less to be dreaded than the most malignant epidemics.

It is with a deep sense of regret and almost shame that I have to report an absolute indifference and inactivity upon the part of our State government in the way of public hygienic improvements. It seems to be an insurmountably difficult task to have those in authority appreciate and understand the crying need of public sanitation. Our commonwealth invites immigration, begs for the overburdened population of other States to be poured out upon our thousand hill sides, and unbounded expanses of rich, alluvial valleys, and rejoices that her efforts in this direction are so successful; and yet regrets that her population is not more rapidly increasing and the standard manhood of her citizenship not on a higher plane. Does it not strike you that when public sanitation is given the attention its importance demands, State pride will, in a large measure, be released from this feature of regret? Fully one-third of the diseases affecting our people are directly traceable to local disease-producing causes—causes that by well-directed efforts can be removed. The economical results of such a work

would be a saving of human life and a natural increase of a healthier and more prosperous citizenship.

Dr. R. B. Christian, of Pulaski County, writes me: "During that part of the year 1890, from April 1st to its close, Pulaski County was free from prevailing diseases of a special character. The summer and fall months were unusually healthy, there being an absence even of the usual amount of disease of a malarial character. The sickness of this character that did occur was generally light, and attended with very little fatality. Rains fell during the summer and fall at short intervals. We had nothing like drouths, and no long season of exceptionally hot weather, and to this fact, more than to any other, I am disposed to attribute our unusual exemptions from malarial diseases especially. Another thing that has undoubtedly conducted very much to the health of Little Rock during the past two years has been the great improvements in the way of streets and sidewalks and sewers. The more improved methods of buildings, as to household comforts and conveniences, has also added no little to the health of the people. Grading and paving streets facilitates drainage, and good drainage, together with a well-constructed system of sewers, has been clearly demonstrated beyond controversy to be necessary and essential to the healthfulness of a city.

"Beginning about the last week of January of the present year there has prevailed quite an epidemic of catarrhal fever, of an intermittent type principally. The onset and course of the disease has resembled very closely the 'Russian influenza,' or la grippe, which prevailed so extensively throughout the world during the early part of 1890. The trouble this year, however, has not manifested itself so severely as that which prevailed last. During the same period as above mentioned, an epidemic of rubeola and varicella has prevailed throughout this city and vicinity. Our winter, although mild, has been very wet, and the weather changes have been exceedingly frequent and sudden. I think the exciting causes of all our catarrhal troubles have been of an atmospheric character; and due to the same influences may be attributed some very an-

noying and dangerous complications and sequelæ of measles. I have but little to say with reference to therapeutic measures. The intermittent character of the catarrhal diseases that have prevailed this winter have generally been very successfully combated by mercurials and the various salts of quinia. As a palliative, and very effective as such, the preparations of anti-pyrin, anti-febrin and anti-kamnia, etc., have been very extensively employed. These remedies seem to have a special adaptation in the treatment of acute catarrhal disorders, both in relieving pain and in the reduction of fever heat."

Dr. J. S. Corn, writing from Howard County, says: "During the year intervening between May last and the present time, nothing new or striking relative to medicine or surgery has occurred in our portion of the State. In the main, our section has been healthy. Last year the caudal appendage of the epidemic grippe extended into the summer months; some cases occurring in June, and a few as late as July. In addition to the remnant of this affection during these months, there was little sickness, and what there was consisted mainly of malarial attacks that were easily controlled. In June the seasons were quite uniform for that time of the year, there being neither excessive humidity or dryness. In July we had drouth sufficient to injure crops. During the months of August, September October, November and December the seasons were pretty uniform as regards humidity and dryness, there being neither excessive rains nor long periods of dampness, nor unusual periods of dryness. During these months we were comparatively healthy, and what sickness there was consisted chiefly in malarial affections.. There was some typhoid fever, sporadic dysentery, and erysipelas, but neither of these were attended with any unusual severity or fatality. From January, inclusive, until the present time, the most noteworthy matter has been the epidemic of la grippe, which is still prevalent in our midst. The disease made its debut in January and has remained with us ever since. It has been more unyielding to treatment than last year. It has manifested itself in three very distinct forms—the gastric, the nervous and the catarrhal; the first of these

has been limited to children, and is the typical way in which they have been affected. As typical symptoms of the second form—nervous—which has affected only adults, and has been a most common form of disease, there would be severe headache, general aching of the body, fever and nervousness, and no catarrhal symptoms. The subjects of this form of the disease would recover in from two to four days, without complication of sequelæ, save undue prostration of the vital powers. The catarrhal form, which has also been common, and limited pretty much to adults, has been characterized by all the symptoms of the nervous form, plus acute catarrhal; there would be acute coryza, bronchitis, and often otitis. This form has been decidedly the most severe in its course. When uncomplicated it would last from one to two weeks. Some of these cases have been complicated by lobar-pneumonia, bronchopneumonia and pleurisy. In some cases after the subsidence of catarrhal symptoms there would be persistent fever. This was due, likely, to a typhoid or malarial complication. In reference to the treatment of the disease it has been variable. The hardest symptoms to combat have been the cough and localized neuralgia or rheumatic pains. For the cough, terebene, opium and chloral have served well; and for the rheumatic pains the salicylates alone, or in combination with antipyrin or acetanilid."

A letter from Dr. Z. J. Lantorn, of Dallas County, states: "During the early summer health was good. Later on much sickness, chiefly intermittent, remittent and bilious types of fever. Some summer complaints among children; nothing new as to their respective treatments. In the early autumn there was a good deal of malarial and typhoid types of fever, some proving fatal, though the per cent. was small. The ordinary treatments were generally used; for intestinal trouble salol was found to meet the indications best. Later in the fall another epidemic of la grippe broke out and has continued to the present time. It has been more prevalent and more fatal than last year. I have noticed several forms—the catarrhal, the gastric, the muscular and the nervous; some cases pre-

senting all the forms during their course. The disease has been more severe with old persons, young infants and lying in women. From some cause, not clear in my mind, it is very depressing to the heart action. I have known several cases to die from heart failure. As to treatment I have found mercury, sparingly used, of benefit in most cases. I have found the carbonate and muriate of ammonia, in combination with senega and squill, of no little benefit where there was catarrhal trouble. In gastric trouble, cocaine, bismuth and morphine beneficial. Where there is much muscular pain the salicylates and sedatives have met the indications best. The nervous, best treated with iron and nux-vomica. Pneumonitis has developed in some cases. It lingers much longer than pneumonitis *per se*. An attack of the disease last year produces no immunity from an attack this year. The ætiological factor of the epidemic was a humid atmosphere, with sudden changes from warm to cold. East winds appeared to increase the disease. I have witnessed several cases of scarlatina this year, but the type was very mild and had no sequelæ."

Dr. O. M. Bourland, writing from Crawford County, says: "Have to report for Crawford County during past year quite a large number of cases of pneumonia of the croupous and catarrhal varieties, with few fatalities, except when complicated by meningitis or concomitant with la grippe. Rubeola has been prevalent all over our county and still prevails extensively. It is of a mild type, unattended by fatality, excepting in our bottoms where there is blood deterioration and unfavorable environments. La grippe has again visited us and is at present with us, a very unwelcome guest. It has made many new calls and has not slighted all the families with whom it visited last year. It seems to be of a severer type than that of last year, but there have been no deaths from it, unless complicated. Anti-kamnia has never failed to relieve the pains accompanying it, in any shape in which this drug has been used. But it is with considerable difficulty that we relieve the catarrhal symptoms in many cases. Dr. James A. Dibrell, Sr., informs me that he has treated a considerable number of cases of idio-

pathic peritonitis, all making good recoveries. We have had no cases of variola or scarlatina in this county during the past year "

[To be continued.]

Report on Glaucoma.

BY H. MOULTON, M. D., FORT SMITH.

[Read in the Section on Surgery at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29-May 1, 1891.]

Glaucoma may be acute, sub-acute or chronic, and may be primary or secondary. As the disease is always characterized by increased intra-ocular tension it is important that we be familiar with the means of its recognition. Direct the patient to look downward, then with both forefingers placed on the eyeball as far as possible under the upper margin of the orbit, palpate much as in the ordinary way of determining fluctuation. By practice and comparison we are enabled to determine, with tolerable accuracy, the different degrees of increase, which we indicate by the signs T_n for normal and T_+ , T_+1 , T_+2 and T_+3 for the increase. By never failing to thus examine an eye which is painful or defective in vision, or both, we may often be enabled to save that which, to the patient, is priceless—eyesight.

The direct result of increase of tension is pressure on the delicate inner membranes of the eyeball; interfering with the nutrition, blood supply and functions of the retina, iris and ciliary body and other organs, and causing hazy media, dilated and sluggish pupil, defective accommodation, contracted visual field, progressive blindness, pain and various other symptoms. It also causes the weakest part of the eye tissues to yield. This is at the entrance of the optic nerve where the characteristic glaucomatous cup is formed.

Various theories have been advanced as to how this pressure is induced, which I will not discuss at length here, making

merely a brief statement of a few generally admitted facts and referring, for a more complete analysis, to a former paper on this subject. (Glaucoma. An essay read before the Sebastian County Medical Society, March 11, 1890.) *Seventy or seventy-five per cent. of the cases occur in patients over 50, and the same per cent. in the hypermetropic, in whom the eye is subject to strain, and the tissues are unyielding. These with heredity may be put down as predisposing causes. Then whatever will cause congestion of the eyes or head, or disturbance of the normal circulation of the intraocular fluids, as over-use, emotion, sickness and certain diseases of the eye itself, as some forms of iritis with its sequelæ, will be the exciting causes.

It is known from Schwalbe and others that there is a constant secretion of fluid from the ciliary processes and the posterior surface of the iris, which flows through the pupil and the base of the iris toward the angle of the anterior chamber. Here it finds its way through the meshes of the ligamentum pectinatum (Fontana's spaces) into the canal of Schlemm and the lymphatics and veins of the neighborhood. Now in glaucoma this angle of the anterior chamber or angle of filtration is closed, in recent cases by contact, in old ones by cohesion. (Priestly Smith.) Whether this closure is produced by swelling of the ciliary processes crowding the lens and iris forwards, or by some other primary disturbance, as an excess of secretion, etc., it is evident that if the angle could be re-opened we ought, in theory, to cure glaucoma. In practice we accomplish this by an iridectomy, the application of which operation to cure glaucoma we use, as is well known to Von Graefe. Yet Dr. Wecker, after Stelwag, claiming that often the chief benefit of an iridectomy arises from the cicatrix at the line of incision, through which fluid may filter, advocates a simple sclerotomy. However this may be proved to be in the future, and while there is a gloomy tendency toward it,† yet the former operation is the one now relied upon as the great cure for this dread disease. In addition to operative procedures we have

*Priestly Smith. †Snellen.

the myotics, which lower intraocular tension and are of temporary benefit in most cases, and invaluable in the premonitory stages, acting probably by drawing the iris away from and thus opening the angle of filtration. In secondary glaucoma, where some inflammatory process or pre-existing pathological condition has been the disturbing primary factor, we apply the same principles of treatment, modified according to circumstances. To gain a clearer view of the leading characteristics of this disease, I have chosen for my report three cases only, but each characteristic of the class to which it belongs.

*CASE I.—Ellen S., age 45, colored, and married, applied in August, 1890, for treatment of her eyes. About one year before she was suddenly taken with a severe pain in the right eye, accompanied by great failure of vision. Shortly the other eye was attacked in the same way. Thus in a few days she became nearly blind. The acute pain now subsided, and vision improved to a considerable degree, but it was not many weeks until another milder attack of pain and failure of vision interrupted the improvement. These intermittent attacks followed until I saw her. At this time she had only mild pain. The pupils were widely dilated and sluggish, and lens was hazy. With the ophthalmoscope I saw the retinal arteries and veins narrowed, the optic disc pale and pushed back from its entrance through the sclerotic, making a remarkably good illustration of the characteristic glaucomatous cup.

R. E. = $\frac{4}{200}$	R. E. = T + 1
V.	T.
L. E. = $\frac{7}{200}$	L. E. = T +

Visual field was narrowed to a small area.

Diagnosis: Acute glaucoma, followed by subacute exacerbations.

I advised iridectomy as the only means of preserving her remaining vision, and gave no hope of improvement. In the intervening time, before she could have the operation done, a 1-grain solution of eserin was employed three times daily, with the effect of somewhat clearing the vision and partially re-

*Sent by Dr. Saunders.

ducing tension. This result, viewed as temporary, was gladly welcomed as indicating a favorable outcome of an operation. Accordingly, on August 25th, iridectomy was performed in the right eye, and two weeks later in the left eye. My anaesthetic was cocaine, and my antiseptic a boiled saturated solution of boracic acid. The iridectomy was made upward, a hard piece of iris being removed close to its base. The eyes have since been free from pain. Their condition now is:

$$\text{R. E. V.} = \frac{8}{200} - \text{Tn.}$$

$$\text{L. E. V.} = \frac{13}{200} - \text{Tn.}$$

The improvement in vision is rather more than usually expected in cases of so long standing. Had the operation not been done when it was the patient would undoubtedly have been blind by this time. On the other hand, had it been within a few hours after the first onset, her eyesight would have been preserved with little or no loss of acuity.

CASE 2.—Applied May 7, 1890, Mrs. D. M. S. white, *æt.* 34, married for a month past, has been doing considerable sewing, using improper glasses. She is now compelled to give up sewing on account of pain in right eye, and inability to fix the accommodation of either eye. Her right pupil was dilated and inactive. There were no ophthalmoscopic symptoms except,

1. Diopter of hypermetropia.

$$\text{R. E. V.} = \frac{20}{200} \text{ T} +$$

$$\text{L. E. V.} = \frac{20}{40} \text{ Tn}$$

Diagnosis. This was clearly a case of simple glaucoma of right eye. Absence of intra-ocular change, visible with the ophthalmoscope, was due to the fact that pressure had not been high enough, or kept up long enough to produce them. It requires several weeks, even in acute glaucoma, to produce the cupping of the disc.

*W. Schoen, of Leipsic, has the merit of being the first to prove by statistics that the occurrence of glaucoma is often associated with strain on the accommodation and neglect of

*Snellin in Oph. Rev., February 1891.

use of proper glasses. In my opinion this was such a case. Accordingly I gave hope for recovery from myotics, rest and the proper adjustment of glasses. We soon had the satisfaction of seeing the tension of the diseased eye return to normal, and the vision of both eyes come up to $\frac{20}{20}$ with a spherical convex glass of 1D. The patient has left my city, but I understand has had no further trouble. Of course the disease may recur, but if such a result as the above, obtained by rational treatment and myotics is possible, we certainly are justified in the method followed, for we will thereby postpone for years, probably for life, any more radical procedure.

*CASE 3.—Mrs. J. R., *æt.* 25, presented herself May 2, 1890, with the following history: Six weeks ago her right eye became sore, but she saw no doctor till today. Present condition, upper, inner and lower portion of cornea partly occupied by opacities. Pupil of pinhead size and filled by exudate, and pupillary margin of iris bound to anterior capsule of the lens by firm adhesions, which do not yield to even a 6-gr. solution of atropine,

$$V = P. L. T + 1.$$

Diagnosis. Secondary glaucoma. I advised an iridectomy for optical purposes, as well as for the purpose of checking the glaucoma by restoring communication between the anterior and posterior chambers. As the operation could not be done for several days a solution of pilocarpine was given, to be dropped into the eye three times a day.

May 19, 1890, under cocaine, I performed iridectomy downwards and outwards. The first point of selection for artificial pupil, viz., upwards and inwards, was precluded by the corneal opacities. From this time on pain which had been constant ceased, and five days afterward the patient was sent home cured with $V = \frac{20}{40}$. The eye has since been continuously well with normal tension.

*Sent by Dr. Hardin.

Alcohol and Alcoholics as Medicinal Agents.

BY E. R. ARMISTEAD, M. D., PRESCOTT, ARK.

[Read at the meeting of the Southwest Arkansas Medical Association at Arkadelphia, October 5, 1891.]

Undertaking to present some thoughts upon the subject assigned me, it will be necessary to consider, not only the medicinal effects and uses of alcohol in the treatment of diseases, but also in a way somewhat analytical to inquire into its physical nature and origin.

And it may be proper to state here that alcohol is an unnatural product, existing nowhere, "ready made," in the domain of nature. That it possesses powers and properties *sui generis*, and no other known article can be substituted for it and made to fill its place. Whoever desires to become familiar with its elementary constituents, specific gravity and all that, are referred to the last edition of the United States dispensatory for such information, while I shall proceed to deal with it as an entity. The first inquiry is, What is alcohol? The name is said to be derived from the Arabic language, and signified paint, or to paint—a name probably acquired from its use in mixing pigments. It is the product of fermentation, and fermentation is produced by the action of animalculæ. Within the last decade and a half, the attention of scientists has been attracted to the increasing revelations of the microscope, by the aid of which many obscure processes have been brought under observation and understood that were formerly wrapped in mystery, even in those things that make up the simplest affairs of every-day life. And among these revelations it has been revealed that fermentation is produced by the action of living micro-organisms too minute to be appreciable to the sense of sight without the aid of magnifying instruments. This micro-organism has an atmospheric existence, and is identical with the yeast that raises our bread. They dry up and seem to be dead, floating about like dust; but when favorable conditions exist for their development they

swarm. It is said that a *penny* yeast cake, dry as a chip, contains at least 7,000,000 of these microbes—put in a warm dough and in an hour their number will be increased to 140,000,000.

This little fellow is the father of our wine as well as our bread. As soon as grape sugar is exposed, they are there, and the rate of their increase is marvelous. It is sufficient for my present purpose to say that vinous fermentation, and indeed all ferments, depend upon this micro-organism.

The grapes of a vineyard are gathered when ripe and put into receptacles. This animalcule enters it, goes to work, consuming the glucose and *excreting* alcohol; and it is said that when the alcohol in the whole mass reaches 15 per cent., then these insects die in their own excreta.

Alcohol is therefore an excretion. The wine so made is subjected to a process of distillation and brandy is the result, with 30 per cent. alcohol.

Grain is sprouted, dried and ground and put into stands containing water, when it undergoes the same process of fermentation and distillation, producing whisky, with 50 per cent. alcohol. So of rum, gin, etc.

Physical Properties.—Alcohol boils at 173° Fahr., while the water in which it exists boils at 212°. So the alcohol passes over in a state of vapor, leaving the water behind, is condensed in the apparatus, and redistilled or rectified and made absolute as nearly as possible; and it may be here remarked that while alcohol separates itself from water at 173°, showing its sensibility to heat, it has not been frozen by any attainable degree of cold. Hence, its usefulness in arctic voyages. Possessing great affinity for water, with which it mixes in all proportions, it attracts moisture from the tissues of the body, and preserves dead tissues when immersed in it. It is, perhaps (next to water), the greatest known solvent; hence its usefulness in pharmacy and the preparation of medicines; and without its aid many very useful and common articles could not exist, as the whole family of tinctures, chloroform and the ethers, chloral hydrate, and a host of others.

Physiological and Toxication.—When swallowed in health as a beverage, in large or frequently repeated quantities at short intervals, it passes rapidly into the circulation and exhibits itself in the ruin it works. It excites the stomach, or inflames it when its use is protracted; from the stomach it passes into the blood coming in contact with all the elements of that fluid; it burns the heat and life-carrying corpuscles, and diminishes the serum and coagulates the albumen. It absorbs the mucus intended for the protection of delicate structures; it excites the heart and inflames the liver, and worries the kidneys.

But the most terrible consequences following its abuse, are witnessed in the brain, that most wonderful and delicate of all organic structures, the seat and citadel of the soul, and the dwelling-place of mind and thought.

The exterior mass of the brain, is composed of gray, fatty matter, filled with millions of minute cells, composing a *brain-battery*, whose healthy action constitutes our life. This battery, composed of these aggregated cells, generates the nervous fluid, which goes forth through the medium of innumerable nerves that have their origin in the midst of these cells, carrying impressions to and from the most distant parts of the human system. It is this rythmical melody these brain cells make that constitutes life, will, reason, consciousness, responsibility. The telegraphic operator has to keep his instrument in order and properly charged to convey messages. So this brain-battery must be kept.

It has to be properly nourished with the necessary supply of blood, containing all the elements of nutrition, and the removal of all waste material. And it is all up with this "harp of ten thousand strings," when the brain ceases to furnish the necessary life symphony.

The blood circulates about these cells, depositing phosphorus and other necessary brain food, taking into its current all waste products. And when the blood comes to these cells freighted with alcohol it combines with such elements as it has affinity for, and multitudinous explosions occur. The battery


is destroyed and all communication cut off from the balance of the system. The battery is silent—messages can neither be sent nor received and a state of insensibility results.

It may not be improper here to consider briefly what is known as organic life or the action of those functions, which are independent of volition.

The heart continues to carry on the circulation when we sleep or are in a condition of unconsciousness, so of the respiration and digestion. These functions are independent of the will and hence are called organic actions. In order to the proper regulation of organic actions or functions a beautiful and most delicate adjustment of balances exist; a relation of dependance and correspondence, by which co-ordination is brought into play between the enervative, the circulative, respirative and nutritive. Neither of these vital functions can secede from the rest and set up for itself. The brain needs good blood properly purified and containing nutrition, for which power to organic functions is furnished.

When alcohol floods the circulation it swells the heart, embarrasses the breathing, overwhelms the brain, paralyzes the nerve centers, deadens all perception, drowns conscience, and pulls down the image which God established of himself in the human soul.

That alcoholism accomplishes all this and more, is made manifest by observing the movements of the heart as it struggles and palpitates, the slow and labored breathing, the loss of the power of locomotion, every healthy function perverted, reason dethroned and finally, when consciousness is lost, the man falls down, whilst all that is within him cries aloud, "I am poisoned." Intoxicated, from the Latin *Toxicum*, poison.

Leaving sentimental philosophers, humanitarians and reformers to mourn over the desolation of that land that lies stretched between the first drink and the mania-a-portu and to weep over blighted lives and wrecked hopes and fortunes, I simply erect a warning sign for the benefit of humanity, with an index pointing to the two inscriptions:  "Toxaimia, Beware!" and

having considered alcohol in its physical, physiological and toxic properties, I turn now to its

Clinical and Medicinal Uses.—Half a century ago alcoholics were believed to add fuel to the flame of any and all febrile complaints, and did not occupy a place in the then *Armentarium* of the general practitioner. It was thought then that alcoholics were excitants, increasing inflammations and fevers, and were not allowable until the beginning of convalescence, and then in the most cautious manner possible.

Dr. Bennett, of Edinburgh, Scotland, was amongst the first independent thinkers, if not the very first, to assume adverse ground on this subject, and to administer alcoholics, particularly in pneumonia, a practice that still prevails.

Formerly pneumonia was called a phlegmasia and was treated by blood-letting, both general and local, but the lancet became a lost instrument and venesection a lost art, and more rational practices gradually prevailed, and supporting treatment with alcoholics was instituted.

Perhaps the adynamic type of disease is more prevalent now than half a century ago, or, if not, more rational and correct thought prevails, at any rate. The theory of depletion has been superseded by sustaining methods; and vital dynamics are more relied upon for good recoveries from depressing agents in disease, and these vital forces are nursed and stimulated by alcoholics and nutrients to sustain the system.

In the zymotic diseases of this climate, especially in that denominated "typho-malarial" or "slow fever," which must, beyond doubt, depend upon some microbe as an ætiological factor—in which the powers of life run down to the lowest—and there is very marked prostration of function, without manifest organic lesion—a disease that runs its course in from three to six weeks, and from which the patient emerges looking like a ghost—a disease that defies every effort of the practitioner to abridge or arrest its progress—in this disease the general experience and practice is to give alcoholics with nutrients to sustain the strength and to supplement the waste—of high temperature and torpid function—and low, enfeebled

powers of nutrition. In the shock which follows accident, or wounds received, or, in fact, any form of traumatism, nothing restores the nervous system to its normal condition sooner and more efficiently than free alcoholics with opiates.

In that large class of diseases known as neuroses, as neuralgias, neurasthenias, hysterias, etc., alcohol gives quick (if transient) relief. Of course there is nothing positively curative in alcohol, but it establishes a neurotic condition above pain and suffering which, whilst it is only temporary, gives the practitioner time to collect and arrange his remedial forces.

In conclusion, I wish to express the thought that, whatever effect is produced by alcohol, in proper or medicinal dosage, its first action is an impression made upon the nerve-centers, that made upon the vaso-motor being most apparent. Arterial tension is lowered, the blood current is slowed, especially in the capillaries, and this is manifested in the red and swollen eyes, countenances, and blue noses of drunkards. The same *vaso-inhibition* which it establishes in the peripheral capillaries gives rise to blood stasis in the internal organs. Of course, these symptoms do not follow the proper clinical use under regulated dosage. It is claimed that it does not increase the temperature in fevers and may be administered during febrile paroxysms.

Stomach-Washing in Infants.

This procedure has been the subject of much discussion during the past few years, and seems to be growing in favor. Its most active advocates are among those who have had most experience in its use. It has been thus far most extensively employed in hospitals, and in many institutions has already become an established method of treatment. With the appliances always at hand, and with the skill that comes from experience to both physician and nurse, it is a most simple and effective measure. In private practice, with a physician of less experience and a nervous mother or nurse for an assistant, it is obviously less satisfactory. It will probably never become

as popular in private practice as other simpler but less effective measures. It is a mistake to suppose, however, that it is a serious operation, to be tried only as a last resort. Dr. Booker, in the *Johns Hopkins Hospital Bulletin*, describes minutely his method, which is very simple and similar to that of Epstein. A soft Nelaton's catheter, about No. 9, is attached by a short glass tube to a common rubber tube two feet long, with a two-ounce glass funnel fitted into the distal end. This is all the special apparatus needed. A pitcher containing half a gallon of tepid water is placed in a convenient position for use. Sometimes it is of advantage to add a teaspoonful of equal parts of bicarbonate and benzoate of sodium. The child is held in the nurse's lap in a sitting posture with the head slightly bent forward and the hands confined by the nurse's left arm passed across the chest. The child should be protected by a rubber sheet. The tube is moistened with water, inserted into the mouth, passed back to the pharynx, and directed downward through the œsophagus into the stomach. Gagging or even vomiting may occur, especially if the tube is delayed in the œsophagus or pharynx. This usually ceases when the tube reaches the stomach. If it continues, the tube should be drawn up a little and carried to one corner of the mouth. It is unnecessary to depress the tongue, a procedure which is apt to provoke vomiting.

When the tube is in position an ounce or two of water is poured into the funnel held just above the level of the child's head. By lowering the funnel before the water has fully flowed out of the tube the contents of the stomach are readily drawn out by siphon action. The tube is then raised and the funnel again filled, and the process is repeated until the water flows away clear. There is no possibility of the tube's entering the larynx or perforating the walls of the stomach.

The stomach tube is employed for three purposes: 1. In the study of physiological digestion. 2. In the study of changes taking place in disordered digestion. 3. As a therapeutic measure.

Troitzky has recently reported a large number of cases satisfactorily treated by stomach-washing. The best results were obtained in simple gastric dyspepsias without fever. In chronic diarrhœa or gastric disorders it is often of value, but must be accompanied by the use of medicinal measures.—[*New York Medical Journal*.

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Editorial.

THE CODE OF ETHICS AND MEDIOCRITY.

In commenting on a communication to that journal attacking the Code of Ethics the *Medical Mirror* says: "Truly its tendencies are and have been for years to make and sustain respectable mediocrity." Views similar to the foregoing are frequently expressed, but they generally emanate from sources more obscure—from those lamentably ignorant of the letter of the code, or who knowing well its provisions do not fully enter into the spirit of its teaching. It is quite common for the code to be assailed, but like the New York case, these disaffections can generally be traced to something less magnanimous than a desire to maintain the dignity and honor, to exalt the stand-

ing, and to extend the bounds of usefulness of the profession. And so it would seem from the closing paragraph of the letter to the *Mirror*, which concludes with these words :

“Give us more business. Let us organize upon business principles, and form Legislatures to enact laws to secure to us our hard-earned fees. This would be of more benefit than trying to force quacks, mendicants and charlatans to become observers of professional ethics.”

“Give us more business” is very good, indeed, and though intended in a different sense in this case, would nevertheless make an appropriate motto for those who believe that observance of the code interferes with the “business” aspect of their profession. But has the code a tendency to produce mediocrity? Or is it only mediocrity that cannot rise to an understanding of its higher teachings and be guided by them. The most common error respecting the code is to regard its provisions as unalterable and inflexible laws, transgression of which, or want of conformity to, subjects the violator to ostracism and everlasting condemnation by its adherents. And yet, where in the entire code is there a single mandatory sentence? Every article and section is hortatory. From the very opening paragraph to the last one it simply tells what physicians “should” do; what they “ought,” or ought *not* to do; what is “derogatory” (*i. e.*, “tending to lessen or take from; detracting, dishonoring”) to professional character. The American Medical Association adopted an ordinance amending the code, a paragraph of which reads thus :

“Neither is there any other article or clause of the said Code of Ethics that interferes with the exercise of the most perfect liberty of individual opinion and practice.”

Is there an iron-bound provision in the entire Code of Ethics? And if the code is only a guide to professional conduct, which gentlemen will always follow of their own inclination, and which “quacks, mendicants and charlatans” cannot be made to observe, why do gentlemen object to it? There is not a club, society, association, church or profession the members of which are not guided by rules, regulations, articles of belief

or something of the kind, and *gentlemen* are founders, promoters and pillars of nearly all such organizations.

As an example of the kind of mediocrity the code makes and sustains, reference to the transactions of the New York State Medical Association, since its organization in 1884, will show. "One of the fundamental objects of this association was the maintenance of the National Code of Ethics in the State of New York, the State Society having abolished that code."

Will some one, above mediocrity, compare the transactions of the two societies for the last seven years and point to the evidences of mediocrity produced by adherence to the code on the one hand, and to the supreme degree of scientific attainment achieved by its abolition on the other? It is not intended to praise the work of one of these societies to the disparagement of the achievements of the other. But they present fair examples for comparison, and if the code hampers and cramps ambition and scientific progress to such an extent as some physicians and medical journals seem to believe that it does, it ought to be an easy matter to show it in the case above cited. To those who so strenuously object to the code on the ground that it represses physicians in the business relations of their profession, it may be hinted that a man possessed of the highest sense of justice and professional honor, pays more attention to the methods employed in gaining his income and reputation than to the amount of his wealth and notoriety.

The code may need revision, or even abolition, but as yet no one who has had at heart the welfare of the profession has been kind enough to undertake the task, and those who are so firmly impressed by its restricting and mediocre-producing influences, have not apparently had time to spare from their "*business*" to suggest in what definite particulars it ought to be changed, and in what the alterations should consist.

A BUSINESS CODE SURE ENOUGH.

As an item of "State News," published in one of the Little Rock dailies, it was stated that the physicians of one of the

counties in the eastern part of the State had had a meeting and resolved that they would not attend after January 1, 1892, any person who shall be in their debt for services rendered previous to that date.

Such action is of questionable utility, in bad taste and unbecoming the members of a learned profession. Without, at this time, remembering the county referred to, *THE JOURNAL* does not hesitate to say that the adoption of that resolution will have no more effect on those it is intended to influence than if it had never been thought of. Unless that county is fortunately different from any other in the State, a sufficient number of physicians will be found who will attend to the practice for the non-paying clients at minimum prices or for nothing, and wait two or three years for their pay, or to learn that they have worked for nothing.

Was there a physician at that meeting who did not know whom to trust and from whom to exact the cash? Was there a doctor present who had not attended some patient for years without one cent of remuneration? And was there not present one or more doctors who voted for that resolution, and at the same time, mentally reserved from its operation, a few prominent or influential families, who, though they were financially able, had not paid their doctor bills, but have such influence in the community that some doctors will attend them for little or nothing?

THE JOURNAL is unhesitatingly in favor of a strict enforcement of business methods in the practice of medicine, but in communities where everybody knows everybody else, resolutions like the one referred to are of little avail, and have a tendency, in the eyes of the laity, to bring a learned profession to the level of an ordinary trade. Let the business creed of every individual physician be to charge and collect reasonable and just fees from those who are able to pay; to make legitimate deductions from the accounts of those whom he knows to be unable to pay the established fees; and, finally, as the poor we have with us alway, let them receive the best attention he can, with justice to himself and fami y, bestow with-

out money and without price, at the same time demanding of those in authority in each county, that adequate provision be made in all cases for the proper care of the sick pauper.

EDITORIAL NOTES.

—THERE HAS BEEN A VERY HEATED CONTROVERSY between the County of Pulaski and the City of Little Rock as to which corporation should bury the pauper dead in the city. There is not the slightest evidence of rivalry between the said corporations as to which shall preserve from death the largest number of sick paupers.

—A SPECIAL TELEGRAM TO THE *Arkansas Gazette* recently announced the unanimous election of Dr. ———, first vice president of the Association of Railway Surgeons of Missouri, Kansas and Arkansas. It is hoped the association transacted some other business. "Railway Surgeons" from Missouri, Kansas and Arkansas would hardly go to Newport, Ark., just to elect a first vice president.

—THE FILTERED WATER NOW FURNISHED THE CITIZENS OF LITTLE ROCK has one possible source of danger that it did not possess when it was so densely muddy—that is its partial clearness. Its former muddy appearance was so repulsive that it answered the purpose of a danger signal. Now that it is nearly clear and potable in appearance, there is no telling what ills may result from its use. It was formerly muddy and *dangerous*; it is not now very *muddy*.

—THE ANNUAL MEETING OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION at St. Louis, October 14th, 15th, 16th, was unusually successful after all, notwithstanding the unfavorable and exaggerated telegrams published in the secular papers throughout the country a few days before the meeting. These telegrams were published with the usual sensational headings and were displayed in every way to make as great a "doctors'

quarrel" as possible out of a very little disaffection among the St. Louis doctors. Drs. Hooper, Hatchet and J. T. Jelks were present to represent Arkansas. They were delighted with the scientific, business and social features of the meeting.

—THE MEDICAL DEPARTMENT OF THE ARKANSAS INDUSTRIAL UNIVERSITY commenced its thirteenth annual course of lectures on November the 4th. The number of matriculates on the opening was unusually large, in fact the largest in the history of the institution. The *personnel* of the class is above the average, showing that every year those who attend the institution have been in preparatory training to fit them for a better understanding of the instruction they receive from the lectures. The prospects of the medical department are flattering in the highest degree and being, as it were, the child of the State Medical Society, the members will be glad to hear of its prosperity.

—*Après pos* TO THE ANNOUNCEMENT OF THE OPENING OF THE MEDICAL DEPARTMENT OF THE STATE UNIVERSITY it is eminently fitting to state that about the same time of year the Saline County "factory" begins active operations. The medical students have given the Saline County board the above name, and from the rapidity with which it has made licentiates from the material rejected by the Medical Department, the nickname seems a very appropriate one. THE JOURNAL intends to continue to publish the names of all the non-residents of Saline County who obtain license from that board. A man who cannot obtain his license from the best board in the State is incompetent, and those who go to *any* other than their own county boards acknowledge, *ipso facto*, their inability to practise medicine. The JOURNAL regrets the financial loss sustained by the county clerk of Saline County, but it is better that one should suffer in pocket than that a horde of mendicants should be turned loose to produce suffering and destruction in body and mind as well as in estate.

The State Society.

Prepare for the Next Session.

Although the meeting will be held six months from now, it will take at least that much time to make all the preparations for it. The member who begins *now* to collect his thoughts and his notes, and sift them down, will probably have a better paper than if he put it off until he has just time enough, by hurrying, to get together some kind of a manuscript that he can barely read when the time comes. There is no time limit in reading papers before the State Society. Some societies limit the reading of each paper to twenty or thirty minutes. It might be well to suggest that if more care was consumed in preparing some papers, less time would be required in reading them. There is no reservation as to who shall be allowed to read papers, so any member has that privilege, and there is no danger of too many availing themselves of it. Although the Society will have but a two days' session, the programme will be arranged so as to have ample time for every paper to be read and fully discussed. It is impossible to begin too early to make arrangements. The officers of the sections will find it hard enough to accomplish their labors in a creditable manner, however soon they may begin and continue their efforts. If all work together there will be an easy and pleasant task before the officers and committees. About the hardest work connected with the preparations for our Society meetings is getting members to perform duties that they have either properly accepted, or at least by their silence have signified their willingness to perform. The committees will be published from time to time as their importance demands. If any member who is appointed to a committee cannot or will not serve, it is his duty to at once notify the President so that the vacancy can be filled.

By far the most important committee is that on State Medi-

since. President Shibley has made most excellent selections, both as to chairman and members from the respective counties. It is the one committee of them all where the chairman *cannot* do *all* the work. The individual members of the committee *must* at least furnish the material. If there is a member on the committee who finds that it will be impossible to do his share for his county, let him notify the President at *once* so that a substitute can be provided and notified.

THE COMMITTEE ON STATE MEDICINE.

- A. C. Jordan, Pine Bluff, Chairman.
- A. J. Brewer, Mountain Home, Baxter County.
- J. T. Clegg, Siloam Springs, Benton County.
- H. L. Routh, Harrison, Boone County.
- J. C. Wallis, Arkadelphia, Clark County.
- C. A. Stanfield, Toledo, Cleveland County.
- J. T. Hawkins, Mount Holly, Columbia County.
- C. Cullen, Morrilton, Conway County.
- J. H. Kitchen, Jonesboro, Craighead County.
- O. M. Bourland, Van Buren, Crawford County.
- Z. J. Lantorn, Dalark, Dallas County.
- W. S. Woolford, Arkansas City, Desha County.
- D. C. Carroll, Tillar, Drew County.
- J. F. Blackburn, Ozark, Franklin County.
- J. M. Watkins, Mammoth Springs, Fulton County.
- W. H. Barry, Hot Springs, Garland County.
- S. M. Carrigan, Washington, Hempstead County.
- J. F. Graham, Malvern, Hot Springs County.
- W. B. Barner, Nashville, Howard County.
- W. B. Lawrence, Batesville, Independence County.
- E. A. Baxter, Melbourne, Izard County.
- W. H. Heard, Newport Jackson County.
- W. R. Hunt, Coal Hill, Johnson County.
- J. C. Parrish, Lewisville, Lafayette County.
- A. G. Henderson, Imboden, Lawrence County.
- D. S. Drake, Marianna, Lee County.
- J. S. Pendleton, Douglas, Lincoln County.
- L. A. Sager, Rocky Comfort, Little River County.

- E. T. Powell, Magazine, Logan County.
J. P. Fletcher, Lonoke, Lonoke County.
W. C. Spearman, Texarkana, Miller County.
H. C. Dunavant, Osceola, Mississippi County.
W. T. Bailey, Clarendon, Monroe County.
E. R. Armistead, Prescott, Nevada County.
J. T. Henry, Millville, Ouachita County.
T. C. Linthicum, Helena, Phillips County.
N. C. Hancock, New Hope, Pike County.
W. R. Baker, Dallas, Polk County.
D. P. Ruff, Dover, Polk County.
W. P. Owen, Devalls Bluff, Prairie County.
R. B. Christian, Little Rock, Pulaski County.
A. A. Sanford, Waldron, Scott County.
D. M. Gardner, Fort Smith, Sebastian County.
Ferdinand Smith, Lockesburg, Sevier County.
W. H. Goodwin, Eldorado, Union County.
Adam Guthrie, Jr., Quitman, Van Buren County.
Albert Dunlap, Winslow, Washington County.
L. E. Moore, Searcy, White County.
L. A. Jelks, McCrory, Woodruff County.

A Reminder.

“Any member who fails to pay his annual dues for two years shall be notified by the Secretary to appear before the Judicial Council at the next meeting of the Society, and failing to appear or make adequate defense, shall be dealt with by the Society in accordance with the decision of the Judicial Council.”
—[*Constitution of the Society.*]

In the list of members published last month the name of the *alma mater* of Dr. E. T. Powell was not stated because the Committee on Credentials, in reporting on his application for membership, neglected to give it. Dr. Powell is a graduate of the Medical Department of the University of Louisville.

County Societies.

[The Scientific Proceedings of County Societies are requested for publication in this Department.]

Sebastian County Society.

RESOLUTIONS OF RESPECT TO THE MEMORY OF DR. J. H. T. MAIN.

[Adopted by the Sebastian County Medical Society, Tuesday Evening, October 13, 1891.]

WHEREAS, God has called to his eternal home our venerable and distinguished brother, Dr. J. H. T. Main, whose life of 78 years closed on the 30th day of September, in honor, peace and prosperity; and

WHEREAS, His long residence of more than half a century in this city was, with the exception of but a few years, one of activity in the medical profession, and of duty fully performed as a citizen, he having exemplified to the fullest degree the maxim he so often quoted: "It is better to wear out than to rust out;" and

WHEREAS, This long life of ministration to the sick was one marked by great kindness to his neighbor and much charity to those in need; his cheerful, hopeful nature, with a natural prompting to say a word of kindness and encouragement to every friend he met, with never an unkind word for any; his disposition to see only the brighter side of mankind, to pluck only the flowers in his pathway of life, passing the thorns unnoticed and untouched, with his presence ever welcome; and for this beautiful trait of character if for none other, we are the better for having known him. Therefore be it

Resolved, That in the death of Dr. Main, his family has sustained the loss of a kind and loving husband and father; the State has lost an upright and enterprising citizen, and the Sebastian County Medical Society one of its oldest and staunchest members, one who ever espoused the cause of

organized medicine, one ever ready with a word of advice and encouragement to the young practitioner and a ready disposition to aid in the advancement of scientific medicine.

Resolved, That we tender to his bereaved widow, his helpmate of so many years, his devoted daughter and grandchildren, our sincere sympathy and condolence.

Resolved, That a page memorial in our records shall be set apart and devoted to his memory, and a copy of these resolutions forwarded to his family, and to the city papers and the JOURNAL OF THE STATE MEDICAL SOCIETY OF ARKANSAS for publication.

J. W. BREEDLOVE, M. D.,
L. L. SANDERS, M. D.,
J. G. EBERLE, M. D.,

Committee.

Roll Call of Counties--Continued.

Drew?

Faulkner?

Franklin?

Of the three counties named above, that of Faulkner may be reasonably excused for not having a medical society. No, even Faulkner is not excusable; for a county having for its capital an educational center, or a town that aspires to and certainly will be one, with its learned professors and teachers inspiring the community with the benefit and importance of education, ought to sustain at least five reputable physicians in the county who are sufficiently interested in the general welfare of the profession to form a society.

As to Drew County, there is a sufficient number of doctors in Monticello to have a good working society, and if one is not maintained there the reasons are well known to them and some one ought to tell what they are. The pages of THE JOURNAL are open to Drew County physicians.

And there is Franklin County! Four members of the State Society hail from that county, but they rarely attend, and when they do they come as permanent members—not as dele-

gates from their County Society as formerly. A man by the name of Franklin was one time mixed up in an experiment in which electricity or lightning played an important part. Can't Franklin County doctors obtain enough electricity from the clouds of innocuous desuetude to shock themselves into a realization of the importance of reviving and continuing the good work they begun several years ago and continued until recently? The JOURNAL would be pleased to hear from one or all of the State Society members in Franklin County on the subject of medical organization in that County.

Prairie County Society.

It is encouraging to note that several of the county societies issue printed programmes before every meeting. These are distributed among the doctors of the county, as well as the members of the society, and contain invitation to those not belonging to the society to become members, a list of the subjects to be discussed and such other information as may in each case be of benefit to the members and those whom it is desirable to have become associated in the society. The Prairie County Society has issued a very neat preliminary circular, which contained a list of its officers, an invitation to the physicians to join the society, a synopsis of that part of the constitution relating to membership and a list of the subjects to be discussed when the society was to meet at Devalls Bluff on October 28th and 29th.

Logan County Society.

The following is an extract from a letter received from Logan County :

" You remember I wrote you some months ago as to the advisability of organizing two societies in our county (Logan),

which letter you published. This did the work of bringing about, not two societies, but the reorganization of the old society, which had not met for a year or so.

"We are now a little band of workers, and we are working. We now meet every two months alternately on the north and south side of the mountain, and when the time of meeting comes round we 'cross the mountain' and go."

Miscellany.

Secret "Cures" and the Right To Keep Them Secret.

[Editorial New York Medical Journal.]

The public and the press have shown great interest in, and expressed various opinions of, the ethical questions which have been made prominent by the behavior of the last claimant to the gratitude of humanity for curing drunkards—a claim which, if established, must entitle the discoverer to rank with Jenner and Lister as one of the few whose privilege it has been after a few years of labor to save millions of human beings from suffering and death, even though he sins as much against morality and common sense as Dr. Keely. Surely, if mankind can be freed from the evils caused by drink—if even one-half of these evils can be averted—we ought to forgive much wrong-doing by the man who discovers the means by which the end may be attained. While we must ever regret that the name of such a man is stained by his selfish and sordid action, the great good which his discovery—when made public—must do is far more important than his faults.

The public always seem to regard the position of the medical profession in relation to questions of right and wrong as if the ordinary rules of common sense had no connection with the matter. Indeed, "medical ethics" and "medical etiquette" are apparently, in the mind of the laity, terms which convey an idea of something mysterious, incomprehensible, and rather

silly. It would be well if the truth were more widely known, that ethics is always ethics, and etiquette is always simply the practical application of the ordinary rules of courtesy to our daily life. "Medical" ethics or etiquette is not different from ethics or etiquette as generally understood. The adjective merely specifies the part, not the kind.

The ethical questions involved in regard to keeping any remedy secret are perfectly simple. One reason, and only one, justifies such a course. This reason is the one given by Koch for refusing to make public the process of manufacture of tuberculin—namely, that it was impossible at the time to give directions sufficiently precise to make it safe for others to attempt it. There is no moral reason why, if this is the case, the discoverer should not make money, if he can, by experimenting on those who are willing and able to pay, provided the latter understand that they are the subjects of experiment. It is, perhaps, not wise to do so, for it gives rise to unpleasant suspicions, but it is perfectly right.

So much for the right in regard to the discoverer. The duty of the profession in such a case is not so easy to define. In the first place, the reputation of the man who alleges that the remedy in question is useful must be considered, and, for a long period, this settles the question. If a scientist of the well-known character of Koch—one whose previous work has proved his truthfulness—announces the discovery of such a remedy, the profession is perfectly justified in employing it. If, however, there is no such guarantee of the genuineness of the drug, the plain duty of medical men is to wait for another sort of proof—namely, the evidence that popular experience may give. If, after years have elapsed, it is found that a certain secret remedy is not only harmless, but positively useful, it is our duty to use it. Most of our knowledge is empirical, and our first aim as honest men is to give to those who come to us that which they seek—relief from some sort of suffering. It matters not what the drug may be; if it is known to be safe and shown to be useful, we are bound to employ it. Time guarantees its value and the honesty of its manufacturer,

and we are justified in trusting its label as we trust that of any reputable commercial house.

In the case of Dr. Keely, we are obliged to say that the methods of that gentleman are on a par with those of the quack. He professes to have discovered a "cure" for the drinking propensity. The evidence adduced to support the claim is of a nature to command more respect than attaches to the usual "unsolicited certificates" of the patent-medicine man, because a number of those who testify are well known. Moreover, a few of these men are known to have been drunkards for a long time, and are seen to have changed, as it seems, both in appearance and in habits. Sufficient time has not elapsed to enable one to judge of the permanence of the cure, but in a number of cases a considerable time seems to have passed without relapse. The number of failures is, of course, not known, but those who believe themselves cured seem to think that cure is the rule, not the exception. We know the ease with which evidence of the value of any new "treatment" is to be obtained; but the evidence of this alleged cure is the testimony of more "sorts and conditions of men" than have ever heretofore testified in such a case.

The position of Dr. Keely is simply contemptible, unless his "cure" is fraudulent and he knows it. If he really believes in it he is guilty of conduct so unprincipled—so utterly wanting in appreciation of the duty he owes to mankind—that it is hard to forgive. If he is a swindler, he is not contemptible, he is positively brilliant in his line. Whatever he is, it is a serious responsibility for any man to assume when he refuses to divulge the methods by which he professes to produce such important results. We are not aware that any particular difficulty in the preparation of "bichloride of gold" (whatever that may mean) or of the unknown but apparently necessary "other substance" is advanced in justification of the secrecy. Dr. Keely's partisans allege that at some unspecified period he distributed an unspecified number of "barrels" of his remedy among a number of physicians (names and precise number not given). This, if it is true, is no excuse for his present course. Though he had

sent a "barrel" to every doctor in the country, unless the nature of its contents was known or its harmlessness guaranteed by the reputation of the sender, no honest physician could use it. This is equally the case at the present time.

In the meantime the admirers of Dr. Keely should refrain from denouncing the "prejudices" of medical men. No opportunity has been afforded to submit his pretensions to judgment. The responsibility for this rests with the claimant. If his professions are just, he deliberately excludes from benefit probably a hundred thousand persons for every one now able to obtain treatment. Of course the discoverer of a cure for drunkenness is worthy of any amount of pecuniary reward, but, if the statement that there are seven hundred people now under treatment by the doctor at \$25 a week apiece is correct, the income of \$17,500 a week must certainly soon place the recipient in circumstances of comparative ease.

The Rights of the Retail Druggist.

[Editorial in the American Lancet.]

The retail druggist is so hedged about as to retain little liberty. The manufacturers, by their agents, go directly to the physician and induce him to use certain preparations that require no work on the part of the pharmacist. An ordinary bottle-washer can fill such prescriptions as well as the most accomplished pharmacist. Necessarily the profit on these goods is small. Those conversant with the extensive and thorough manner in which the profession is reached and influenced in this way, will understand that the poor retail druggist has little show. On the other hand, many members of the medical profession supply their own patients with medicine, and insist that the retail druggist shall not sell medicine without a prescription. True, a few members of the medical profession recognize the value to them of a competent, honest druggist, and do what they can to aid him in his legitimate work. As to the patent and proprietary medicines, he is undersold by the

general store or dry-goods establishment. Upon these goods there is but a small profit to the retail druggist, and hence, it would be to his interest to sell, in their place, preparations upon which he could make more profit. Just at this point, he has been so successful as to awaken the bitter antagonism of the proprietary medicine interest. At the late meeting of the National Editors' Association, this interest, through a secular newspaper man, attacked the retail druggists, calling them all sorts of names—characteristics quite different from those of a gentleman or honest man. This arbiter of trade and moral questions, boldly affirms that the retail druggist has absolutely no liberty respecting the sale of his goods. To illustrate the principle: If a customer asks for a tooth-brush made by Jones of London, he must, under penalty of incurring the perpetual condemnation of the newspaper fraternity, refrain from showing other makes of tooth brushes he may have in stock. Now every good business man understands that his business prospers in proportion as he takes such interest in his customer as to give him the benefit of such extra knowledge and skill respecting tooth-brushes or other articles he may have to sell. The customer wants the best he can get for a definite sum of money. He is pleased to be shown a better thing than he asked for, if the price is not increased. He is still more pleased to get a better thing than he asked for at a less price.

Applying these common-sense principles to the case in hand, why shall not the druggist, if he chooses, point out to a customer that of several preparations of sarsaparilla and iodide of potash, one special preparation is cheaper than the other, while it contains the same ingredients. If, after a presentation of the facts so far as the druggist knows them, the customer makes his own choice, we fail to see in what respect he differs from the general rules governing the conduct of all merchants. In other words, the retail druggist, as a merchant of patent medicines, has a perfect right to apply to their sale the same rules that govern the vendor of stoves, of clothes-wringers, or any other article of merchandise. That a purely fictitious and artificial demand has been created among his customers by

free advertising, does not, in the least, interfere with his looking after his own interests and those of his customers. Because such advertising has foisted upon the public an inferior article, this fact does not interfere with the retail merchant's privilege of selling his customers a better article if he so chooses, and can do so by a fair presentation of the facts as he knows them.

As a matter of fact, the druggists, retail and wholesale, and the people, sick or well, would be infinitely better off if there had never existed a patent or proprietary medicine, and especially if none such had ever been advertised to the laity. The evils to the people from such advertisements and such medicines, infinitely outweigh the good from the millions accumulated by patent medicine proprietors by their humbugging the poor and the rich. From the standpoint of the rights of the retail druggist—from the standpoint of legitimate pharmacy—from the standpoint of the best prosperity and happiness of the people—we should be glad were every retail druggist able to persuade every customer who inquired on his own responsibility for a package of patent medicine, to purchase a well-known combination of drugs as directed in the Pharmacopœia. In this latter case, he would know exactly what drugs he was taking and the doses of the same. Of course, it would be still better to take no medicine at all unless under the direction of a competent, honest physician.

From a medical standpoint, it is well-known that patent and proprietary medicine men do all they can to break down not only the morality of the secular press, but the medical press and the medical profession itself. They are the natural enemies of scientific medicine. By their command of immense fortunes, they are able to secure the service of the highest culture, skill and training needful for the attaining of their ends.

As we have mentioned on former occasions, their "fine Italian hands" can be seen in opposition to all medical reforms by law that shall tend to limit the advertising of patent medicines, and the activities of those unprincipled pirates upon human life, known as quacks. It is well understood that newspapers side

with and defend all that brood of rascals, because by free advertising they contribute largely to the emoluments of the press. Hence, in this recent attack through the popular press upon the retail druggists, we see evidence of the fact that this individual is looking after his own interest in a legitimate manner, and so is reducing incomes of the patent medicine kings and the secular papers that thrive upon the spoils of these kings.

Finally, we desire it understood that all we have said has no relation to physicians and prescriptions. These every honest druggist fills exactly as they are written, in all respects. Our remarks are limited to the sale of tooth-picks, hair brushes, sponges, trade-marked patent and proprietary medicines, when asked for by the laity on their own responsibility. In this relation they are pure merchants. The filling of physicians' prescriptions make druggists the co-workers of physicians, and calls for the operation of professional rules differing from the other portion of their calling.

The Pine Bluff Malpractice Case.

From a letter received from Pine Bluff the following facts are gleaned relative to the case that was mentioned in the September number of THE JOURNAL :

* * * * *

“ You will please bear in mind, that whatever I may say about this affair, up to the time of my first visit, is *altogether hearsay*, but I consider it reliable. About the 2d day of July Mr. T. A. Keith consulted M. S. Moor, for what Moor claimed was an urethral stricture. I will here say Moor claims to be a doctor, but my information is he is only a practitioner, who advertises to cure “ strictures, piles and fistula in thirty days.” Moor proceeded to cut Keith's stricture, claiming there were three (3); I believe one near the neck of the bladder. I think the cutting was done in Moor's office. Considerable bleeding ensued, for the relief of which Moor injected into the urethra

and bladder six (6) drachms Monsel's solution of iron. This was followed by retention of urine and all the usual symptoms of inflammation of the urethra and bladder. Moor was compelled to quit the case, because he could not give relief and no regular physician would consult with him. The case fell into other hands, and on the 6th day of July, I was called to see Mr. K. He suffered intensely, except when under morphine, growing worse until the morning of the 9th, when he died with uremic coma. Post mortem showed cystitis, urethritis and all adjacent parts in a state of inflammation, adhesives, etc. I hope this, together with similar cases, will serve to open the eyes of our people."

* * *

Apples in Dipsomania.

Dr. R. B. L. Triplett (*Med. Bulletin*) calls the attention of the profession to a fact that he has been experimenting on for years, as follows :

I first noticed (he says) that those who were habitual drinkers of alcoholic liquors very seldom ate apples, and by applying this hint clinically, found that a diet composed largely of good, ripe apples (of the tartish variety, preferably), greatly diminished the desire for the accustomed stimulant. In truth, of late years, I always insist, when treating dipsomaniacs, that apples shall be taken with meals and between the meal hours, and find that where it is kept up the desire for alcoholic stimulants soon become *nil*.

I have used strychnine and other vaunted remedies in dipsomania, but have had more satisfaction, and much more brilliant results, from the apple diet than from any remedy in *materia medica*.

Would like other physicians to give it a fair trial and publish their results. Of course, other nourishment is given, only I insist that apples be taken as above. Some of my cases are those in good circumstances; others are those of the poorer classes—[*Medical Age*.

Wash Fruits Before Eating Them.

The following curious instance is reported by M. Schnirer of the ease with which tubercle bacilli may be disseminated. While at work one day in the laboratory of Weichselbaum he sent for some grapes to refresh himself with. The fruit had been kept up for some time in a basket outside the laboratory, and was covered thickly with dust, so that the water in which it was washed was absolutely black. On examining the water he reflected that, inasmuch as the neighboring street was traversed frequently by consumptive patients going to the clinic, the dust probably contained the dissicated sputa of these persons, charged with tubercle bacilli. To settle this point, M. Schnirer injected into three guinea pigs 10 cub. centim. of the water in which the grapes had been washed. One animal died in two days from peritonitis, the two others died on the forty-eighth and fifty-eighth days respectively, presenting marked tuberculous lesions, especially at the place of injection. The water in which the grapes had been washed was taken directly from the faucet, and the glass containing it had been sterilized; neither the boy who had brought the grapes, nor the merchant who had sold them, was tuberculous. Hence the cause of infection was beyond doubt the dust on the grapes. This experiment illustrates the danger arising from the dissemination of dessicated tuberculous sputa in the air. The conclusion is obvious: Wash grapes before they are eaten.—[*Journal de la Sante.*]

DR. OLIVER WENDELL HOLMES rarely says a dull thing; never a stupid one; his writings abound in bright "fetching" ideas. In "A Mortal Antipathy" the question comes up as to how a professional secret has leaked out, and in wondering as to the possibility of its having reached the gossips through the talkativeness of the physician's wife, he says: "*The worthy lady had forgotten the rule that a doctor's patients must put their tongues out, and a doctor's wife must keep her tongue in.*"—[*Dietetic Gazette.*]

The Coroner System in the United States.

Dr. Henry O. Marcy (*Jour. Amer. Med. Association*) advances for consideration the following :

To abolish the office of coroner.

To dispense with jury service.

To separate the medical from the legal duties in all cases involving the examination into the causes of death where crime is suspected.

To entrust the medical examination only to competent medical officers properly trained in their work.

To make the number of these medical officers as small as consistent with the proper discharge of their duties.

To consign all questions of law only to properly qualified legal magistrates.

To remove the appointment of these officers entirely from the question of political consideration ; and to be based only upon their possession of the requisite and proper qualifications.

Upon some basis of this character should the coroner's laws be revised. Much useless expenditure of time and money will be avoided, often great sorrow and anxiety will be prevented, and that which is of vastly greater importance, the ends of justice, will be far better served.

THE *Medical News* says : "The gastro-intestinal apparatus of the political Congressman must be more resistant to Washingtonian micro-organisms of drinking water than that of the medical Congressman, or the former would have voted a score of years ago millions to supply a less noxious quality of water. At one dinner party in the course of the recent Congress but four out of the large number of those invited were able to be present, and probably from 50 to 75 per cent. of those attending Congress were afflicted with a viciously severe diarrhœa." Hence, it does not think that Washington is adapted as an appropriate meeting place for medical conventions.

PHARMACY.

This Department is the official organ of the Arkansas Association of Pharmacists, and is under the charge of an editor elected by that body, to whom all communications relating to it should be sent. Address its editor,
MR. W. W. KERR, Batesville, Ark.

The Assay of Fluid Extracts.

The following processes for the assay of different fluid extracts are taken from a paper read by Prof. J. U. Lloyd, before the meeting of the American Pharmaceutical Association, at New Orleans :

SCHEME TO ASSAY FLUID EXTRACT OF GUARANA.

[Fluid extract of Guarana should assay from 3.00 per cent. to 4.00 per cent Caffeine.*]

In a flat-bottomed porcelain mortar with a good lip, mix 5 c.c. of the fluid extract with 2 c.c. solution of perchloride of iron, add sodium bicarbonate to it with constant trituration, until a stiff magma results. Abstract the magma by repeated triturations with chloroform, using first 20 c.c., and then three portions of 10 c.c. each, decanting them severally. (This excludes tannates, gums, albuminates, mineral salts, most vegetable acids and salts, and most coloring matters. The chloroform extracts the caffeine, and an insignificant amount of coloring matter.) *Throw the contents of the mortar away.* Mix the chloroform solutions and divide into two parts. (Reserve one portion for possible mishaps.) Evaporate the other part in a tarred dish. Weigh the residue, express in grams, and multiply the amount by 40, which will give the percentage of caffeine. The caffeine will be but a little colored, and will be crystalline. It should dissolve completely in chloroform.

Remarks.—If very pure caffeine is desired, dissolve the dry residue in chloroform, filter the solution, and wash the filter

*The alkaloidal percentages suggested in the following paper are designed to come within the yield that is feasible with good qualities of commercial drugs. In my opinion, the standard should not be established above the average shop product, and there should be an allowance for variation in manipulation and material.

paper well with chloroform, then evaporate it. This operation must be repeated if the caffeine is still colored. The testimony offered by the caffeine in the first chloroform solution is a better criterion of the caffeine value of the fluid extract than that of subsequent determinations, for the traces of impurity present therein are more than balanced by the caffeine wasted by the subsequent manipulations.

SCHEME TO ASSAY FLUID EXTRACT OF IPECAC, BELLADONNA ROOT, ACONITE AND NUX VOMICA. (a.)

Fluid extract of ipecac should assay.....1.50 per cent. natural alkaloid.
 Fluid extract of belladonna root should assay.....0.50 per cent. natural alkaloid.
 Fluid extract of nux vomica should assay.....1.50 per cent. natural alkaloid.
 Fluid extract of aconite should assay.....0.40 per cent. natural alkaloid.

In a flat-bottomed porcelain mortar with a good lip, mix 5 c.c. of the fluid extract with 1 c.c. solution perchloride of iron. Add sodium bicarbonate to it with constant trituration, until a stiff magma results. Extract the magma by repeated triturations with chloroform, using first 20 c.c., and then three portions of 10 c.c. each, decanting them severally. (This excludes tannates, gums, albuminates, mineral salts, most vegetable acids and salts, and most coloring matters. The chloroform extracts the alkaloids, mixed with some wax, resin and the fats.) *Throw the contents of the mortar away.* Mix the chloroform solutions and divide into two parts. (Reserve one portion for possible mishaps.) Extract the other part by rotating it in a bulbed separator with diluted sulphuric acid, (one part in fifty) using successively three portions of 10 c.c. each. (This acid water abstracts the alkaloids, leaving the fat, resins and wax in the chloroform.) *Throw the chloroform away.* (b.) Make the mixed acid solutions alkaline with ammonia water, quickly rotate in a bulbed separator, with three portions of 10 c.c. each of chloroform, abstracting the chloroform solutions severally. This abstracts the natural al-

(a.) The method, with slight variations, may be applied to the quick assay for other alkaloidal galenicals, detailed reports on which will perhaps yet be given by the author.

(b.) If the operator prefers the nitration method with Mayer's solution, this acid solution is ready, after the evaporation of the chloroform, for volumetric assay. I prefer to dry and weigh the natural alkaloid.

kaloid, forming a chloroform solution that is practically free from impurities. *Throw the water solution away.* Mix the chloroform liquids and evaporate in a tarred dish. Weigh the residue, express the amount in grams and multiply by forty, which will give the (practical) crude alkaloidal per cent. of the fluid extract. (This alkaloidal residue should dissolve completely in diluted sulphuric acid.)

SCHEME TO ASSAY FLUID EXTRACTS OF HYOSCYAMUS, BELLADONNA LEAVES, COCA. (c.)

Fluid extract of hyoscyamus, should assay 0.20 per cent. natural alkaloid.
 Fluid extract of belladonna leaves, should assay 0.40 per cent. natural alkaloid.
 Fluid extract of coca, should assay 0.50 per cent. natural alkaloid.

In a flat-bottomed porcelain mortar with a good lip, mix 5 c. c. of the fluid extract with 1 c. c. solution perchloride of iron. Add sodium bicarbonate with constant trituration until a stiff magma results. Abstract the magma by repeated triturations with chloroform, using first 20 c. c., and then three portions 10 c. c. each, decanting them severally. (This excludes tannates, gums, albuminates, mineral salts, most vegetable acids and salts, alcohol and most coloring matters. The chloroform extracts the alkaloids mixed with wax, some resins and chlorophyll and the fats.) *Throw the contents of the mortar away.* Mix the chloroform solutions and divide into two parts. (Reserve one portion for possible mishap.) Extract the other part by rotating it in a bulbed separator with diluted sulphuric acid (1 in 50), using successively three portions of 10 c. c. each. (This acid water abstracts the alkaloids and some chlorophyll, leaving the fat, resins and wax in the chloroform liquid.) *Throw the chloroform away.* (d.) Extract the mixed acid solutions by rotating in a bulbed separator with two portions 10 c. c. each of strong ether, severally abstracting the acid solutions from beneath. (This washing with ether separates the adhering chlorophyll.) *Throw the ether*

(c.) This process, with slight modifications, may be applied to the assaying of galenic preparations of other alkaloidal herbs.

(d.) The term "alkaloid" is used with reference to the mixed associated crude (amorphous and crystalline) alkaloids, regardless of their several therapeutical values. There is no question but that the establishing of crude alkaloidal standards is open to objections.

away. Make the mixed acid solutions alkaline with ammonia water, quickly rotate in a bulbed separator with three portions 10 c. c. each of chloroform, abstracting the chloroform portions severally. (This abstracts the alkaloid, forming a chloroform solution that is practically free from impurities.) *Throw the water solution away.* Mix the chloroform liquids and evaporate them in a tarred dish. Weigh the residue, express the amount in grams and multiply by 40, which will give the (practical) alkaloidal percentage of the fluid extract. (This alkaloidal residue should dissolve in diluted sulphuric acid.) (*e.*)

(*e.*) If the operator prefers the titration method with Mayer's solution, this acid solution is ready, after evaporation of the chloroform, for volumetric assay. I prefer to purify and weigh the natural alkaloid.

Standardization.

This subject has engaged the attention of thoughtful pharmacists for several years, and is really one of the living issues of the day. It is a sober, common-sense proposition, susceptible only of calm, dispassionate discussion, and yet, strange to say, like a war of the elements in a clear sky, some of our leading journals have lashed each other over it until they have lashed themselves into a frenzy. The question reduced to its last analysis is about this: Should our galenical preparations, especially the tinctures and fluid extracts, be reduced to a fixed, uniform standard of strength based upon the active principles of their sources?

As an abstract principle, the universal answer would be "yes," but as a practical scheme it might not be so unanimately conceded. The progress of medical knowledge in the direction of an exact science rightfully demands greater uniformity in the strength of its therapeutic agents, so that a given quantity of a certain remedy may always be expected to produce the same effect, wherever and to whomsoever administered, all the modifying conditions being equal.

The crude vegetable drugs and their preparations have al-

ways constituted the great right arm of the physician in his battles with the ills of the flesh, and yet in their use more than elsewhere he has been subjected to disappointments and failures by reason of the great variety in the strength of their contained medicinal virtues. Season, soil, climate, all enter as factors in the development of their active constituents, and the results must be as various as the causes. Hence, the only remedy is the fixing by the proper authority of a common standard of strength, to which they shall all be brought; but herein lies the difficulty. It is an easy matter to pass a resolution to "bell the cat," but to find a way to do it is more difficult. The progressive investigator is met just at this point by obstacles. The chemistry of vegetable life is yet comparatively in its infancy, and in many instances it is not definitely known what those active principles are; in others they are not readily separable, if at all, and in all cases assay processes of greater or less difficulty are necessary in order to obtain accurate results, which the pharmacist has not always the time, if even he has the skill, to perform. Much has been done, however, in this direction, and more will be accomplished, and it is fair to assume that the time will come when all such drugs as contain a definite, separable, active medicament, will be standardized upon the basis of that strength, and it is a result devoutly to be hoped and worked for, but it is useless to expect it until simple, practical assay processes are devised that are within reach of pharmacists in retail stores. A long step in this direction has been made by Prof. J. U. Lloyd, in his researches, as set forth in a paper by him read before the A. P. A. at its New Orleans meeting, and published elsewhere. If the methods there advocated prove to be reliable in the hands of the average operator, and applicable to a majority of alkaloid-bearing drugs, the way will be clear for the standardization of that class. The scheme is commended to the attention of our aspiring pharmacists in the hope that they will put them to a careful test and publish the results in this JOURNAL.

The Committee on Pharmacy and Queries

Have as yet had no intimation from any source that there will be any papers read at the next meeting of our Association. The time is rapidly passing and is even now short in which to make the necessary preparation, and we again appeal to the members to not only make up their minds *at once* to write for that occasion, but to inform the committee without delay that such is their intention. It is not necessary at the present time to announce the titles of the papers, but simply the fact that you will engage to write one; the titles will be called for later.

It has so far been thought best not to send out any list of queries for acceptance, but to leave each member free to select his own subject. It makes no difference if half a dozen should select the same topic, it will only the better ventilate it by presenting it from as many points of view. The only restriction the committee would suggest is, that the subjects be practical, and of a character calculated to educate and elevate the somewhat backward pharmacy of Arkansas; that the papers be short and pointed; and that they have reference both to the business and profession of the druggist. By way of hint, such subjects as the following might well have attention:

How to buy goods.

How far should the sale of kindred lines be encouraged?

What relation should proprietary remedies bear to the drug business?

Proper arrangement of drug stores.

Advantages of State associations, and the best way to make them interesting and useful.

The proper attitude of the druggist towards the physician, and the best way to secure harmony between the professions.

Is the establishment of a school of pharmacy in Arkansas a practical scheme?

How far are we justifiable in deviating from the U. S. P. in its requirements in making the various preparations?

Suggested improvements in those processes.

Criticisms on the National Formulary.

If there are any who feel that they cannot find anything to write about, or do not know anything to say, let them favor the committee with a question about which they would like information, and it will be our pleasure to secure some one to enlighten them.

W. W. KERR,
Chairman of Committee.

Association Meetings.

From the 20th to the 23d of October last the air in the vicinity of Louisville, Ky., was redolent with the odors of drugs, patent medicines, and murdered "cutters" and "calico druggists." At that time there met in convention the National Wholesale Druggists' Association, the Manufacturers and Proprietors' Association, the executive committee of the Interstate Druggists' League, and the representatives of the American Pharmaceutical Association, and several State associations.

The center of attraction of this coming together was the consideration of the price-cutting problem. All the parties at interest—the proprietors, jobbers and retailers—were brought squarely face to face and had their little say. The last named presented their grievances in no uncertain terms, and the outcome of the consultation was the adoption by both the National organizations of the plan formulated by the American Pharmaceutical Association, and heretofore published in these columns, with some slight modifications.

There is now, therefore, a solemn league and covenant entered into between all the parties concerned, in which the manufacturers and jobbers agree not to sell their goods to any but "druggists, wholesale dealers in proprietary preparations, and established agencies," nor to any of these (except at full retail prices) who may be on the "cut-off" list. The retail druggists agree on their part not to sell, or furnish to any on the "cut-off" list for that purpose, except at regular retail prices. They also agree not to substitute another article for the one called for on the contract list, and to furnish through the regular associations the names of any person violating this

compact. Any person violating this scheme is to be placed on the aforesaid "cut-off" list.

It remains to be seen how far this action will succeed in accomplishing the desired end. One thing is certain, it will require very close organization, and an immense amount of nerve to make it win, and its success will depend largely upon the retail druggists, but they have now a chance to show their hands, and they must do it or forever stop their mouths.

OUR Association is growing more rapidly in Helena than any town in the State. We have recently added two names to the membership here, and one of them a vice president. C. M. Davis, first vice president, was married on the 8th of October, to Miss Mary Anderson, of Warrensburg, Mo., and Oscar F. Jennings on the 27th to Miss Carrie W. Mitchell, of Dallas, Texas. This will insure the presence of two more at the Fort Smith meeting, we doubt not. Don't forget to bring your wives, boys, it will pay you, if for nothing else, to see the sorry look on the faces of the old bachelors, for instance, Kerr (of Van Buren, mind), Anderson and the Kodak man.

MR. S. A. MILLER, for several years in the drug business at Wynne, Ark., was compelled to resign his position there on account of ill health, and has been rustivating during the summer in Alabama. He has fully recovered, and is ready to accept another position. Any person wanting a good druggist, would do well to correspond with him at 206 S. 20th street, Birmingham, Ala.

D. W. HOLMAN has bought out his partner, and now does all the smiling for the concern across the counter at the old stand, Main street, Little Rock.

MESSRS. SAYLE & ASHBY have bought back their old stock on Main street, Little Rock, from Dr. Walters, and stepped into their old trade.

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Original Articles.

Report of the Committee on State Medicine—Continued.

BY B. HATCHETT, M. D., CHAIRMAN, FORT SMITH, ARK.

[Read in the Section on Practice at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29–May 1, 1891.]

Dr. T. A. McLarty, of Hempstead County, writes :

“ We have had about an average amount of sickness in this county during the past year. Malarial fevers have been mild. During the summer and fall of 1890, we had an endemic of typhoid fever in the southern portion of the county, limited to an area of eight or ten miles square. It did not appear to be complicated with malaria ; was confined principally to the white population. Diarrhœa and hemorrhage of the bowels were the worst complications. There were forty or fifty cases, with ten or twelve deaths. Cause of endemic unknown. Treatment was unsatisfactory. Mercury and quinine were injurious. The best treatment was the iodide. Iodide of potash, four grains every four hours, and bromide of potash, sufficient to keep the nervous system quiet. Dilute sulphuric acid did well in some cases, and fluid extract ergot did well in controlling hemorrhage. We have had a general epidemic of

la grippe this winter, mostly of rheumatic form. The best drugs I find for this disease are salicylate of soda in eight or ten grain doses every few hours, and whisky or brandy to be used as stimulants. The majority of cases of pneumonia that I have seen this winter are of the lobular form and hard to manage. Varicella and measles have visited us, but in a mild form."

Dr. J. H. Kitchens, of Craighead County, reports :

"Craighead county is about eighteen miles wide north and south, and forty-two miles long east and west. The west portion is located in Cache bottom, and is low and wet, and is very sparsely settled. The central portion is located on Crowley's Ridge, and is from fifty to one hundred feet higher than the other parts of the county. The surface is undulating, and is naturally well drained. The eastern portion is located in the St. Francis bottom, which is a continuation of the Mississippi River bottom, there being no hills from Crowley's Ridge to the Mississippi River, a distance of forty miles. This part of the county is partly wet, as in Cache bottom, but there are large bottoms of rich, sandy lands, and these are generally settled up. On Crowley's Ridge, the surface is sufficiently rolling to drain itself, except in creek bottoms. Where there are sandy lands the rain-fall rapidly sinks, but in the low, clay lands, the water stands, until the last of summer causes it to evaporate, and these parts are very sickly. The other parts are comparatively healthy. There has not been any effort on the part of the public to improve the drainage, or better the sanitary condition of the county in any way. The people in these bottoms live in very poor houses, and are poorly clad, as a rule, and no doubt these contribute largely to the bad health in these parts. The last two winters have been unusually warm and changeable. Malaria has something to do with almost every case of sickness in this part of the State, and quinia is beneficial in almost all diseases. The diseases that have prevailed during the last year are pneumonia, typhoid fever, the different forms of malarial fevers, intermittent and remittent, and several cases of the pernicious type; measles,

whooping cough and la grippe. All of the above diseases have been mild and easily controlled except pernicious malarial fever, pneumonia, la grippe and whooping cough. There were several deaths last summer from pernicious fever, mostly in cases who were taken very severe and sudden, and in cases which were developed from milder forms of malarial fever, and were very bad before the patient and friends were aware of the nature of the disease. Whooping cough came in for its part in causing the death of several of the above forms of fever; otherwise, it was very mild. La grippe has prevailed extensively, but in a milder form than last year, notwithstanding the number of cases were large. The large number of cases were due to the fact that the wind has blown from the east more this winter than usual. Whether the wind coming from off the large swamps between here and the Mississippi River brings germs with it which produce the disease, I will not attempt to discuss here, but it is a fact that when the wind blows from the east for two to four days, a large number of persons are affected with colds, and I have been told by people who come from West Tennessee and Mississippi that when the wind blows from the west for the same time, it produces the same effect there.

“Pneumonia has only been severe where it was a sequel or a complication of the influenza. The remedies that have been most satisfactory in their results, both in pneumonia and severe colds, have been the muriates and carbonate of ammonia, quinia, belladonna, and in some cases opium. Anti-febrine has been relied on to control the temperature more than all other febrifuges. I have used anti-kamnia to relieve the peculiar pains in la grippe, with good results so far; also, resorcin for severe headache in the same disease, with marked benefit in one or two cases.”

Dr. B. C. Goodwin, of Phillips County, says:

“That his is a flat and heavy timbered county, very imperfectly drained, and at this season, mostly covered with water. The diseases are generally such as are caused from malaria. There has been no epidemic or contagious diseases in this sec-

tion for the last twelve months, and there has been less sickness than usual for the past eighteen months.”

Dr. Adam Guthrie, Jr., of Van Buren County, states :

“During the past year an unusual amount of rainfall, with constant high waters, exercised its influence over the prevailing epidemic, influenza, causing it to prevail extensively, often inducing a violent form of disease, with a few fatal terminations. The epidemic sometime occurred as dengue, pain in the head and back extreme, with high fever and delirium. In many cases the head was drawn back with rigidity of the muscles of the neck, and other symptoms of meningial inflammation. In other cases, nausea and vomiting and irritable lower bowels, with tendency to diarrhœa were most marked features ; in other cases the respiratory tract was most affected, while still other cases showed sordes on the teeth, delirium, epistaxis, emetorism, and all the symptoms of typhoid fever. In many the parotid glands became inflamed and suppurated. Over 200 cases of the above form were treated in the vicinity of Quitman, with not over eight fatal terminations, most of them lasting from twenty-eight to sixty days. The treatment was varied ; opium was the most useful drug used. Sponges with tepid or cold water, neutral mixture with anti-febrine at times, and using aconite with spirits of nitre, and other similar measures. In some instances mercury, with chalk, was given ; in others, muriatic acid exerted a favorable effect ; alcoholic stimulants, with quinine and other tonics, were freely used ; sinapisms were applied as indicated.

“During the hot summer months, almost an epidemic of dysentery prevailed. It was successfully treated by saline cathartics, succeeded by opiates, and supplemented by the use of lemon drinks, sometimes using turpentine emulsions and other measures.”

The report from Little River County, by Dr. L. A. Sager, states :

“The surface of our county being level, and the altitude low, less than 400 feet—our prevailing diseases are directly traceable to malaria. In this county all intercurrent diseases

are more or less modified by malarial infections, and hence we exhibit cinchona alkaloids with heroism. At and in the immediate vicinity of Rocky Comfort, the upper cretaceous seems to afford some immunity to malarial infections. With this exception malarial diseases prevail to a greater or less degree throughout the year, becoming more virulent in the latter part of summer and fall. During the fall months we had a large number of cases of continued fever, which cases show greater thermometric fluctuations than is observed in typhoid fever in non-malarial districts. In a majority of these cases we observe distinct periodicity, and in the same class we oftentimes have enteric hemorrhage during the second or third week. I am firmly of the opinion that the clinical history of these cases justifies the assumption that the specific poisons which produce typhoid and malarial fevers combine, producing the hybrid typho-malarial fever. The toxic influence in excess, governing the pathology. I think the physician who withholds quinia in these cases deprives his patient of the most effective agent of his cure. In this country, at least, where the malarial element is in excess, expectant treatment will surely succeed in a high percentage of mortality. For the last two months we have had an epidemic of measles, imported from the northern counties of the State. The disease has usually been mild in character, a few deaths resulting from intestinal complications. We have likewise had influenza for the past two or three months, milder in form than the epidemic of one year ago, although in a large number of cases the attack is followed by prolonged prostration. I have succeeded in treating these cases as an ordinary bilious attack; *i. e.*, with mercury, quinia and alcoholic stimulants, better than with the so-called specifics, which have proven of doubtful efficacy in my hands. We have had no fatal cases of this disease *per se*, although a few elderly individuals have died from consecutive pneumouia. During the winter months the atmospheric vicissitudes and extreme humidity have been productive of rheumatism, producing exacerbations in chronic cases, as well as generating the disease *de novo*."

Dr. John P. Fletcher, writing from Lonoke County, says :

“Lonoke County is situated near the center of the State, twenty-three miles east of Little Rock. The town of Lonoke, the county site, has about 2000 inhabitants, and is 225 feet above sea tide. One mile north of Lonoke we have the sluggish stream, Bayou Meto, rising above and passing between Grand and Logan Prairies. This stream is full of decaying timber and other vegetable matter; usually ceases to run in June or July, leaving holes of stagnant water. North of this stream, from two to three miles, we find Grand Prairie, averaging nine miles in width and ninety miles in length. Still north of this we have a rolling land, well drained by small creeks and well timbered. In the several years that I have practiced medicine in this county, we have had no epidemics, excepting measles and scarlet fever, with complications of pneumonia, diphtheria and others of equal gravity. My experience in the treatment in this section is that in but very few cases is active or heroic measures advisable. The south half of the county consists of prairie and bottom lands. Three miles from Lonoke is a large and sluggish stream, Bayou Milo, a tributary to White river, full at all times of timber, vegetable matter, etc., the active cause of much sickness. South of this stream we enter a large scope of heavily timbered lands, very level, and possibly as rich as are in the South. This country is interspersed by slashes, ponds, lakes, lagoons, filled at all times with decaying vegetable matter, creating at times cause for disease and death. This portion of the county is owned by large planters who live elsewhere, and operate their lands with tenants' labor, who are supplied with mere hovels, a comfortable house being an exception in the country. The water supply comes from dug wells, varying in depth from twelve to twenty feet, usually filled to the top during the winter and spring months, generating all the filth that could be collected from surface water. I feel that if system could be had among the farmers as to drainage, with comfortable houses, and good cistern water, that the malignancy of disease in this country could be greatly lessened.

“As to treatment of disease in this portion, it must, of necessity be more active. We find the most malignant congestions, hæmaturia, with all its virulency and fatality. Each practitioner has his own views of its treatment. The above trouble prevails from May until October, then pneumonia, lasting from October until May. We seldom find a case of pneumonia that is not complicated, generally with malaria. We also have another disease here that I never met with elsewhere. For the want of a better name, we call it marsh pneumonia. The disease is generally ushered in by a well pronounced chill, the temperature going up to 103 to 105°; respiration hurried and labored; upon auscultation and percussion, we find dullness and subcrepitant rals—patient seldom complains of pain—with but little cough, but general distress upon the face.”

In his report from Cleveland County, Dr. S. R. Cates writes :

“Malarial fevers were more prevalent here during last summer and fall than for the two years just preceding. While we had a few cases of pernicious and hæmorrhagic malarial troubles, most cases were of a remittent type, ending in recovery. This increase in malarial diseases was undoubtedly due, in a great degree, to the large amount of timber being cut by the lumber men. The number of diarrhœas and dysenteric troubles were less than for three years past. The summer was dry, and vegetables and fruits of all kinds scarce.

“The troubles of children have been due largely to errors in diet, or to impure drinking water. Many families here never use milk as an article of diet. Young children and infants are fed on salt pork and potatoes, or bread and sorghum, and often allowed to eat raw vegetables and unripe fruits. Salol acts well in most cases due to the above causes. Acute dysentery that came late in the fall, was due, in most cases, to malaria and exposure. Three cases proved fatal, all in women over 70. Late in the fall, and during the winter, we had a dozen or more cases of well marked typhoid fever—most cases occurring around saw mills, and traceable, usually, to drinking water. A large number of mills are located in

this county, the hygienic surroundings of which are usually very bad. They are all built on low ground where a supply of water can be had. At or near the mill is always a large well or tank, from which the water is pumped to the engine. This well or tank furnishes the drinking water for the men while at work. The dwelling houses and stock stables are usually built around the mill on higher ground. The various excreta are thrown out to be washed by the rains into the low ground around the mill, making a rich breeding ground for typhoid and other germs. The water from these wells and tanks shows a very large amount of organic matter.

"During November, and the early part of December, we had an epidemic of simple, acute and membranous pharyngitis. One death is reported, in a case probably complicated by laryngismus stridulous and œdema of the glottis, coming on suddenly after the child was supposed to be convalescent. Most cases did well under laxatives, guyac, wine of cocoa and permanganate of potash, a solution of the latter being used only as a wash. Peroxide of hydrogen acted well as a local application in all cases where used.

"Influenza came as an epidemic early in January, and remained until the last of February; was fatal only in a few cases of old persons. Antifebrine and salol have seemed to act best in cases characterized by high fever. In cases with severe neuralgia, salol and phenacetine seemed to give the best results. Pneumonia was less prevalent the past winter than for the last two winters just preceding, and most cases have done well with salol and phenacetine as antipyretics, and carbonate and iodide of ammonia as expectorants.

"We are now in the midst of an epidemic of measles; some cases have been followed by attacks of acute dysentery, others by acute bronchitis; a few deaths are reported from the latter complication. Apomorphia in small doses, given during the dry stage has given good results in all forms of acute bronchitis."

[To be continued.]

The Use of Electricity in Gynecology, With Report of Cases.

BY D. J. PRATHER, M. D., LITTLE ROCK.

[Read in the Section on Surgery at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29-May 1, 1891.]

That we have a valuable agent in electricity in diseases of females, I do not question. The following cases will indicate, in a limited degree only, the value of it, the kind of current to be used in certain conditions, and the results sometimes obtained from it.

CASE I.—*Menorrhagia for a year.*—Menorrhagia with menorrhagia, for six months, from fungus degeneration of the mucus membrane, relieved at once, and so remained, by the use of intra-uterine applications of the faradic current, often repeated failures by the usual methods of treatment.

The age of this young lady was 18. Menstruation commenced at 13 or 14, remained normal until a year and a half ago. Family history not good. Her appearance indicated a pre-disposition to tubercular disease. She is a brunette. Menorrhagia came on so slowly that it was difficult to fix the date of departure from the normal flow, and it continued to increase until it was metrorrhagia. This condition had existed six months when I first saw her. She was then quite pale, anemic, feeble. Her history did not justify the use of iron, ergotine, hydrastin, strychnine, etc., longer. They had been, no doubt, faithfully given, so I gave them only three days, without any effect in checking the flow. I expected to find a bleeding polypus, but I did not. The os was patulous; no pain on pressure anywhere to be found in the pelvis; the uterus anteflexed, soft, not the hardness of a normal uterus. I first curetted and applied carbolic acid and iodine. No benefit on the third and fourth days. On the afternoon of the fourth day I applied for the first time the faradic current to the uterus to the extent of firm uterine contraction without pain to the patient. The hemorrhage stopped almost at once and was

not troublesome nor noticeable after the first application. This current was used from the 14th of February to March 21, 1890, making only six or eight applications, most of them during the first two or three weeks of the treatment, one every third day.

Cod liver oil with the comp. syr. hypophosphates with saline cathartic, were the other agents used. The results were all that could be desired. Menstruation returned in due time and has been normal up to date. About a year ago she received the treatment.

CASE II.—*Dysmenorrhœa for five years.* Antelexion, cervicitis, endometritis, stenosis of the internal, os producing mechanical obstruction, external os patulous, and bleeds freely and easily, benefited by the use of negative intra-uterine cauterizations and general galvanization to spine; and up to date, permanent relief secured by using Outerbridge's wire stem pessary.

Her age is 21; single. Menstruated first at 13; quantity always small, but free from pain until 17 years old, at which time she received a fall which she thinks caused all her trouble. Family history good; weight at 17, 130 pounds; has had chills and fever, particularly at or near her menstrual periods, for several years; dysmenorrhœa since her 17th year. Her relief from acute pain, with cramps in bowels, followed the expulsion of a few dark clots of blood, after which came the leucorrhœa. Such has been her history for more than six years. Her treatment has been directed to the malarial element in her case, and dysmenorrhœa. On the 26th of August, 1890, I first saw her. She had one of her "cramping spells," after which she had remittent fever for ten days. After this, I gave her iron, quinine, strychnine, arsenic and galvanism to the spine, and also to the back and bowels, with large electrodes, every third day, for a month. A general improvement followed, but no relief to dysmenorrhœa came. This was increased, if anything. Local treatment proposed and refused. While in much pain during the next period, she consented to

it. I found anteflexion, cervicitis endometritis (external os patulous, and bleeds easily), and stenosis at the internal os.

Treatment.—Intra-uterine negative cauterizations two or three times a week for the next two months. Improvement, but not altogether relieved of dysmenorrhœa. Dilated the internal os once and applied carbolic acid and iodine. This caused so much pain in bowels and soreness that it was not repeated.

After a week the electrical treatment continued. Great improvement at next menstruation. All treatment discontinued for two months, except the comp. syr. of hypophosphates. Dysmenorrhœa better during the first, but no improvement during the second menstruation, at which time she had a chill. General treatment, iron, manganese, strychnine, quinine, hydrastine, arsenic, aloes and podophyllin, with negative intra-uterine cauterizations. At this time I introduced one of Outerbridge's wire stem pessaries—really a wire cervical dilator—which kept the internal os opened; good drainage thereby secured, and, so far, permanent relief has followed. No leucorrhœa, no dysmenorrhœa, no chills; weight 125 pounds. This improvement has been continuous for two months. Electricity has been given once or twice a week, and the wire drainage tube removed, cleaned and replaced. Under this treatment yet.

CASE III. Nervous dysmenorrhœa with retroversion and retroflexions with laceration of the cervix; hysterical insomnia. Relieved by general galvanization to spine and negative intra-uterine cauterizations, repeated six or seven times.

History: Married seven or eight years; had several children and several abortions; no impregnation during the last two or three years, during which time she has been in bad health. Her family history is good; her general appearance is that of health. Her insomnia is very troublesome; thinks she will die of heart disease; pulse good and regular; no abnormal heart sounds; she is easily excited. I thought the cervix should have been stitched. It was not done, however, and the electrical treatment commenced, consisting of its application twice a week with results indicated.

Some of the More Frequent Emergencies in Obstetric Practice, With their Appropriate Treatment.

BY T. D. NICHOLS, M. D., CLARKSVILLE, ARK.

[Read before the Johnson County Medical and Surgical Association, Nov. 2, 1891.]

In attending on the ordinary duties incumbent upon the accoucher, in normal parturition, the physician is impressed with the fact that there is so little for him to do. Indeed, the rule is so well established in favor of a refrain from much of the extraneous, so-called, assistance formerly rendered in these cases, that now any deviation from the rule, in the way of oft-repeated and useless manipulation, is classed as "meddlesome midwifery."

But there are instances occurring, of more or less frequency, in the experience of every obstetrician, where nature goes astray and the lives of two or more individuals are at once placed in jeopardy, and are rapidly approaching a period of extreme peril. In these exigencies the expectant plan of treatment must be abandoned, and a vigorous, aggressive policy set up in its stead. Just in proportion as it is wrong for the doctor to make frequent digital examination per vaginam, and to do other things that are worse than useless in ordinary labor, is it reprehensible for him to sit idly by, and see the fleeting moments speed away when he might interpose an intelligent effort and save human life.

It is not my desire to lay down new and arbitrary rules of procedure in the management of the few emergencies in obstetric practice that I shall present for your consideration. But if I can succeed in clothing some old ideas in new language, that may serve more firmly to impress established principles in your minds, I will have accomplished my purpose.

In childbirth the normal presentation of the fœtus is that of the vertex; and of the four principal vertex presentations the one of greatest frequency is that called "The left occipito-ocetabular presentation," or the one in which the oc-

ciput of the fœtal head will be found resting, at the beginning of labor, against the pelvis of the mother, nearly opposite the left acetabulum

With a vertex presentation, and other favorable conditions, we confidently expect the labor to be terminated in safety, both to mother and infant, by the involuntary powers of the mother alone. But there are some irregular or abnormal presentations of which I wish to speak, which when encountered by the physician will call for his best skill and most determined action.

BROW OR FACE PRESENTATION.

There are several varieties of this irregular presentation, but as the management of all of them is conducted with the same end in view—that of modifying, or attempting to modify, as much as possible the features of the case so as to bring the narrowest attainable diameter of the fœtal head to enter the brim of the maternal pelvis, and to pass into the superior strait, I shall direct attention more particularly to the positions of the fœtus, in which the crown of the head is directed to one or the other ilium, and the brow is felt above the pubis, as these are by far the presentations of most frequent occurrence in this class.

As the case progresses, the brow will impinge against the pubic arch, and being arrested in its progress the face will gradually enter the superior strait. Our efforts should be directed toward facilitating this movement by pressing, during the pains, against the brow so as to arrest its passage under the pubic arch, until the occiput has advanced to a point where it will be forced, by the expulsive contractions of the uterus, to fall into the hollow of the sacrum. We will now have it in the best condition, under the circumstances, for a favorable termination of the case. When the head begins to distend the perineum to a considerable extent we should press firmly and steadily against the perineum, directing the head upward and forward, and at the same time we should facilitate the passage of the chin from under the pubis by introducing our finger gently into the fœtal mouth and bringing the chin forward un-

til it makes its exit. By this latter movement we will materially lessen the diameter of the advancing head and will reduce to a minimum the danger of lacerating the perineum, which is here present to a marked degree. And with the liability to the occurrence of this accident constantly in mind at this juncture, the fœtal head should be continuously lifted forward and the perineum supported until the head has completely cleared the vulva.

SHOULDER PRESENTATION.

Of this abnormal presentation there are also four principal varieties recognized, and they are designated by names which indicate the relation in each of the fœtal scapula, to the anterior or posterior aspect of the mother's pelvis, as right or left scapulo-pubic, and right or left scapulo sacro-iliac.

Palpation, skilfully guided, with the requisite knowledge of the fœtal anatomy, cannot fail to at once reveal this presentation to the obstetrician. The well-rounded contour of the shoulder, the exilla, the scapula and the ribs of the fœtus, all suggest a correct solution of the case. The nature or fact of a shoulder presentation should, if possible, be fully recognized prior to the rupture of the membranes, and the escape of the liquor amnii, for upon this early knowledge will much depend the ease with which the accoucheur will be able to effect the changes necessary for a successful issue of the labor. As it would be utterly impossible, under ordinary conditions, for the fœtus to be extruded from the mother, with a shoulder coming down first into the pelvis, it behooves the physician to proceed as early as may be practicable to make the requisite changes.

It was formerly regarded as practically impossible to convert a shoulder presentation into one of the vertex, but it was demonstrated some fifteen years or more ago, by Prof. M. B. Wright, an obstetrician of some eminence, of Cincinnati, Ohio, who died a few years since, that by using proper manipulative skill, its accomplishment was altogether feasible. In my practice, and with the few shoulder presentations that I have encountered, I have not found an instance that would admit of the delay necessary in attempting to carry this rectification

into practice. Prof. Wright's plan in detail is to place the woman in the genupectoral position, and then introducing his hand well into the vagina, the obstetrician should press against the presenting shoulder with sufficient force to carry it well up into the uterus, away from the os, and by correct manipulation, to induce the head which has been pressed against the other shoulder to become straightened, and of its own gravitation to fall into and to occupy the position vacated by the receding shoulder. In theory this is a very nice procedure, but I apprehend that its accomplishment will rarely be effected, save by those who, like the distinguished advocate of the method, may possess more than the usual share of obstetric skill.

The orthodox manner of treating this difficulty is by podalic version. To accomplish this operation with the greatest possible ease, it will be necessary for the accoucheur to introduce his hand fully into the uterus immediately after the rupture of the membranes, and before the escape of the liquor amnii, the hand and arm acting as a dam to retard its flow, and then carrying the hand gently toward the fundus uteri, the legs of the fœtus should be found, and one, or both, if possible, should be firmly grasped and brought down and out through the os-uteri, vagina and vulva. The case will now be one which in general acceptance is termed a nates presentation, and one which ordinarily is attended with but little if any more danger to the mother than is the vertex presentation. The subsequent management of the case is conducted in the same manner as if it had been an initial nates presentation; *i. e.*, by patiently waiting until the uterine contractions shall have effected the expulsion of the fœtal body. But, just at this juncture, after the body of the fœtus has been delivered, we often find a condition supervening which at once puts the life of the infant in extreme hazard, and which, if left to the powers of nature unaided, will in many instances result in its death. I refer to the period of uterine inertia, which often follows the expulsion of the body, and while the head still occupies the vagina and the lower segment of the uterus. During this suspension the cord is pressed upon to such a degree as to shut

off circulation through it, and unless the head is quickly delivered, the infant will be found on the completion of its birth hopelessly asphyxiated.

The most efficient means of which I am cognizant for effecting the rapid and timely delivery of the head in such a crisis is for the physician to place himself by the side of the woman, looking toward her feet, and then grasping the foetal head through the abdominal wall of the mother, it should be pushed steadily, firmly and rather rapidly forward until it is extruded from the vulva, and at the same time while this measure is being consummated, an assistant should support the infant's body and raise it well up from the bed, thereby facilitating that curvilinear movement of the infant's head by which it sweeps forward over the perineum, in its exit from the vulva. By attending closely to the detail of having the infant supported and raised properly at the opportune time, we will greatly lessen the risk of rupturing the perineum.

POST-PARTUM HEMORRHAGE AND HEMORRHAGE ATTENDING
ABORTION.

Some women seem prone to post-partum hemorrhage, in every labor after the first one. The writer has had several opportunities of observing this habit. I once attended a woman in confinement who had suffered five almost fatal hemorrhages in as many labors subsequent to her first delivery. Her last two child-births were conducted by my esteemed and distinguished former associate in practice, Dr. J. S. Shibley, of Paris, this State. He informed me that the labor in each case was normal, and that it was immediately followed by a degree of flooding which came near ending in the death of the woman. Learning that I was expected to attend this woman in her near approaching confinement, the doctor kindly gave me her history, and to his valuable suggestions, I feel that I am indebted for the fortunate issue of the case. When called to attend her, being fully apprised of her history as touching post-partum hemorrhage, I watched the case closely, and with more than the usual solicitude. The labor was normal, easy and expe-

ditious. Immediately preceding the birth of the infant I gave the woman a drachm of the fluid extract of ergot, together with a fourth of a grain of the sulphate of morphine, and an ounce of rectified spirits. As soon as the infant was born I grasped the uterus through the abdominal parietals with both hands, and made firm and unremitting pressure upon its fundus and body, from above downward, until the placenta was expelled, and the uterus had contracted into a hardened ball, and had remained in this condition of safety for at least half an hour. More than once during my persistent effort in the case did I feel the uterus expanding, as the blood filled and distended it, but by renewed and more vigorous pressure the clots were forced out, and the womb assisted in maintaining its contraction. Such in brief is the plan that I would recommend as an excellent one to prevent or to control post-partum hemorrhage. The ergot, and the morphine, and the spirits, meet the indications for general and specific stimulation, while the steady, uniform and skilful compression of the uterus, assists nature in "holding her own."

For the purpose of this paper I shall limit the term abortion to those cases in which the fœtus and the secundines are extruded from the uterus anterior to the period of viability, and more particularly will my remarks apply to instances where the accident occurs after the second or third month of fœtation, when the embryonic stage is passed and the placenta has been developed.

There are few physicians of considerable experience in general practice, who have not dealt with a number of cases of alarming hemorrhage in connection with abortion. Indeed, it may be truly affirmed that a majority of the cases in point, are ushered in with a gush of blood from the uterus. This symptom usually results from some slight accident, as a fall, a light blow upon the abdomen, or a jar, by which a little blood-vessel of communication between the placenta and uterine wall is ruptured, thereby causing an extravasation of blood, and a partial separation of the placenta from its uterine attachment. Under such circumstances, we may confidently

expect hemorrhage of more or less violence and danger until the uterus is completely emptied of its contents. The duty of the attending physician in this emergency is obvious. If the flooding is profuse, he should not trifle with the case by delaying efficient action while he administers the so-called preventives, such as black haw, opium, ergot, gallic acid, etc., with the hope that the hemorrhage will cease, and that the woman may go on to term; for such a hope will almost invariably prove fallacious.

The tampon, properly applied, will be found the most efficacious means of arresting the flow of blood from the uterus; and while its firm pressure against the os-uteri will act as a stopple to close the outlet and to prevent hemorrhage, its presence, acting as an irritant to the nerves of the os and cervix uteri, will cause more energetic uterine contractions, and a much more rapid expulsion of the contents of the uterus.

The tampon is best made of fine, clean wool, which should be rolled into balls about the size of a hen-egg. After being dipped in a one to one thousand solution of mercuric-chloride, and the solution squeezed out of them, they should be introduced successively into the vagina until that canal is well filled, care being taken to carry the first ball well up against the os-uteri. Wool is much to be preferred to cotton, because it retains its elasticity, not collapsing, as does the latter, when wet.

The tampon should be removed, usually, in from three to six hours. When removed it will frequently be ascertained that the whole of the uterine contents have been extruded and are lying in the vagina awaiting removal.

If when the fœtus has been removed the placenta should be retained within the uterus, the physician, after disinfecting his hand and lubricating it with vaseline, should introduce it into the vagina, and while with the other hand the uterus is pushed low down into the pelvis, one or more fingers should be passed into the womb and the placenta should be gently peeled off, and when this desirable end is attained the hand should be withdrawn, bringing with it the secundines, together with any blood-clots that may be present. The obstetrician will surely lay himself open to just criticism and censure if in such a dilemma as the foregoing, he should leave the woman without clearing the uterus of its entire contents.

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Editorial.

SHOULD PHYSICIANS DISPENSE THEIR OWN MEDICINES?

Elsewhere in this issue of THE JOURNAL is reproduced from the *Medical News*, a carefully written editorial in which the affirmative of this question is most forcibly set forth. The arguments presented by the *News* are worthy of the most careful attention of physicians and will undoubtedly attract much favorable comment.

While admitting the force of the several arguments so ably urged by the *News*, there are certain evils connected with the practice that physicians ought to consider well before laying

in too large a supply of "these marvellous little triturates, discs, pellets, tabloids or alkaloids."

One of the most serious detrimental habits into which physicians are liable to be led by dispensing their own medicines is that of routine prescribing. There are already too many broad paths to such an easy going—to the physician—custom. Not being able to carry a full stock of medicines, physicians who carry lilliputian pharmacies in their buggy cases would be constantly tempted to prescribe the combinations they have with them instead of availing themselves of the fully equipped stock of a competent pharmacist. The ointments and liniments would certainly have to be prescribed; so also would many of the cough mixtures and other bulky prescriptions, such as cod-liver oil, etc.

It certainly would "*save the patient money and trouble,*" and this should be the desire of the doctors. But it would in many cases add additional loss to the physicians; because, whereas under the system of prescription-writing they would only lose the time and labor spent on those who do not pay for them, they would, under the plan of furnishing medicine with the advice, have to give also that for which they had spent actual cash.

It is true that "*the ordinary mortal finds it hard to pay for simple advice*" (when obtained from a physician), and the very practice of furnishing the medicine with the advice would naturally tend to create the impression in the minds of patients that it is the medicines they are paying for instead of the skill and experience of the medical adviser. The habit of dispensing their own medicines is the one which more than all others leads the doctors in the smaller towns and in the country to opening drug stores, and combining the practice of medicine with the sale of drugs and patent medicines.

"In emergency cases and in severe forms of acute disease, time is saved and the disease more effectually withstood by the immediate administration of the needed remedy."

Every physician should have at all times and particularly for night use an emergency case containing a supply, as complete

as possible, of the agents generally used in cases of poisoning, convulsions, hemorrhages, extreme high temperature, etc.

Is it probable that “*the accidents of prescription-writing and of prescription filling*” would be lessened, while at the same time (with proper care and watchfulness our laboratory preparations) “*the efficacy and physiological effects of drugs*” would be “*assured?*”

The old adage about the two heads being better than one is as often exemplified in the relation of pharmacist to physician as in any of the walks of life. The education of every competent pharmacist is largely devoted to a subject for which he has no practical use except to detect and correct the mistakes of physicians in writing prescriptions. If then the doctor is so liable to error in writing a formula which he has the opportunity of reading, revising and correcting, how much easier is it for him to take the wrong bottle from the many in his case and leave for his patient a medicine that may prove fatal. The druggist prepares prescriptions in a place especially prepared for the purpose, remote from the excitement and disturbing influences incident to a sick room, where the physician, answering a thousand and one unnecessary questions put to him by solicitous relatives and friends of the patient and the numerous callers, and with the pet dog under his chair, several small children climbing to his lap, playing with his watch chain and trying to get his thermometer, writes his prescription and—makes a mistake, which, but for the happy medium of the prescriptionist, would have been fatal.

The physicians would have to depend for their medicines on the same sources as those from which druggists obtain theirs, and the deficiencies of the home pharmacists could be more easily corrected than if the physician supplied himself from a single establishment hundreds of miles from home.

As to lessening “*the evils of hospital abuse, drug-store doctoring, the system of druggists’ commissions and of counter-prescribing,*” the question may be asked: Who is responsible for these abuses?

Physicians have charge of the hospitals. Physicians do the

drug-store doctoring. Physicians receive the commissions. Is it reasonable to suppose that these abuses will be corrected by those who either permit them or enter into the combinations for pecuniary gain?

The druggist does the counter-prescribing. The physicians who permit their prescriptions to be compounded at stores where such evil acts are tolerated, complain about them to each other instead of demanding discontinuance of such methods, and there the matter ends.

As far reaching as the pernicious counter-prescribing is, its evils are greatly over-estimated. The man who goes to a druggist with the intention of spending twenty-five cents for medicine, will not be easily persuaded by the druggist to consult a physician. He will either go from store to store until he gets a remedy recommended by the druggist, buys a patent medicine on his own judgment, or, far more likely, meets a dozen or more friends on the street, any one of whom can suggest an infallible remedy for his ills.

One other objection to physicians dispensing their own medicines may be mentioned: It would give their patients better opportunity to observe and note the remedies used, and thereby increase their desire to use such remedies in supposed similar cases. Since the introduction of the convenient calomel tablet and quinine capsules, there is hardly a family that does not keep them on hand, and there are few cases where they have not been used in combination with some antipyretic or febrifuge before the family physician is called.

The most feasible method for physicians to adopt in dispensing their own medicines, is to have in connection with their offices, their own dispensaries, in charge of thorough pharmacists employed by the physicians to dispense their prescriptions. Where one physician's practice is not sufficiently large to justify such an adjunct, he might combine with two or three others, and have the dispensaries conducted on the same plan.

The editorial of the *News* will repay careful reading and consideration and ought to receive it. So ought the other side

of the question. If by mutual concessions and a better understanding of and consideration for each other the professions of medicine and pharmacy can improve and make satisfactory their relations it may be just as well to continue in the good old way, at least until the doctors get to be much better and the druggists much worse than either seem to be at the present time.

EDITORIAL NOTES.

—THE MEETING OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION held at Richmond last month was very successful. Dr. J. McFadden Gaston, of Atlanta, was elected president.

—DR. T. D. NICHOLS, who removed from this State to California several years ago has returned and is now located at Clarksville. It is related that in days gone by on one of the doctor's long, weary rides, he had occasion to cross the Arkansas river and while waiting for the slow ferry quenched his thirst with water from that stream. Of course it was inevitable, after that act, that he could not remain long away from his State. He is an acquisition to the State and to the flourishing town of Clarksville.

The State Society.

Committees.

The following appointments complete the committees for the ensuing year :

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County Societies.

[The Scientific Proceedings of County Societies are requested for publication in this Department.]

Sebastian County Society.

RESOLUTIONS OF RESPECT TO THE MEMORY OF DR. R. B. KING.

WHEREAS, In the ways inscrutable of the all-wise providence of our Divine Master, He has taken to Himself our lamented fellow-worker, Dr. R. B. King; and

WHEREAS, We, the remaining members of the Sebastian County Medical Society, feel that we have lost one who was true to his profession and most worthy of respect; therefore, be it

Resolved, That conjointly with his family and relatives—whom may God protect—this Society, the profession at large, our city and State, have to mourn the departure of an ever gentle and kindly nature, whose accomplishments only served to make him have the more humility. May the good shown in his life be ours to emulate.

Resolved, That as a society we extend the sympathy that each of us feels, to his sorrowing widow and children, his aged mother and relatives.

Resolved, That these resolutions be spread upon a memorial page in the records of the Society, and that copies be sent to his family and be printed in the papers of this city and Little Rock.

G. W. SMITH, M. D.

D. T. JOHNSON, M. D.

GEO. T. HYNES, M. D.

Roll Call of Counties—Continued.

Fulton?

Garland?

Grant?

Fulton County is on the northern frontier of the State adjoining the State of Missouri. Until within the last few years it had neither a railroad, or important town and but one or two regular graduates. Now with its railway and noted commercial town, Mammoth Springs, there ought to be a sufficient number of qualified doctors to organize a society. The State Society has one member in the county who will either organize a society or tell us the reason he cannot.

With all its ups and downs, the county that contains the famous Hot Springs, has for several years maintained a medical society. The State Society is ever ready to extend a helping hand to assist the Hot Springs doctors in their medical organization and in their warfare against the unethical robbers who infest the Springs, and make the life of the regular physician a burden. But the most puzzling question to non-residents is, why don't all the regular physicians get together and work in a body for the welfare of the profession?

A house divided against itself will surely fall, and as long as questions of minor importance are permitted to interfere with the friendly relations of the reputable physicians, it cannot be expected that much will be accomplished towards subduing the common enemy.

Grant County is just south of Pulaski and west of Saline.

There are not in the county five graduates, consequently no society could be maintained. But the roads are good in summer when the State Society meets, and Grant ought to be represented in that body.

Miscellany.

Physicians Should Dispense Their Own Medicines.

[Editorial in the Medical News.]

BECAUSE :

1. *Chemical and pharmaceutical science and art have reached such perfection that it is now possible and even convenient to do so.*

In former times, in order to get the physiological actions and therapeutical effects of a drug it was necessary to give large doses, the essential principle being mixed with large quantities of neutral or alien matters. The impossibility or inconvenience, therefore, of carrying with one an outfit of medicines sufficient to meet any emergency that might arise, differentiated the professions of medicine and pharmacy, and created a dependence of the physician upon the druggist that at the present time, and under changed circumstances, is working an injury to the medical profession. It is today possible to carry in one's vest pocket a supply of concentrated alkaloids and extractives of all the chief articles of the modern *materia medica* amply large and sufficiently varied to cope with all ordinary cases of disease that one may be called to see. Pharmacological science has of late made wonderful progress, and the richness and diversity of the elegant preparations made by the best laboratories excite genuine surprise and praise. To hand the patient the day's supply of these marvellous little triturates, discs, pellets, tabloids, or alkaloids, is less trouble than to write a prescription.

2. *It saves the patient money and trouble.*

And why should we not desire to do this? To the vast majority of patients the question is one of great importance. The druggist's bill is doubtless small enough, but it is often unnecessary. Not only the very poor, but even those not poor, feel sufficiently the loss of time and labor incurred in the course of any illness; the worry and care are poignant enough without the unnecessary addition of the apothecary's charge. The interests of patient and doctor are closer than those of doctor and apothecary, and our solicitude for the patient may reasonably be extended to such pertinent things. The sacrifices of loved ones for their sick constitute one of the most pathetic of the many things that touch the heart of every sympathetic practitioner. It is but the simplest duty to spare them a useless addition to the burden.

The druggist must charge about the same for the filling of a prescription either for a small or a large quantity of medicine. In acute diseases one kind of medicine is required for but a few doses, when a change is demanded. There is a rain of new prescriptions, much expense and trouble is caused the patient, and the accumulation of bottles of unused medicines, produces malevolent suggestion and discontent. All this is different when the day's supply is given with the day's visit. The plan also adds but the slightest amount, or none at all, to the physician's expenses. These preparations are almost absurdly cheap. Even if no additional charge be made, the increased practice resulting would fully compensate the little and temporary increase of professional expense.

3. *The ordinary character finds it hard to pay for simple advice.*

The average person, and even many of the best of our patients, feel some resentment when called upon to pay for advice pure and simple. In matters non-professional everybody is so more than willing to give everybody else the article wholly gratis, that to many it seems like impertinence to ask payment even for the medical variety. The quack, with his unrivalled scent for the foibles of human nature, has profited by this fact, and even if he give, only smells and oceanic dilutions of an es-

sential principle, the medicine, or supposed medicine, is given—*with* the advice, and the patient is grateful for getting *something* for his money. Among the little things that, as causes of professional success, we in our short-sightedness are prone to overlook, this little factor has doubtless been wondrously effective in biasing the minds of many patients for so-called homeopathy. Placebos and imagined therapeutics form the essential element of many a hoary and tattered medical joke, and the corresponding psychological fact must be well rooted in human nature. It therefore obtains that even if no more worthy and weighty reason existed, one might gladly throw this innocent sop to Cerberus. But, happily, better reasons do exist.

4. *In emergency cases and in severe forms of acute disease time is saved and the disease more effectually withstood by the immediate administration of the needed remedy.*

Every practitioner knows that in many cases greater promptitude in the administration of the medicine would be a decided gain in the control of the disease. Doubtless many a critical stage has been passed in which life might have been saved had the needed drug been at hand and immediately given. The trip to the pharmacist and the *de novo* preparation of the compound by him (already prepared and in a hundred forms already present on the druggist's shelves!) waste valuable time. In country practice, especially, this is a very important consideration.

5. *The accidents of prescription-writing and of prescription-filling are lessened, while at the same time (with proper care and watchfulness over laboratory preparations) the efficacy and physiological effects of drugs are assured.*

It needs no mention of the self-evident fact that if prescriptions are not written, there will be no mistakes made in writing them, in reading them, or in compounding them. The frightful accidents almost daily happening, the sorrow, and the medico-legal misery consequent thereupon, would not exist. A physician would hardly make a blunder in giving the drug himself, and the possibility becomes almost *nil* when we recollect

that the dose is parcelled out and labeled in the pharmaceutical workshop and with an accuracy unapproachable by the apothecary.

It would follow, that to have trustworthy assurance of standardization, solubility, etc., the medical profession should be able to certify to its members the preparations of certain manufacturers as reliable. At present there are a number of manufacturers whose products are beyond suspicion. A plan should be agreed upon by the two interested professions whereby the desired guarantee could be given, watchfulness secured; and the dangers of commercial avarice averted.

There would necessarily follow—and indeed, it should long since have been routine—that medical students should be instructed in the values and varieties of these preparations, and before graduation should become entirely familiar with them. The elder teaching of *materia medica*, the medieval pottering over botanical and laboratory trivialities, must give way to civilized ways, and to the *knowledge of the use of finished products*. The pharmacologist and the chemist are noble allies and helpers, but they are not physicians, nor, if excelling in their work, have they time to be. Neither has the clinician the time to do their work. The professions are henceforth different. As to the drugs he uses, it is now no more requisite that a physician dig the roots and herbs, or execute the thousand chemical and pharmacological manipulative details required in the perfection of his preparations, than that as to his knives and forceps he should dig the iron, smelt and temper it, and learn the thousand technical details of the instrument-maker's art. With its infinite differentiation of function, civilization has rendered all this useless. The physician's task is to intelligently use the instruments (triturate, tablet, alkaloid, or surgical knife) furnished him by his friends and allies, the chemist, the pharmacologist, and the instrument-maker. If these shirk their duty there are speedy and effective ways of punishment.

And if commercialism is suspected of bribing the teacher, that too will come to a righteous ending.

6. *It will lessen the evils of hospital abuse, drug-store doctor-*

ing, the system of druggists' commissions to physicians, and of counter-prescribing.

There can be no doubt that the wretched hospital abuse—that encouraged parasite that is sucking the life-blood of his foolish host—is largely a product of this unnecessary exaggeration of the mechanics of treatment. Doctor and druggist are in combination, "too much for" many poor souls that can so easily escape the charges of both by the debauching charity of their sentimental pauperizers. The young practitioner thus denied his legitimate *clientele* by those who should be his helpers, may take a hint. He will secure the gratitude of his patients and increase their number by dispensing his own medicinae.

The drug store doctor can thus legitimize his ways, and instead of turning his prescription over to his clerk to collect the fee by a double charge for the drug, he may charge for advice *with* medicine and not be ashamed to look at himself in the mirror.

"Division of the spoils" by druggist with doctor—more common, alas! than we like to know—would thus be checked, and probably the sponger of medical advice would get ashamed to pester the druggist and the soft-hearted physician.

It may perhaps be said that the plan is nowadays beneath the dignity of the aristocratically inclined modern physician. If that be the sole argument against it, the answer would be brief and pointed: Dignity to the dogs! The physician that in such matters thinks first of his dignity is a square peg in a round hole. He is out of touch both with his countrymen and with his fellow practitioners.

It is by no means contended that the plan advocated can have an absolute and unexceptional realization. Judgment must modify all hard and fast rules. In cities where competent pharmacists and full supplies are close at hand, it may be preferable to continue the older method. But the city is a small part of the country, and those desiring to adopt the plan suggested, may feel every warrant of good reason to justify their practice of it. It is both good morals and good medicine.

Local Treatment of Dysentery.

BY H. C. WOOD, M. D., LL D.,

Professor of Therapeutics, University of Pennsylvania; Honorary Member of the
New York State Medical Society.]

There seems to me to be in modern medical thought a very strong tendency to consider disease as constitutional rather than local. I do not doubt but that there are one or more forms of dysentery dependent upon the presence of poisons in the blood, but I feel very confident that the dysentery, as we see it ordinarily in this climate, is essentially a local inflammation, independent of any blood poisoning. If this be true, the disease should be especially amenable to local treatment. It is true that the ordinary treatment, which seems not to be local, really owes much of its efficiency to a local influence. Thus, the purgative acts by a purely local depletion; the mercurial, or the ipecac, by a local stimulation of the glands involved; whilst the bismuth spreads itself upon the mucous membranes, and by its local action lessens inflammation. It has seemed to me, however, worth while to draw the attention of practitioners to the value of the direct application of remedial agents to the affected parts.

Many years ago I published a series of cases of chronic dysentery, demonstrating the extraordinary efficiency of forced enemata, containing one-half a drachm to a drachm of nitrate of silver dissolved in two or three quarts of water, and further experience has corroborated all that I said. Indeed, from time to time have appeared papers in the medical journals proposing the treatment as both novel and efficacious.

In acute dysentery, involving the colon high up, I have found large enemata, containing two to three drachms of subnitrate of bismuth much more efficient than the exhibition of bismuth by the mouth. When the symptoms are severe, this local treatment may often be preceded with advantage by washing out the colon with large quantities of cold water. I have never used injections of nitrate of silver in acute dysentery, although the effect of the local application of the nitrate

in other inflammations of mucous membranes would justify trial of the remedy. I have seen, in one or two cases, large enemata of very hot water injected without affording relief, and believe that hot water enemata are, in their ordinary results, not at all comparable with large injections of ice-cold water.

When the lower part of the colon is affected, the local use of ice sometimes has an almost marvelous effect. I have, indeed, seen the whole aspect of a very severe and alarming case, in which the symptoms indicated that the colon was affected high up, changed in a single hour by the continuous use of *ice suppositories*. While it is not necessary to have the pieces of ice entirely regular in shape, care should be exercised that no sharp edges are left. The suppositories should be rapidly used, one being put into the rectum every three to five minutes, so as to get, for at least half an hour to an hour the effect of the continuous application of cold.

When the tenesmus is very severe, iodoform suppositories are often much more efficient than opium in bringing relief.

A remedy which has been from time to time recommended very highly in dysentery, but has not, I think, been much used, is ergot; and when the passages contain large quantities of blood, or are nearly pure blood, the extract of ergot would seem to be indicated. I have never myself used ergot by the mouth in these cases, but have employed suppositories containing twelve grains of extract of ergot and four grains of iodoform, used every two hours until four or five suppositories had been taken with, seemingly, great advantage.

I do not mean to advocate the local treatment of dysentery as a substitute for the use of mercurials, purgatives and ipecacuanha, etc., but as a very important adjuvant to the older forms of treatment. Nevertheless, in my experience, the effect of local remedies has been more prompt and decided than that of drugs given by the mouth; but in cases of any severity the attack upon the disease may be made from each end of the mucous tract.

As illustrating this method of treatment, I give brief outlines of two cases seen very recently.

CASE I.—I was called to a middle-aged lady early in the morning, with the statement that the day before she had had some pain and diarrhœa, and that in the latter part of the night she had been worried by very frequent discharges from the bowels, accompanied with great tenesmus. The passage I saw was chiefly mucous, free from blood. Ice suppositories were applied steadily for half an hour with marked relief. The use of five-grain iodoform suppositories then sufficed in two or three hours to arrest all symptoms.

CASE II.—This was also a middle-aged woman, an habitual patient of my own, who had been suddenly seized with violent abdominal pain and diarrhœa four days previous, during my temporary absence from the city, and came under the care of another practitioner of repute, by whom she was treated with mercurials, etc., *secundum artem*. I was sent for about 6 a. m., and found her in a condition of marked prostration, suffering from great tormina and tenesmus. She had had during the night, six passages which were said to have been of the character of the one shown me. This consisted of about a tea-cupful of blood, mixed with just enough sero-mucous liquid to prevent clotting. Calomel was ordered by the mouth in one-sixth grain doses. Ice suppositories were freely used for half an hour, with great immediate relief to pain, and were followed at once by suppositories containing five grains of iodoform and twelve grains of extract of ergot, given every hour until four were taken. Two hours after the commencement of the local treatment the passages were free from blood. By afternoon the patient was without any abdominal distress, and the bowels were quiet; but during the night the calomel produced several characteristic fœcal discharges, containing a few scybala, on account of which a dose of castor oil was given. The operation of the oil ended the case so far as abdominal symptoms were concerned, and in sixty hours after the commencement of the treatment the patient had a normally-formed fœcal passage.—[*University Medical Magazine*.

The Power of Will in Disease.

The *Medical News* says, editorially: After a hundred years of history and education in scientific medicine, and in a country where shrewd common sense has been developed in the most backward-looking mind—at such time and under such circumstances it would have seemed impossible that the incurably sick, the paralyzed and the maimed should by thousands flock to a priest to be cured of their diseases. The newspapers say the immense depot at Pittsburgh has of late seemed like a hospital, filled as it has been with the poor unfortunate invalids seeking Father Mollinger's supernatural aid to make them well. The father anoints and blesses, and the young man who "had not walked since childhood," upon command goes unassisted "from the altar-rail to the rear of the church, to the amazement of the vast audience." Though the report says the great majority are sadly disappointed—even the squarely impossible cannot be done in these times—a number are found that with functional affections, under strong emotion, exhibit a change, or an increase of strength, so that the belief in "the power" is kept living.

What is it that makes Father Mollinger, Christian science, faith cure, medical spiritualism, and to some extent homœopathy, possible in the nineteenth century? Were there absolutely no element of truth in these reported "cures," even the dullest dupe would come at last to some consciousness of the hocus-pocus. The manure of the soil nourishing these delusions is a truth too often ignored and neglected by scientific medicine. It is the truth of the power of the emotions, of the will—of the spirit, if you please—over the flesh; of life over the beginnings of disease, and even over disease and death itself. Races and nations differ greatly in their power of resisting and overcoming disease, simply by reason of the characteristic attitude of the will and the disposition of the patient toward the physical illness. Just so do all, even brothers, differ in the same way. Thousands are physically sick because mental resolution and spiritual domination are weak and

illogical. This is strikingly true in reference to the beginnings of disease. The secret of continuous good health does not always consist merely in physical resistance or robustness, but in sharply conquering the subtle beginnings of corporal abnormality by pure will-power.

There are two homologues of this power that illustrate it exactly. Who has not seen whimsicality, crankiness and oddity by self-indulgence slowly degenerate into monomania, and even into downright insanity? And, again, who can doubt that in the commencement many such persons are perfectly conscious of the abnormal tendency, and are, moreover, perfectly capable of, *not* doing the ridiculous or self-forgetful things? They are at first driven by no imperious necessity. It is precisely so when one gives way to immoral courses of life. At first the voice of conscience is clear; by and by control is lost and the voice is entirely silent. The analogies obtain in the matter of health. The adage, "Resist the beginnings of evil," holds also here. All disease begins subtly, almost insensibly, as chill, lassitude, malaise, etc. Caught at this stage and fought down by a virile volition, that which by self-indulgence would have proceeded to genuine fever and illness may often be resolved into routine normality of health. A brisk walk of five miles in the teeth of exhaustion and weariness has saved many from severe illness. And so in types of disease that are, if one may so speak, more organic. The fact cannot be disputed that many who have believed themselves incapable of walking, under powerful emotion their own will being supplemented and "relayed" by that of another, do really find that they can walk a little. Our confutation of the priest's supernaturalism consists precisely in this proved power of the will. Doubtless orthopædic appliances are often given patients who need only resolution, encouragement and repeated trial in order to develop by exercise the strength that the crutch really conceals or neutralizes. In the sick room every experienced practitioner knows how much depends upon the *morale*, the resolution of the patient, and how even death and life may depend upon the will. All this, when

we read it, seems trite enough, but its significance is lost sight of in the battle of rival theories of disease, and to some it must seem the froth of nonsense. But the practical lesson of the very obvious truth consists in the simple duty of arousing the will to self-confidence and corporeal domination. As has been well demonstrated, the best cure for the most outrageous hysteria is mental and volitional control—supplanting the patient's diseased imagination by a healthy one—true faith-cure in a legitimate and genuine sense. The puppets of fashionable automatonism are prone to run to the doctor for every ache, real or suspected. To indulge them in their folly sometimes seems to the physician not without a certain worldly excuse. But if a higher ethical ruling is adhered to, duty will counsel encouragement of prophylaxis and hygiene; and among the means of forefending disease an energetic domination of will over the body is often the most vital and important.

Two Counts Against Medical Societies.

It is well to consider the points against, as well as for, medical societies. We quote from the *Southern Clinic* for July. The points are made as reasons, by the editor, why Drs. Briggs and Daniel, editors of Texas medical journals, should get out of the Texas State Medical Association. The *Clinic* says:

“For years we have held two things against medical societies:

“First. They are engineered mainly for advertising purposes, and run indirectly by a handful of shrewd men, while the rank and file contribute the funds and get nothing in return.

“A medical editor who truly represents the good of the profession, and proposes to deal out even justice to all in his public utterances, cannot afford to have his efforts handicapped by membership in a society which may, at any time, through a handful of malicious members, heap upon him a disgrace which he has no opportunity of avoiding. He cannot

afford to fight against cowards and assassins hiding behind the cloak of a society."

The *Clinic* wants these gentlemen to shake hands, get out of the society, and wake up the Texas Association generally.

On the same principle they should get out of their respective cities, because a few shrewd politicians run all the affairs of the city, generally with a view to enhancing their personal interests. So he must get out of all clubs, out of churches, out of all combines for the common good. To all, the same objections inhere, as are counted against medical societies.

The fact is, no good can be had in this world without organization. If every member of a medical society devoted a fair amount of time and energy to the promotion of its interests, the society would not be managed in the interests of a few. The majority always have it in their power to manage their organization as they desire. If the few manage it, it is because the many permit them so to do. Respecting the second point, we fail to see any good reason why a medical editor cannot be a useful member of any society, and in such membership both receive and get good. We think that such society association is quite likely to increase his knowledge of the medical men for whose good he edits a medical journal, and so enable him to write wisely, and carry the majority with him. A medical journal should doubtless expose evils, but its more important function is to expose good, and incite others to receive and practice it, for the welfare of their patients, and the credit of their art. Those who walk about with a "chip" upon their shoulders doubtless think they are reforming the world, and "big Injuns" in general, but it is nevertheless true that the real forces which elevate the profession in any direction, are noiseless, like the operation of gravity, or chemical force.—[*The American Lancet.*

Patent and Proprietary Medicines.

In his centenary address on medical patents, Dr. Billings states some interesting facts. (*Boston Med. and Surg. Jour.*)

Eighty-six patents for medicines were granted before 1849. The greater number of patents were issued between 1850 and 1860. During the last decade, 540 patents were granted. A patent requires a full and unreserved disclosure of the recipe and the mode of compounding the same, for the public benefit when the term of the patent shall have expired; and the Commissioner of Patents can, if he chooses, require the applicant to furnish specimens of the composition and of its ingredients, sufficient in quantity for the purpose of experiment.

By far the larger number of the owners of panaceas and nostrums are too shrewd to thus publish their secrets, for they can attain their purpose much better under the law for registering trade-marks and labels, designs for bottles and packages, and copyrights of printed matter, which are less costly and do not reveal the arcanum. These proprietary medicines constitute the great bulk of what the public call "patent medicine." He says: "I can only say that I know of but four secret remedies which have been really valuable additions to the resources of practical medicine, and the composition of all these is now known. These four are all powerful and dangerous, and should only be used on the advice of a skilled physician."

The trade in proprietary medicines is simply enormous, invading with the highest knowledge, skill and ability, the very precincts of scientific medicine. Ultimately they must be cast out, but meantime they have done much to discredit the temple of medicine. Their occupancy of this temple is shown by the frequent prescription by most physicians of one or more of these proprietary medicines. What shall be done about it? This is the question asked by the manufacturers of these goods when the evil is called to their attention. All that can be done is to insist upon such an education of the coming physician that he will know enough to practically understand

and apply the best agents of scientific *materia medica*. With such knowledge he will be independent of the nostrum proprietors. It is to be hoped that the laity will learn the folly of taking patent medicines upon their own responsibility.

No less an authority than Dr. Hughlings Jackson is responsible for the following: At a professional dinner party in London the conversation turned upon the subject of the remarkable development of specialism in the past few years. One of the gentlemen present declared that it had reached such a pitch that every possible portion or subdivision of the human body had now doctors and hospitals devoted solely to its treatment, except the umbilicus. He was, however, compelled to withdraw even this exception on being promptly reminded—we suspect by Dr. Jackson—that there were in that very city several *naval* hospitals.

PHARMACY.

This Department is the official organ of the Arkansas Association of Pharmacists, and is under the charge of an editor elected by that body, to whom all communications relating to it should be sent. Address its editor,

MR. W. W. KERR, Batesville, Ark.

Non Secrets.

The Minnesota State Pharmaceutical Association, at its meeting last September, passed a resolution strongly condemning the sale of that class of preparations popularly known by the above title, as being "unprofessional and sometimes unfair," At the same meeting the National Wholesale Druggists Association, and that of the proprietors and manufacturers, were strongly importuned to take some decided steps to stop the cutting of prices on "patents," and the diversion of the trade in them into other channels than the drug stores. It would seem as though the laws of consistency had been a little *bent*, if not actually broken, by such action. The idea of condemning non-secrets and indorsing patents on *professional* grounds has a *queer* look to a benighted Arkansan. We are in no sense the champion of the non-secrets, but as compared with the unknown and unknowable proprietaries, would certainly render a verdict in favor of the former, particularly if called to decide as a professional expert.

There can be nothing more unprofessional than dealing in the quack nostrums called "patent medicines," and it is because it is so, that the trade is slipping out of the hands of druggists into those of dealers in calico and ribbons, making necessary such emphatic demands for relief. Professional ethics can never recognize anything secret; it demands that whatever claims its patronage must be open and accessible to the entire profession, and in this respect, at least, the condemned goods have the advantage, since they conform to this

requirement, and so are entitled to the respectful consideration of those who claim to live by the code, while the other class, being hid by a veil, and thriving on the mystery which surrounds it, has no such claim.

Placing both on the same basis it would seem that the non-secrets have an equal right to live, inasmuch as they are prepared by men equally competent, it is to be presumed, and equally well equipped for their manufacture, as well as equally honest. Why then should they be tabooed as unprofessional?

Equally strange is the assumption that the trade in them is "sometimes unfair" (to the patent medicine men we presume). In what respect unfair, and if so at all, why not all the time? Is it that the proprietors own the earth and all that therein is, and that therefore any scheme not devised by them nor contributing to swell their plethoric purses is an invasion of their vested rights? Or is it that the patent medicine business is an "infant industry" that must needs be nursed and nurtured by the drug trade until it can stand alone, and anything that distracts their attention or divides their time is unfair? Or yet can it be that the absence of secrecy is an unfair advantage taken of the fetishism that feeds the exchequer? But why continue to guess? The whole proceeding looks at this distance very much like a bait thrown to the patent medicine people to tickle the palate in order to make the other resolutions go down easier, and that, too, by an association which represents the higher pharmacy of a great State. If this be correct, it only shows to what an extent the profession in this day has sold itself to the goddess of quackery, and furnishes an additional argument in favor of a speedy return to more professional methods. It is either this or ruin. The only ray of light which illuminates the dark future of pharmacy is the hope the situation itself holds out of furnishing its own solution. Whilst druggists have ever been keenly alive to and resentful of the encroachments made upon their legitimate domain by that other class of proprietary remedies, coming under a semi-authoritative sanction, threatening to supplant even their prescription business, they have been strangely

unconscious of their own sad departure from the path of professional rectitude in following the freaks of a fickle flirt until her capture by a bolder swain has shown them their folly, and the logic of events would argue, that seeing it, they will retrace their steps, and by the shortest road possible get back to the solid ground of pharmacy by pharmaceutical methods only. Once safely entrenched in that position, cutters and "calico druggists" will be so far beneath their notice that they can afford to sit behind the true dignity of their calling and laugh at their antics.

But how shall the public demand for the means of self-medication be gratified? That demand will always exist and must be met, and that, too, by the druggists. It will simply adjust itself, for whenever the druggists let go of the "patents" and cease to be advertising agents for the proprietors, that business will lose its attractiveness to the popular taste, and they will return to their old friends as of yore for the remedies with which to practice upon their own ailments, and they will not be disappointed. Those friends of other days will be equal to the emergency by being supplied with preparations of their own manufacture, carefully, honestly and skilfully constructed, with a conscientious desire to relieve the minor ills of their constituents, as far as such a system of medication should be expected to reach that result, and in the light of the personal responsibility and professional reputation which they will always have at stake.

WE are in receipt of the proceedings of the ninth annual meeting of the Louisiana Pharmaceutical Association, held in the City of New Orleans on the 29th and 30th of April, 1891. It is a nicely bound and handsomely printed volume of 146 pages. The proceedings are stenographically reported, which makes them very much more interesting, as well as useful. Our Louisiana brethren are wide-awake pharmacists and deserve the success they are bound to win.

Ananas Sativa, the Common Pineapple; Its Use Chemically and Commercially.

BY E. T. MITCHELL.

[Read before the Ninth Annual Meeting of the Arkansas Association of Pharmacists.]

It is now some years since vegetable digestive agents have been known to exist. One of the commoner is the starch-converting principle of malted barley, with which we are all familiar under the name of extract of malt. Papain, the digestive principle of the pawpaw, attracted some interest a couple of years ago, but has been abandoned on account of its low power proteolytically.

When Senor Vincenti Marcano, chemist of Carracas, Venezuela, commenced his investigation of plants containing an albumen-dissolving principle, he was led to believe that the common pineapple contained what he was looking for, and the result of his study proved it to be a fact.

Were I to enter minutely into this subject, I would consume more time than you would be willing to put at my disposal, so I will pass to the experimental examination of albuminoid matter digested with the juice, after stating some facts concerning the growth of the plant and the chemical action of its fluid.

Plants of the natural order, Bromeliaceae, grow in all tropical regions, as far as I am informed. Mr. Wilson, of the Nicaragua Banana Company, informed me that the finest varieties in Central America cannot be shipped to this country, as they are too delicate to be transported; that the principal supply comes from Havana, though the quarantine regulations of the port of New Orleans exclude vessels from Havana from May 1st until late in the fall. The only place that the fruit is cultivated for sale in the United States is on the Florida Keys; Key West shipping quite a large quantity to New Orleans, New York, Mobile and Tampa. The red pine from here is not of good quality and is called "hog pine" in its habitat. Toboga Island in the Bay of Panama has the reputation of growing the finest

fruit on this hemisphere, though none comes to this country. It is the sugar-loaf variety, and some weigh seven pounds. It all goes to Chili and other South American countries. Spanish and British Honduras, as well as the Island of Ruatan, off the coast of the former, export the pine to the United States. The fruit from these countries is good in quality, but does not keep well. The large specimen (exhibited to the association—ED.) is from Puerto Rico, and weighs five and three-quarter pounds. I think I can safely say that it is the finest and largest pine you have ever seen. They are only imported to this country for special purposes and are very expensive. I will mention the method of cultivation and bring the descriptive part of my paper to a close.

Undoubtedly the fruit grows wild in many tropical countries. It does so successfully at Pearl Lagoon, twenty miles from Bluefields, Nicaragua, though the fruit is put to no commercial use there.

The pineapple plant is a cactus with thirty or forty leaves about one inch broad and two feet long and half an inch thick, that bend over in a graceful curve.

From the center a spike or stalk, two feet long and half an inch thick, appears after one year's growth. This stalk bears the fruit on its end in an upright position. In fact, the pine seems to set right on the stalk, as you will notice in one of the specimens before you. At the base of the fruit, grow usually three "suckers," resembling the tuft on the top of the pine. The plant is propagated by sticking these slips in the soil four feet apart each way. It will grow most anywhere as regards soil—in sandy or rocky soil even. Very little cultivation is given it, though it is susceptible to good treatment.

Plants bear in one year and keep it up indefinitely with two or three pines each year. You will notice that I have used the name "pine," and not apple. This is the custom with the planters.

I brought the specimen with the suckers with me so that if any of the members desire to attempt its propagation they

may do so. They need not be removed from the stock until you take your departure.

The plant in the tin can is not very healthy and will probably die unless the waters of Hot Springs rejuvenate it. I could have obtained a full-sized plant, but the trouble and care of it was more than I felt justified in taking. Any way, with these specimens, you will be able to know what a pineapple plant looks like if you never saw one before.

I will now ask your attention to the subject chemically.

It was my intention to give you some positive facts concerning its albumen-converting power, but with the crude apparatus I had at hand I could not do it. My results would lead me to believe, however, that the juice will dissolve about five times its weight of albumen in the same manner of testing with pepsin. It is not as rapid in its action as pepsin. I found that the presence of 1 per cent. (of the amount of water) hydrochloric acid and 1 per cent. sodium bi-carbonate made no difference with its proteolytic action, which is unlike pepsin in this respect. A similarity to pepsin is the inhibitory effect of alcohol. It would thus seem that the fruit juice as prepared for soda fountain use (alcohol being used as a preservative) would be quite useless.

All of the unorganized ferments are extremely sensitive to heat, as everyone knows. This is also so with pineapple, 160 degrees Fahrenheit being fatal; thus showing that a result from canned fruit could not be expected. As you know, pepsin acts (most fortunately) only in acid media, and does not attack living tissue, which is protected by the alkaline reaction of the blood and other fluids of the body. In the case of the pineapple, being potent in alkalis, it will attack living tissues; hence it is that the concentrated preparation, bromelin, is offered as a solvent in treating diphtheria. Since I commenced the investigation of this subject I have met many people who have stated that a sore tongue invariably follows eating the fresh fruit, whilst others could not eat it all on this account. I am expecting to hear of its being used as a remedy for tape worm. Like pepsin it coagulates milk though it does so

very slowly, and the curd when broken goes to pieces in much smaller particles.

The above paper was followed by a series of experiments which attracted considerable attention.

The Arkansas State Board of Pharmacy

met in the Senate chamber of the State House in the City of Little Rock on the 10th day of November last, with all the members present. Six applicants for registration by examination presented themselves, of which number the following were successful: J. F. Dowdy, Little Rock; Dr. J. C. Anthony, Siloam Springs; R. D. Harris, Melbourne, and J. P. Menkin, Hot Springs. Seven hundred and seventy-eight persons have availed themselves of that provision of the law allowing registration without examination.

The following articles were recognized by the board as constituting "grocers' drugs," in section 11 of the pharmacy law, and due publication of the same authorized, viz.:

Alum,	Ammonia carbonate,
Analine dyes,	Blue vitriol,
Borax,	Castor oil,
Copperas,	Cream tartar,
Epsom salts,	Licorice,
Paregoric (original containers),	
Rosin,	Saltpeter,
Sal-soda,	Soda bi-carb.
Spices,	Sulphur,
Turpentine,	Dye stuffs,
Quinine (original containers).	

It was resolved that in case of the loss of a certificate by fire or otherwise, the secretary may issue a duplicate, upon presentation of satisfactory evidence of the loss and the payment of a fee of one dollar. After transacting some other routine business, the board adjourned to meet in Little Rock on the second Tuesday in February, 1892.

D. W. HOLMAN, *Secretary.*

FRIEND HALLBERG, of the *Western Druggist*, has been looking over the field of proprietary medicine advertising with the view of selecting a good medium through which druggists may inform the public of what they have to sell, against the day when they shall keep in stock a line of their own preparations, and he concludes: "What's the matter with my getting out an almanac?" Finding nothing the matter with it, he has published the "Domestic Almanac for 1892," containing a great deal of useful information especially adapted to the wants of the masses, and refreshingly free from such interlineations as "Good Friday is a good day to take Perkins' Purgative Pellets." The good of their constituents, as well as their own self respect, would be promoted if druggists would adopt some such medium instead of the stale old patent medicine almanacs.

THE Mississippi Pharmaceutical Association has been re-organized, and an earnest, and we hope a successful effort will be made to secure a pharmacy law. The following are the officers elected: Byron Lemly, of Jackson, president; A. J. Peck, of Meridian, first vice president; A. Stratton, of Meridian, second vice president; J. C. Schotel, of Gloster, secretary; and Oscar Lillybeck, of Meridian, treasurer.

THE Alumni Association of the Philadelphia College of Pharmacy will hereafter publish the proceedings of its monthly meetings in the form of a monthly journal called the *Alumni Report*, at one dollar a year, in advance. Address William Nelson Stem, manager, 2000 Callowhill street, Philadelphia.

THE St. Louis Apothecaries Association is threatened with a law suit under the anti-trust laws. Somebody's feelings must be hurt. Better begin with the white lead trust and work down.

THE next meeting of the Arkansas State Board of Pharmacy for the examination of applicants for registration will be held in the Senate chamber in Little Rock on Wednesday, February 10, 1892. The examination will begin promptly at 10 o'clock, a. m., and close at 5 o'clock p. m. Applicants should notify the secretary in advance of their intention to be present.

D. W. HOLMAN, *Secretary.*

THE Georgia Legislature has so amended the pharmacy law of that State as to require physicians to be graduates in medicine, and have five years' experience before they can register as pharmacists, without examination. This is an improvement over the former law which admitted them without any restrictions, but sadly needs such further improvement as will make them undergo an examination like everybody else.

PROF. HEMM, president of the Missouri Pharmaceutical Association, is working the local organization scheme for all it is worth. It seems to be the key note of his administration, and, if he should be successful in securing such an organization in all the towns in that State, that should have one, and could have it, it would be glory enough for a lifetime.

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Original Articles.

Report of the Committee on State Medicine—Concluded.

BY B. HATCHETT, M. D., CHAIRMAN, FORT SMITH, ARK.

[Read in the Section on Practice at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29-May 1, 1891.]

Dr. P. H. Pendleton, of Lincoln County, says :

“The year beginning June 1, 1890 was noted for an early opening of the sickly season. Diseases of a distinctly malarial type began to prevail with frequency at an earlier date than usual and continued, uninterruptedly, from the middle of June till far into the winter. This was attributed to the unusually mild winter, and continued rains through the summer. Intermittents and remittents were unusually prevalent, even for so malarial a district as mine. There was an unusual number of those cases that are generally classed as typho-malarial fever, in which the malarial and typhoid posons seem both to play a part. My own experience has been that more of these cases than usual have approached a true typhoid type. The duration has seemed more uniform, extending, almost invariably to twenty-one days, and often more. The abdominal symptoms are well marked; iliac tenderness, diarrhœa, tympanites more constant as symptoms. Severe intestinal

hemorrhage occurred in several of my cases, and one died from evident intestinal perforation. In fact it has seemed to me for the last ten years I have noted a gradual approach nearer to the true typical typhoid fever in this class of cases. When I began the practice fifteen years ago, I heard it laid down as a rule, and noticed myself, that anything like the typical typhoid fever was very rare in this section, in fact almost unknown; but in later years I have seen many that approached very nearly to that type, and they become more frequent as the years pass. As for treatment in these cases, I have little or nothing original to suggest. Quinine, I find, as a rule, almost useless, and often aggravating. I generally employ it in the earliest stage of the disease, and then abandon it, if a noted effect is not produced at once. I have found phenacetine the safest of all antipyretics, and, combined with salol, as an intestinal disinfectant, very effective. Turpentine, freely, in the early and late stages, is almost always indicated and useful. When I can employ them safely I find baths, frequently repeated, about a temperature of seventy or eighty degrees, very useful. An exclusive milk diet has not been advantageous in my hands. I always find milk thoroughly sterilized and combined with some of the amylaceous preparations, much better borne and less apt to curdle and derange the stomach. I insist on absolute liquid diet from the first, and continue well into convalescence. The carbolic acid and iodine combination has succeeded well in many cases. I find salicylates of sodium and ammonia effective and generally find them easily borne, combined with an excess of their bases.

“Malarial hæmaturia has not been so prevalent as usual in my district. I saw only two cases last fall—one very mild, and one very malignant, which I lost. There has been a noted decrease of this dread disease in later years. In this connection I wish to mention a point that has struck me as more than a coincidence. This is the use of hyposulphite of soda as a prophylactic for this affection. It is my custom, and that of some neighboring physicians, in late summer and early fall, to encourage the inhabitants of our district to use frequently as a

simple laxative the above salt. This has been so customary that there is scarcely a household in which a bottle of the solution of hyposulphite of soda is not kept, and frequently taken by members of the family, as occasion requires.

"About fifteen years ago, the use of hyposulphite of soda was first introduced in the treatment of malarial troubles in this section. At that time it was not unusual to find as many as ten or fifteen cases of malarial hæmaturia each year in the section in which my practice lies. In the last eight or ten years, since the use of the drug has become so general, it is not unusual for me to go through a season without seeing a single case, and I rarely see more than two or three. Another fact that bears me out in this idea, is that a brother practitioner, on the opposite side of the Arkansas river, has a great prejudice against hyposulphite of soda, and seldom prescribes it. Scarcely a year passes that he does not attend eight or ten cases of malarial hæmaturia within a circle about equal to mine and exactly similar.

"La grippe made its appearance again here in latter part of winter, but was not so prevalent as last season. The cases were marked with the same peculiar asthenic symptom noticed before. Within the last month varicella has become quite prevalent, and is still so. I have seen a few cases of ru-beola, but it has not become general. Although it has been a very sickly year the death rate has been comparatively low."

In a communication from Dr. H. C. Dunavant, of Mississippi County, he states :

"That the last year, as usually, in this Mississippi River bottom, there have been a great variety of diseases, malarial troubles predominating. The United States government works situated along our river front has, I think, somewhat added to our stock of malarial hot-beds. Many dykes have been driven across the schutes, and catching the drift wood and all manner of debris have formed, in some places, hundreds of acres of drift, which gradually becomes coated over with deposits from the muddy waters of the Mississippi.

"Malarial fevers of all kinds have been more prevalent than

formerly, but those of a malignant congestive form are more frequently met with—the algid variety, with cold, clammy skin, blue lips and fingers, with purple spots all over the body, accompanied with labored breathing, great thirst and vomiting, tossing from side to side of the bed. In these typical cases, I have succeeded best with hot water and mustard baths; hot water with tincture of belladonna q. s. to drink; mercurial cathartics and heroic doses of quinine. I have given to children 4 or 5 years old, in these cases, as much as a teaspoonful of quinine every three or four hours with the very happiest results. During the last year I treated in all fifteen cases of malarial hæmaturia, with two deaths.

“We have some typhoid fever here every summer, and in all cases where it affects families I find a filthy well or cistern. Treatment consists principally in diet and nursing.

“During the past year I saw a very few cases of dysentery, which were usually relieved with castor oil, laudanum, quinine and strict diet.

“Pertussis has prevailed in some localities in a mild form. During a practice here of seventeen years, I saw my first case of scarlatina in 1888, kept it confined to one family, and stamped it out with one death; have seen nor heard of none in the county since.

“During the month of October, 1890, I was called to Pecan Point, twenty-five miles below here, to see, in consultation with Dr. Thomas G. Brewer, some very malignant cases of diphtheria, and submit his report, which is, that there occurred during the months of October and November, of last year, nine cases. So far as I have been able to learn, these were the first and only cases of this malady which ever occurred in that section of country. They were of an extremely malignant character, the fatality reaching seven out of the nine cases. The fatal cases were in children, ranging from 2 to 6 years of age. Their youthfulness, presenting an almost insurmountable barrier to the proper application of topical treatment, had much, in my opinion, to do with the high rate of mortality. They died each on the eighth day of the attack. The two cases

which recovered were in children aged 10 and 12 years, respectively, and while the type was equally as malignant as the others, they were old enough to realize their situation, and see the importance of rendering all the assistance possible in the management of their cases; consequently effectual throat medication was used, and food and stimuli taken as directed. They made good but tardy recoveries, without unpleasant *sequelæ*. These were not sporadic cases. The mother of the first child taken had been visiting in an adjoining county, and had remained two days and nights at a house where a child was sick with and died of diphtheria. She returned home the day after the death, and one week after her arrival her own son was taken with the disease. On the way to the burial ground the wagon containing the corpse stopped on the road, and two children played about and around it for perhaps half an hour, not realizing their danger. These children lived more than one and a half miles from the house where the dead child died, and their nearest approach was while they were playing around this wagon. One of them was taken in ten days, and the other three days later. While the last of these was a corpse a gentleman who had a little boy aged 2 years with him, stopped to see the family. They were in the house an hour or two. One week from the day of this visit their child was taken and died on the eighth day. The mode of death in this case was from apnoea, due to rapid formation of the membrane in the larynx. The other cases died of exhaustion—a complete overwhelming, as it were, of the vital powers. An incident occurred illustrating well to my mind the power of prophylaxis. In the family of Mr. King, who lost two children, just before the disease made its appearance, his little son aged 4 years had been through a rigid course of alterative treatment for an attack of malarial trouble, and was taking a preparation of iron and quinia. When his brother and sister were taken with diphtheria, he slept in the same bed with them the first three nights, but escaped the disease. Other children, whose parents could not remove them to a place of safety, had the benefit of preventive measures and escaped.

"Bronchial troubles have prevailed to a very limited extent.

"La grippe, the fashionable malady, has her followers.

"Have seen very few cases of pneumonia during the last twelve months, and no death from that cause. In fact, we can truthfully boast of less lung trouble here than any country I know of with the same amount of population. Flint claims, with many others, that quinia is death to malarial bacillus. Might it not be possible that our people here, keeping themselves constantly saturated with quinine, may, at the same time, be destroying or holding back the bacillus tuberculosis?"

Dr. J. T. Clegg, writing from Benton County, says:

"Benton County, the extreme northwestern county of the State, is the greatest unbroken plateau of the Ozark Mountains that lies in the State west of White River. Its mean elevation is about 1500 feet; the eastern and northeastern portions of the county are drained by White River and its tributaries, flowing easterly or southeasterly, while the western portions, by tributaries of the Arkansas River, the water flowing in the opposite direction, finding its way into the Arkansas River by means of the Illinois and Grand, near old Fort Gibson, in the Indian Territory. The area of the county is 576,000 acres, of which 261,000 are prairie or modified prairie; 200,000 wooded mountains or ridges, the remainder, 115,000, river, creek and valley lands.

"The prairies are on and constitute the greater portion of the highlands, or elevated plateaus, and are the beginning of the vast prairie regions lying west in the Indian Territory and Kansas. They are undulating or rolling, and susceptible of a high state of cultivation. When first cultivated, or when being broke for cultivation, and large areas of sod are being turned, intermittent and remittent, and all other malarial manifestations of fevers, are common, which disappear after thorough cultivation. Malarial fevers are sometimes observed in the valleys, or lowlands along the streams; in some of the lower valleys which are between three and four hundred feet below the adjoining table-lands, is found what many (the native inhabitants, especially), are pleased to call "milk sick,"

the cause of which they attribute, and perhaps correctly, to milk drank or butter eaten from cows affected with what is popularly known as the "Trembles." A great many cattle die of it in these localities during late summer and autumn. In man, the subject of this disease is usually taken in the beginning with headache, chilliness and nausea. The nausea and vomiting, however, are the prominent features—so much so that it gets the name of gastric fever by many physicians. They are incessant, and the matter ejected is usually of a dark, greenish, flocculent appearance, having a peculiar, faintish odor, resembling the breath of one who had taken chloroform. The bowels are constipated, and when moved by some active cathartic, the discharges are mucoid, and streaked with blood. The action of the kidneys finally becomes suppressed, and the patient dies in from one to three weeks; though Dr. W. N. Yates¹ of Fayetteville and myself had one to recover after several hours urinary suppression. In this case the return to urinary secretion was preceded by a discharge from the bladder of a substance the color and consistency of the yellow of a raw egg. Coma ordinarily precedes death from twelve to forty-eight hours. The temperature, as a rule, does not run high. The pulse is full, slow and gaseous. This disease disappears both from animals and man by the enclosing and cultivating the land. Benton County has the great advantage of having many springs, from which flow pure soft water, as clear as crystal, and of a quality unsurpassed in any country. Some of these springs have become noted as health resorts, the most prominent of which are Siloam Springs, in the southwestern part, White Sulphur Springs, in the northwestern part, and Æsculapia Springs, in the northeastern part of the county. These springs are, or could be made, very valuable resorts for a great number of invalids, such as are suffering from chronic malaria, certain rheumatoid, and gouty states, and the various morbid conditions, the result of long residence in the alkaline regions of the west.

"The reputation of this portion of the State, of which Benton County is a part, for healthfulness, has brought to it as citi-

zens a great many people afflicted in many different ways. This fact makes our mortality report very large, and sometimes unthinking individuals attribute our large percentage of death rate to insalubrity of climate, which is an error, and credit should be given to the character, physically of the population.

“Of the diseases that prevail most commonly in this county, typhoid fever stands, perhaps, most prominent, though at times we have dysentery and pneumonia. The death rate to the number of cases affected approximately are of typhoid fever, 5 per cent.; pneumonia, about 7 per cent.; dysentery perhaps not over 2 per cent., including all cases, old, young, complicated and uncomplicated.

“During the winter of 1889 and 1890, influenza or la grippe prevailed, with but few deaths, if any, attributed directly to it. It, or something, appears to have so influenced the condition or type of other diseases that a great many died from other causes. All diseases were more fatal. Many chronic invalids were speedily carried off by sudden aggravation of pre-existing maladies. There has been some manifestations of the epidemic again during the present winter and spring, but so far no deaths resulting therefrom have been reported.”

Sebastian, my home county, has an area of 570 square miles or 364,800 acres. It lies along the southerly slope of the Boston range of mountains, 900 feet above sea level, and with a mean or normal temperature of 59°. For the past year, the temperature has averaged 62.5°, with a humidity of 74, counting upon a scale of 100 as representing complete atmospheric saturation. The normal amount of rain fall per year is 38.78 inches, but during the past year it has reached the enormous figure of 64.63 inches. This is the highest temperature, highest humidity, and greatest amount of rainfall known for any year in the last decade. The surface of the county is undulating and thoroughly well drained, the great outlets of water being the Poteau and Arkansas Rivers. There are no lagoons or swamps to serve as incubators for the generation of disease germs, and we are free from malarial influences more than always occur in regions of a similar latitude; however, the mala-

rial element makes itself manifest in nearly all our diseases, especially during the summer months, but never in that virulent form met with in the lower lands of the State. During the past year our section has suffered its usual quota of disease, those of a malarial character of course predominating, but yet not so manifest as in former years. As our lands are cleared up, and put into a higher state of cultivation, this distinguishing feature is, to a great extent, being lessened.

La grippe has been very prevalent, and while not in as severe a form as last epidemic, patients have had a longer and more harassing convalescence.

The epidemic of measles running through the winter and spring months has been the severest that we have had to contend with for years. Young and old were alike attacked and when associated with complications superinduced by influenza, etc., proved very fatal. Pneumonia in the rural districts, were attended with much fatality.

In Fort Smith, a mild endemic of scarlet fever has been in progress for some months, easily managed and with no deaths.

One case of confluent small-pox, imported from St. Louis created quite a scare for a while, but by the prompt action of the local Board of Health, any spread of the disease was prevented. Patient died during second week of his illness.

During the year, Fort Smith has done much in the way of local sanitation, by perfecting a most excellent system of sewerage, improvement of water supply, completion of street pavement, etc.

Considering the State as a whole, I deem it that we, as the health guardians of the people, have cause for congratulations. With no government assistance, and a population composed largely of negroes and ignorant people who know little or nothing of health preservation, we have passed the year as healthfully and, I think, can show as low a rate of mortality as any State in the Union.

The Etiology and Treatment of So-Called Puerperal Fever.

BY A. C. JORDAN, M. D., PINE BLUFF, ARK.

[Read before the Jefferson County Medical Society, October 6, 1891.]

Puerperal fever at the present time has a meaning entirely different from the old signification of the term. The word, as employed by the older writers, indicating a disease peculiar to the lying-in woman, is misleading and unscientific. The true meaning of the word defines it in the sense in which it was employed by the fathers in medicine. They believed that all fevers occurring during the lying-in period were puerperal in character. So puerperal fever was the synonym of many separate and distinct forms of fever. According to the idea of the old clinicians, all the inflammatory diseases of the chest were expressed in the one term peri-pneumonia, likewise the puerperal fever of the old obstetricians embraced all the post-partum diseases of the pelvis, and just as the term peri-pneumonia has been abandoned, and the various diseases of the lungs been assigned their correct places in pathology, so has puerperal fever been disentangled from the inflammatory and specific processes (metritis, peritonitis, cellulitis, etc.), which in the light of recent research and scientific investigation, we have learned to recognize as entirely distinct conditions. No disease in the whole catalogue of infectious diseases has received more attention at the hands of scientific men in all decades than that which I offer for your consideration to-night. Many have been the conflicting views entertained, and various have been the theories advanced, and while the majority of writers of the present day agree as to the etiology and treatment of septic fever in general, still there are eminent scientific men both on the Continent and in America, who hold to the idea that puerperal fever is a specific disease, and that there is a disease known as puerperal fever *sui generis*.

The most distinguished advocate of this theory in this country was the late Dr. Fordyce Barker, who in the memorable

discussion before the New York Academy of Medicine, protested against the identity of puerperal fever with septiæmia, as claimed by Thomas and others, stating that his creed was fully avowed in his book on the puerperal diseases, and that unless in the future he learned new facts and new arguments to change his faith, he should die impenitent.

While all authorities agree in regard to the application of the term puerperal fever, the theories of its origin have been innumerable, and to-day there are questions concerning its pathology which remain for the future to decide.

The earliest theory which was promulgated by Hypocrates and defended by Galen, Maurican and Smellis, was based on the idea of retention of the lochia, with decomposition of remnants of placenta, mistaking the effect for the cause. Then followed the theory of the metastasis of the milk, which was first advocated by Willis and Mercurialis in 1662. This theory is still adhered to by a few in the profession, and is still the prevalent idea among the laity, hence we often hear the expression, "if *phlegmasia alba dolens* develop in our patient;" "that the milk has settled in her leg;" or "if an arthritis occur;" "the milk has settled in her joint." To this theory succeeded that of the gastro-bilious theory, which was advocated by Manning, Cooper and Denman, attributing the fever to an accumulation of bilious and mucous substances in the bowels. Then followed a more rational theory, which did much towards leading the medical world to a more correct conception of the nature of this disease. The phlogistic theory, according to which inflammation is the cause of puerperal fever, dividing the inflammatory process according to the site of the disease, *i. e.*, "a metritis which may be accompanied by a phlebitis or lymphangitis; second, an enteritis and a peritonitis; third, a peritonitis alone." Following the phlogistic theory, came the erysipelatous theory, advocated in particular by Eisenmann, and taught by numerous English and American authorities. This theory considers puerperal fever an internal erysipelas.

It was not till the beginning of the present century that the true theory was reached. The key-note was first sounded by

Eisenmann, in 1837, and again by Simpson, in 1850, which turned scientific investigation into the proper channel. Semmelweiss, in 1847, accepting the theory advanced by Eisenmann, promulgated the following theory, *i. e.*, that puerperal fever must always be considered as a fever due to the absorption of decomposing organic animal matter, and this absorption may result from auto-infection (the product of decomposition coming from the individual herself), or from hetero-infection (the product of decomposition coming from without).

Accepting this view, we must necessarily conclude, that puerperal fever is not a peculiar and exclusive disease of the puerpera. An identical affection may be met with in virgins, in infants, and in the wounded of either sex. It is not a specific disease dependent upon a specific poison, and running a definite course to a crisis, but is that process recognized in surgical practice as phlegmon, pyaemia or septicaemia, and caused by both streptococcus and staphylococcus and in some cases appearing as a diphtheritic process.

The acceptance of the theory of Semmelweiss has led to such a radical reform in obstetrical practice, that the puerperal conditions are being rapidly dissipated. Today all authorities are in accord, in considering puerperal fever as a species of poisoning. We must therefore conclude that the only true etological factor in the production of puerperal fever is septic poison introduced into the system at a time when the subject is more liable to disease than at any other period of life, when the blood has undergone the changes incident to pregnancy. The heart and blood vessels being in a state of hypertrophy, and greatly increased in calibre, and, as a result the tardy movement of the fluids of the body through these dilated vessels, cause a predisposition to the formation of thrombi, which may result in inflammation or become sources of infection.

At this time we find the nervous system in an irritable and highly sensitive condition, and less calculated to resist the impression made by morbid agents introduced into the general system. The torn and denuded surfaces of the cervix and vagina, after labor, offer free inviting entrance to the festive mi-

crobe, as he bids adieu to the hand of the filthy midwife or the no less cleanly physician and seeks a more congenial habitat in the tissues robbed of the protecting epithelium.

What then must be the source of this infection, and how is it conveyed to the genital tract? As stated above, many authors have seen fit to divide septicaemia into two classes, heterogenetic and autogenetic, but in the present light of bacteriology it must be denied that the patient can produce any poison herself. She cannot infect herself. Blood clots, shreds of membranes or pieces of placenta may be retained in the uterus, and be decomposed without infection of the puerpera. They only offer a suitable nidus and invite the poison from without, and unless the microbe finds its way into this inviting field we have no infection. Where there is no microbe there can be no septicaemia. The most usual way in which the germ of disease finds its way to our patients is through physicians, midwives and nurses, who deposit it in the genital tract during the vaginal examination, and other manipulations about the vulva. I am satisfied that many a case of septic fever has developed and many a useful life been sacrificed as the result of the uncleanly hands and dirty instruments of physicians who do not live up to the idea that cleanliness is next to Godliness, and who are ignorant of, or wholly ignore, antiseptic regulations. The principles of cleanliness, though adopted theoretically throughout the world, are really carried out very imperfectly by most nurses and most general practitioners.

I come now to speak of the treatment of puerperal or septic fever. The treatment is either prophylactic or curative. The former is of special interest to us as physicians, for preventive medicine is rapidly coming to the front, and I contend that if we use the proper precautions, and observe the rules of aseptic practice, that we shall rarely have a case of puerperal fever to treat. Having been proven beyond controversy that it is an animal matter in a state of decomposition that causes this toxæmia, that it is surgical septicaemia modified by the peculiar condition of the puerpera, that it is contagious in the highest sense, and that, beyond a shadow of doubt it is preventable.

The crowning success in treatment, therefore, is prophylactic or aseptic; it is the *sine qua non* of all treatment.

We should first cleanse the vagina by irrigation with solution of bichloride of mercury or a 2 per cent. solution of creolin. The hands should be thoroughly scrubbed with soap and water, and the spaces under the nails be well cleaned; but this is not sufficient. The hands should then be washed in a solution of corrosive sublimate, 1 to 1000, before a vaginal examination is made. If instruments be used, they should undergo thorough disinfection before using. I invariably follow this line of disinfection, and, with this exception of perhaps in a few instances the omission of the vaginal irrigation, I have not varied from this rule, and it is gratifying to me to be able to state to-night that I have never had a case of septic fever following delivery where the patient was solely under my care.

Under a more perfect conception of preventive medicine, I have no hesitation in predicting that within the next half century this great enemy of the child-bearing woman will be stamped from the face of the earth. Already has the mortality in the large lying-in hospitals of the world been reduced from 40 to 2 per cent., and in the rural districts septic fever in the lying-in room is seldom met with.

As to the curative treatment of child-bed fever, I shall speak very briefly. If the diagnosis be made we should endeavor to find the cause just as the surgeon, when a rise of temperature tells him that the wound has become infected, proceeds at once to remove the dressings, seeks the seat of infection, and, having found it, disinfects by antiseptic solutions, he evacuates all collections of fluid, and all recesses of the wound are irrigated. So in all cases of puerperal or septic fever the infected portion of the genital canal must, if possible, be thoroughly disinfected. Deposits of pus must be evacuated; pus tubes must either be evacuated or extirpated.

Suppurative peritonitis must be treated by laparotomy irrigation and drainage. It must be conceded that aside from these measures we are almost powerless in puerperal septicaemia. The danger lies not so much in the fever itself as in the cause

of the fever. If we have reason to suspect the source of infection to be within the womb, we should at once proceed to curett the endometrium and remove all retained clots, pieces of placenta, *et cetera.*, and thus irrigate or wash out the womb.

The medical treatment of puerperal fever can only be symptomatic, meeting the various indications as they arise. Antipyretics, if necessary to control the temperature, anodynes to relieve pain, quinia and other tonics in asthenic cases, alcohol in the form of wine or brandy, if the vital powers begin to lag and stimulants are demanded.

Thus, by symptomatic and sustaining measures we may stay the hand of the fell destroyer until nature comes to our relief and our patient is safe.

One Hundred Surgical Cases.

BY J. W. WEBSTER, M. D., CINCINNATI, ARK.

[Read in the Section on Surgery at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29–May 1, 1891.]

In reporting the following cases to this Society, I claim nothing original either in the operations performed or in the after-management. I simply report them as the work of a country doctor claiming a measure of success in their management.

In all cases every antiseptic precaution possible was taken. In a large number of cases treated by a country surgeon, it is impossible to carry out an ideal antiseptic treatment, owing to bad surroundings and the distance at which the operator resides from his patients. Frequently I have been compelled to leave the after-management of patients to their family and friends.

In all cutting operations, the field of incision was first scrubbed with soap and water, afterwards with a bi-chloride solution, one in two thousand. I always used water which had been previously boiled for all purposes connected with the

operation. All instruments, sponges, silk, etc., were sterilized by heat and afterwards immersed in a solution of carbolic acid. Iron-dyed silk and cat-gut were used as ligatures and sutures. The dressing used most frequently was iodoform gauze; iodoform also being used freely about the wounds.

Ether was the anesthetic used in the majority of cases; sometimes chloroform was preferred. In all cases where an anesthetic was given, the patient received an hypodermic injection of morphia and atropia before the administration of the anesthetic was commenced.

The dressing allowed to remain unchanged for from six to eight days, and in all cases where it was possible, it was never removed until healing was complete, unless the condition of the patient demanded a change.

There were twenty amputations performed as follows:

Six of thigh, two of leg, two of breast, seven fingers and one each of forearm, thumb and great toe.

Five of the thigh amputations were at the lower third, one at middle third. There were four antero-posterior flap operations, and two circular. Both legs were amputated at upper third by short anterior and long posterior flap.

I made three laparotomies: One for ovarian tumor and two for pelvic suppuration. The incision in the ovariectomy was twelve inches long; in the two for pelvic abscesses about four inches.

Nine tumors were removed; four lipomas from back and shoulders, one from neck and one from below the left breast. One epithelioma from lower lip, one enchondroma from angle of jaw and one epilus.

Five tenotomies for convergent strabismus, one castration for filloid tumor of testicle, cut two anal fistulas, operated on eighteen cases of piles by ligature and two by clamp and cautery.

Dressed fourteen fractures—two of thigh; four of leg, two simple and two compound; two of humerus; five of forearm, both bones; one compound fracture of condyles of humerus.

Treated fifteen gunshot wounds; three penetrating the thorax

and passing through lung substance; one of the abdominal wall injuring, parietal peritoneum; one of shoulder; five between hips and knee joints; three between knee and ankle, and two of forearm and hand.

Aspirated two cases of pleurisy, with effusion; one purulent and one serous. The purulent was aspirated and washed four times, the serous aspirated twice.

Reduced eight dislocations; four of shoulder, two at elbow and one each of ankle and wrist.

All the above operations proved successful except one amputation of thigh and two of the tenotomies for strabismus. The amputation was made on a man who had received a gunshot wound of knee, shattering patellas, head of tibia and inner condyle of femur. The man had been on a spree of several days duration; after receiving the injury laid on the ground for twelve hours on a cold winter's day. The amputation was made twenty-four hours after he was found, making thirty-six hours after receiving the injury. He was in collapse when the operation was performed. He only survived eight hours.

I had shortening in both fractures of thigh; in one, one and a half inch; in the other one inch.

There was firm ankylosis of the elbow that sustained the compound fracture. I anticipated such a result and set the arm accordingly.

The history of one of my amputations might be of interest, as it emphasises the fact that some men are extremely hard to kill: H. J., aged 60 years, white. Sixty days before my being called in the case he had fallen to the bottom of a well 20 feet. Striking on the right knee he sustained a compound fracture of head of tibia, patella, both condyles and the shaft of femur three inches above the joint. In fact the central structure of the joint was badly crushed. He was treated by a doctor of wonderful pretensions and great skill, in his own estimation, but fortunate for suffering humanity unknown to fame. The injured limb was swung in an apparatus not having the remotest resemblance to any known splint, consisting of two rough poles and an old wagon sheet. No effort was made to either immo-

bilise or extend the leg. No dressing, except some old filthy cloths spread over the injured parts. In this condition he had lain for sixty days without even a change of underclothing. I found upon examination the entire limb from three inches below the knee, to as far above, honeycombed by discharging sinuses and necrosed bone as far as an ordinary probe would reach in any direction. The first thing I did was to have him moved to a house that could be made moderately clean, then had him stripped and scrubbed. After which I made an amputation at the middle third of thigh. Even that far up the posterior flap contained an abcess large and foul. There was a discharging sinus extending up the under side of the bone for four inches. The abscess and sinus was curetted and packed with iodoform, a drainage tube put in and the parts accurately adjusted and dressed with a heavy dressing of iodoform gauze and absorbent cotton and the man turned over to the surgeon before mentioned. I never saw the man after the operation, but know that he recovered.

REV. E. E. HOSS, of Nashville, Tenn., said the religious newspapers had not kept pace with the secular press in development, though the improvement had been great. The religious newspapers should be under the control of the church. Every argument brought forward to show the church should put its hand on the pulpit with equal force to show that it should put its hand on the press. Religious papers should have an expert corps of assistants to the chief editor. Attention should be given to the advertising columns; there had been much sinning, but there was not so much now, although he did see an advertisement of quack medicine, consumption cure, opposite an article on helps to higher life. [Laughter.]—
[*Proceedings of Medical Council.*]

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Editorial.

WHEN JUDGES DISAGREE.

The readers of THE JOURNAL have been kept informed of the progress of the case of the Hot Springs doctor whose license was revoked by the Garland County Board of Medical Examiners, and on appeal having been taken to the State Board, the decision of the Garland Examiners was sustained.

The man whose license had been revoked brought suit against the local board in the Garland Circuit Court and against the State Board in the Circuit Court of Pulaski County. In December last the case was brought to trial in Garland County and the court, Judge Duffie, rendered a decision affirming the action of the local board. During the present month the suit

in the Pulaski Circuit Court, Judge Lea, was decided first when the State Board was unrepresented by counsel, the decision being against the State Board. An attorney afterwards appeared for the Board and, on his motion, the first decision was set aside, a re-hearing was had and the first decision re-affirmed.

THE JOURNAL is not informed as to the grounds on which either decision was reached, but as they are diametrically opposed to each other the question now arises as to—

“Who shall decide when ‘judges’ disagree,
And soundest casuists doubt, like ‘Duffie’ and ‘Lea.’”

It is not known whether the case will be further prosecuted, but there is no doubt that it ought to be, and carried to a tribunal whose decision shall settle the question as to whether the legislature has the right to pass laws for the protection of her own people, and the strangers coming within her gates from the ravages of those whom she has assumed the authority to license to all the more audaciously carry on their nefarious practices.

THE JOURNAL does not pretend to be informed as to the merits of the particular case just decided both ways by two judges, but in other States decisions have been rendered which held that the actions of the medical boards were as much judicial acts as those of the courts themselves, and therefore the latter would not undertake to review or disturb them. Let the case be carried to the Supreme Court of the State; and those physicians at Hot Springs who are mostly affected by it ought to see that it is done.

EDITORIAL NOTES.

—RECENTLY a sturdy old farmer from the *Alum* fork of the *Saline* river walked into a drug store in Little Rock, filled a glass with turbid hydrant water, drank it, and remarked, as he replaced the tumbler, “that water tastes mighty much like the water we get from the Alum fork out our way.” He was not an analytical chemist, but he knew some things by their taste

—MORE THAN ONE HUNDRED STUDENTS are attending the Medical Department of the Arkansas Industrial University this session.

—"THE ANNALS OF SURGERY" is just the same, and that is saying as much as the most ardent admirer of one of the best special journals in the world need to hear to be assured of its prosperity and worth.

—THE MEDICAL NEWS OF PHILADELPHIA, under the editorial management of Dr. George M. Gould, has rapidly become a *spirited* medical journal. The editorials are mostly devoted to the practical questions affecting the general welfare of the medical profession, while, as it should be in every other good journal, the scientific topics are discussed by able contributors.

—THE WEEKLY MEDICAL REVIEW OF ST. LOUIS, adopted with the commencement of this year a model somewhat on the "Century Dictionary" style—very short chapters and many of them—containing the very essence of the subjects of which they treat. It is a great improvement, and if the present pace is kept up it will soon reach the top of the ladder on which so many *weakly* and monthly journals are trying to climb.

—IN ST. LOUIS THERE IS A YOUNG LADY, an heiress to an immense fortune, who has had a mental trouble since childhood. A physician in that city has guaranteed a cure of the ailment for \$50,000. Had the young lady been a resident of Arkansas, she would have been forced to go to the grave with her disordered brain, as none of the profession in this State would have gone so far as to risk incurring the enmity of the State Board as to guarantee a cure."—[*Editorial in Arkansas Gazette.*

The man above referred to must be the notorious Dr. Graves, who now languishes in the Colorado penitentiary awaiting the death penalty for poisoning a woman. He gained her confidence, extorted money from her, induced her to make a will bequeathing him \$25,000 on her death, and then sent her a bottle of whisky containing arsenic, in order to cause her death and thereby obtain his legacy. A less venal man would

not extort an unreasonable fee from a patient who happened to be desperately sick and wealthy; and he would not guarantee a cure for a greater sum than he would treat the case for without the guarantee.

There is probably not a word of truth in the item, but it is reproduced here simply to show the animus of the *Gazette* towards the medical profession, and its readiness to be the abettor and aid of any quack or medical institution who *pays* for its influence—its *alleged* influence.

The State Society.

The Meeting This Year.

In the previous number of THE JOURNAL since the last session the meeting for 1892 has been referred to as the meeting *next* year. It will from this on be mentioned as the meeting *this* year. This is mentioned to call the attention of the officers of sections and committeemen to the fact that the time is fast approaching when the results of their labors or inaction will be manifest.

Five months is short enough time in which to perform the many duties devolving upon those to whom the Society has entrusted the preliminary arrangements. So it behooves every member of the Society, whether officer, committeeman or ex-officer to commence at once to inaugurate plans for a successful meeting. Remember, there will be a two days' session, and though short, time will be provided for disposing of all the work of the Society. Let there be no time spared in getting ready for the meeting and there will be none to spare when the Society is in session.

How would it be to have a discussion arranged for the ex-president? From the honors that have been conferred upon them the Society has clearly shown that they are believed to be the most capable of leading, and a discussion lead by such

men would be highly entertaining. And, then, too, if it should result in bringing together all the ex-presidents, what a benefit it would be to the deliberations of the body. THE JOURNAL barely suggests their names and if the officers of the Society communicate with them with the above end in view it hopes they will not disappoint them. The ex-presidents now living are Drs. W. B. Welch, Fayetteville; A. A. Horner, Helena; W. M. Lawrence, Batesville; R. G. Jennings, Little Rock; J. H. Southall, Little Rock; T. W. Hurley, Bentonville; J. M. Keller, Hot Springs; J. A. Dibrell, Sr., Van Buren; W. P. Hart, Pine Bluff; E. Bentley, Little Rock; Z. Orto, Pine Bluff; J. A. Dibrell, Jr., Little Rock.

It is somewhat remarkable that of the three ex-presidents who have died, two lived at Texarkana at the time of their death and the other one at Washington in the adjoining county of Hempstead. Drs. E. T. Dale and Hawkins died at the former place and Dr. A. N. Carrigan at the latter.

County Societies.

[The Scientific Proceedings of County Societies are requested for publication in this Department.]

The Proceedings of County Societies.

Notwithstanding the request for the scientific proceedings of societies, published monthly above, THE JOURNAL rarely receives such communications for publication. The societies evidently meet, occasionally at least, and it is reasonable to suppose that at some of the meetings papers are read and discussed, and topics of general interest to the profession are considered. THE JOURNAL does not know who is responsible for not sending the proceedings of the County Societies to it, but it is not mistaken in maintaining that if it is done at all it will have to be done by the secretaries. While all of the good

secretaries have not done their duty in the matter, it is safe to state that none of the poor ones have done anything.

The secretary of every Society should be elected on account of his business qualifications, and where, as it doubtless is in several of the societies in this State, the duties of such a position require too much of the time of the secretary, the societies should provide for an assistant, not necessarily a physician, who could transcribe and arrange the proceedings for publication. Get the best man for secretary, authorize him to employ, if necessary, an assistant, to be paid out of the society's funds, and then let your light so shine before your professional brothers that they may see the results of your good works and be benefited by them.

Roll Call of Counties—Continued.

Green?

Hempstead?

Hot Spring?

Green County is another one of the great timber counties, whose lumber interests maintain a sufficient number of saw-mills to make the people so prosperous as to pay well their doctors. Indeed, there ought to be physicians enough in Green County to organize a society of saw-mill surgeons. But who are they? They don't come to the State Society, and if they are doing anything for the good of their profession in a county society they have, though modestly, perhaps, kept the outside world ignorant of their doings.

In the days of Dr. A. N. Carrigan it never became necessary to inquire about medical matters in his county—Hempstead. His energetic influence maintained one of the best working societies in the State. Nor did the good works that he performed in that direction die with that good man. Younger men grew up in the profession under his tutorship, and if they are not today carrying on the good work their preceptor and

predecessor begun and maintained, they are not honoring in the highest manner the memory of Dr. Carrigan.

There have been changes in the county, and they have not been conducive to the welfare of the County Society, but, notwithstanding these interruptions, there is the material in Hempstead to carry on in a gratifying manner the work of organized medicine.

Maybe after all the Hempstead County Society is doing good work, and so much of it that there is not sufficient time to tell us about it. If such is the case, send the papers and reports of discussions to THE JOURNAL and it will do the rest.

Hot Spring County could, in days gone by, boast of containing the famous Hot Springs of Arkansas. But an Arkansas Legislature met, and by an exercise of that inscrutable and infinitesimal wisdom for which its successors have been more or less distinguished ever since, removed the county of Hot Spring from the real springs by making a new county, named Garland, out of that portion of Hot Spring County which contained the Hot Springs town then, city now, and the natural springs also.

Just why an Arkansas Legislature wanted a Hot Spring County without any hot springs in it has never been explained. But the effect on the medical profession of the county of Hot Spring was such that they staid with the town and springs bearing the name in the county of Garland and left the old county without a sufficient number of graduates to constitute a Society. So Hot Springs County is the only one in the State, mentioned so far, that has a *lawful* excuse for not having a county society.

There are several good doctors in the county. Some of them belong to the State Society, and doubtless will organize as soon as their numbers are augmented.

Miscellany.

The Treatment of Influenza.

Leeson (*British Medical Journal*, December 5, 1891,) urges that isolation be resorted to as a preventive measure against influenza. He claims to have been successful in excluding the disease from a colony of 300 persons constituted by the inmates and staff of an orphanage at Twickenham. The children were not allowed to go to church, the officers were prevailed upon to keep within the walls, and all visiting was prohibited. The disease exists on all sides, but the orphanage had thus far escaped.

He quotes Bolton in fixing the incubation-period at five days, and believes that the disease is most readily transmitted in the earlier stages, so that a week of isolation (of the sick) will be sufficient. It is evident, however, that isolation of the well—the method so successfully adopted by Leeson at Twickenham, and by Trudeau two years ago at Saranac—will have to be kept up during the entire epidemic period, and that it is only practicable in institutions.

Leeson's practice of giving "antipyrin in twenty-grain doses every four hours," while it may, as he states, have a "magical effect upon the pains," carries its own condemnation in his next sentence: "The treatment for the subsequent debility during convalescence is unsatisfactory."

This treatment was exceedingly popular during the pandemic of 1889, and was successful in achieving an unprecedented mortality. It is as irrational as it is dangerous, Influenza, whether directly by the action of the infectious agent, or more probably indirectly by the action of a toxic metabolin developed and retained in the system, is a depressing disease. It lowers vital energy. The indications are to favor elimination of the noxæ by stimulating all the emunctories, and to administer such agents as will reinforce the vital energy. Antipyrin

and its congeners check excretion and depress vital force. They are thus directly antagonistic to the *vis medicatrix nature*, and directly synergistic to the toxic agents of the disease. It can hardly be doubted that many of the sudden deaths, and much of the undue prolongation of the course of a usually rapid disease, may be ascribed to the action of these drugs. They likewise retard convalescence and increase the liability to dangerous sequelæ.

There is no specific against influenza; but the derivatives of cinchona and of salicin seem most nearly to act as specifics. Cinchonidine salicylate, in doses of five grains, repeated every second, third, or fourth hour, is of decided utility. Rest is important even in the milder cases. The diet should be simple, supporting, easily digestible, and readily assimilable. Carbohydrates should be given, preferably predigested, as in peptonized milk gruel, or as alcohol. The frequency of feeding, and the quantity of food, should be governed by circumstances. The skin, kidneys and bowels should be kept in a state of healthy activity—by simple means, if possible. Niter, sodium benzoate, and spirits of nitrous ether, are among the best diuretics and diaphoretics. In a strong patient at the beginning of an attack, the attempt to abort by a profuse diaphoresis may be made—and, if free perspiration cannot otherwise be brought about, pilocarpine guarded by digitalis or strychnine may be employed.

The heart and nervous system should be sustained with strychnine. If indications for decided stimulation of the kidneys exist, either in previous disease or in present tendency to pleural or other effusions, cocaine, digitalis, caffeine, or sparteine may be added. Cocaine may find additional indication in gastric irritability, or in a tendency to subnormal temperature.

Antipyretics have no indication. The temperature is never in itself dangerous, and rarely rises so high as to cause serious discomfort. Cool or tepid sponging will usually afford relief from such discomfort as may, in a few cases, be experienced. Should there be exceptional cases of persistent high temper-

ature, the ice-bag or other means of applying cold could be employed. Coryza, if troublesome, may be relieved by the administration of atropine or by the topical application of cocaine or menthol.

Laryngeal inflammation is a noticeable feature of the present epidemic. Edema demands scarification and hydragogue catharsis. Simple laryngitis is best treated by inhalation from steaming water of equal parts of compound tincture of benzoin and paregoric.

Pulmonary complications are not so serious or so frequent as in the recent epidemic. Counter-irritation, the ice-bag, or the poultice, followed by the cotton or wool jacket, and the internal administration of ammonium salts or terebinthinate preparations, constitute the best method of treatment. Ammonium salicylate is especially useful. In pneumonia we have seen much benefit from inhalation of ethyl iodide, as advised by Bartholow. Pleuritis, pericarditis, and endocarditis are encountered, but the general treatment needs only obvious modification to meet the special symptoms. Blisters over the heart are useful. Acute rheumatism is prevalent, and appears to be modified by the epidemic influence. Blistering around the inflamed joints and over the heart may be advised; the administration of alkalies, followed by quinine salicylate, or in anemic cases, instead of alkalies, tincture of the chloride of iron, with strychnine hypodermatically in a decided dose, once daily, is useful. In cases presenting grave symptoms of whatever nature we advise inhalation of recently prepared oxygen.

Pain does not furnish sufficient indication for antipyrin, phenacetin, and the like, to overcome the counter-indication afforded by their depressing properties. Opium preparations, especially codeine, or cocaine, or guarana, or even sodium bromide guarded by caffeine or by guarana, will usually relieve the headache, if the general measures already detailed do not accomplish this. In addition to these drugs, cannabis indica, hyoscyamus and its derivatives, compound spirits of ether, camphor and its bromide, and cold or hot local applications,

will be found useful in the relief of pain, when special treatment of that symptom is necessary.

The quick relief afforded by the coal tar products is undoubtedly a great temptation to the physician who only sees what is immediately before him; and certainly many patients escape unfortunate consequences. Nevertheless, we must repeat that there is always danger, and that some of those escaping with their lives are so depressed that convalescence is unduly protracted, and the liability to morbid epiphenomena increased. The temporary apparent good is purchased at the price of much concealed evil. The management of convalescence is no less important than skillful treatment of the attack and its complications. Undue exposure must be avoided. Strengthening food and some simple tonic, such as tincture of nux vomica, or compound tincture of cinchona or fluid extract of coca should be given; or, if indicated by anemia, an arsenical or chalybeate preparation may be used for a few days or weeks or months, according to circumstances. After a severe and complicated attack climatic change may be desirable. Individuals known or suspected to be predisposed to tuberculosis should be kept under careful observation, and appropriate measures of prophylaxis should be instituted. — [*Medical News.*

Prescriptions and Prescribing.

Is the art of prescribing to be numbered among the lost arts? A correspondent, with some show of reason, would wish us to believe this question is to be answered in the affirmative. He gravely asserts that doctors study the advertisements of enterprising pharmacists more than their *materia medica*, and he fears that in the future patients will be as wise as their medical men if they take in the same literature. Doubtless the so-called elegant prescription, with its rigid adherence to the rules enforcing the presence of a basis, an adjuvant, a corrective, and a vehicle, is now rarely met with; and,

although certain examining bodies will struggle to maintain the ancient Latin form of the prescription, yet little by little the Latinity seems to be slipping away. The symbols remain, but abbreviations obviate difficulties with doubtful genitives and undeclinable substantives of recent invention, and the directions are, more often than not, written at full length in English. It is difficult to account for these tendencies. Perhaps they are the result of the importance at present attached to the study of the various branches of science, which leaves little room for the cultivation of the older proud boast of languages. Perhaps they are the almost unconscious expression of a feeling that in medicine the days of mystery have passed away. The prescription, with its mystic symbols, which merely indicated more or less unnecessary directions to the dispenser, although regarded with awe, is no longer felt to represent the acme of skill. Among certain classes of patients it retains its former potent sway, and continues to be interchanged among friends as a talisman; but the more enlightened sections of the public prefer to be treated as individuals, to whom special instructions of diet and mode of life mean almost as much practical benefit as the prescription. Moreover, in many instances, they prefer to know what is being ordered, and although this knowledge may convey very little enlightenment, there may possibly be a certain satisfaction in finding two or three lines in the familiar vernacular. Consulting the wishes of patients, therefore, it would seem that it is scarcely worth the trouble to keep up a semblance of secrecy on paper. On the other hand, for those in the profession who can, but do not, write their prescriptions in Latin, the explanation may possibly be found in some unavowed lack of confidence in the subsequent translation of their directions. Many venerable jokes upon this subject have had their serious side and effect. While they have served as object lessons to young dispensers, they have equally caused a gradual disinclination on the part of the prescriber to run any facetious but undesirable risks. But apart from the way in which the directions are written, the component parts of the prescription fall under eager scrutiny.

The small mystifications of Fowler's solution, of soap pill, of spirit of Mindererus, or even of solution of trinitrin, cannot hold out against the inquiring spirit of the age. Patients have been known to go to the nearest free library to solve the problem. Perhaps one natural outcome of this is the "growing tendency," of which our correspondent complains, to prescribe secret and special nostrums. "When patients become aware that they have paid for a prescription of 'somebody's syrup' which they may have tried before or may have seen recommended in the daily papers, they are inclined to think the fee is wasted, and to lose faith in the doctor; while if they get relief from the patent compound, they tell all their neighbors how to do without the doctor." He further complains of the loss and inconvenience occasioned to the chemist by embodying in a prescription certain preparations to which the names of the makers are attached. In the modern nomenclature of disease many proper names, undesirably, as we think, are linked to groups of symptoms, for the convenience of abbreviation or with the intention of conferring honor; but is there any justification for the extension of this principle to drugs? Is there any gain in selecting the tincture, syrup, or pill prepared by any particular firm? Our correspondent thinks not, and does not hesitate to employ a harsh term to those addicted to this practice. Still, there are two sides to every question. These preparations have frequently been most carefully made, with appliances whose cost can only be met by wholesale manufacturers. They are usually prepared with every conceivable precaution for insuring uniformity of strength, and when their efficacy has been repeatedly tested, it seems somewhat hard to accuse those who employ them of quackery. The term is only appropriate when such substances take the place of a prescription, the prescriber being alike ignorant of their compositions and actions.—[*Lancet*.

Why the Public is Ignorant of the Possibilities in Surgical Practice.

That the secular press is responsible for the many absurdities instilled in the mind of the reading public in regard to surgical practices, is evidenced by the following clipping from the St. Louis *Globe-Democrat*, a sample of what is published in the newspapers from time to time :

“There was given shelter at the police station last night an old soldier with a remarkable history. He may be said to be only a living wonder, a human being more dead than alive, for the existence of life in his body after the casualties he has undergone, has puzzled the leading surgeons throughout the country.

“He is William Burns, a man who has been the subject of operation in a dozen different hospitals. He is a native of New York State, and first enlisted in the 47th Massachusetts, and has shown himself to be a man of wonderful vitality. He is now 60 years old, and although he has been pierced many times with the keen edge of the saber and has been literally torn to pieces with shot and shell, what remains of him manages to travel about, and he says he has good health, and were it not for an abscess in his stomach, which gives him much pain, he would feel first rate. He is now on his way to Cincinnati to have a surgical operation performed.

“At Fort Donaldson almost the entire crown of his head was torn off by a shell, but after he received his wound he fought three hours before he fell. When the smoke of battle had cleared away and it was discovered his soul had not gone up, he was taken to a hospital where an operation known in surgery as trephining was performed, and he now carries a six-ounce silver plate in his head instead of a bone. At the battle of Antietam he was captured and served seven months and ten days in Libby Prison. He finally became engineer on a man-of-war, and has visited nearly every country on the globe. He has made 407 trips across the Atlantic Ocean, and has cruised on the Pacific. He was engineer on

the man-of-war Essex when she went on the rocks at Gay's Head, off Martha's Vineyard, in 1884. He stuck to his post to the last, and was reversing his engine when the crash came. He was hurled in among the crashing machinery and picked up a mangled mass of quivering flesh, but still alive. As a result the right knee-cap is gone, also his right hip-bone and other bones of his right leg. His body is punched full of holes, there is no pulsation in the right wrist, three ribs are missing from the left side, and, strangest of all, his heart is on the right side. This latter fact was discovered by Dr. Agnew when he removed the unfortunate's ribs. It is claimed the blow which broke the ribs drove the heart to the right side."

The query to us is that an intelligent newspaper man would for a moment entertain such an absurd story as the above, or if he did not believe it, would publish it. The people generally are disposed to believe what they find in print, therefore the press should be guarded in what they publish. Newspapers are becoming the source of the general education of today, and the American people particularly are newspaper readers.

Among the false statements in the above paragraphs is the absurd, but commonly believed myth of the "silver plate in the head." So common is the belief that men carry silver plates in their head that to dispute the assertion is regarded as an insult by many, and may even be rebuked by punishment. "A six-ounce silver plate" is a little the largest we have ever heard of, and rather more than should be allowed to remain covered up. We have been more than once shocked by the apparent belief of medical men, even in the "silver-plate" stories, ridiculous as this idea of surgical practice may appear to the average surgeon.

The prevalent erroneous belief that a silver plate is placed instead of the bone removed in trephining, in common with other surgical impossibilities, will prevail so long as the press continues to publish such nonsensical articles as the one under consideration.—[*Kansas City Medical Record*.]

Medical Subjects as Treated by the Public Press.

It is encouraging to note that medical subjects are being handled by the daily press of the country in a more rational manner, although the propriety of the publication of medical articles for indiscriminate perusal is generally to be doubted. Journalism, alert to the proper influences of the day, is improving in this work, although, of course, unless the articles are actually written by physicians, there will always be found inaccuracy and absurdity. Curiously enough, it is in the heavier and more thoughtful monthly periodicals that medical subjects are treated in a surprisingly unscientific and irrational way. It seems as if the higher class magazines are ever open to the advertisement of false doctrines, chicanery or fraud found in medical circles.

One of the most flagrant examples of this sort appeared in the *Century* of a year ago. It was an examination of a medical lexicon of the eighteenth century, written by that master of humor and pathos, Samuel L. Clemens, more widely known as "Mark Twain." The absurdities, pomposity and colossal ignorance of medical writers of that date are shown most delightfully by Mr. Clemens. In his treatment of the subject he reveals the fact that he has lost none of his old-time sparkle. But he concludes with the extraordinary statement that the present position of medical science today depends upon the teachings of Hahnemann, and that however much the regular physician may despise his homeopathic brother he still owes his present position largely to the discovery of homeopathy. It would be interesting to know the extent of Mr. Clemens' knowledge of the principles of homeopathy and regular medicine from which he draws this extraordinary conclusion. It seems incredible, if he is acquainted with the absurd propositions of Hahnemann, that he could attribute the destruction of the absurdities of the eighteenth century to the medium of one of their number, which is as wild and irrational as any found by Mr. Clemens in his medical lexicon.

There is only one great advance in medicine with which

homeopathy is at all connected. The practice of homeopathy gave an opportunity to the medical man of a hundred years ago to study the course of disease practically uninfluenced by the action of drugs. He found that acute disease was not to be treated like the seven devils mentioned in the Scriptures, to be cast out at any cost. He found that many of the acute diseases ran certain courses which it was impossible to abort. Although homeopathy was the innocent cause of this discovery, yet it deserves no credit for it, for the discovery was made only by the failure to control disease exhibited by homeopathic treatment. Moreover, the great medical advances of the last fifty years, which constitute the real progress of medicine, are wholly innocent of any trace of homeopathic influence.

The second notable prostitution of a journal occurred recently in the *Review of Reviews*, edited by that brilliant but erratic genius, W. T. Stead, of *Pall Mall Gazette* fame. It is a popular account of a discovery of a cure for cancer made by an Italian count. The article consists of a synopsis of the lives of the prominent people who are friends of the discoverer. What effect the friendship of such prominent men has upon the discovery of a cure for cancer even so brilliant a genius as Mr. Stead does not endeavor to trace, although, as he gives no other proof beyond existence of such acquaintanceship, we suppose that some mysterious connection exists.

A third example of prostitution of a great monthly magazine is found in a recent number of the *North American Review*, which contains an article on the so-called Bichloride of Gold Treatment for Drunkenness, written by a gentleman who had been "cured" by this treatment. This treatment has attracted no attention here, but it is said to be rampant in the West. This cure is a secret and requires the presence of the patient in appropriate institutions. The editor of the *Review* probably salves his conscience by believing that the originator of the treatment has a right to preserve its secrecy, overlooking the fact that the fundamental principle of medicine is that discoveries are the property of the whole profession. If this rule were not strictly adhered to, medical science could never ad-

vance. Where would the world be today if all the numerous discoveries in medical progress had been kept secret by their discoverers and used only for their private gain? There are only two motives which keep such discoveries secret: Either the fact that a swindle is being perpetrated, or desire for private gain at the expense of the lives of the patients unable to reach the original investigator. Both of these motives, viewed in the light of medical ethics, are ignoble, even though they receive the sanction of so honorable a gentleman as the editor of the *North American Review*. It is unnecessary to point out the utter futility of the injection of the bichloride of gold, as at the outset it is a chemical impossibility; indeed in the *Review* it is mysteriously hinted that this is not the sole therapeutic agent employed.

It is a sad commentary on the astuteness of the physician who originated this method of treatment, and the editor of the *Review*, that the author of the article died a few days ago at the hospital on Blackwell's Island, New York, of chronic alcoholism before the ink of his article was scarcely dry on the pages of the magazine.

It is a curious phase of human nature that everyone feels fully capable to talk, write and judge of medical matters with the utmost freedom and confidence. This tendency is not noticed in the other professions and occupations; yet in medicine, which is one of the most intricate and baffling of sciences—for it represents the struggle of man to solve nature's problems, while the efforts in other professions are rather to solve problems of human origin—everyone feels fitted to judge and decide arbitrarily. Yet it is doubtful whether the public can ever be taught to take their medicine in any other way than that in which they receive their religion—*i. e.*, by faith.—[*University Medical Magazine*.

On the Use of the Newer Antipyretics in Influenza.

Little progress seems to have been made in the treatment of this malady. This is but what would be expected, however, owing to the obscure nature of the etiology and pathology of the disease. Although there is every indication that the affection is caused by a specific micro-organism, *the* particular one remains to be demonstrated.

As the manifestations of the epidemic influenza are not the same in different epidemics, or, in fact, in the same epidemic, and as at present we do not know of any specific, a large field for experimental therapeutics has been offered by the more or less constant prevalence of the disease during the past two years. This has not resulted in the discovery of any new remedies, but we have learned what *not* to use.

During the past few years the chemical laboratory has furnished us with many new drugs, an important series of which possess remarkable antipyretic properties, and, as ascertained later, some of them are analgesics as well. These qualities seemed to indicate particularly their use to combat the fever, as well as the local or general pains so frequently complained of in the present epidemic.

Disappointment, however, often followed this method of treatment, and some of the deaths which occurred in the early part of the epidemic are charged to the use of these drugs. Evidence has been accumulating that these new antipyretic drugs are capable of acting as cardiac depressants. This is, perhaps, particularly the case when the heart is already weakened from other causes. Bearing in mind the profound prostration in many cases of influenza, it will be apparent that the drugs in question are dangerous weapons.

It seems that any one of the various systems of the body—the respiratory, the nervous, the vascular or the digestive—may be particularly affected by the disease under consideration. This may be explained by the theory of a *locus minoris resistentiæ*. When the violence of the disease falls upon the circulatory system, it is very important to avoid all cardiac de-

pressants. This becomes of even greater significance if the heart or vessels be already diseased. The same caution should be observed in the case of children or the aged, among whom the disease numbers the majority of its victims.

It is to be recommended, therefore, that in this disease the new chemical antipyretics be used very cautiously, or not at all. It must be remembered that during the prevalence of influenza all diseases are apt to have an increased mortality, so that the same caution is to be borne in mind. It is, perhaps, superfluous to remark that the same argument holds good in the cases of the other cardiac depressants.—[*University Medical Magazine.*

Ampere and Volt.

The following question was put to Thomas A. Edison by John S. Wise in a recent lawsuit in which Mr. Edison was a witness. The answer by Mr. Edison gives a pretty clear definition of the words "ampere" and "volt" which are much used about this time :

Question. "Explain what is meant by the number of volts in an electric current?"

Answer. "I will have to use the analogy of a waterfall to explain. Say we have a current of water and a turbine wheel. If I have a turbine wheel and allow a thousand gallons per second to fall from a height of one foot on the turbine, I get a certain power, we will say one-horse power. Now, the one foot of fall will represent one volt of pressure in electricity, and the thousand gallons will represent the ampere or the amount of current; we will call that one ampere. Thus, we have a thousand gallons of water or one ampere, falling one foot or volt or under one volt of pressure, and the water working the turbine gives one-horse power. If, now, we go a thousand feet high, and take one gallon of water and let it fall on the turbine wheel, we will get the same power as we had before, namely, one-horse power. We have got a thousand

times less current or less water, and we will have a thousandth of an ampere in place of one ampere, and we will have a thousand volts in place of one volt, and we will have a fall of water a thousand feet as against one foot. Now, the fall of water, or the height from which it falls, is the pressure or volts of electricity, and the amount of water is the amperes. It will be seen that a thousand gallons a minute falling on a man from a height of only one foot would be no danger to the man, and that if we took one gallon and took it up a thousand feet and let it fall down it would crush him. So it is not the quantity or current of water that does the damage, but it is the velocity or pressure that produces the effect."—[*Ex.*

The Maximum Dose of Aconite.

It is reported in a recent case of accidental poisoning in Shoreditch that a woman died in four hours from the effects of a nine-minim dose of tin. aconite. This would equal about five grains of the root, or about one-thirtieth of a grain of aconitine, which is said to have been the smallest quantity known to be fatal, the maximum does of the tincture of aconite, B. P., being fifteen minims. Dr. Stevenson calls attention to the fact, and recommends that aconite should not be administered in full doses at less intervals than six hours. He has found that its local and constitutional effects do not disappear till after the lapse of from five to seven hours.—[*British and Colonial Druggist.*

A State Board Sustained.

The Oregon Supreme Court has reversed the finding of the Circuit Court in the case of Barmore v. The State Board of Examiners. Barmore had been refused a certificate by the Board upon showing he was a graduate of the Medical Department of the University of Ohio, and had a diploma from a legally chartered medical school in good standing. He was refused upon

the ground that the Oregon State Board had adopted a rule which defined "medical institution in good standing," as used in the act, to mean, "only those institutions which required three regular courses or sessions of six months each, extending over a period of three years' time," and that the school of plaintiff did not, when he graduated, have such a three years' course. If Barmore had applied before the Board adopted this rule he could have been admitted to practice in Oregon. Barmore asked a mandamus to compel the State Board to issue a certificate, and won his case in the Circuit Court. This is now reversed in the Supreme Court and the State Board of Examiners sustained.—[*Medical Standard*.

Homeopathy.

The following amusing item is contributed by a correspondent of the *Pulte Quarterly*. About six months ago I had a case of cracked nipples. A woman, midwife, attended her, and the third day after confinement a "raw" appeared on the right nipple, and on the next day one appeared on the left. These epithelial abrasions soon became long, deep cracks, extending around the nipple near the base; also across the crown, and accompanied with excessive soreness and sharp lancinating pains whenever the child nursed. I prescribed belladonna at first, then graphites, sulphur, hepar sulphur, nitric acid, silicea, and sepia, and kept the ulcer clean and dry, but it kept getting worse. A nipple shield was used, with but little benefit. I used graphite cerate but it got worse. I used calendula cerate but it still got worse. I then resorted to what I believe to be a specific in these cases, and that is to clean the ulcer and dust it over with dry calomel twice a day. I did this in this case, and in two days the ulcers were well and no untoward symptoms followed.—[*Weekly Medical Review*.

PHARMACY.

This Department is the official organ of the Arkansas Association of Pharmacists, and is under the charge of an editor elected by that body, to whom all communications relating to it should be sent. Address its editor,
MR. W. W. KERR, Batesville, Ark.

1892.

We have reached another one of those periods of time which especially marks the flight of years, and while it is a truth too little remembered, that each day as much ushers in a new year as does the first day of January, it is an economic arrangement that punctuates life's record at regular intervals with a full stop, that we may have opportunity to pause in the mad rush for wealth or fame, or it may be to keep the wolf from the door, long enough to review the past and gather courage from the stimulus of its successes or the desperation of its failures for the journey ahead of us. It is pertinent for druggists as well as others to stop at the beginning of this new year and ask ourselves whether we have during the year that is past utilized the days it has given us in improving our business methods and our professional knowledge to the extent that we should. We are in the habit at this time of year of taking an invoice of our stocks of goods and balancing our books in order to see if we have made or lost money. Do we at the same time take account of our stock of business integrity and pharmaceutical knowledge to ascertain the gain or loss in these respects? Have we appreciated fully the great responsibility our calling imposed upon us, and endeavored to the best of our ability to meet that responsibility fully, squarely and honestly? To say we have is saying a great deal, and to say we have not is saying too little. It is an age of push and hurry, more after the object in view than the methods by which it is reached, and it would be strange if we had not caught the infection, and yet of all classes it becomes us to make haste *slowly*

but *make haste surely*. The past year has not been behind its predecessors in solid substantial pharmaceutical progress, and if the pharmacist of to-day is not better fitted for the proper discharge of his duty than he was one year ago, he is not fitted for the occupation he has assumed at all.

The desire for gain seems to be the ruling passion of the world and our business forms no exception to the rule. To such an extent has this taken hold upon us that methods which a few years ago would have been looked upon as dishonorable and scorned as disgraceful are now openly adopted or silently winked at. From the large manufacturer to the humblest retail dealer the "chief end of man" is more the accumulation of wealth than the discharge of the solemn obligation due to the suffering humanity around us. These are pharmaceutical "times that try men's souls," and it becomes us to seriously inquire of ourselves whether we are floating with the tide or trying to stem the current.

Pharmacy is in the midst of a crisis, a crisis that is to decide whether we are a profession worthy to be ranked with and entitled to be respected as other professions, or merely a set of mercantile hucksters who know nothing and care for nothing except our bank accounts. Time will tell, and it only will be a short time. Such reckless speed must speedily wreck the train into splinters or rush it safely through to a station of safety. We must confess to a strong confidence in the ultimate success of the better principles which underlie the pharmaceutical structure, and when the storm blows over it will only leave the sky the clearer. If ten righteous had been found, Sodom had been saved, and we have many more than that number who will stand unblanched and unflinching at the throttle and never give up the cause, and we are not worse than Sodom.

THE NEXT MEETING OF THE ARKANSAS STATE BOARD OF PHARMACY for the examination of applicants for registration will be held in the Senate Chamber in Little Rock on Wednesday, February 10, 1892. The examination will begin promptly at 10 o'clock a. m., and close at 5 o'clock p. m. Applicants should notify the Secretary in advance of their intention to be present.

D. W. HOLMAN, *Secretary*.

Pharmacy and Queries.

The following circular has been mailed to each member of the Association:

COMMITTEE ON PHARMACY AND QUERIES.

"A HAPPY NEW YEAR."

BATESVILLE, ARK., January 1, 1892.

Dear Sir: The year 1892 is here and the time for the next meeting of our association draws nigh. Although the date has not been fixed, so far as is known to the Committee on Pharmacy and Queries, it is reasonably certain that it will not be later than some time in May, so that the time for making the preliminary arrangements for its success is fully upon us. It is the duty of every member to feel himself personally and individually as much responsible for that success as if he were the only member of the association. The object of our meeting is mutual improvement, both as to our professional and business methods, and the means relied upon to accomplish this is a mutual interchange of ideas upon subjects relating thereto. Hitherto the time has been so completely occupied with discussions connected with the passage of our pharmacy law, that but little was left for the consideration of subjects bearing more directly upon the real object of our coming together. That matter having been disposed of, we *must* now turn our attention to things of even greater importance to the future of pharmacy in Arkansas. So far as we have had an intimation, there has been no preparation made for reading papers at the Fort Smith meeting, notwithstanding we have repeatedly urged you to do so in the columns of our official organ, hence we approach you now with a direct personal appeal, and enclose an addressed postal card for a reply to the following questions:

Will you or will you not prepare a paper for that occasion? If not, why not? If you will, will you accept one of the following queries, and if so, which one.

If you will not accept either of them, will you give us the title a subject you *will* write upon?

The following topics are merely suggestions thrown out in

the hope that they may lead your mind in a definite direction, if they do not strike you as being the proper thing in themselves :

1. What is the difference, if any, between the American calomel, as at present manufactured, and the English ?

2. The difficulty of procuring fresh oil of orange and its instability makes it an objectionable ingredient in the N. F. Elixir. Could not its place be taken by a tincture of the fresh peel? and give formula.

3. A glossary of the synonyms of the official drugs, chemicals and preparations, including the practically obsolete and local names, is desirable.

4. How far are we justifiable in departing from the requirements of the United States Pharmacy in making its preparations ?

5. What arguments may be advanced for or against making tinctures and syrups from fluid extracts ?

6. A condensed list of tests for the identification and purity of the more common chemicals, with simple methods of application, is desirable, in view of the responsibility of the druggists under the law.

7. The proper attitude of the druggist towards the physician, and the best way to promote harmony between the professions.

8. Criticisms on the National Formulary.

9. Advantages of State associations, and the best way to make them interesting and useful.

10. Is the establishment of a school of pharmacy in Arkansas a practical scheme ?

11. What changes should be made in our pharmacy law ?

12. How far should the sale of outside lines be encouraged ?

13. What relation should proprietary remedies bear to the drug trade ?

14. How to buy drugs.

15. Proper arrangement of drug stores.

(Please send us our postal card back)

Yours truly, W. W. KERR, *Chairman of Committee.*

Sanitation.

The following from President Montizambent's annual address before the American Public Health Association at its Kansas City meeting, October, 1891, commends itself for its common sense as well as its calling attention to a very much overlooked fact :

“From the long period of incubation of some of the infectious diseases, and the relative shortness of the voyage from many ports outside the country, and from the possibility of disease lurking in imported clothing and effects, it is evident that unless there could be a routine quarantine detention of all vessels arriving at every port, and a routine disinfection of all clothing and merchandise from abroad, there is always the possibility of exotic disease passing the quarantine barriers in an invisible and unrecognizable stage and condition, and first declaring itself in the interior of the country. This cannot be avoided without such detention of vessels, passengers and merchandise at the ports of arrival, and such consequent interference with trade and commerce as would be quite unjustifiable and impracticable. Quarantine may be held accountable for dealing with actual cases of infectious disease, with infected vessels and effects, and those suspected of being infected. In this way they strain out and protect the country from a very large percentage indeed of the exotic disease which threatens it from time to time, but they must not be expected to do the impossible, nor must they be leaned on as an excuse for lessened effort inland. Occasional cases of infectious disease in the stage of incubation, and the micro-organisms of disease lurking in unsuspected clothing or merchandise, may pass, from time to time, the most efficient quarantine that is practically possible. An outbreak may thus occur in some inland locality.

“Then at once comes in the value of the national, the State, and the local boards of health, with an organized system of notification and isolation to limit, to confine, and to stamp out the disease.”

The feeling of security with which inland cities and towns have been wont to rely upon the coast-line quarantine for protection, has lulled them into indifference as to the foes lurking in and around their own premises, to say nothing of those which may be so easily imported by the means indicated in the above abstract. In a State like Arkansas, with no State Board of Health, and, judging from the complaints in the newspapers, about the same as no local boards, the masses have little or no protection.

About the hardest thing to get through the brain of the average legislator is that he is in any sense the guardian of the public health.

Physicians Should Dispense Their Own Medicines.

The editorial in the *Medical News* under the above caption published in the last number of this JOURNAL, has been extensively copied and *numerously* criticised. We do not care to extend these criticisms, but cannot forbear calling attention to the mechanical, nickle-in-the-slot, ease-loving style of medical practice which pervades it.

Note the following expression: "Pharmacological science has of late made wonderful progress, and the richness and diversity of the elegant preparations made by the best laboratories, excite genuine surprise and praise. To hand the patient the day's supply of these marvelous little triturates, discs, pellets, tabloids or alkaloids, is *less trouble* (italics ours) than to write a prescription." One is made to feel that to complete the picture, some inventive genius should construct a machine with a crank to it, so many turns of which would grind out a "day's supply of these marvelous little triturates, discs, etc.," so that with a machine-made doctor armed with a hopper full of machine-made "tabloids," dished out by machinery, the patient could at least have the pleasure of going off scientifically, according to the most approved principles of mechanics, while the doctor luxuriates in his cushioned chair with his fra-

grant Havana, looking at the world "'twixt the toes of his boots."

There is entirely too much of this spirit prevalent with both physicians and pharmacists, and, while it may be "less trouble" to them, it might give *more* to the afflicted.

There is just so much trouble in the world, and it must be borne by the world's inhabitants, and while one-half of them may succeed in avoiding their share, the other half will have to shoulder a double load.

Arkansas Association of Pharmacists.

The time of the tenth annual meeting is now near enough at hand to make it necessary that all who feel an interest in its success should bestir themselves to make it the best meeting we have ever had. Heretofore each meeting has been a decided improvement on its predecessor, and there is no reason why the one at Fort Smith should be an exception to the rule. In the first place, we should have the largest increase in membership we have ever had. It meets in a section of the State never before visited by the Association, and one that has not seemed to take much interest in it, for the reason, perhaps, that it has looked to them to be a thing too far off to be of any service to them. They will now have an opportunity of an introduction, and we hope that all the druggists in the great Northwest who can possibly do so, will come out, those who are *not* members as well as those who are. The Committee on Membership should begin *at once* to work upon the druggists of the State who are not members and induce them to send in their applications, especially those living in the Northwest.

Let the members all over the State give attention to the appeal of the Committee on Pharmacy and Queries, published elsewhere, and let us have a goodly number of papers for reading and discussion, and don't forget to send them back their postal card.

The Committee on Trade Interests should be getting to-

gether the data for their report, which should inform the Association fully as to the condition of the trade for the past year, and make any suggestion for its improvement which their investigations may enable them to give. Let all remember that these columns are for the purpose of discussing questions pertaining to the welfare of the Association, and use them for that purpose.

The tenth annual meeting must be made a grand success.

PHOTOGRAPHY IS A GROWING PASTIME for all classes of people who find time to devote to this interesting work. We do not know of any one better fitted for use of a photograph outfit than a pharmacist. He has his chemicals convenient, a dark room can be fitted up without much trouble, and his knowledge of chemistry, combined with a training in pharmaceutical dispensing, will enable the average druggist to make better photographs, in less time, than the average amateur photographer. At the present time photograph cameras have reached a low price, which places serviceable instruments within the reach of persons in moderate means. The pharmacist can make use of all subjects of value to the average amateur photographer, and, in addition, is in a position to photograph medicinal plants indigenous to the country where he resides and make pictures of many objects which he has in the store. Although the druggist leads a busy life and has but little time which he can call his own, we believe that even the busiest can find time to "press the button" while the kodak "does the rest."—[*Meyer Bros'. Druggist.*]

THE meeting of the tripartite committee held on the 10th of December last to arrange the details of the anti-price cutting compact was a failure by reason of the absence of two of its members. This is quite unfortunate, in view of the fact that it has been looked forward to with such intense interest, and so much seems to depend upon prompt action; striking while the iron is hot. It is still more unfortunate that the absentees were from the representatives of the retailers, the ones who have felt themselves the aggrieved parties, and from whom the demand for relief came.

The meeting was postponed to a date not yet announced.

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**Quackery in the Medical Profession. Shall We Meet It
By Quackery?**

BY W. B. BARNER, M. D., NASHVILLE, ARK.

[Read before the Howard County Medical Society.]

I have had the honor to be requested by our President to prepare an essay on the subject, "Quackery in the Medical Profession. Shall We Meet It By Quackery?" We desire to say that it is not a subject of our own choosing, and that we discuss it in a general and nowise a personal sense.

"In the medical profession;" that is, not outside of it. We have "foes without" and "foes within," and it is the latter to which we devote particular attention. But a word in regard to the former. They are parasites, and of the class minus diploma and medical knowledge, plus effrontery and rascality. Some of them are licensed by law to practice the healing art. But the medical profession as regards its ethical matters acknowledges no law superior to that of its own councils. Although our civil law may license an incompetent, immoral and unworthy fellow to practice medicine, it does not compel us to embrace him, in an ethical sense. Moreover, it is only a

question of a short time until all the States will have enacted medical laws that will protect the profession and the people against this class of men. Our last Legislature at one time seriously contemplated such a step. In fact we have already in this State a good law provided the profession itself was exalted and honest. The matter of excluding unworthy men is now in the hands of the profession in Arkansas. The trouble is that our ranks contain too many so-called doctors, who hold their commissions to practice by virtue of the "five-year clause." And these gentlemen, who at the expiration of five years at Brush College are entitled to the degree of M. D., are appointed on many of our county boards; so that in order for our present law to be of practical utility this class of graduates will have to change climate. In the meantime they will not injure or seriously concern us. For they will either retire to the shades of their "*Alma Mater*," the backwood, entirely out of our way, and where no good physician can afford to live, or sink into oblivion of their own ignorance and impudence. But we are not doomed to patiently abide even so short a time as is necessary for their extinction. Our County Medical Societies are today the only bodies of organized scientific men that regularly assemble in our counties; Our State Medical Societies are the most powerful scientific bodies that annually assemble in our respective States; and our American Medical Association the grandest united scientific body that assembles in the world. The voice of such a power will by its ceaseless clamor soon be heard in the legislative halls of the country, and we will have medical laws that will ostracise incompetent men. God-speed the time!

We do not claim that a man must of necessity be a medical graduate in order to possess medical knowledge, nor would we ethically exclude the non-graduate who is intelligent in the science and art of medicine, and practices the same on broad and legitimate principles, and affiliates with the profession. Furthermore, be it said to the honor and glory of the medical profession, that any man who has anything new or good in the interest of humanity is free to enter her broad

portals and strew his trophies at her feet. She will bow at his shrine and pronounce upon him her glorious benediction. Though born centuries before our Lord, and having developed *pari-passu* with Christianity itself, and though the history of the latter teems with cruel misdeeds in the name of the church, the medical profession presents us with a history of wonderful scientific progress and charity and good will to men. Her mistakes have been of the head and not of the heart, and she has never erected any confessionnal to guard her secrets, or holy of holies, restricted to the entrance of a single high priest, or constructed any formidable wall around her magnificent temple of learning. Any honest man, be he saint or sinner, if he possesses medical knowledge or skill, is worthy of her adoption and is at liberty to impress his personality on the medical thought and progress of the age. Let us love and honor such a calling.

Yet it is necessary to have some average standard by which to measure a medical man. Consequently we say he should be a graduate of a respectable medical college in order to be entitled to practice medicine.

Having considered thus and disposed of the "foe without," we come to the next and most important division of the subject, the "foe within." Who is he and what are his ear-marks? We answer he is the figurative wolf in the literal sheep-skin. He takes pains to drill the people in the fact that he possesses the "leather," the same as any other doctor, but does not tell them how or where he secured it. He approaches your patrons, in whose confidence it has taken you years to establish yourself, solicits their practice and offers them a reduction in fees. He pays social visits to sick people who are under the immediate treatment of other physicians, and tries to uproot you in your family practice by repeated friendly visits and attempts at social display. He makes it convenient to meet your patient, discuss with him his disease and your treatment, and slyly attempt to get him dissatisfied. He exaggerates disease, and should any other physician have had the same case in advance of him, makes it a point to reflect on the other

man's capacity. For example, Miss E. enters his office and wants her throat examined. He uses tongue depressor, examines well and finds simple sore throat, as a result of cold. About the time he is ready to prescribe a gargle he is told that Dr. J. has previously done this. He then takes head mirror and artificial light, and, upon illumination, exclaims: "Good angels, only look! Extensive erythema and prolapsus uvulæ! I am astonished at Dr. J. for prescribing a simple gargle!" He then proceeds with the Lass spray, and solemnly enjoins her return on the morrow. He retains her as an office patient till his fee is reasonably large and her patience threadbare, and then pronounces her cured. She departs, nevermore to recognize Dr. J., but with her vivid imagination overflowing with the great professional skill of her present guardian angel. He tells of wonderful cures wrought on Sallie Jones and Billie Smith. He drills his own constituency in the belief that no one can tell their idiosyncracies save himself, and especially the female portion, that he alone possesses the magic wand that bids them bring forth "without sorrow or pain, but not to multiply and replenish!" He joins the most influential church in the community, when his daily walk is a standing disgrace. He divulges professional secrecy and disregards good character. He turns private consultations with his confreres into public comment for the sake of personal vantage. He declares that a certain physician in the neighborhood has cases which he cannot diagnose. He removes a wen from the scalp and has it appear in the newspaper under the significant title of "delicate but successful operation," or aspirates the chest for hydrothorax and has it appear under the title, "Snatched from the jaws of death." This use of printer's ink can be done tacitly or directly. The impression is stronger in the former than in the latter way. The fact is conceded, however, that newspapers sometimes handle one's name without his knowledge or consent. But is it reasonable to think that any newspaper will for weeks consecutively puff the practice of any physician without material reward therefor. And so we might

further trace this line of conduct, but enough has been said for our purpose. What is the usual result of all this?

We hold it is bad in a two-fold sense :

First, to the individual, who, supported by the popular breeze, may sail very gracefully for awhile. But the tempest comes, the mask is blown off, and we find him divested of one false sail and another, and down he goes beneath the advancing hosts of the great medical army. But as he disappears in thin air, he leaves an oleaginous spot as his epitaph.

This "wolf clothed in the sheep-skin," has reflected upon the whiteness of the fold. Like the good pulpit shepherd, handsome, educated, attractive in manner, the boast of the brethren and pride and pet of his tenderer lambs. But in the acme of his clerical fame, his spiritual zeal is "sickled o'er" with the dazzling beauty of some fair one. They are first seen to exchange tender glances at the church and Sunday-school, then to walk innocently together; then she visits him in his study. The public becomes incensed, and begins to remonstrate; then to criticise, and, suddenly realizing their disgraceful attitude, the pulpit becomes minus a preacher and a woman minus a character. This does not show that all preachers are morally warped and twisted, and that we should not reverence the ministry; or that we should not honor the purity of woman. But it subjects to criticism, and gives the skeptic room for saying: "Away with your religion!" And the libertine, "Away with your virtue!"

Pursuing the matter further and viewing the other side of the picture, suppose a quack succeeds from a financial sense, and we realize that he has hoarded wealth that properly belongs to the honorable physician, or to the people whom he has fleeced, shall we follow the example of him who makes gain the object of his life and money his God, and in order to accumulate wealth resorts to every conceivable trick to take advantage of suffering humanity, poor as well as rich? His motives being entirely selfish, and having charity for none, the sick widow's and orphan's mite is as precious in his keeping as the bank certificate of deposit. He does nothing for the

profession or mankind, but he accumulates wealth and erects a magnificent earthly mansion, and in splendor liveth to himself and dieth to himself, and, like the snail, is remembered only as we stumble upon his earthly shell. Gentlemen, should we attempt it, we would most likely fail, and would have forfeited both the esteem of the profession and the people—for successful quacks are born and not made.

On the contrary, should we not emulate that other life, which upon retrospect we find continually moved by a worthy ambition to do generous and noble deeds for the relief of humanity, and that will shed a lustre upon the profession, which instead of money, is the earthly idol of his heart? In life, he is honored, and at death, though he may leave no earthly treasure or mansion, he will have erected both on high, and his monument will have been reared in the hearts of the profession and the people whom he has so nobly and generously served.

Have you had occasion to think that the Apostle Luke was the only one of the twelve who were not commissioned to work miracles? Why? We are selfish and vain enough to believe that He respected the honorable physician and desired that his power should rest solely on his professional merit and skill. Let us strive to be honorable and skillful in our duties as physicians. We have nothing to lose and all to gain. Let us on the one hand appropriate and assimilate moral precepts, and exemplify in our lives that lofty maxim, "Malice for none but charity for all who deserve it," until we have established enviable characters that will make us loved and honored. And on the other hand drink deep of medical wisdom until we have become so perfect in the art of healing that we will be beyond the successful reach of charlatanism. It is Rose Cleveland who says that nothing "succeeds like success," and in reality the ways to fame and wealth run in parallel lines.

Wherever knowledge has penetrated, as regards both animate and inanimate nature, we find that all is based on law. But for this, instead of having for our enjoyment all the beautifully regulated principles of nature and their still more mag-

nificent results, all would be as in the beginning, without "form and void." There is now to our mind strong analogical proof of the fact that this same law that prevails in the physical also operates in the spiritual world. That is the natural law at our end of the line, and spiritual law at God's end. According to the constitution of the human mind nothing can be profitable or delightful without having as its basis law and order. What would become of the planetary system without the law of gravitation; of our government without the Constitution? Of our religion without the precepts of divine revelation? Of our social fabric without a moral standard? Of our profession without an ethical standard?

Moral science and ethics are one and the same thing. One of the greatest boons yet conferred by organized medicine has been the preparation and adoption of the law that should regulate the medical profession. These principles, as embodied in the code, are as essential to our work without friction as are those of the decalogue in regulating the moral relations of men. Indeed they are but the expression of a good conscience, and their meaning may be condensed into eleven short words, Do unto others as ye would that they should do unto you. Every doctor should possess a copy of the code and make it a lamp to his feet in the hour of trial and temptation, always remembering that it is not the "hearers of the law that are justified, but the doers of the law."

To use a paraphrase, "It behooves us to look well to the future of medicine. Scarcely a generation ago corruption in business circles, in the professions, trade, society and morals was the exception instead of the rule. In every department of industry and science, in the moral and the material world, there never has been a period when that impressive question, "Watchman, what of the night?" needed so much to be asked with earnestness and anxiety. The slime of foul doing and foul dealing has inoculated with its virus the very heart of humanity. There is so little confidence in the integrity of men the world must see the best, the truest and noblest among them pass through long years of severe crucial tests—go down

into a very Gehenna of fierce trials and temptations, and come out without the smell of smoke upon their garments, before it will give them even the private recognition the grandeur of their characters so richly deserves. Yet from this very fact there has never been a time when genuine merit and nobility of character could stand out so conspicuously and blaze like a star of the first magnitude amid the moral gloom that threatens to engulf individuals, society and the nation! In our career as men and as physicians, let this beacon light lead us into the path beyond, and when we hear ringing through the brooding darkness around us that thrilling cry, "Watchman, what of the night?" we may be able to answer for ourselves, "All is well!"

Treatment of Cancer by the "Interrupted Voltaic Current."

BY D. J. PRATHER, M. D., LITTLE ROCK.

[Read in the Section on Surgery at the Sixteenth Annual Session of the State Medical Society of Arkansas, held at Hot Springs, April 29-May 1, 1891.]

This is the subject of an article in *Wood's Medical and Surgical Monographs* for March, 1890, by Dr. J. Inglis Parsons of London. If the claims of Dr. Parsons are true; if the discovery of this action of the galvanic current is an established fact; if cancer cells are destroyed by it, and healthy tissues are effected to such a limited extent, one of the most important discoveries of any age has been made, and the name of Parsons will be as renowned in medicine and in history as Jenner or Pasteur, Lister, Koch or Edison.

Apostoli's treatment of fibroids created quite a stir in the medical world, and the enthusiasm and claims of the renowned Frenchman and his followers and co-workers were such that the conclusions reached and the results obtained were very seriously questioned as to accuracy by a large majority of the

profession; and this is perhaps true at this time. But his teaching and his results has been accepted by some of the most successful operators of this day. Apostoli's claims have been established by competent men. This is true to the extent that hysterectomy for fibroids—or the enucleation of a fibroid by a laparotomy is now considered unjustifiable without the previous test of the value of electrolysis in its treatment. This is the conclusion of Dr. Thomas Keith, formerly of Edinburgh, but now of London, whose record for success in abdominal surgery in this line of practice is unequalled.

It takes much work as well as great enthusiasm to establish a *truth*. To accept a new doctrine with the doubt of an honest trial in demonstration of its truth or falsity, is but to adopt the rule of progress and with it the true spirit of scientific inquiry. Doubts are sometimes honest, conservative and safe. They are the brakes—the air-brakes to the too rapid movement of enthusiasm, coupled with incorrect observations and hasty conclusions. But when an important announcement, such as the successful treatment of such a fatal malady as cancer has been made, it certainly demands a fair trial, and the facts should be made known and the results should be studied. For this reason I bring the question up now; not that I have established any facts concerning it, or that Dr. Parson's treatment of cancer is a success, but that the labors in this field may be increased and the truths of the discovery sooner established. I believe there is some truth in it. The following account of this new treatment will be mostly in the language of Dr. Parsons. My studies and observations are limited to two or three cases, and the imperfect apparatus at my command, together with the newness of the work, make them of little value.

The new treatment is not electrolysis. This is destruction of the molecules in the neighborhood of the poles—a local caustic action, either acid or alkaline—positive acid—negative alkaline—with the transposition of the elements from one pole to the other. Electrolysis destroys all tissues alike—similar in its action to acid and alkaline caustics. But the claim, as I

understand it, for the action of this rapidly broken voltaic or galvanic current is destruction of the cancer cells limited to the interpolar region, with but little or no electrolysis. In all the applications yet made by me I have noticed more or less of this caustic action, but the general results or effects of the applications are as claimed.

In speaking of the difference in the destructive action of electrolysis, and the effect or action of the interrupted voltaic current, and the method of using it, the author says: "With my own method this is not the case; there is little or no destruction of healthy tissue, the cancer cells alone are destroyed. The reversal of the current at each interruption causes the alkalis and acids formed at the poles to neutralize each other; by this means the caustic action is reduced to a minimum. While my discovery of the destructive action of the voltaic current in the interpolar region, when suddenly interrupted, furnishes us with a weapon of offense against morbid growths, and capable of adjustment to the varying necessities of different cases, with a continuous current the destructive action is almost entirely confined to the poles, whereas with the interrupted voltaic current it extends the whole distance between them. By this means very extensive areas can be acted upon, and cases can be saved where the use of the knife would be entirely out of the question. The only patients that I have had an opportunity of treating have been those who were beyond operative interference or too nervous to undergo an operation with the knife."

This treatment is based upon first, that cancer is local; second, that it is not a discrasia, or an altered condition of the blood; third, that the microbe has nothing to do with it; and fourth, that "all cells of the body possess a latent capacity which enables them, under various stimuli, to proliferate and form new tissue," and that cancer cells are one of the products of the action of certain irritants or the effects of some peculiar changes in normal cells under certain conditions. This is the theory.

"The *modus operandi* is as follows: The patient is anæsthetized, the current is then passed through the tumor and all

the tissues for some inches round it, by means of fine insulated needles, so as not to injure the skin. A battery of 70 cells with electro-motor force of 105 volts is used ; the intensity of the current to commence with 10 milliamperes, gradually increased to 600 milliamperes, and flashed through the growth in every direction from 50 to 100 times, according to circumstances. The pulse and respiration are carefully watched. One out of four cases treated, a woman aged sixty-three, with extensive carcinoma of the left breast, a presystolic bruit, and weak, intermittent pulse, was unable to stand more than 250 milliamperes, and for this reason : when the current is applied to the left breast electrical stimulation of the heart occurs, and if this organ is healthy an increase in the strength of its contraction appears to take place after its passage, but with the patient who had cardiac disease the improvement only continued up to a certain point and then the intermittency increased and great irregularity occurred." He continues :

"The effects produced by the action of the electricity consist in a cessation of growth, gradual disappearance of pain, some shrinking and hardening of the tumor and enlarged glands, followed by improved nutrition and a better state of the general health. The growth as a whole does not disappear, but remains as an inert mass, composed, in all probability, of fibrous tissue alone."

The advantages claimed for this method of treatment are as follows :

1. There is no destruction to the normal tissues of the body, and if recurrence should at any time occur, its progress can be immediately stopped, and the treatment repeated as many times as necessary. Life would by this means be prolonged indefinitely, provided that metastatic deposits had not occurred before the commencement of the treatment. So far cases able to bear the full strength required have shown no signs of recurrence.

2. Patients are not obliged to lie up, but are able to get about on the day following the application.

3. The current can be passed through almost any part of

the body, and thus arrest growths which could not by any possibility be otherwise treated.

In studying these four cases reported I find three of them cases of carcinoma of the breast, and one case of carcinoma of the uterus. The diagnosis of every case was either made or confirmed by such men as Sir Thomas Bryant, Mr. Jacobson or Dr. Edis, etc. The number of interruptions of the current were given in but a single case—thirty, with 300 amperes—to the under part of the growth on the left side. This strength could not be increased owing to heart failure, but when the applications were made later to the glands of axilla 500 amperes were given to the same patient without trouble of any kind. The strongest current yet used was 600 amperes.

I have used this current on one case four times during the last eight months. It was a case of carcinoma of the lower lip. I also aided in the use of it, in a case of suspicious carcinoma of the cervix uteri. This case I saw with Dr. J. A. Dibrell, Jr., of Little Rock. The doctor had previously made an amputation of the cervix, and the stump did not heal up kindly. In this only two or three applications were made, with evidences of improvement. If this treatment is a success we will not do total extirpation of the uterus for cancer, and in all cases where there is a doubt as to its malignancy, or where not certain that it is malignant, the treatment is applicable.

In the use of this current I have not applied it in a greater intensity than 300 amperes. Most of the applications made, to the best information I could get from the galvanometer in the position I was in, were not over 200 amperes, so the test was not a good one. The stronger the current the more efficient were the effects in arresting morbid growths.

Some twenty years ago a small mole appeared on the lower lip, to left of the center of it, on Mrs. E. This was first removed by a silk cord, and cauterized. Five years ago it was again removed by a v-shaped incision, and a year ago Vienna paste was applied to it, which resulted in a destruction of a part of the lip. In September, 1890, the lip was inflamed, hard, fixed to the bony parts, with every evidence of destruc-

tive action going on in the growth. The first application was then made—intensity, about 300 amperes, with about thirty interruptions. Two weeks after this, and in two or three weeks later, the second and third applications were made, the intensity about the same; about fifty interruptions. In about seven months after the first application, there were evidences of a renewal of the growth, and the fourth application was made. Now eight months since the first application, no other agent having been used on it except, after the first two or three applications of the electricity, aristol was dashed on the surface. The changes claimed for the effects of this treatment were manifest before the use of aristol. During the last three or four weeks I have applied a galvanic current to it three times a week and have punctured the gums and ulcerated mucous membrane below the margin of the gums with a needle, producing limited electrolysis. This is all the treatment—the management—and the effect has been the arrest of the growth, relief from pain and a general improvement. All this has been done with 300 amperes or less. I will secure soon a suitable battery, and I hope to test the value of the treatment more thoroughly by administering it more in accord with his teachings than heretofore.

Water.

BY T. E. MURRELL, M. D., LITTLE ROCK.

[Read before the Little Rock Medical Society.]

In this brief essay I shall only treat of water as a drink. As has been truthfully said: "Water constitutes the natural drink of man." This is evidenced by the very great proportion which it forms of all the tissues of the body, even to the teeth. Its constant demand is also made manifest by the large daily losses through the various emunctories. It is the great diluent of the human body by which integration and disintegration,

secretion and excretion, are carried on. It is to the body what it is to the placer miner; it washes out the detritus and deposits the gold; it carries off the waste and leaves the new tissue. It conserves the vital functions by maintaining the proper balance between waste and repair, the loss of which balance constitutes disease, according to one definition. Physiologists are agreed on the importance of water in the human economy and it is unnecessary, therefore, to argue it. The question here to be considered is as to its uses and abuses as a drink by those in health and the invalid. There is no question but that a certain portion of pure water should be taken daily by every person, whether there is thirst or not, the quantity depending upon the character of tissues that mainly compose the body, the kind of diet the individual feeds on, the habits of life, amount of physical exertion, temperature and humidity of the atmosphere, etc. The influences and environments of civilized life tend oftentimes to pervert the appetite for pure water. The great number of artificial drinks lead one to their substitution for pure water in many instances, and while they satiate thirst they do not meet all the requirements of pure water. Besides they often introduce with the water elements that too frequently or too freely taken into the system prove harmful and perverse of the normal functions.

In some instances the inability to obtain pure or good water at the time that thirst exists, as is too often the case in cities, causes one to resort to the artificial drinks that are so temptingly offered in the shops. There is no doubt but a large portion of the invalidism in our urban population is attributable to this very cause. In proof of which note the improvement from a few weeks' stay at some watering place where invariably large quantities of water are taken to the exclusion of all other drinks, except such as constitute a part of the meals. These persons return loud in their praise of the supposed occult virtues in this or that water, so that the so-called medicinal springs are numbered by the hundred in this State alone. The purer the water, however, the more beneficial, oftentimes. This can truthfully be said of Eureka Springs,

this State. I do not wish to depreciate the value of the medicinal properties of certain waters, which have been established beyond peradventure, but for a very large portion of the invalids of our cities in the summer season, in addition to the effect of purer air, pure, unmedicinal water liberally taken with simpler diet, is the great restorative. There is an idea that the so-called lightness of some waters is due to the chemical or gaseous property they contain; but the fact is, the purer water is, the freer of all extraneous matter, the more easily will it be assimilated. One property or condition of drinking water does not receive the consideration it deserves, and it is often largely the cause of bringing into disrepute the advantages of the free use of water; and that is the *temperature*.

In cities where the supply of water is from hydrants or cisterns, it improves its agreeableness very much to add ice to it, and ice being plentiful and cheap the desire for ice water grows on one by cultivation until it does not taste well unless below a temperature of 40° . There is no question that ice water is hurtful to many persons and not best for any. In this as in everything else nature sets us an example by supplying man with nearly all his drinking water from wells and springs at a temperature of about 60° . It is best, therefore, to drink water at about this, which may be called the normal, temperature of drinking water. Ice water will often increase instead of slake thirst, and by chilling the stomach it retards absorption and the tissues are slowly and imperfectly supplied. Some persons, especially with weak digestive organs, may drink largely of ice water and at the same time the urine is scant and high-colored and the skin is inclined to be dry. There are persons who cannot drink largely of ordinary well or spring water, but who can drink distilled water, or water from certain pure springs. I know one individual who keeps a supply of distilled water on hand all the time for his own use.

Unless water is quickly and readily absorbed it will not properly meet its indications, hence the importance of its being pure and of proper temperature. Hot water is very

quickly absorbed and thrown off from the skin and kidneys, and to this fact is largely due its beneficial effect on many invalids whose secretions are locked and functions all torpid. The free ingestion of hot water at our justly celebrated Hot Springs, and the drinking of hot water as a part of the Salisbury treatment, constitute in both cases a very important part of the treatment. Some persons fall into the error of drinking very little water, under the belief that it is best for them. Our tastes and appetites are so largely under our will-power that we can abstain from certain essentials, however strongly demanded for a time, until the desire departs; in other words, outraged nature yields to the inevitable and accomodates herself to the situation.

Of thirst I know this to be true, both from personal experience and from observation of others. One cannot fall into a greater error than this. It is mostly met with in dyspeptics and neurotics. No wonder they continue dyspeptic and neurotic! I know a man who came very near drying up for lack of water. He would scarcely drink as much as a gallon of water in twelve months; he would not drink tea or coffee, or milk, excepting an occasional glass of buttermilk at bed-time. His diet was chiefly dry toast and sweet potatoes. He only began to improve in health and vigor when he began to drink some water daily. A great many persons drink too little water who drink some, say a half-pint or possibly a pint in the twenty-four hours. The system demands more than this, unless one is living on liquid diet. As has been said, the quantity essential to health for any particular individual is dependent on so many conditions that to prescribe a given quantity would be to subject one's self to the possibility of great error. I believe, however, that the danger is on the side of too little in most persons, and we should advise it liberally.

Few persons can conserve health well on a smaller quantity than a half gallon daily. Those who drink but little water should be directed to drink a half pint or more anyhow, whether there is thirst or not, at stated intervals, and they will finally come to crave it, perhaps. Water, water, pure water and more

of it, is what a large portion of our civilized, and especially city, population need. It is essential to perfect health; it is curative or restorative in a large portion of chronic, functional and even organic troubles; it clears the conscience as well as the complexion; it is man's natural drink. If the lank and dry-skinned dyspeptic, the sallow and muddy-complexioned torpid liver victim, the flabby-fleshed, invalided, lymphatic creature, the leaden-hued constipated martyr-to-headache individual, the gouty or rheumatic wine, beer and whiskey guzzler, would make water their chief drink; drink it pure, drink it freely and drink it at a reasonable temperature, this great army of invalids would be restored to health and happiness again. In conclusion, I repeat: The lack of sufficient pure water in drink is an important if not leading factor in the causation of ill-health among civilized people; and its free use one of the most potent agents for restoring the army of invalids that inhabit our cities.

The Non-Medical Points Necessary to Consider in Sending Sick People Away From Home.

There are many things which enter into the question of sending sick people away from home beside the thought a change of climate will benefit their disease. As a rule, many physicians, through thoughtlessness, order patients away with nothing in their mind but the consideration of the disease, considerations of the individual being simply left out. The order is given to "go to Asheville," "Colorado," "California," "Florida," or "Texas;" the temperament, taste and finances of the patient are scarcely ever considered; home-sickness is not appreciated, and the personal equation of the patient scarcely ever enters into the question. The idea seems to grasp the mind of many attending physicians that these patients must get away, whether they wish to go or not, and that it makes very little difference where they are sent.

We are just beginning to learn the wonderful resources of our own country in the way of climate for various diseases, and as a prophylactic in inherited conditions, but unfortunately we

cannot prescribe our climate as we can our calomel. No one appreciates the truth of this statement more fully than Dr. J. M. Keating, who expresses his views in a recent number of the *Climatologist*. Dr. Keating truthfully states that climate is an unstable affair, far from the ideal, and valueless in itself. With it must come *comfort, good food and contentment*. In other words, it is the establishment and maintenance of nutrition that are desired. If this be true for a man, how much more so is it for a woman. The former, if he be well enough, can find amusement and occupation outdoors, but the latter has always to lean, more or less, on home life; her contentment must be derived from her social surroundings. And yet how rarely is this considered!

Physicians should study geography; and those who are sending patients away by the hundred for climatic treatment should make it a point, if possible, to visit these localities during the season of the year in which the resorts are considered especially valuable, and they should not be satisfied with a few days' sojourn at a five-dollar-a-day hotel. If their patients are to be benefited at all by climate, a residence of months will be imperative, and that means boarding houses or house-keeping—the *average* boarding house at an expensive resort, away from the supplies of a generous market, will nullify the effects of the finest climate.

It is necessary to study each case from the standpoint of the individual as well as from the standpoint of the disease, and select the future place from actual knowledge, either derived from personal experience after a thorough investigation, or from that of others who know. When the location is decided upon, it is the best plan to write to a prominent physician of the place, giving him a history of the case, the diagnosis, the stage of the affection, the patient's temperament, his or her financial condition, and be advised by the local physician as to the probabilities of success at his resort. Let him secure the necessary accommodations, take entire charge of the patient on his or her arrival; be sure that there is impressed upon the sick one the necessity of following out the instructions of the local doctor, who, from a large experience, should be conversant with all the features of such cases, and who should not be hampered by conflicting instructions from the home physician. Then the possibilities of success are increased to the maximum.—[*University Medical Magazine*.

THE
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OF THE
STATE MEDICAL SOCIETY
OF
ARKANSAS.

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NO OTHER PROPRIETARY OR BUSINESS INTERESTS WHATEVER.

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Editorial.

THE DUTY ON SURGICAL INSTRUMENTS.

In the annual address delivered last April President Dibrell very forcibly called the attention of the medical profession to the burden borne by physicians who have to purchase instruments at unreasonably high prices on account of the protection afforded manufacturers in this country by the duty imposed upon such imported articles.

He suggested that the subject be brought to the attention of the American Medical Association and to our Senators and Representatives in Congress.

The address was referred to a special committee, who reported the following resolution relating to that particular suggestion :

“*Resolved*, That the State Medical Society instruct our delegate to the American Medical Association to bring this subject before said body, to the end that the American Medical Association would memorialize the Congress of the United States to remove the present duty on surgical instruments; that in addition to the above, our delegates be instructed to bring this subject prominently before our Senators and Representatives in Congress, so that we, as a class, may at least be the beneficiaries of our own inventions.”

The minutes of the last session of the American Medical Association do not show that the attention of that body was called to the subject by the Arkansas delegation. As Congress is now in session and the programme of attacking the protective tariff in detail seems to have been agreed upon by the dominant party in the lower house, it might be well for the physicians to look to their interests and make the attempt to have themselves relieved of an unjust burden.

As President Dibrell very properly stated: “Physicians and surgeons are the inventors of surgical instruments, and they are the sole consumers, and while they cannot, under the code, derive any benefit from their inventions by patent rights, they are compelled in the present state of trade to purchase them at maximum prices. Their work and inventive genius does not help the poor nor themselves, but on the contrary goes to enrich the instrument maker.”

While it is considered derogatory to professional character for a physician to hold a patent for any surgical instrument or medicine; and while he is enjoined from dispensing a secret *nostrum*, there is no restriction as to his using patented instruments provided he is not the patentee. This places the physician at a great disadvantage in obtaining instruments and it has been used to his detriment long enough. The time has come for him to assert his rights and get his instruments at the lowest price consistent with good material and first-class workmanship. This can be best accomplished by opening the commercial gates of the Nation to the manufacturers of other coun-

tries, so that the surgeon can have the privilege of selecting that which suits him best both as to quality and price.

The attention of the delegates is again called to the matter in the hope that they will make haste to carry out the wishes of the Society and accomplish what they can toward remedying an evil that concerns the physicians of the entire country.

THE SALINE FACTORY.

The above caption might naturally be supposed to refer to a place where salt is produced, but it does not, though many a man may have gone there to save his bacon who feared that he might have the "fat fried out of him" elsewhere.

It is the appellation that has been given by the medical students to the Saline County Board of Medical Examiners.

The factory has begun to grind again for the annual vernal output, though it is said that material is not coming to it as abundantly this year as in former seasons.

While it is not at all creditable for an undergraduate to apply for examination to a board that is notorious for granting certificates to unqualified applicants, it is not altogether disreputable. An examination for a medical degree or to obtain license, is generally considered a formidable ordeal, and the easiest way to obtain a degree or a license is frequently seized upon by those who either doubt their ability to pass the examination or fear that their self-possession may desert them and cause a failure where their knowledge is sufficient but their self-assurance is unreliable. The graduates of some of the most noted institutions in the country have failed to pass the Virginia board. Besides the Arkansas medical law is held in contempt by many who realize its short-comings and injuriousness, and they go through the legal requirements as a matter of necessity, well-knowing that their license does not carry with it any assurance of the licentiate's proper qualifications.

Many who apply to the Saline board, do so because there is hardly any probability of failure, while in many other counties there is the element of chance that they do not want to

contend with. It is simply availing themselves of a certainty and shunning uncertainty, and in the present condition of professional manhood, it is very, very human.

What THE JOURNAL desires at this time is to call attention to the interest that the secular press is at last manifesting in the abuses under the existing law. It is encouraging to note that at least one newspaper has condemned the action of a county board in granting certificates indiscriminately to those whose only tested qualification is their ability to pay the legal fee—\$6.

“We hear that the County Medical Board at Benton is issuing license to practice medicine to countless numbers of incompetent medical students, turning them loose on the public to gather experience by filling graveyards with trusting patients. The State Medical Society should gather the true facts and make an effort to investigate the action of that board. Medical students of the Little Rock Medical College go by the dozen to Benton, pay their fee of \$6 to the board, and have no trouble in getting license. If the report is not true, an investigation will not do any harm. Students should be required to go before the board of the county in which they intend to begin their practice.”—[*Johnson County Herald-Journal*.

Of all the licentiates of the Saline County Board the medical students who obtain their certificates from it are the least dangerous. As a class they are young men who are endeavoring to obtain a medical education in a legitimate way. They desire to practice, perhaps, under the direction of their preceptors during their tutelage, and in order to be able to practice and collect their fees in certain cases they must procure licenses. They are young, they are studying, and in due course of time they will complete their medical education, and perhaps, let us hope so, at least, regret that they ever attempted to make a virtue of necessity and obtained their license before they could expect a diploma.

But what can be said of the old undergraduates who are to-day practicing under the five-year clause. Some of them, to be sure, are good and safe average practitioners, but the number of such is exceedingly small as compared to the horde

who "tuk" up the practice because they had failed at undertakings that required less sense and education.

Won't the editor of the paper above quoted stroll down to the County Clerk's office and look at the list in his own county? And when he sees the names of those who are legally licensed under the laws of his State, won't he call the attention of his readers to others than medical students, who have already filled graveyards with trusting patients, but who, alas, have gained no ability by their experience. They are old, and in proportion to their ignorance, are biggoted. If there are none such in the County of Johnson that county is a fortunate exception to most others in Arkansas. The editors of the country newspapers know hundreds of them; they call them "doc" to their faces, and when speaking of them designate them by the honorable (?) appellation of "*old doc*" So-and-So. They occasionally subscribe for their country paper and may be have their cards in some of them advertising that they practice a "*speciality*."

The State Medical Society has done everything thing in its power to protect the people from the results of the incompetence of self-styled doctors. It has never had the co-operation of the secular press of Arkansas. On the contrary the number of irregular self-styled doctors have outnumbered the regular, and by their numerical strength and demagogism have influenced many of the good papers in Arkansas to espouse their cause and prevent legislation which was believed to be for the best interest of the people.

The objections to the present laws are so palpable and have been set forth so often that a well informed editor of a secular paper can hardly plead ignorance of its provisions and results for not working for a better one.

THE JOURNAL invokes the aid of its secular contemporaries and will undertake to furnish them with all the information they desire on which to base their opposition to the present, and demand for a better law.

A BEQUEST TO THE MEDICAL DEPARTMENT OF THE ARKANSAS
INDUSTRIAL UNIVERSITY.

Dr. Isaac Fulsom, formerly of Lonoke, has made an agreement with the trustees of the Medical Department, by which that institution is to receive \$20,000 for the erection of a building and the maintenance of a free clinic. By the terms of the agreement the clinic is to be known as the "Isaac Folsom Free Clinic." The doctor has made provision in his will for the necessary amount, to be held in trust by his wife until her death, when it is to go to the trustees of the Medical Department.

Dr. Fulsom has always taken an active interest in the Medical College, and this act of his is an earnest of his great devotion to his chosen profession, and his desire to bestow practical charity to the needy poor, while at the same time aiding those who are endeavoring to obtain the advantages of clinical teaching. A more fitting way of honoring a noble profession and benefiting suffering humanity could not be easily devised. Many a young doctor will go forth from the institution with the memory of its benefactor alive in their minds, while hundreds of the poor, needy and sick will pause on the threshold of "The Isaac Folsom Free Clinic" to offer a silent prayer for that good man and kind doctor who founded it.

EDITORIAL NOTES.

—DR. WALTER WYMAN has been confirmed by the Senate as surgeon general of the marine hospital service. He is an honor to the profession and will do all in his power to make this branch of the public service an honor to the government.

—ATTENTION IS CALLED to the recent decision of the Supreme Court, wherein it is held that when physicians are required by coroners to hold *post mortem* examinations the former are entitled to reasonable compensation for such services. The only wonder is that it should have been necessary to take an appeal to the Supreme Court in order to obtain that

which any county judge of ordinary intelligence should pay without hesitation. It aptly illustrates the practice of officials of the State, as well as individuals, to get the maximum services from physicians and pay minimum or no compensation for them. There are hundreds of instances in this State where physicians have been denied their fees for holding autopsies because they would not contend for their rights and force the county courts to allow their just claims. Let every reader of THE JOURNAL in Arkansas paste this decision in his hat and show it to coroners and county judges whenever a summons comes for professional services to be rendered at coroner's inquests. The decision is published elsewhere in this issue.

—THE GREAT NORTHWEST has lost two of its best physicians, Drs. J. T. Clegg of Siloam Springs, and T. A. Coffelt of Pea Ridge; both in Benton County. Dr. Clegg has moved to Dallas, Texas, and Dr. Coffelt to St. Louis, Mo. There is no part of Arkansas from which as many good physicians could go and yet leave as many there. THE JOURNAL regrets the loss to Arkansas, and wishes them prosperity in their new fields.

—THE HOT SPRINGS MEDICAL JOURNAL has made its appearance, and looks as fresh and neat as a twenty-one-time bather just ready to start for home. It is beautifully gotten up, contains twenty-four pages of reading matter, and gives promise of future growth and usefulness. It is conducted by Drs. J. M. Keller, S. W. Franklin, Thomas E. Holland and J. C. Minor, all well-known resident physicians of Hot Springs except Dr. Holland, who has recently gone there. The *Journal* "hopes to become the mouth-piece of the local reputable faculty of Hot Springs. It will be, as far as possible, impersonal in its conduct, fearless in its presentation of medical facts and theories, courteous in its intercourse with the medical press, and unsparing in its denunciation of every infraction of medical ethics. With these aims and aspirations, it presents its claims to the profession with modest confidence, and asks from its contemporaries a fraternal welcome and a cordial

God speed." THE JOURNAL does give its new-born contemporary "a fraternal welcome and a cordial God speed," and—yes, if occasion demand, as it may, the assistance of that mysterious individual whose habitat is by many believed to be where the boiling waters of the Valley indicate that such a spirit might thrive, THE JOURNAL will, by proxy, endeavor to enlist his services in behalf of those who may find it necessary to fight the—battle with fire.

The State Society.

How Shall the Membership Be Increased ?

If the experience of those who belong to the medical societies leads them to believe that such organizations result in good to their profession and their clientele, it is manifestly their duty to endeavor to induce others to obtain membership in such organizations and thereby lend their assistance to the building up and the unification of the medical profession.

Membership in the State Medical Society of Arkansas demonstrates to those who hold it that they, as individuals, their patients and their profession have derived some good from it. Or, if it has not shown these results, the time and money spent in connection with such membership has been thrown away; provided, always, that the most faithful efforts have been made to reap the full benefits pertaining to such a connection with an organized body of scientists. It is difficult to understand how any member of one of the learned professions can fail to be benefited and to benefit others by communion with his coadjutors in a calling so unselfish and noble, having in view, as has that of Medicine, the greatest good to the greatest number and self last.

If it is a good thing to belong to a society that goodness is increased by inducing others to share such profits.

The question of the best method of increasing membership

in the State and County Societies is one difficult to answer. It is very certain that the best and most conscientious physicians, not only in Arkansas, but throughout the world, belong to medical societies, and generally find time to attend to the duties that are imposed by such affiliation. What is best for the most eminent and learned ought to be good for the ordinary individual, and what is most laudable in the former should be imitated by the latter. A very lengthy essay might be written on the subject of increasing membership in our State Society, and however long it might be drawn out the whole subject and the best means of accomplishing the desired end could be encompassed in three words—*work for it*. Let every member do what he knows to be his duty—what he thinks every other member ought to do—and there will be a great increase in our society at the June meeting. County Societies, form the foundation stones on which the State Society rests and in them is where the labor can be most efficiently expended. Get every reputable physician in the county to become members of the county organization. In most of the counties there are physicians who do not affiliate with medical organizations because they think staying out gives them some advantages. At least they do not join because they want to make it appear that they are unwilling to be bound by the rules of any organization, or by any code; that they are free and untrampled in the practice of medicine. It is best not to give such individuals an opportunity to say that “they tried to get me into their society, but I wouldn’t join.” They are of more benefit to the Society out of it than in it. Let them alone; they at least serve to show the distinction between an enlightened, unselfish gentleman who is doing all he can for his profession and his patients and the man whose entire mind is centered in self.

But there is a number of really good physicians in some of the counties who are outside of medical organization. Perhaps they have never belonged to a society and have not had an opportunity of judging of the good that is accomplished by them. It may be that they are staying out for personal rea-

sons—a falling out with some member. Or they have failed to keep up their membership, becoming careless about attending meetings in the first place, and then more and more apathetic, until all interest has been lost.

Now is the best time to infuse new life into every medical organization. An election of a new Legislature will take place next fall, and the members of the profession who have the best interest of the people at heart, will not fail to see the importance of trying to secure such legislation as will put Arkansas on an equal footing with her sister States in matters pertaining to the public health. All the County Societies must go to work. Have meetings regularly, and try to infuse new life into the gatherings. Make the meetings interesting. Increase the membership—get new members and bring back the old ones who have grown indifferent; and when the County Societies shall have been multiplied, and their membership full, it is but a step to the State Society.

It is worth the while for the Society at its next meeting to consider some scheme whereby its membership may be materially increased. There are divers ways of doing it, but until the Society meets, and some definite plan can be adopted, it behooves the feeders of the State organization, the County Societies, to collect all the material that can be made available, and to turn it in at the forthcoming annual session.

Make Haste.

The State Medical Society of Arkansas will meet in June, on the 2d day, and there is no time to be lost in getting things well under way.

It is time for the Section officers to get down to work, and there might be a pleasant rivalry between them to see which can get up the fullest programme.

THE JOURNAL will publish from time to time parts of the programme, or at least titles of papers as they are received,

and it hopes to be able to produce the entire programme in the May number.

All of the State Societies that meet this year as early as June have begun active preparations. Some have already sent out programmes; others have distributed preliminary circulars. All of them are doing something.

It may be just as well to state very plainly right here that formal printed invitations to contribute articles to the Sections accomplish very little. Such a method is too informal and impersonal. It is only by direct personal appeals and a good many of them that contributions can in many instances be secured. There is no objection to the printed invitations. Their only danger lies in the fact that when the Section officers have sent them out they are apt to consider that they have done their whole duty and wait for the papers that never will come.

Full Reports of Discussions.

Arrangements will be made to have stenographic reports of the debates in the Sections at the June meeting. THE JOURNAL will therefore publish *verbatim* with each paper the discussion that has followed its reading.

It is hoped this announcement will not deter any from a determination to take part in discussions, but rather to stimulate them to say more and better things than are generally spoken off-hand without previous study.

County Societies.

[The Scientific Proceedings of County Societies are requested for publication in this Department.]

Municipal Societies.

The cities of Little Rock, Fort Smith, Pine Bluff, Hot Springs and Helena are designated according to law cities of the first class. Each of them contains a sufficient number of scientific, progressive physicians to maintain a first-class medical society. There is a good Society in each of them, and from time to time their proceedings have been published in this department of *THE JOURNAL*. They could and ought to furnish enough contributions to this department to make it one of the most interesting features of *THE JOURNAL*. They can hold meetings more regularly and have better attendance than can be expected from the Societies in the more rural districts. There are other somewhat smaller towns in the State that have a quorum of their County Societies residing within their corporate limits or within easy access to their meetings. To these Societies we naturally look for the very best work and progress. They should keep in the lead and set the example to be followed by their brethren in the less favored and more sparsely settled localities. If, with all their facilities, they fail to come up to the requirements of an active organization, how can it be reasonably expected that the country practitioners will do more?

THE JOURNAL does not believe that these Societies are dormant. It knows that some of them are doing excellent work. What it desires is to spread the results of their labors before their confreres all over the State so that the Society fever may become contagious, and their good works create an emulative spirit in the doctors throughout the land.

The Secretary of the State Society proposes to present at the next meeting a roster of the officers and members of each County Society in affiliation with the State association. He

hopes to be able to present with his annual report a statement showing the number of meetings that have been held by each Society during the year, and also the titles of papers that have been read, specimens that have been presented, etc., etc. It would be much better to report the proceedings of the County Societies each month, but *THE JOURNAL* regrets that its efforts to obtain from the secretaries of the Societies suitable material have been futile.

Will the municipal Societies in the cities of the first-class in our State turn over a new leaf and send to *THE JOURNAL* *regularly* their scientific proceedings? The request is made in the interest of the Societies themselves, as well as for the profit that will result to those who read their reports.

Roll Call of Counties—Continued.

Howard County ?

Independence County ?

Izard County ?

It does not often occur in looking down the list of the counties of this State that three come in alphabetical order about which so many commendable things can be said as are true of the three whose names are printed above. The regular physicians in these counties have always striven to do all that it was reasonable to expect of them.

Howard and Independence have always kept up good Societies and have invariably sent one or more delegates from each to the State Society meetings.

Izard County has either had a Society or has been struggling to organize one ever since there has been a sufficient number of regulars in the county to form an organization. Dr. E. A. Baxter, of Melbourne, Izard County, has been a member of the State Society ever since he graduated, more than thirteen years ago. He has paid his dues promptly and regularly without ever attending a meeting. He has ever been a worker for the cause of medical organization in his county and

has cheerfully contributed his share toward medical progress in Arkansas. His county is remote from transportation facilities, and for that reason he has never been able to attend a session of the Society. But his heart has been with us, and such fidelity to professional duty will surely be rewarded. The organizations and individual physicians in the counties named constitute examples that it would be well to imitate.

Miscellany.

Duties of the Young Practitioner.

The young practitioner, settling in the larger towns and in cities, first of all desires to secure a practice ; he wishes, so soon as possible, professional success. How shall he attain it in the best and most enduring form? Let us leave out of consideration practice in the country, where the aspects of the problem are somewhat *sui generis*, and let us also suppose that the young physician has been properly educated and has an adequate intellectual equipment for his calling. It also goes without saying that, though perhaps a little slow in coming, success will more certainly come to the gentleman—the man who is respectful, self-respecting, well-bred—than to one not a gentleman. The commonest patient at once recognizes the boor turned doctor, while the most vulgar reverence gentle strength in their physician, and therefore give him confidence—and calls.

But to himself, his colleagues and associates, and to his profession, what are some of the chief duties of the young practitioner?

First and foremost, that he make haste slowly ; that he be content to wait. Many, even most of the present professional evils that bring disgrace upon physicians and their calling are due to the feverish desire for quick success. Policy aside, it is one of the duties and glories of our work to administer rebuke

to the world, the rule of which is *success at any cost*, by duty quietly done and self-renunciation habitually performed in the interest of humanity and of dignity. The desire to get on, the need of money, the wish to reap reward for the long years of study and hope deferred, are powerful motives, and must be allowed their legitimate and proper sway. It is hard to act upon the evident truisms that the best fruits ripen slowly; that deserving somehow and almost always gets its desert; that slow success is usually far better than quick success. The last point is especially true in view of the fact that the young physician should have much leisure for needed study, for filling the blanks in his knowledge, for thoroughly examining and deepening his comprehension of every case of disease that comes under his care.

Too much haste, for example, leads him to adopt the vile methods of advertising that have often besmirched honor and blocked the way to enduring and deserved success. Let him beware of the daily paper and of the reporters. These gentlemen detect at a glance whether one wishes sneakingly to advertise or not. If one determinedly and absolutely refuses them the privilege of using his name about professional opinions, his surgical operations and cures, they dare not disobey. We all know that the physicians whose surgery and skill are heralded in the penny press, are so advertised by their own will and doing, and quite as well do we know the act and fact, however much money it brings, brings also dishonor and the contempt of one's professional fellows. It is poor policy in the long run.

The young physician in a city will probably seek connection with the out-patient department of some hospital or dispensary. But, for Heaven's sake, don't let him start a new institution of this kind! We are developing a genuine hospitalmania. The need of hospitals was at one time so great that, satisfaction long since attained, the historic momentum goes on with blind fury to self-destruction. The desire of the young practitioner for patients and experience drives him into this field—the abuse of which is his own professional suicide. If the older visiting

physicians will not co-operate to limit the abuse, let him seek to do it himself. The way out is not to treat the poor out-patient hospital visitor brutally and ungently, and the well-to-do patients (at present a large and increasing proportion) with an assumed and interested politeness, teasing them to the private office on shallow pretexts. There can be no doubt that the crowds of out-patients that now have to be treated in an hour or two leads to diagnostic and therapeutic negligence that does patient and doctor each an injury. The evil must and will be remedied. Better that it be remedied soon and spontaneously than when it becomes a public scandal. Let no treatment be given when there is a reasonable belief that the patient can pay a small fee outside.

It is of the utmost importance that the young practitioner do not make the mistake of consorting and consulting with quacks. When quackery, as in homeopathic practice, is semi-fashionable, and some medical hybrid, occupying a doubtful position, wishes to bolster himself by the help of a regular practitioner, it is a great temptation to the younger man to accept the bribe. But there is no surer way to damage reputation and block professional advancement. Despairing pessimists and their natural but unknown allies, the quacks, may declaim that medical ethics have gone to the dogs and all that, but it is not so. If medical ethics have "gone to seed," then it is because the process of going to seed is preliminary and necessary to planting, and it conforms to the enthusiasm and functions of the young to plant the seed, not to intone dirges. The seed needs soil; a little medical market-gardening and manuring will bring a new crop. It is not true that medicine is a business or only a business. Those that say so are stock-brokers and politicians turned physicians, and showing the cloven hoof of their ancestry. They will some day find a rude awakening from the shallow dream.

A very helpful condition of success is a good outfit of instruments, chosen with care, and especially with the advice of some older physician.

Not less necessary is a good reference library of new and authoritative medical books. A most needed and noble foundation would be a charity fund to supply deserving young graduates with cyclopedias and standard treatises that epitomize modern medical science and research. The consultation of such works would often illumine an obscure case, obviate accident and mistakes, save life, and be a daily means of professional progress and success.

Two, three, or more standard representative medical journals should also be subscribed for. No physician should be without either *The Lancet* or *The British Medical Journal*, and of our own country's journals, *The New York Medical Journal* or *The Boston Medical and Surgical Journal*, etc., should be taken. An excellent plan is to form journal or magazine clubs, whereby at a minimum of expense a large number of weekly and monthly journals may be passed among the club members. But in choosing journals those should be rejected that by reading notices and "puffs" of proprietary preparations and nostrums show that they are the mere agents of advertisers; and those that by silence as to quackery and medical abuses prove that it is not medicine but the growth of their subscription lists and the sale of books that are the concealed motives of editor and publisher.

Finally it may be urged that the young practitioner should continuously seek the advice and even the tutelage of the wiser and more experienced, long-established practitioner. Cases will be encountered that will puzzle the mind of the young practitioner and will baffle his skill. The practice of frequent consultations is eminently wise and greatly to be advised. It is to the advantage both of the patient and of the physician. It leads to a surer progress in the young, encourages a very desirable, much-needed professional *esprit de corps*, and makes medical progress more steady and assured. A condition, however, is that consultation fees shall be lowered. It is neither just to the patient, nor wise as a part of professional policy, to greatly increase the expense of dual advice. There is no reason why a consultation fee should be double or treble the

customary fee ; rather should it be less. But in this we trench upon another aspect of the question—the duties of the elder to the younger practitioners—left for future consideration.—
[*The Medical News.*

The Physician is Worthy of His Hire, and the Supreme Court of Arkansas Says the County Courts Must Pay Him For Holding Post Mortem Examinations.

ABSTRACT OF OPINION BY MR. JUSTICE BATTLE.

No. 1446. St. Francis County v. J. B. Cummings *et al.* On the 6th day of January, 1887, the appellees filed, in the St. Francis County Court, a claim against the county for \$125. This amount was their charge made as physicians and surgeons for holding a *post mortem* examination upon the dead body of Martin Mitchell. The claim was rejected by the County Court, and the appellees appealed to the Circuit Court, where it was allowed at the October term, 1887. The trial in the Circuit Court was upon an agreed statement of facts, which is as follows :

“Come the parties herein by their respective attorneys and agree to the following facts : ‘ That the Coroner of St. Francis County, with a jury, was investigating the cause of death of one Martin Mitchell ; that the said Mitchell had been dead several days, and that the body had become considerably decomposed, and it was alleged by some that said deceased had been poisoned, and by others that he had been shot and killed, and that it was impossible for the jury to determine in their minds whether the deceased came to his death by natural causes or by violence, and that in the judgment of the Coroner it became necessary to have a *post mortem* examination of the body, and for that purpose the plaintiffs, Cummings and McKnight, physicians and surgeons, were summoned by the Coroner and requested to make such *post mortem* examination and testify as to the cause of the death of said deceased ;

that the plaintiffs made such examination and gave their testimony as experts before said jury touching said death; that \$125 is a reasonable fee or compensation in such cases; that the said plaintiffs claimed \$125 as a fee as said expert witnesses from the county, which was disallowed. Appeal by plaintiffs to Circuit Court of said County of St. Francis. Judgment for plaintiffs upon foregoing agreed statement of facts by the court for \$125.'"

Held: Only one question is presented for our consideration: Whether or not the county is responsible for services rendered by a physician in making an autopsy at the request of the Coroner in cases where it is necessary to ascertain the cause of death by an inquest. It is the duty of the Coroner to use all proper means to ascertain the truth concerning the death of the subject for inquest, and as such officer he has power to summon witnesses and use all proper means to ascertain the truth.

He can summon a physician to testify, but he cannot compel him to hold an autopsy. No fee appears in the statute for such services, and no appropriation for such contingencies is placed in the Coroner's hands.

He cannot be held responsible for it personally. It would be unjust and contrary to the spirit of our laws to make him do the work with his own hands, or to be held personally liable for a physician's fee in such cases as this. But reason and justice demand that the county should pay a reasonable compensation for such services, when it is patent to the County Court that such services were necessary in the interest of justice.

The County Court can investigate the circumstances, examine witnesses, and, if convinced that an allowance should be made, allow it. The judgment of the Circuit Court is therefore affirmed.—[*Arkansas Democrat.*

"IN St. Louis there is a young lady, an heiress to an immense fortune, who has had a mental trouble since childhood," says the *Arkansas Gazette*. "A physician in that city has guaranteed a cure of the ailment for \$50,000. Had the young lady been a resident of Arkansas, she would have been forced to go to the grave with her disordered brain, as none of the profession in this State would have gone so far as to risk incurring the enmity of the State Board as to guarantee a cure." We are afraid that it is the editor of the *Gazette* who is suffering from an intracranial disorder, caused by too many anti-State Board draughts. The young lady referred to above is a myth and so is the guaranteeing physician.—[*Weekly Medical Review*.

MEMBERSHIP in the American Pharmaceutical Association is obtained only by election at the annual meeting. "Every pharmacist and druggist of good moral and professional standing, whether in business on his own account, retired from business, or employed by another, and those teachers of pharmacy, chemistry and botany who may be especially interested in pharmacy and materia medica," are eligible for membership. For blank application and further information, address Dr. H. M. Whelpley, 2729 Washington ave., St. Louis, Mo., chairman of committee on membership.

A VERY DISASTROUS FIRE visited Pine Bluff on the 24th of January, inflicting over \$250,000 worth of damages, including the total loss of C. U. Harrison's drug stock, amounting to \$7000, and damaging that of W. L. DeWoody in about the same amount, the former insured for \$3000 and the latter fully covered.

Brother DeWoody still smiles amid the ruins, and says that as soon as he can get the glass picked out of his fingers, the cinders out of his eyes and the scare out of his system he will be up and at 'em again. He now has the inspiration to write a paper for the association on the *Pyro-fuss-fates*, but, unfortunately for the future of pharmacy, pleads want of time.

PHARMACY.

This Department is the official organ of the Arkansas Association of Pharmacists, and is under the charge of an editor elected by that body, to whom all communications relating to it should be sent. Address its editor,
MR. W. W. KERR, Batesville, Ark.

Report of the Committee on National Formulary.

BY J. M. ANDERSON, CHAIRMAN, PINE BLUFF.

GENTLEMEN—In the report of your Committee on the National Formulary at the last meeting of this Association, was explained the advantages of the National Formulary to both the medical and pharmaceutical professions, so it is hardly necessary to go over the ground again. However, we will be pardoned, we hope, should we presume on you with a few more explanatory remarks.

The time has now come when the pharmaceutical profession must "look to their laurels" and not allow any mercenary octopus, under the cognomen of "manufacturing pharmacists," to intrude and rob us of our hard-earned profession by compelling us to purchase their ready-made-much-advertised proprietary pharmaceutical specialties. Although these "manufacturing pharmacists" are not prone to acknowledge their enterprise, they are using their every effort to induce each individual physician and druggist, too, to become their customer and personal representative, thereby assisting to sustain their death-dealing march on both the professions of pharmacy and medicine. Not satisfied with keeping the true formulæ of these specialties secret, they concoct some atrocious high-sounding name, and then, sheltering that name under the protecting cover of the copyrighting laws, defy anybody to use a preparation which every professional man knows to be equal and cheaper, when such or similar preparation is demanded by either the laity or professional man. Although the National Formulary

was not compiled for the purpose of offering substitutions for anything, but for maintaining specified formulæ for certain preparations, it offers many formulæ of more practical value than these pharmaceutical specialties. Under the general head of fluid extracts, the formulary very wisely offers two processes, designating them as "process A" and "process B." By using the menstruum as named under each fluid extract, and following the process indicated, we will obtain good, reliable and staple products. Formulæ No. 148, *extractum eriodicti fluidum*, we find that percolation will be accelerated if the powdered leaves are mixed intimately with an equal bulk of sand, or, better yet, powdered glass, before packing in the percolater. *Extractum rhei fluidum aromaticum* is especially a desirable preparation, as it is used almost daily by all of the profession, and the product is entirely satisfactory. (See exhibit.) All the other formulæ for fluid extracts are eminently practical and the results equally good. We think the pharmacist will find it to his advantage to manufacture them.

In No. 183, *glyceritum bismuthi*, we would suggest that only the first-named formulæ be used, as we find that a preparation made according to the second-named formulæ will not be perfect, although apparently a complete solution when made, and is very liable to precipitate. Therefore it cannot be said to be practical, nor is it expedient always to use it. *Glyceritum boroglycerini* is an elegant preparation, as well as a very popular one. (See exhibit.) *Infusum rosæ compositum* is preferable to that of the British Pharmacopœia, on account of the presence of a little sugar. It is doubted as to whether it is advisable to use direct red rose petals in this preparation, for they are slightly astringent, yet they have the advantage of imparting a very desirable color to the finished product.

The formula for aromatized iodoform, with note, we think rather an experiment than a practical success.

The formula for kumyss has caused some trouble and much comment. We generally accept the word kumyss as the term for fermented cow's milk, although the original kumyss of the Tartars was made exclusively from the milk of mares, as it

more resembles human milk. The milk from the cow contains a greater per cent of casein, but a lesser proportion of sugar, consequently we ferment with yeast to decompose, or rather separate the casein, and make up the natural deficit of sugar by adding the sugar direct. Before proceeding further, let us understand that not only *alcoholic* fermentation is intended to be implied, but lactic fermentation also, for the latter has a share in acting on both sugar and proteid substances.

By the alcoholic fermentation, the sugar is divided into the different substances, namely, carbonic acid and alcohol. Now casein, a very prominent constituent of cow's milk, is an alkali proteid, consequently extremely sensitive to acids, so, should lactic fermentation progress too far, the casein will be precipitated and cannot again be easily divided, or rather, equally distributed in the finished product. Milk sugar is not so readily over-attacked by the yeast, although entering more easily into lactic fermentation, it shows a tendency to arrest alcoholic fermentation to an extent, consequently rendering the kumyss less liable to acidity during the process of manufacture. As to the quantity of milk sugar necessary, that can best be regulated by the requirements of the milk used. Speaking in general terms, would suggest that the amount of milk sugar used be about 75 per cent. of the quantity stated in the formula of the formulary. However, this proportion will not always suit, owing to the different compositions of milk, milk from one breed of cattle being much richer in casein, while from another breed the milk possesses a larger proportion of sugar. Another point of prime importance is the temperature and length of time stated temperature is to be sustained. Fresh milk, *i. e.*, milk that has not lost its animal heat, will not require as long a period at the specified degree of heat as milk that has become sour in the least. Even a stormy day will have some influence on the time of stated temperature. By a slow and continuous fermentation the product is much finer, "riper," as it were, than by a forced, hurried fermentation.

The formula for the old-fashioned opedeldoc is especially good and the finished liniment is very popular and satisfactory.

Liquor zinci et ferri compositus is lacking, we think, in at least one respect; the proportion of the ingredients used is good, but one other ingredient suggests itself as desirable. All substances which are subject to decay are either of animal or vegetable nature, and if left to themselves exposed to heat, moisture and other mutative influences, soon commence to set up of themselves a putrid fermentation and exhale some of the most unsavory odors imaginable to the olfactories. In many cases the ammoniacal vapors predominate, and in order to neutralize these it is necessary to provide an acid. In other instances, such vapors as are phosphoretted or sulphuretted are more easily distinguishable, and these ought to be eliminated. The stated salts of zinc and iron will readily neutralize the ammoniacal vapor gases. But the phosphoretted and sulphuretted stench is still allowed to penetrate the atmosphere. The salts of lead, copper, or any of the precious metals readily dissipate this class of odors, consequently we think it an oversight in the compilers of the formula not to include one of the salts of these metals. Considering the cost of the last named class of deodorants, it has been suggested that sulphate of copper be added to this preparation. Then the formula should be :

Sulph. zinc.....	oz., 16
Sulph. iron.....	oz., 16
Sulph. copper.....	oz., 8
Naphthol.....	grs., 20
Oil thyme.....	fl. dr., 1
Hypophosphorous acid.....	fl. dr., 2
Water, Q. S. Ad.....	pints, 5

The formula for *tinctura iodi decolorata* is very effective and practical as far as decoloration is concerned, but the finished product is a misnomer, for it is no longer a tincture of free iodine, but an alcoholic solution of an iodine salt.

The formula for Bateman's drops is a great improvement over the old-fashioned mode of preparing the tincture. When we used the crude drugs in place of *tincturi opii*, *spiritus camphoræ* and *tinctura catechu comp.*, we wish to direct attention

to tinctura tolutanae solubilis, as some pharmacists have experienced trouble in finding a satisfactory formula by which to make a stock tincture for the preparation of syrupus tolutana.

We think some of the titles in the National Formulary unnecessarily long. Physicians are not prone to write long names, but select the shortest and most abbreviated, although the longer title may be more expressive.

Several formulæ have suggested themselves for admittance to the National Formulary, but as it is not the mission of this report to add anything to the work, although we hope in the revision of this work to see it more complete and extensive. We congratulate ourselves that the products of the National Formulary are daily growing more popular with the professional minds, and hope to see the time when each individual physician and pharmacist all over this Union will use its preparations to the exclusion of all others of a similar nature. Lastly permit us to recommend the following :

R_y

Formulæ of National Formulary, No. ccccxxxv.

Good sense,

Business enterprise ana Q. S.

Misce et divianda in partes numero, ccccxxxv.

Et signa.

Direct the attention daily of the practicing physician to the superiority of these preparations.

J. M. ANDERSON, *Chairman.*

Arkansas Lithia Water.

The following is an extract from a paper that was prepared to be read at the Hot Springs meeting of the Association, but on account of the sickness of the author it was not presented :

“We have in Arkansas a Lithia Spring, located in the pine hills of Hempstead County. The water shows by analysis 3.638 *chloride of lithium* to the imperial gallon, associated with 14.850 *oxid of iron*, and a small quantity of *crenate of iron*,

enough to give it a rich, dark amber color. This color puzzled our State doctors and chemists who were not familiar with *crenic acid*, which is indeed very rare, and found only in ferruginous waters. It was discovered by Berzilius, the celebrated German analyst, and when combined with iron as a base is claimed to exert a soothing influence upon inflamed mucous surfaces. Then again, in this water is found 12,977 *sulphate of magnesium*, and a liberal supply of sulphate of calcium. The magnesia counteracts the iron's astringency. A mere glance shows that this spring differs widely from any other in America. Dr. Adams, of Missouri, has classed it with the sulphuretted calcic waters of France and Germany. Curiously as it is compounded, the all-wise dispenser of nature's forces has not left it inert in the world's vast laboratory, for experience shows that it is a potent agent in relieving lesions of the urinary and genital organs. Even in cases diagnosed as Bright's disease, discovering all the grave symptoms of that dread malady, three-fourths have been restored to health by its use. I mention this for the comfort and encouragement of the victims of renal disorders. The therapy is simple and sensible. Dr. Ure, in 1847, said that lithia was a solvent for uric acid in the blood. Dr. Rogers, of England, says that it carries off from the blood mineral salts, the earthy phosphates, and all deleterious matter. A St. Louis chemist claims that it is very efficacious in dyspepsia. We know that it is the lightest and most voluble of all solids, and as such, when ingested speedily infuses the blood, cleanses it through the kidneys. Then iron, which is a food and not a medicine, nourishes this clean blood, and nature rallies her forces to restore every disturbed organ and nerve center to its normal function. And further, the magnesia overcomes the constipation superinduced by the iron. The other ingredients, sodium, calcium and potassium, are operatives; but we dare not bear too heavily upon your clemency, lest we exceed the limits of your patience.

“We attribute the therapeutic power of this water mainly to its lithia, iron and magnesia, and consider the presence of iron

as peculiarly fortunate, since the more prominent lithic waters are deficient of it.

“Where this spring is inaccessible, we see no reason why a careful pharmacist might not prepare it, or something resembling it, that would prove remedial—only, the salts of lithium are largely adulterated, and the crenic acid, which gives a pungent taste and amber color, cannot be had at all.

“Sir William Hamilton, writing in the Edinboro’ Review in 1832, said that there had been no advance in medicine since the time of Hippocrates. Evidently that distinguished scholar and philosopher knew nothing of America’s three “p.’s,” *i. e.*, push, pluck, progress.

You, gentlemen of this Association, are entitled to large credit for the enterprise you have created. May you achieve success, for the honor of the commonwealth and the weal of her children. The eyes of a grateful people, and co-pharmaceutical societies, are upon you, and of you, as a body and members, may their dictum be, “*quam fluctu diversi, quam mari conjuncti.*”

Arkansas Association of Pharmacists.

The tenth annual meeting of this Association will be held in Fort Smith, beginning Tuesday, May 24, next, and continuing three days. Now that the day has been fixed, and we have a definite point to look forward to, let us have a definite object to work for, and let it be nothing less than to make that meeting the grandest success of any in the history of the Association. It mainly lies with the members to do this.

The officers and committees have their work to do, but they are powerless without the active co-operation and assistance of the members.

The first great object to strive for is a full attendance.

The only way to get this is for everybody who can possibly do so to go. By taking time by the forelock arrangements can be made in many instances which will enable those to be

present who otherwise could not do so. Let all then begin *now* to shape their business to that end.

The next thing is for all who have wives to take them along, and for those who have none, to supply themselves if they can, and if they cannot to sell out to somebody who can.

The ladies need and will enjoy the outing as much as their husbands, and their presence will contribute as much to the pleasure and profit of the meeting as anything else, as the experience at Hot Springs will abundantly testify.

Another important thing to look after is the increase of the membership. The Committee on Membership is composed of W. C. Johnson, E. W. Nortini, J. L. Witherspoon, Little Rock; J. H. Mann, Pine Bluff; and H. L. Moore, Newport.

It is expected of these gentlemen that they will exert themselves to the utmost from now until the 24th of May to present as many applications as possible, and there is no sort of doubt but that they will do it, but this does not relieve members of their duty to assist in this direction as far as in them lies. It is not too much to expect that each one will bring or send in one application, and a little exertion upon the part of each would thus result in doubling our membership. Let it be done.

Again, let each one go to that meeting prepared to contribute something towards its usefulness or its pleasure. If you have nothing to tell have something to ask. Let there be one strong, united effort to make the Fort Smith meeting a *grand success*.

THE following is taken from the *Pharmaceutical Record*, January 28, 1892:

“PRIZE COMPETITION No. 4.—We are in receipt of the report of the committee to whom papers in discussion of this question—‘Should Druggists Endeavor to Replace Proprietary Medicines by Their Own Preparations; If So, How and to What Extent?’—were referred. This committee was charged with the responsibility of examining the different papers and awarding prizes in accordance with the terms of the competi-

tion. Their report announces the awarding of prizes as follows :

“ First prize, W. W. Kerr, Batesville, Ark.

“ Second prize, J. W. Ballard, Davenport, Iowa.

“ Third prize, Louis Emanuel, Pittsburg, Pa.

“ The committee also advise us that while there was considerable diversity in the views expressed and methods explained by those who participated in the competition, most of them were disposed to answer the main question in the affirmative and to favor decidedly the introducing of the druggists' own preparations and to a considerable extent to replace proprietary medicines.

“ They also allude to the general excellence of the papers, with mention of the special merit of several of them.

“ We intend in early issues of the paper to lay before our readers some of the more important of the contributions on the subject.”

THE COMMITTEE ON PHARMACY AND QUERIES sent out about one hundred and seventy circulars on January 1, a copy of which was published last month, and in each envelope was enclosed an addressed postal card for reply. Up to the date of this writing twenty-six replies have been received. That circular contained several requests which doubtless could not be complied with by many of the members who have responded, but it *did* contain *one* that all could have granted, and that was “ please send our postal card back.” We hope that the other one hundred and forty-four will still confer this small favor.

It is encouraging, however, to be able to state that out of the number of answers received eight accept queries unconditionally and six conditionally, which assures a larger number of papers than we have ever had before.

In the number who have not responded are many of our most competent pharmacists, those to whom we all look most confidently, and we do hope that they will not disappoint us. Every one of these will know who we allude to as soon as their eyes light upon this notice.

"TO PREVENT FATAL ACCIDENTS.—A correspondent of a German journal advises pigmentation of morphine salts by crystalizing from 1:1000 alcoholic solutions of eosin. This dye amongst the many tried gave the best results, the alkaloid appearing of a delicate pink color.

"It appears that the fatal substitution of morphine for calomel is of frequent occurrence in that country, and hence provokes considerable discussion as to the best means of prevention."

The above is taken from the *Western Druggist* (Chicago), issue December, 1891. We do not feel inclined to sit idly by and see the honors which belong to the United States, especially to the State of Arkansas, and *more* especially to our friend Dr. John B. Bond, snatched away by the *Dutch*.

Many of our readers will remember that Dr. Bond promulgated the idea of tinting morphine to lessen the chances of its being mistaken for something else several years ago, if we mistake not as far back as 1883. The idea was favorably commented on by many individuals and journals at the time, and the only good reason given for not putting the scheme into practice was the fact that there was no law to order the modification. Honor to whom honor is due.

THE TRIPARTITE COMMITTEE to regulate the terms of sale of patent medicines held a meeting in New York city on the 29th day of January last, at which all the members representing the Proprietary Association, the National Wholesale Druggists' Association and the A. P. A., were present. A plan was formulated which we have not space in this issue to publish, but will engage to do so next month. It is a matter which will come up for consideration at our next meeting, and members should study carefully the plan that they may be prepared to deliberate upon it intelligently.

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No. 9.

Original Articles.

Appendicitis.

BY W. B. DEFFENBAUGH, M. D., PARIS, ARK.

[Read before the Logan County Medical Society, Dec. 7, 1891.]

On July 9, 1891, I was called, in consultation with Dr. H., to see D. J. R., male, white, aged about 28 years, who on the 5th, after taking considerable exercise and eating quite freely, on the previous day, was taken suddenly ill, with pain in stomach and bowels, and with fever. Do not know much of symptoms or early treatment of case. Dr H., who was in attendance, said "he had all the symptoms of typhlitis, even to lump in right side."

When I first saw patient he was lying in bed on back with limbs flexed, light fever, t. 101 Fah., (had taken antifebrin), pulse about 100. He was complaining of great pain in abdomen, which on being examined was found to be very tender all over right side from Poupart's ligament below to ribs above and extending a little across the median line above. No special point of tenderness. On account of tenderness on pressure and percussion could not detect any tumor in right side if any existed at that time. Nausea present, but not a distressing symptom. Rigidity of right abdominal muscles,

limbs flexed to relieve tension on same. As the Doctor had said, almost all the symptoms of typhlitis were present. (By typhlitis the Doctor meant what is now generally termed appendicitis.)

The diagnosis was concurred in, and the advisability of an operation was suggested. As we were not prepared at that visit (patient six miles in the country) to perform the operation it was deferred and patient advised to keep quiet (a very unnecessary precaution, as I never saw a person more careful in moving when it was necessary to move, and avoiding it when he could do so; said it "hurt him to move.") Gave milk diet, morphine to ease pain, salol to prevent tympanites, light poultice to bowels.

As Dr. H. was going away to be gone for some time, I was again requested to see patient with him on the 12th, from which date I have complete notes of the case. At 8:30 a.m. on that day, p. 98, t. 100½ (had taken antifebrin at 6 a.m.), had taken $\frac{3}{4}$ gr. morphine in last twenty-four hours. An operation was again suggested, but as patient's condition did not seem very grave it was again deferred, partly in deference to objections of patient's relatives. Patient was given in my charge from that date. 13th.—Patient took 1 gr. morphine in preceding 24 hours. At 4 p.m., p. 108, strong; r. 22; t. 101 4-5. 14th.—No material change in patient's condition; could detect fluctuation, on deep pressure, at this visit. Patient had taken 1 gr. morph. in 24 hours; p. 97, r. 18, t. 99.9.

15th.—Requested Dr. Shibley to see patient with me. We went prepared to operate. In addition to previous symptoms there were present slight oedema of abdominal walls, right side, and some sluggishness of the circulation, pointing to adhesions of pus cavity to abdominal walls. At 4 p.m., p. 108, t. 100 4-5.

Patient was anæsthetized and I opened the side by making an incision slightly within, or in front of, a perpendicular line drawn from ant sup. spine of ilium below to ribs above (erect body) and nearly midway between these two points, as the indications pointed to adhesions at this point. Length of

incision in the skin 2 or 2½ inches. After cutting down about an inch a hypodermic needle was thrust into the cavity and pus found. The incision was then deepened till the cavity was opened, when about a quart of very offensive pus was evacuated.

The cavity was well washed out and the appendix felt for, but failed to find it, probably on account of fibrinous exudate binding it down. This fibrinous exudate broke down late in the case, and in coming away some of the pieces were quite as large as one's finger. A drainage tube was inserted and antiseptic gauze packed around and wound dressed with antiseptic gauze.

16th, 10 a.m.—P. 100, t. 98 2-5. Had taken 1 gr. morph. in 24 hours. Discharge from wound very offensive; washed out and dressed as before. 17th—Still very offensive; washed and dressed as before; ¼ gr. morph. in 24 hours; had two stools in preceding twenty-four hours. On account of amount and offensiveness of discharge wound was washed out daily for two or more weeks.

Convalescence was slow but progressive. I think convalescence was greatly retarded by breaking down of the fibrinous material spoken of above, the amount of which was very great. This fibrinous material doubtless saved the patient's life by forming a strong barrier to entrance of pus into the general peritoneal cavity, but it was not sufficiently organized to withstand the destructive process when air was admitted. It was much best for it to break down, else it might have interfered with function of bowels by adhesion and contractions. Thus does nature frequently make amends for imperfections in treatment.

From a very close observation of this typical case and a careful perusal of such literature as is at my command, the following is offered to the society:

Of 300 post mortems held by Taft, 110, or 36 per cent. showed disease or the results of it in the appendix. (Wyeth) Fitz. Two hundred and eighty by Hektsen, 42 or 15 per cent. showed result of disease *outside* the appendix. If he had looked

within, as well as without, as did Taft, their percentages would have probably been more nearly the same. Sixty held by Ransohoff showed eight, or 13 1-3 per cent. diseased or bearing the results of disease. Quite a difference, and explained by Ransohoff on the ground of difference in diet, supposing that Americans had a better dietary, less indigestible food being taken. We would suggest that climate may also have something to do with the figures, either a very hot or a very cold climate predisposing to the disease. A very hot one, by producing a catarrhal condition, and a very cold one by producing the opposite condition of constipation and by loading the caecum and colon favor the crowding of some of their contents into the appendix.

It is a disease of adolescence, mostly 76 per cent. of all cases occurring before the age of 30 (Fitz) explained by Gerlach by saying: The valve which partly closes the opening in the appendix (Gerlach's valve) in late life, becomes atrophied, so that when it becomes inflamed and swollen it does not so completely close the orifice and shut up the secretions or a foreign body in the tube.

This disease manifests its partiality for males to the extent of 80 per cent., a percentage slightly in excess of its preference for young people; a partiality hard to explain on anatomical or theoretical grounds, but should be remembered in diagnosis. Two hundred and fifty-seven cases collected by Fitz, 28, or 11 per cent., were patients who had had more than one attack, so at best a person having had one attack has one to nine in his favor.

The causes of appendicitis are tuberculous ulcers, 80 per cent. typhoid ulcers, 3 per cent. foreign bodies, such as pits of small fruit, and intestinal concretions, and catarrhal inflammation make up the 89 per cent. It is probable that foreign bodies make up the larger per cent. of severe, and catarrhal disease the greater of mild cases.

(1) Onset sudden, usually, but sometimes a prodromal period of discomfort or uneasiness. (2) Pain, usually referred to right iliac region, though it may be diffused over ab-

domen (without general peritonitis) or referred to some other localized point. (3) Tenderness on pressure over appendix. (4) Fever, usually of low grade. (5) Nausea with probably vomiting. (6) Tumor in right iliac region not constant, not always to be observed when present; may be obscured by rigidity of right abdominal muscle, or by intestines floating above it. (7) Rigidity of right abdominal muscles, said to be constant. A valuable symptom. (8) Constipation, though there may be diarrhœa. (9) Tympanites. (10) Dorsal decubitus, with right limb flexed (11) Odœmaa of abdominal walls when adhesions have formed between abscess walls and walls of adomen. A late symptom, though useful when present, as showing point at which to open abscess to avoid emptying pus into general peritoneal cavity.

In males it is to be diagnosed from obstruction, hernia, colic, gastritis, enteritis, gravel and peritonitis from other cause, a rare occurrece, except traumatisms.

In the female, in addition to above, from ovaritis, salpingitis and rupture of tube. Diagnosis not always easy at once. Safest to arrive at same by exclusion.

Prognosis is an uncertain factor, though the great majority recover, mostly by absorption; some by formation of abscess and making exit outward, a slow and dangerous process.

The physician will be assisted in arriving at the proper treatment by noticing the tendency to death or otherwise. One hundred and seventy-six fatal cases collected by Fitz showed a mortality of 50 per cent. in the first week, 31 the second week and 4 per cent. the third week. So given a case if the symptoms are reasonably mild, the patient not much depressed, quiet, liquid diet, morphia to ease pain, warm moist applications to abdomen, with possibly an enema of warm water to unload rectum, avoiding the use of purgatives, and you will do much to help the efforts of nature to effect a cure; and unless a person is a reasonably skilful operator and properly prepared so as to insure *perfect* cleanliness, it is perhaps giving the patient the best chance to recover by waiting and *watching* for some indications of pus formation or some

other indication of surgical interference. If, on the other hand, the symptoms are severe, the patient shows signs of depression, and the severity does not abate in twenty-four or thirty-sixty hours, it is not prudent to trust the case to the efforts of nature, but an operation should be done at once for the relief of the patient.

The operation is not only much the quickest way of relieving the patient, but is also the safest for this class of cases. The mortality after the operation on twenty-four cases by McBurney and thirty-five by Weir showed only 3 1-2 per cent. (Price).

Mortality under the so-called conservative treatment put by Fitz at 26 and by Stinson at 25 per cent. (Price). These cases were doubtless of that class that would have been considered operable cases.

An operation having been decided upon, after sterilizing instruments, preferably by boiling, and cleansing hands and field of operation, the point of making the incision should be decided upon. Most writers agree that the outside of the right rectus muscle is the proper place for making the incision, as in this place it would pass nearly over the appendix, which is situated, according to Schuller (Weir) on a line running from middle of Poupart's ligament to umbilicus at juncture of its lower and middle thirds, and according to McBurney, on a line running from ant. sup. spine of ilium to umbilicus two inches within spine in adults.

As possible exceptions to making the incision to right of rectus muscle might be mentioned in the case of general peritonitis and in women, an incision in center affords better inspection and better drainage of the general peritoneal cavity.

An incision two or three inches in length will enable the operator to reach appendix and give good local drainage, if necessary. The appendix having been found, should be ligated by transfixion (Staffordshire knot) and cut off. Price very sensibly says, "To sear mucosa of stump with pure carbolic acid or Paquelin's cautery is lowering an already de-

vitalized part." To "invaginate stump and suture after Lember" after ligation, is, perhaps, an unnecessary refinement in the operation. There can be no objections to doing so, however, if patient's condition doesn't demand haste in the operation.

If pus is found, the cavity should be well washed out with sterilized water and the cavity packed with iodoform gauze. If no pus is found, the wound should be closed at once and an antiseptic dressing applied. If the cavity is filled with the gauze, it should be allowed to remain in, perhaps, twenty-four hours, when a drainage-tube should be inserted and part of skin wound closed, if it has been long, leaving only sufficient for drainage to heal by granulation.

After the case becomes a "late one," as was the one reported above, and the abscess walls have formed adhesions to abdominal walls, it should be opened in such place and manner as to avoid letting the pus into the general peritoneal cavity, cleanliness observed and drainage favored.

Since writing the above I saw a case, that of a young lady, which came on suddenly while running a sewing machine. It was only of moderate severity, and was greatly aggravated by a dose of pills given by the father before I saw her. It was a fairly marked case, but yielded gradually to quiet, liquid nourishment with morphine to relieve pain.

A Case of Diphtheria with Intubation of Larynx.

BY S. H. KEMPNER, M. D., LITTLE ROCK.

[Read before the Little Rock Medical Society.]

The case I report tonight is one of five cases of diphtheria seen by me during the past eighteen months. It presents several features of sufficient interest to warrant its being reported.

L. T., aged $3\frac{3}{4}$ years, a trifle small for his age, but robust and well developed. Since earliest infancy has been subject

to attacks of spasmodic croup. About a year ago had typhoid fever. Three or four weeks ago began to have pertusis. Otherwise has always enjoyed excellent health. I was first called on November 3, 1891, to see a younger brother of this little patient. The little fellow had a well developed case of diphtheria, from which he made an uninterrupted and complete recovery in about a fortnight.

On the 15th of November I was requested to examine the subject of this report. I discovered that he had been "*droopy*" for a couple of days, and would eat little or nothing. I immediately inspected his fauces, and found both tonsils covered with the characteristic membrane; temperature, respiration and pulse normal. The little patient was placed in bed without any delay. He was ordered mercuric bichloride, grains, 1-32, and tincture of ferri chloride internally and turpentine to throat every two hours, while his throat was sprayed every two hours with a mixture of perox. of hydrogen, chlorate of potash and dilute muriatic acid.

November 16.—Patient has complete anorexia, and is fed per rectum; child lies in a semi-soporific condition, and resents the slightest interference; temperature, sub-normal; pulse, rapid and feeble; respiration, 40, and very feeble and noisy.

November 17.—Membrane is rapidly disappearing, but general condition much worse; parts of body are always cold and clammy; patient very restless, tossing about bed constantly; dyspnoea constant and at times intense; patient is afraid to assume the recumbent posture; lips are markedly cyanotic; respiration very labored, spasmodic and stridulous; pulse very rapid and at times imperceptible. Dr. Ed. Dibrell was called to see the little sufferer with me, and the propriety of tracheotomy and intubation was discussed. It was decided that intubation should first be tried, although all preparations for tracheotomy were made, in case the former procedure should fail to give the desired relief. At 7 p. m. Dr. Dibrell inserted an O'Dwyer's tube into the larynx. The tube was at first expelled, but in a few minutes was reinserted, and remained in situation, and produced immediate and complete relief,

the little patient falling into a deep, calm slumber almost instantly upon being laid in bed, and slept several hours, during which time his respiration, pulse and temperature approached the normal condition. Nutritive, enemata, consisting of the whites of two eggs with a pinch of salt, were ordered to be given thrice daily, while stimulants, medicine and nourishment were introduced into the stomach by means of a catheter passed through the nose into the œsophagus.

November 18.—Condition has decidedly improved; pulse and respiration are almost normal. The membrane has entirely disappeared. The whooping cough has almost completely vanished. Patient appears to be perfectly comfortable. Still has no appetite.

November 19 and 20.—Condition about the same. Ordered turpentine application and spray to be discontinued. Bichloride mixture given three times daily and twice during night. Is still kept thoroughly stimulated. Urine scanty and albuminous.

November 21.—General condition unchanged; urine scanty, and upon application of heat becomes solid; microscopical examination reveals but few casts. There are frequent attacks of marked dyspnœa, due to plugging of tube with viscid, tenacious mucus, which are relieved by coughing. This condition of affairs is due, I believe, to antecedent pertussis.

November 22.—About the same.

November 23.—Tube coughed out this morning at 6 a. m., followed by intense dyspnœa. I saw patient in about five minutes after expulsion of tube, and found him in profound collapse—cold, blue, clammy and pulseless. Injected ether and whisky and intubated at once, and, to my intense delight, saw instantaneous relief, followed momentarily by complete disappearance of all alarming symptoms. The patient was veritably snatched from the jaws of death.

November 24.—Has occasional attacks of dyspnœa, which are relieved by coughing up of thick mucus. During intervals, is perfectly comfortable; takes small quantities of liquid food without the use of the catheter; passes about two ounces of

highly albuminous urine daily. Ordered minute doses of pilocarpine and cathartics.

Called this evening and found patient having general clonic convulsions, which rapidly yield to inhalation of chloroform. During the convulsion the pulse was too weak and rapid to count; respiration 50 per minute, shallow and very labored. Upon inquiry, discovered that patient has passed no urine for eighteen hours. Pilocarpine ordered continued in conjunction with fld. ext. jalapae. Hot air bath given. Patient perspires freely for several hours and passes small quantity of urine; also gave bromide and chloral per rectum.

November 25.—Patient had two convulsions this morning. The tube was coughed up and was followed by intense dyspnoea with the usual concomitant symptoms. Its re-introduction afforded immediate relief. Is passing more urine and bowels move freely.

Patient is decidedly better; passes fair sized quantities of urine with each intestinal evacuation.

November 26.—Coughed up tube again, which was followed by instant dyspnoea and collapse. When I arrived patient was blue and pulseless. Intubation was done as soon as possible and gave immediate relief. Passed almost normal quantity of urine today, still largely albuminous. General condition is slowly improving.

November 27.—Tube coughed up at 2:30 this morning, and is again followed by collapse, cyanosis, etc. Its immediate insertion overcomes the dyspnoea, etc., as usual. Is still passing large quantities of urine, which is only slightly albuminous.

November 28.—General condition has suddenly become much worse. Both tonsils again covered with membrane. Pulse rapid and feeble. Temperature 101° F., respiration 48, and gasping in character.

November 29.—Tube is coughed up at 5:30 this morning; saw him about five minutes after and found him apparently dead. Immediately intubated again; gives immediate relief. In a few minutes little patient is again perfectly comfortable.

November 30.—Patient is about the same.

December 1.—The membrane has entirely vanished. Was called at 4:45 a. m. to replace tube, which was expelled in attack of coughing. Respiration is stridulous and difficult, but not alarming. Waited until 7 a. m. before reinserting tube, thinking his respiration would become less labored. Urine normal as to quantity, still slightly albuminous. General condition good.

December 2.—Patient coughed up tube again this morning about 4 a. m., followed by alarming dyspnoea. Intubation relieves instantly as heretofore. A few minutes afterwards child coughs up tube into mouth and swallows it. Dr. Ed. Dibrell is called again in consultation and introduces the tube next in size, which gives the usual relief.

December 3 and 4.—Patient is doing nicely. Drinks and eats without much difficulty, especially when lying upon the abdomen. Urine normal.

December 5.—Tube is passed per rectum this morning. Patient is up and dressed. Feels excellent but weak.

December 6.—Called at 4 a. m. and find patient gasping for breath and almost lifeless. The tube is removed, whereupon complete relief follows. The cause of the dyspnoea was due to almost complete plugging of tube with inspissated mucus. Patient breathes comfortably until 4 p. m., when he begins to have slight attacks of labored breathing, which persist during night.

December 7. Patient has intense dyspnoea. Is afraid to drink or lie down. Has almost constant desire to go to stool, but bowels do not move. Is almost constantly cold, blue and bathed in clammy sweat. Temperature sub-normal. Pulse 140, respiration 48 and very shallow. Tube reintroduced without delay. Child instantly begins to breathe comfortably and goes to sleep and sleeps several hours, for the first time since yesterday morning. The respiration and pulse are excellent.

December 8.—Whooping cough is returning. At times coughs violently and gets quite blue. Expectoresates large quantities of viscid mucus tinged with blood. Respiration

still excellent. General condition has improved. Patient slept all night.

December 9.—Coughed up tube at 10 a. m. There was some dyspnoea at first but soon disappeared. Respiration and pulse normal. Feels in excellent spirits. Ate dozen raw oysters. Ordered tonic mixture, each dose of which contains gr. i.100 of sulph. of strychnine. Gets wine during day, also tr. belladonna, gtt x t. i. d.

December 11.—Continues to do nicely. Takes food readily and without difficulty.

December 12.—Is improving, but at times has noisy, labored breathing.

December 13.—General condition about same.

December 14.—The air is full of moisture, and as a consequence patient breathes with more or less difficulty, otherwise about the same.

December 15.—In excellent spirits again; is up and plays with his toys. His voice, which was absent since larynx was first intubated, is returning; appetite is poor.

December 16.—Patient is doing nicely; respiration is noisy but not difficult. The pertussis is well marked again.

Until January 4 the little fellow continued to improve, the improvement, however, being very tedious. During this time, so the mother informs me, he was *cross-eyed* for several days. Respiration has been good but noisy at times.

January 4.—Last night began to have severe attacks of dyspnoea, accompanied by complete loss of voice, which had been entirely recovered for about ten days; complains of pain in stomach. Examination of fauces reveals no evidence of any return of the membrane. The tonsils are still quite large. Upon inquiry discovered child had partaken of hearty supper and gave emetic, which relieved pain in stomach. Gave during night mixture containing laudanum, ether and belladonna for dyspnoea but derived no good result.

January 5.—Still has marked dyspnoea; condition quite bad; suggest intubation; mother refuses permission. Thinking dyspnoea may be due to subglottic laryngitis as a result of

lymphatism, I ordered, in accordance with the teaching of Bosworth, Syrup ferri iodide every two hours. Much to my surprise the first dose was followed by perfect relief; the little fellow went to sleep directly and remained asleep until aroused for his medicine. Slept well from 12 to 6 a. m.

January 6.—At 10 a. m. began again to have difficult, noisy and labored breathing. Syrup ferri iodide no longer produces desired result. Has had considerable dyspnœa all day, but says he feels good, and sits up and plays with the other children. Takes food and medicine readily; urine normal. Patient has had considerable dyspnœa all day long; but says he feels good and sits up in bed and is aroused with his playthings. He takes food and medicine readily. Urine is normal.

January 7.—Was called at 3 a. m. and am told by the mother that the child had an unusually severe attack of dyspnœa, which had already subsided before my arrival. He had several other attacks, but not so severe during the day and coughs considerably. The mucus is tenacious and is expelled with great difficulty. He seems to be much better than yesterday. About 3 p. m. began to breathe very badly again. I saw the patient at 6:30 this afternoon and found that his dyspnœa is less severe; in fact, appears to be feeling good and is quite playful. At 7:30 this evening—*i. e.*, one hour later—just as I was about to make my departure, the child was suddenly taken with an attack of dyspnœa of such intensity that he fell back perfectly collapsed; became cyanotic, pulseless and perfectly limp. Respiration ceased entirely. I felt quite convinced that he was about to expire. After several minutes of strenuous effort at resuscitation my labors were rewarded by seeing him revive—not, however, until I had at first intubated. About twenty minutes later the little fellow coughed the tube out. Its rejection was not followed by any difficulty in respiration and his general condition being apparently so good that I did not deem it requisite to replace the tube. A few minutes later his breathing became normal for the first time since January 3d, and the voice was completely restored. Patient slept two hours. Dr. Ed. Dibrell was once more requested to see the

little sufferer, and carefully examined the heart and lungs and failed to discover evidences of any pathological condition. About 10 p. m. patient again commenced to experience great difficulty in getting his breath; although he said he felt good and seemed quite cheerful. His dyspnoea increasing in severity and fearing that a paroxysm similar to the one that occurred at 7 o'clock was impending, I suggested intubation, which was agreed to by Dr. Dibrell, who at 10:45 attempted to introduce the tube, but before it could be inserted a *laryngeal spasm occurred and death instantly ensued*. Efforts at resuscitation were kept up for half an hour, but, of course, were futile.

Carthartics Versus Narcotics in the Treatment of Peritonitis.

BY N. WENY, M. D., LITTLE ROCK.

[Read before the Little Rock Medical Society.]

It is thought that peritonitis is probably never an idiopathic disease. It is impossible to explain the reason why idiopathic inflammation of the peritoneum is so rare, and why idiopathic inflammation of other serous membranes, pleura especially, is so frequent.

The exciting factor therefore is a distinct lesion, such as a chronic pelvic inflammation (for instance gonorrhœa).

If this be the correct etiological view, it is sound reasoning that the old method of treatment by narcotics is not correct. The use of opium can only be explained by the following: As in many other diseases it is at times only necessary to relieve the symptoms, in order to cure the patient temporarily, so at other times it is an absolute necessity to cure the disease, of which peritonitis is the most dangerous symptom.

All of the old text-books object most vigorously to the use of purgatives. But, *tempora mutantur, et nos mutamus in illis*; the days of Prof. Alonzo Clark are gone by. It was then

thought that the important point in the treatment of all acute inflammation of any part was to secure for that part as complete rest as possible. That cathartics were pernicious, on account of the increased peristaltic movement, caused by them, which, in turn increased peritoneal friction and aggravated the inflammatory process.

What curative power over the inflammatory process does opium really possess? None, I think. Of course, the pain is magically relieved by it, as no other therapeutical agent could do. (This was the express purpose of giving it.) It also checks intestinal peristalsis, but, in so doing, favors adhesions, and by interfering with excretion, the poisonous products of inflammation are retained; nay, more, by benumbing the patient's sensibility, it gives the attending physician, as well as his friends and relatives, a feeling of false security. To the physician this is a great bugbear, for he cannot intelligently watch the pathological progress of the disease, and the patient may thus succumb, when his mental condition would not in the least show it.

Basing, however, the treatment upon the pathology of serous inflammations, the great and dominant principles involved in the treatment, apart from the actual removal of the *causa morbi*, must be to get rid of the irritating products of inflammation, and thus prevent an increase of the already highly inflammatory trouble, and to lessen the determination of blood to the part.

Drainage and depletion are the necessary principles, which are best carried out by the administration of salts *per orem*. Their salutary effect is explained as follows: The depletion of the blood vessels soon disperses the inflammation itself; the inflammatory products already thrown out become absorbed and discharged through the bowels, and thus adhesions are prevented.

The amount of harm done by the rubbing together of the inflamed membrane is greatly overbalanced by the good accomplished by the depletive effect of saline cathartics. Not every case presents, however, an indication for salines, nor is

in every case where they are employed the patient cured. For in some cases the surgeon's knife, *i. e.*, his timely, bold interference, is the only thing that offers the patient any possible chance for life.

In cases where disease to which the attack is attributable cannot be found, medical means can be tried before operative interference. And if medicine can work any good, it should do it quickly. With the saline method it will do it in from twenty-four to forty-eight hours. By this time the patient is either rapidly striding towards convalescence or not; this depending to a great extent whether purgation has been produced or not. If purgation is produced and the patient not convalescent, then is the time for the bold use of the knife.

Any case of peritonitis is best treated by saline purges, unless there is an indication for an operation without delay, as in rupture of the urinary bladder, perforation of the intestines from any cause, rupture of the gall bladder, perforative appendicitis, pyro-salpinx, etc. Delay here would be criminal.

The results of the saline treatment speak for themselves. As to what salts to employ, the magnesium salts are preferred. They should be given in large and concentrated doses. In localized peritonitis they are administered in teaspoonful doses in as little water as possible and repeated every hour, until free catharsis has resulted. In the diffuse or general form of the disease they are given in larger doses (yet in concentrated solutions), say 1 oz. every three or four hours till the desired effect is produced. Large turpentine enemata are a good addition. In cases where the saline cannot be retained by the stomach, calomel, the remedy of yore, can be tried. A trial of both methods of treatment will convince the most skeptical. Salines are therefore indicated in the initial stage of simple peritonitis, the beginning of puerperal peritonitis, as well as in the sthenic stage of septic peritonitis. By relieving the local engorgement through the taking away of a considerable amount of serum from the abdominal viscera must greatly affect the peritoneal circulation, and assist in restoring the normal state. Besides, the active peristalsis prevents bands

and adhesions, if inflammation goes on, and as the engorgement is relieved through the emptying of the intestinal blood-vessels, the pulse and temperature as well as the pain decline. If the disease has advanced to the second stage, accompanied by high fever, intense pain, decided tympanites, rapid and wiry pulse, there is danger of collapse, and then only opium must be given, not to check the bowels nor to splint the bowels, as it were, but to deaden pain, support the heart and prevent shock; but still the bowels must be kept free from all fœcal matter, this being accomplished by enemata if possible or purgation if necessary—tympanites being controlled by the usual means and the patient's strength maintained by milk, beef tea, whiskey, eggnog, etc.

In concluding this article, I would say, that probably the saline treatment, with just enough opium to render the patient's suffering bearable, rather than inducing and maintaining decided narcosis, as formerly, is the most rational method of treating peritonitis medicinally.

The Physician as Portrayed in General Literature.

The public, undoubtedly, forms much of its impressions and opinions of the members of the medical profession, their work and results, from the study of physicians as found in the productions of general literature. A strong book, containing a vivid picture of a physician, his work and his ambitions, impresses the public indelibly. Consequently the medical profession owes some of its standing to the fact that it has been fortunate in being placed, as a rule, in favorable positions before the public. A recent addition to the literature of this subject is found in the report of Surgeon Parke, of the Emin Pasha Relief Expedition, under the command of Stanley. This work shows indirectly, but not the less vividly, the picture of the self-sacrificing, noble life a good physician can live. Struggling through dark forests, filled with deadly poisons in air, earth and animals, with hundreds of sick, wounded and dying

men under his care, with insufficient medicines, instruments and hospital accommodations, marching himself frequently with a temperature above 104° , Parke displayed himself a hero in every sense of that hackneyed term. His scientific observations on the disease, hygiene, botany and vegetable poisons of equatorial Africa, his good results in medical and surgical work under the worst possible circumstances, his constantly cheerful nature and humor under all conditions, his fortitude when brought face to face with imminent death, all combine to maintain the standard of the true physician before the public.

In a sketch called "Characteristics," by Dr. Weir Mitchell, now being published in the *Century*, another type of physician and philosopher is shown. It presents, in a very striking manner, descriptions of the daily work of the physician, slightly idealized, interspersed with the thoughts, fancies and impressions gathered in a long and active professional career. Another side of this picture of the physician in general literature is seen in the work of Dr. Robert Coltman, Jr., among the Chinese. His simple story of his life as a medical missionary among these people blends the description of accurate observation and investigation in studying the habits, diseases and methods of the Chinese, with humor, pathos and good nature. A physician, in writing for the general public, is frequently bolder and truer in his statements. He has learned from his work the falsity and harm of secrecy, and hence his work is fuller, better, more interesting and more satisfactory, not only to physicians, but to the world at large.

Of course, the best example of the ideal physician, in his varied aspects as scholar, scientist and slave, is found in the brilliant works of Dr. Oliver Wendell Holmes, who has won his fame in that dangerous field where scientific and popular knowledge meet on the same footing. His works have done as much as any other one factor to place the physician on a high plane and to make his work the admiration of his fellow creatures.—[*University Medical Magazine.*

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Editorial.

THE AMERICAN MEDICAL ASSOCIATION.

The National Association will meet this year at Detroit, Mich., on Tuesday, June 6, just after our State Society adjourns. While making preparations for our State organization, it is well to be reminded of our allegiance to the parent Association, and to do what we may be able to enlarge its membership and increase its influence. The members and friends of the American Medical Association are to be found in every State and in most counties in the Union. Its opponents are not so numerous, but are more active than its adherents, therefore those who feel sufficient interest in the parent Association to affiliate with it should also *work* for its welfare.

The Association is by no means a perfect organization, and its members appreciate its defects as keenly as those who never lose an opportunity to point them out, and in many instances to magnify them. There is much room for improvement, and let us hope that in time, as experience has demonstrated abuses and the best way of remedying them, they will be corrected.

The charge most frequently hurled against the Association is the one that it is not a representative society of the profession of this country.

While admitting, for the sake of argument only, that it does not represent the entire medical profession of the United States, it cannot be disputed that it comes nearer to that distinction than any other medical organization in this country, and that it can, with the least amount of trouble be made to fully deserve all that the term implies.

But THE JOURNAL maintains that it is a representative society. A recent number of a valuable contemporary (*Medical Review*) asks: "Does it represent the medical profession of the United States?" and, supporting the negative side of the question, it stated that, "We have not endeavored to arrive at a solution of this question by an investigation of its list of members, but rather by a scrutiny of those attending the annual meetings for several years past. This inquiry has resulted in disclosing the fact that the great bulk of attendance is derived from the West, Northwest, and from the districts bordering upon and included within the limits of the Mississippi Valley. The South also contributes its share, and the Pacific Coast is quite well represented. But the East, where the Brahmins hold forth, is conspicuous by the paucity of its representatives. The far South is also not seen very fully represented, so that, taken altogether, the American Medical Association membership does not seem to be so representative as the claims advanced for it would make it appear."

In all probability if a study of the lists of those attending the annual meetings had resulted in demonstrating to the *Review* that the Association is a representative body, some other method, equally as unreasonable, would have been called into

requisition. If an association is not to be judged by its members—those who pay their annual dues, contribute to its meetings, and perform other functions ordinarily undertaken by those belonging to an organization—by what criterion can its standing be measured? It is a well-known fact that the attendance is largely influenced by the place of meeting. The attendance is generally largest from those cities and States contiguous to the place of meeting, and as most of the sessions are held near the central portion of the United States it is easily seen why the “great bulk of attendance is derived from the West, Northwest, and from the districts bordering upon and included within the limits of the Mississippi Valley.” Besides, the East is not so much of the United States as it was before the star of empire took its westward way.

If it is legitimate to determine the representative character of the Association by those who attend, let us suggest another way and decide the question by a comparison of the residences of those who read papers at the meeting. And then, to prove the untenability of the position that “the East is conspicuous by the paucity of its representatives,” we will glance over a programme of the last meeting held in the East—Newport, Rhode Island, 1889. There were on the programme 301 titles. Of this number Maine, Vermont, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Delaware, Pennsylvania, District of Columbia and Maryland contributed *one hundred and fifty-nine* (while about fifteen or twenty were contributed by foreigners at that time in the United States) and many of them were the very “Brahmins of the East.”

The best men in the United States are, as a rule, members of the National Association. It is quite true that many of the best are not members. The sections are just as well organized and accomplish as much on an average as the special societies that meet separately. There is no more scramble for office in this Association than in any other medical body, all things being considered. The membership is large, the offices are not many, hence more effort is necessary to obtain them. Many of the same scramblers that belong to the American

Association hold membership in other special associations. Belonging to the American Association does not make them any worse, or membership in the other societies any better, than they are anyway. It is rather complimentary than otherwise to have such strong competition for the offices. It shows they are considered positions of decided eminence, or such eminent men would not be so often found asking, somewhat selfishly perhaps, "*What are we here for?*"

Whatever the defects of the section are they are caused rather by the neglect or inefficiency of the officers than from their plan of organization. Whenever they are well officered their work will compare most favorably with any special society in the country. No society is perfect, though some journal would seem to insist that the American Association is the embodiment of all that is baneful, and the other organizations have attained a degree of perfection that is unsurpassable.

Complaint is also made by the *Review* that the association is far behind the times; that while due deference should be shown the older members, the younger have rights and are also entitled to a hearing upon many matters of legislation.

If there is a body where the younger men are seen and heard that body is the Association. They are seen and heard in every section and all occasions. Indeed, if any criticism is forthcoming on that score it would be more in the line of propriety to remind the younger members of that old saying that children should be seen and not heard. Talk about the conservatism of the old and the rights of the young! Time was when the young doctor took a back seat and waited for time and opportunity. But that is now past, and the boldest, most aggressive and in many instances the most progressive members are the young ones.

The Association is doing exceedingly well. It can do better if its membership in every State is increased. Arkansas has a large membership in proportion to the whole number of her physicians. Blank applications have been sent to the members of the State Society. A number of members are avail-

ing themselves of the opportunity to become members and obtain the Association Journal. Every physician should belong to his county, to his State and to his national association. Then if he find the time he might attend the meetings of as many special societies as his time, taste and purse would suggest.

EDITORIAL NOTES.

—THE WESTERN ASSOCIATION OF GYNECOLOGISTS AND OBSTETRICIANS was recently organized at Topeka, Kan. One of the objects of the organization, as stated by a medical journal, is to increase the number of gynecologists and obstetricians in the West. THE JOURNAL suggests that if they succeed in producing a very large number of gynecologists, the obstetrician's offices will not much longer be required.

—IN THE ANNUAL APPROPRIATION BILL reported to Congress, the amount for the library of the surgeon general's office has been reduced one-half—from \$10,000 to \$5000. This uncalled for reduction will seriously interfere with the magnificent work of collecting the library. It is the duty of the physicians throughout the land to write at once to the congressman from their respective districts and urge upon them the importance of maintaining the appropriation at the amount heretofore provided. *Write at once.*

—HOT SPRINGS AND THE STATE is about to lose two more of the best physicians—Drs. S. W. Franklin and M. G. Thompson. The former is going to New Mexico and the latter to some milder climate on account of his health. When there are so many worthless, so-called doctors at Hot Springs who could honor the State by their departure it is a source of regret to have to announce the loss of these two whose residence in any community is an acquisition greatly to be wished for.

The State Society.

To Facilitate Correspondence.

In making arrangements for the forthcoming meeting much correspondence will be necessary. In order to facilitate matters as much as possible the list of officers and the more important committees is republished here :

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SECTION ON OBSTETRICS AND GYNECOLOGY.

W. W. HIPOLITE, *Devalls Bluff, Chairman.*

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COMMITTEES.

The following appointments complete the committees for the ensuing year:

Committee of Arrangements—R. W. Lindsey (president Little Rock Medical Society), chairman; T. E. Murrell, L. R. Stark, D. J. Prather, N. Weny, D. A. Gray, C. Watkins, J. H. Southall, E. Meek.

Committee on Credentials—E. R. Dibrell, chairman; A. L. Breysacher, R. B. Christian.

Judicial Council—D. C. Ewing, A. J. Vance, F. N. Burke, J. G. Eberle, G. W. Hurley, Z. Orto, J. H. Southall, J. A. Dibrell, Sr., W. B. Welch.

Committee on Medical Education—J. T. Jelks, chairman; W. P. Hart, B. Hatchett, A. A. Horner, E. Bentley.

Committee on Medical Legislation—J. A. Dibrell, Jr., chairman; A. J. Vance, T. W. Hurley, J. H. Gaines, W. P. Hart.

Committee on Necrology—L. P. Gibson, chairman; J. W. Hayes, J. C. Minor.

Board of Visitors Medical Department A. I. U.—J. L. Goree, chairman; W. W. Hipolite, J. M. Keller, George F. Hynes.

THE COMMITTEE ON STATE MEDICINE.

A. C. Jordan, Pine Bluff, chairman.

A. J. Brewer, Mountain Home, Baxter County.

J. T. Clegg, Siloam Springs, Benton County.

H. L. Routh, Harrison, Boone County.

J. C. Wallis, Arkadelphia, Clark County.

C. A. Stanfield, Toledo, Cleveland County.

J. T. Hawkins, Mount Holly, Columbia County.

C. Cullen, Morrilton, Conway County.

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Z. J. Lantorn, Dalark, Dallas County.

W. S. Woolford, Arkansas City, Desha County.

- D. C. Carroll, Tillar, Drew County.
J. F. Blackburn, Ozark, Franklin County.
J. M. Watkins, Mammoth Springs, Fulton County.
W. H. Barry, Hot Springs, Garland County.
S. M. Carrigan, Washington, Hempstead County.
J. F. Graham, Malvern, Hot Spring County.
W. B. Barner, Nashville, Howard County.
W. B. Lawrence, Batesville, Independence County.
E. A. Baxter, Melbourne, IZard County.
W. H. Heard, Newport, Jackson County.
W. R. Hunt, Coal Hill, Johnson County.
J. C. Parrish, Lewisville, Lafayette County.
A. G. Henderson, Imboden, Lawrence County.
D. S. Drake, Marianna, Lee County.
J. S. Pendleton, Douglas, Lincoln County.
L. A. Sager, Rocky Comfort, Little River County.
E. T. Powell, Magazine, Logan County.
J. P. Fletcher, Lonoke, Lonoke County.
W. C. Spearman, Texarkana, Miller County.
H. C. Dunavant, Osceola, Mississippi County.
W. T. Bailey, Clarendon, Monroe County.
E. R. Armistead, Prescott, Nevada County.
J. T. Henry, Millville, Ouachita County.
T. C. Linthicum, Helena, Phillips County.
N. C. Hancock, New Hope, Pike County.
W. R. Baker, Dallas, Polk County.
D. P. Ruff, Dover, Polk County.
W. P. Owen, Devalls Bluff, Prairie County.
R. B. Christian, Little Rock, Pulaski County.
A. A. Sanford, Waldron, Scott County.
D. M. Gardner, Fort Smith, Sebastian County.
Ferdinand Smith, Lockesburg, Sevier County.
W. H. Goodwin, Eldorado, Union County.
Adam Guthrie, Jr., Quitman, Van Buren County.
Albert Dunlap, Winslow, Washington County.
L. E. Moore, Searcy, White County.
L. A. Jelks, McCrory, Woodruff County.

Section on Surgery.

I have written a large majority of the members of the Society, requesting them to kindly give me, as soon as possible, the following points relative to all major operations performed by each during the last five years, viz.:

1. Name of operation, when and for what done.
2. Age (approx.) and sex of patient.
3. Main points as to methods.
4. Anesthetic used.
5. Result and remarks.

My object being to obtain data for a brief general review of the principal surgery done in the State during the period named, I wish to extend this request to every surgeon in the State, whether a member of the Society or not, and if every one will devote a little time to this matter and promptly forward his report to me, I feel assured of being able to present a report which will do credit to the surgeons and surgery of Arkansas. I was prompted to undertake this task because I believe our success entitles Arkansas surgery to rank with that of many older States, and because I believed it to be true that many of our leading surgeons—through modesty or for other reasons—make no report of their best work. Hence it is lost to us and our reputation suffers both at home and abroad.

As will be seen, my report is to deal with generalities, and will in no way interfere with the report of any case or cases in detail.

In this connection I bespeak the aid of every member and especially those interested in surgery in our efforts to make the Section on Surgery at our approaching session in Little Rock the best and most interesting in the history of the society.

J. D. SOUTHARD, M. D.,

Chairman.

FORT SMITH, ARK.

County Societies.

[The Scientific Proceedings of County Societies are requested for publication in this Department.]

Announcement Southwest Arkansas Medical Association.

The Southwest Arkansas Medical Association will meet at Hope, Ark., on Monday, April 4, 1892, at 10 o'clock a. m. All physicians are cordially invited to attend. Essays and reports of cases are solicited.

R. M. WILSON, M. D.,
Secretary.

Roll Call of Counties—Continued.

Jackson County ?

Jefferson County ?

Johnson County ?

If THE JOURNAL were a stern school teacher and the counties above named represented his scholars, Jackson is the only one which would come up fumbling fingers and shifting the responsibility of holding the body from one leg to the other, while the other scholars would wait with impatience and sympathetic interest to hear the excuse that would be offered for the implied transgression of or want of conformity to the rules. Carrying the simile further, it would not be surprising if the one who answered to the call of Jackson would only have to say, in extenuation of seeming neglect, "I forgot it," or "I intended to do it, but kept putting it off from time to time until here I am, without excuse ; but I made a start at Hot Springs and intend to keep up the good resolve there made."

The conduct of Jefferson is passed with commendation.

Johnson County THE JOURNAL answers for, and states that while she has kept up a county society, she has seemed to for-

get that in union there is strength, and for some years has apparently preferred to get along without the co-operation of other county societies in State association assembled. But Dr. Nichols is living at Clarksville now, and if he does not come down in June and bring some of his allies with him it will be a disappointment to those who have heretofore noticed his earnest effort for organized medicine.

Join the State Society.

There are a few members in each county society who do not belong to the State Society. The members of the latter body should exert themselves to induce such members to join. Blank applications will be sent out shortly, and in cases where those who want to become members cannot attend the Society, they can send their application and initiation fees and be admitted, though not present.

Miscellany.

The Financial Side of the Question.

We have often had occasion in these columns to refer to the money side of medical practice, for we think that is the side which the physician is too apt to neglect, his energies being devoted rather to the scientific and philanthropic aspects of his work. This is very right and proper in moderation, for the physician is primarily a scientist who labors for the good of his fellow man, and whose first thought is ever for the relief of suffering and the saving of life. But this is not all. We have not yet reached the millenium of the socialists, and the State supports only a comparatively small number of its citizens, leaving the rest to find their own living by their brains or their hands,

as each one is best fitted. The physician, therefore, while devoting himself to his fellow man, giving him his time, the results of his study and experience, and the product of his best mental and physical labor, must also look to that fellow man for his support. The laborer is worthy of his hire, and the medical man is entitled to a just compensation for his labor. But how often does he get it? That he does not get it as often as he should is only too evident, but what is not so evident perhaps, yet none the less true, is that it is our own fault and the fault of our predecessors that our services are never so readily paid for as the lawyer's, or even the clergyman's.

In a book recently published by Dr. J. J. Taylor,¹ the author goes into the causes for the condition that prevails, and suggests certain remedies for its relief. "It is a well-known fact," he says, "that however useful and indispensable the medical profession is, yet doctors are, as a rule, financially poor men. There is no class of men with an equal amount of capital invested, of equal intellectual force and scientific culture, and devoting an equal amount of time to business, who realize so little for themselves and families as medical practitioners." Painful examples are occurring all over the country, in crowded cities as well as in rural districts, of men eminent in scientific attainments, rich in a record of skilful activity and noble deeds, after a life of enthusiastic devotion to the relief of suffering humanity, finally passing away and leaving their own loved ones most inadequately provided for to meet the demands of every-day life."

Some of the causes the writer finds in the unselfish principles underlying professional life, which forbid the practitioner to patent any instrument or to keep secret any therapeutic measure. Then the physician's sympathy for the suffering, and his absorbing interest in the scientific aspects of his cases, raise his mind above financial considerations, and cause him to forget that he is working for the support of himself and his

¹The Physician as a Business Man; or, How to Obtain the Best Financial Results in the Practice of Medicine. By J. J. Taylor, M. D., Philadelphia. The Medical World, 1891.

family as well as for the good of humanity. The physician has furthermore, as a rule, an inborn repugnance, or at least incapacity, for money-making pure and simple. He dislikes more than anything else the financial relations between himself and his patients, and he would gladly, like a surgeon quoted by Dr. Taylor, treat every and all patients just as they came, without a thought of the fee, if he could only be guaranteed an income sufficient to supply the present and future needs of his family. The public appreciates the fact that "there is no money in medicine," and therefore the born money-makers avoid the medical profession instinctively, choosing for their life-work some occupation in which the chances of riches are greater. Owing to this shrinking from even the appearance of being mercenary, the physician often hesitates to prosecute his just claims, even when he knows that his patients can pay. Among other causes are the crowded state of the profession, and the resultant over-active individual competition, and also the unscrupulous and cruel competition of the swarm of dispensaries, clinics and hospitals, whose managers strive only for numbers, giving little heed in many cases to the financial circumstances of those who apply for relief, nor refusing to care for those who may be perfectly able to pay for medical attendance.

The remedy lies with the physician himself. He must school himself against the sentimental side of his work, and must cultivate business methods and habits. He must recognize the value of his own services, and must make his patients recognize it. It is often said that a man is valued according to the price he puts upon himself, and this is true in the good sense. If a man shows himself always ready to respond to every call, but never ready to demand a reward for his services, it will not be long before his patients become equally careless, and neglect to pay the bill when it is presented, reasoning that the doctor cannot need or care for his pay if he shows so little energy in getting it.

There is no reason why a medical man should not conduct his practice on business principles—indeed, there is every

reason why he should do so. There is nothing derogatory to one's dignity in endeavoring to obtain as much as he can for his services, whether those services be in saving the property or life of a man in a court of law, or in restoring the health or saving the life of a man attacked by disease. The medical man must be a business man. He should do the very best he can for his patients, devoting to their service his time and his knowledge, and then he should make them pay for the attention, and pay well. Let his charges be as high as is consistent with the service rendered and the circumstances of the patient, and let him see to it that he is paid. If the physician appear indifferent about his pay he may depend upon it that the patient will be at least equally indifferent. Bills should be rendered promptly, and should be followed by a reminder after a reasonable period if payment is delayed. And when necessary, if the patient is known to be able to pay, he should be forced to do so by legal methods. And here comes in the necessity of accurate book-keeping. Charges should be entered in the books at the time they are made, and the accounts should always be kept in such a shape that they may be offered as evidence in case it becomes necessary to sue a delinquent patient.

The little book from which we have quoted contains much that is interesting, and much that is practical, and should stimulate the careless to pay more attention to the business side of their profession. If physicians would insist upon a just compensation for their labor and their advice, they would not only better their own financial status, but they would also enhance the dignity of their profession. The average man values a thing at what it costs in money to get it, and when he finds that he can secure medical advice only by paying for it, he will learn to value it more highly, and his respect for physicians individually, and as members of a dignified profession, will be proportionately increased.

There is altogether too much free work, both in private and in public, done by medical men, and it is time they learned to take better care of themselves and of their families.—[*Medical Record*.

Letter of Advice from Ben Franklin to a Young Friend.

The following letter, historically accurate and authentically unquestioned, from the pen of a master mind, will be read with interest, and may cause some wonder to medical men. Those who do not admit the deductions must admire the logic, and to those who have not given the subject serious consideration there will be found food for thought. The averments in section No. 5, while anatomically true, are doubtless new to many who may scoff at the declarations. Taken all in all, it is a most remarkable letter, and, almost one hundred and fifty years after it was written, how little of dross do we find in this friendly letter of one of the greatest minds of this or any land!

J. A. DE ARMAND, M. D.

Davenport Ia.

JUNE 25, 1745.

MY DEAR FRIEND—I know of no Medicine to diminish the violent nocturnal Inclinations you mention, and, if I did, I think I should not communicate it to you. Marriage is the proper remedy. It is the most natural State of Man, and therefore the State in which you will find solid Happiness. Your Reasons against entering into it at present appear to me to be not well founded. The circumstantial Advantages you have in View by postponing it are not only uncertain, but they are small in comparison with the Thing itself, the being married and settled. It is the Man and Woman united that makes the complete being. Separate, she wants his force of Body and Strength of Reason; he her Softness, Sensibility and acute Discernment. Together they are most likely to succeed in the World. A single Man has not nearly the Value he would have in that State of Union. He is an incomplete Animal. He resembles the odd half of a pair of Scissors. If you get a prudent, healthy Wife, your Industry in your profession with her good Economy will be a Fortune sufficient. But if you will not take this Counsel, and persist in thinking a Commerce with the Sex inevitable, then I repeat my former Advice, that

in your Amours you should prefer old women to young ones. This you call a Paradox, and demand my Reasons. They are these :

1. Because as they have more Knowledge of the World, and their Minds are better stored with observations, their Conversation is more improving and more lastingly agreeable.

2. Because when Women cease to be handsome they study to be good. To maintain their Influence over Man they supply the Diminution of Beauty by augmentation of Utility. They learn to do a thousand services small and great, and are most tender and useful of all Friends when you are sick. Thus they continue amicable, and hence there is hardly such a thing as an old Woman who is not a good Woman.

3. Because there is no Hazard of Children, which, irregularly produced, may be attended with much inconvenience.

4. Because through more Experience they are more prudent and discreet in conducting an Intrigue to prevent suspicion. The Commerce with them is, therefore, with regard to your Reputation ; and, with regard to theirs, if the affair should happen to be known, considerate people might be inclined to excuse an old Woman who would kindly take care of a young man, form his manners by her good Councils, and prevent his ruining his Health and Fortune among mercenary Prostitutes.

5. Because in every Animal that walks upright, the Deficiencies of the Fluids that fill the Muscles appear first in the highest Part. The face first grows lank and wrinkled, then the neck, then the Breast and Arms, the lower Parts continuing to the last as plump as ever ; so that covering all above with a Basket, and regarding only what is below the Girdle, it is impossible of two Women to know an old from a young one. And, as in the Dark all Cats are Gray, the pleasure of Corporal Enjoyment with an old Woman is at least equal, and frequently superior, every knack being by Practice capable of improvement.

6. Because the Sin is less. The Debauching of a Virgin may be her ruin and make her life unhappy.

7. Because the compunction is less. The having made a

young girl miserable may give you frequent bitter reflections, none of which can attend making an old Woman happy.

8th and lastly. They are so grateful. Thus much for my Paradox. But I still advise you to marry immediately, being, sincerely, your affectionate Friend,

BENJ. FRANKLIN.

Professional Advertising---A Living Question.

The daily reports in public journals of the laity set forth with more or less emphasis the special abilities of one doctor or another to perform certain medical or surgical work. This always has been, and doubtless always will be so long as two doctors exist, each of whom want what the other possesses. It is the old story of two dogs fighting over the same bone. As this fighting brings more or less dishonor upon the profession, the honorable instincts of the majority have sought to prevent these unseemly quarrels and exhibition of porcine propensities by making current certain unwritten rules, and afterwards certain written rules. These doubtless keep many in the strait way, but those who lack the instincts of gentlemen, and who are devoured by personal ambition and overweening selfishness, still break over the limit established by common consent.

The accomplished editor of the *Alienist and Neurologist*, in discussing the subject, suggests that the Code of Ethics be so changed as to countenance a certain amount of direct advertising. The limits of this advertising we would confine within the limits of "professional propriety." This he defines as follows: "I should say that any physician may place his name, number and calling in an unostentatious way before the public, on his sign or card, or in the newspapers, ever being mindful of the fact that he cannot, like the merchant, unduly puff the quality of his wares. His skill must be commended by others. As among gentlemen 'self-praise is half scandal,' so in our profession the physician who would seek to boom himself in a public advertisement is not the peer of his brethren. It re-

quires no code to degrade a physician who so degrades himself. Superior skill or qualification may be commended by others; it may not be with modesty and propriety self-proclaimed any more in medicine than in any other callings, and the public must sooner or later see the propriety of this. True professional dignity forbids shameless self-laudation, and our code plainly discountenances it because it aims to inculcate the modesty of true gentility and the courtesies, proprieties and amenities of proper social life in the relation of the physician to the public, and, in the main, the golden rule of human conduct, making some allowance for the still unregenerate human nature yet abiding even in the hearts of medical men."

Sometime ago, in conversation with the proprietor of one of the largest and best hotels in the United States, he remarked to the writer that his custom had always been to spend the time, energy and money appropriated to advertising purposes to such care of every guest that he would leave the hotel as perfectly satisfied as possible. Such a person usually would be his guest if ever he returned to the city in which his hotel was located. Further, to all whom he met in his travels or distant home, as occasion called for he would speak well of said hotel and advise others to patronize it. The success of this hotel man is something phenomenal. Each of his guests is cared for as if the life of the hotel depended upon such individual care. This is no isolated example. The best and most solid business establishments depend upon the same sort of advertising. Each customer is treated so well that he becomes a perpetual advertising agent for the house among all his acquaintances.

Just this sort of advertising is open, both by the written and the unwritten code of manners and morals, not only of the medical profession, but of all professions and all other callings. It costs something of time, of study and honest, faithful work, to advertise in this manner, but it is the solid foundation upon which the most prosperous, all-round satisfying life is based, whether in the profession or out of it.—[*The American Lancet*,

PHARMACY.

This Department is the official organ of the Arkansas Association of Pharmacists, and is under the charge of an editor elected by that body, to whom all communications relating to it should be sent. Address its editor,
MR. W. W. KERR, Batesville, Ark.

Prize Essay.

BY W. W. KERR.

SHOULD DRUGGISTS ENDEAVOR TO REPLACE PROPRIETARY MEDICINES BY THEIR OWN PREPARATIONS; IF SO, HOW AND TO WHAT EXTENT.

In considering any policy with reference to the conduct of their business, druggists should be governed by the same rules which prevail with careful business men in other lines, limited and modified, of course, by the exactions of their profession. Applying this principle to the selection of their stock, all other things being equal, those items should have the preference which cost the least money, and consequently yield the largest profit. In the case under consideration, the advantage is so obviously in favor of the druggist's own products as to scarcely need argument, as a glance at the elements which go to make up the cost of the two classes of preparations will show. In the one it is the actual cost of production and the immense sums spent in advertising, added to the colossal fortunes accumulated by the successful proprietors, and in the other only the comparatively trifling sum necessary to purchase the materials and the druggist's own labor.

It must be borne in mind, however, that the amount of the original investment is not always the correct measure of the profitableness of an article; the length of time required to effect its sale, the interest on the money, and possible depreciation in value, all enter into it, which leads us to inquire whether

the home-made remedies are as salable as the proprietaries can be made so. It must be admitted that in this respect, the extensive heralding the latter get in the way of attractive and plausible advertising, and more than all, the mystery that surrounds them and the enchanting distance that separates the proprietor from the consumer, give them a decided advantage, but when the great difference in first cost is taken into consideration, together with the fact that the druggist is not called upon to invest more money in his own goods than his experience teaches him he can profitably handle, nor to invest it faster than his sales will warrant, the advantage dwindles to the minimum.

The patent medicines are here, and here in countless numbers, and, it may be admitted, here to stay; and it is not contended that it is within the power of the retail druggist suddenly to supplant them with his own modest products, but it is within his reach to keep constantly on hand a line of carefully and honestly prepared preparations, made in his own shop, which he can recommend to his customers on all suitable occasions, in full confidence that they will neither disappoint him nor them in their effects, and though their sale may be slow at first, if they are as they should be, and if the druggist is honest and competent, they will be prepared from pure drugs so combined as to meet successfully the ailments for which they are constructed, so far as general medication can be expected to accomplish that end, each sale will be an advertisement that will effect another, and so on until the demand for them will exceed that for the more pretentious and loudly trumpeted proprietaries. It may be that one single preparation, and possibly only one dozen of that to begin with, would constitute an entering wedge sufficient to open a trade that would eventually revolutionize that feature of his business, so that he can afford to wait for merit to win, as it will certainly do. We have, then, two conditions of sound business policy met: Cheapness of first cost, and a sufficient salableness in proportion thereto not to neutralize the advantage gained thereby.

The patent-medicine business, never legitimate from a professional standpoint, has for years been drifting into the hands of dealers in other lines, for the very reason that it is unprofessional, so that an uncontrollable competition has instituted a cut-throat cutting of prices that has robbed it of its rightful profits and well-nigh ruined the drug trade. The evil has become so wide-spread and deep-seated that all attempts heretofore made to cure it have utterly failed. To some there seems to be at the present time a ray of light athwart the sky from the recent action of the proprietors, wholesalers and retailers, but the success of the plan evolved is so entirely dependent upon unanimity of effort upon the part of so many badly demoralized individuals that the prospect is by no means so bright as the more sanguine would have us believe. The future will ever be fraught with doubt, uncertainty and want of confidence, and the "cruel cutter" will always hang as a threatening sword, suspended by a hair, over a trembling trade, and since the trouble has grown out of a departure from professional methods, relief can only come from a return to those methods. Not only the cravings of the public appetite, but the necessities of the case, demand that there shall be some means of self-medication provided, and the druggist will always be expected to fill that "long-felt want." There are but two ways in which he can meet that responsibility—one is the plan heretofore adopted of advertising and selling the nostrums of somebody, nobody knows who, made of ingredients nobody knows what, or utilizing his own skill in constructing in a conscientious, painstaking way remedies that may be relied upon to ordinarily relieve the minor ills for which they are intended, which will never, and often need never consult the skill of a physician. He assumes an equal responsibility in both cases. In the one blindly, by advocating and recommending that of which he knows nothing, and in the other intelligently, by dispensing what he is assured will administer to the relief of the suffering without injurious after effects, and at the same time entrenching himself behind a professional bulwark from which he cannot be dislodged by

ribbon peddlers and dollar stores. His ability to manufacture such remedies goes without saying. He, by the very requirements of his profession, is peculiarly fitted for it and the skill necessary is by no means so great as that demanded of him by his every-day duties; besides his experience gives him such a knowledge of therapeutics that, in most cases, with the nature of the disease given, he is able to suggest all the remedies usually relied upon for its relief, and this work is but the practical application of such knowledge and experience. This, then, is clearly the professional road back to legitimate pharmacy, and may not the present convulsion in business be the very opportunity given him of returning to the path of professional rectitude? If such be not the logic of events, then the future of pharmacy is by no means bright.

But, further, the relation the druggist sustains to his constituents demands that at all times and in all cases he be prepared when called upon to furnish them with the best advice and best relief within his power. If it can be said of any man in any calling that he should be more honest and conscientious than any other man, it is the druggist. Into his hands his patrons often place their own and their loved ones' lives as absolutely as they ever do into the hands of the physician, and it becomes him to act in the premises, not alone in the light of his responsibility to them, but in view of the account he must render to a higher tribunal. If duty demands that he refer them with their ailments to a doctor (and he should always carefully consider if such is not his duty), then he should promptly do so without any regard to personal pecuniary considerations, but if this should not seem necessary, or if such advice should not be taken, then let him suggest first some official remedy having the sanction of good authority, and if nothing but something after the order of patent physic will satisfy the demand let the conscientiousness that has characterized his conduct thus far impel him to give them such a preparation as he knows, of his own personal knowledge, is calculated to relieve the trouble.

We have seen that both from a business and a professional standpoint, as well as a matter of common honesty, the drug-

gist should endeavor to replace the proprietary medicines by his own products. The question arises, how is the change to be effected? It is evident that the existing conditions have too long held sway and are too deeply rooted in popular favor to be suddenly or easily displaced. The proprietaries have been introduced and will be perpetuated by the use of large sums of money, an engine inaccessible to retail druggists, as a rule, and hence they must depend upon other means to supplant them. It must be remembered, however, that the object sought is not the destruction of the patent medicine business (if it were, the task would indeed be a hopeless one); it is simply its elimination from the drug trade and relegation to the realm of general merchandise, where it properly belongs, that it may not, as heretofore, constitute so important a factor in the drug business that its absorption by other stores threatens destruction to that business. Perhaps no general rule can be devised that will not leave much to be determined by the circumstances surrounding each individual case, but the following hints are thrown out in the belief that they are at least safe and conservative, and, with some modifications, of general application.

The preparations themselves, as has been insisted throughout this paper, must be prepared with scrupulous care from the purest drugs and chemicals obtainable.

They must be so combined, *secundum artem*, as to give reasonable promise of meeting the indications for which they are intended, in the largest number of cases.

They must contain nothing dangerous to human life in doses several times larger than those recommended.

They must be as handsome in appearance and as palatable as is consistent with efficiency.

They must contain no drug, or at least not in sufficient quantity, to be calculated to induce the formation of vicious habits.

They must be accompanied by plain directions for use, easily understood by the unlearned.

They should be put up in packages as much larger than

those used for similar preparations among the proprietaries, as may be, so as to leave a reasonable margin of profit when sold at the same prices.

They should be put up in attractive but not gaudy style.

In their introduction the druggist should not attempt the manufacture of a full line covering the whole field at the start, but should content himself with one preparation—for instance, a cough syrup, which is perhaps the easiest made and most likely to give general satisfaction.

The first point to be gained is to beget confidence in his own skill, and to overcome the common impression that because a remedy is manufactured in New York, it is for that reason better than it could possibly be if made at home. For this he must depend alone upon the excellence of his products, but once secured as to one preparation, a demand will not only be created for that article, but the way will be paved for the introduction of another. In the absence of such extensive advertising as is employed by the patent medicine manufacturers, he must rely largely upon his own personal efforts to introduce his goods. In all cases where the selection is left to his judgment, as is often the case, he should supply them in preference to any other, and at all times he may, with perfect propriety, call the attention of his customers to them, and without resorting to any blow or bluster, or denouncing all others as frauds, he may give the reason for preferring them, and once they become impressed with his earnestness and honesty, they will not hesitate to give them a trial and then their merit must do the rest.

His personal efforts should be supplemented with such judicious use of printers's ink as his means will warrant. This should not consist in a bombastic blowing of their ability to cure all the ills that human flesh is heir to, nor as to constituting a leading feature of his business, but simply in calling the attention of the public to the fact that such remedies are carried in stock; that they are safe and reliable, and inviting an honest and unprejudiced comparison with their competitors. As fast as they can be made to fulfill their mission the pro-

prietaries should be retired and the distribution of advertising material discontinued, and the process kept up until that class of goods is banished from his shelves, or until they form so small a part of his business that it will be a matter of indifference to him how many corner groceries keep them in stock.—
[*Pharmaceutical Record.*

Pharmaceutical Education.

The better education of the coming crop of pharmacists is a subject that should engage the attention of the profession in Arkansas to an extent it has not heretofore done. A better knowledge of pharmacy should be a dominant desire with those who are engaged in it at all times, but it would seem that now, when the laws of the land have recognized its necessity and in some measure made it obligatory upon those who shall hereafter practice it, a new zeal should be aroused amongst its friends in the direction of providing the means for its acquirement.

There are several obstacles in the way of the desired reform which greatly discourage any attempt to begin it. There is, in the first place, the accumulated inertia of all the past years hampering pharmacists themselves. A good pharmaceutical education has never been held in very high esteem; it has not been considered an absolutely necessary requisite to the proper dispensing of drugs. But few have possessed it and yet have prospered financially, and as no one has ever come back from the grave to charge their ignorance upon them, everything has been supposed to be good enough and everybody drew disposed to let good enough alone. Besides, the public have not only not demanded a higher qualification, but have encouraged ignorance by not appreciating or even recognizing competency by discriminating in its favor. Even physicians, whom we should suppose would not only encourage it by every means within their power, but would demand it in their own interests, have in too many instances set their faces against it by not preferring educated pharmacists before

ignorant ones when the choice was before them. This may seem a strange assertion, and so it is, but the record will bear it out in an astonishing number of cases. Thus the influences from without have rather discouraged than fostered an educational movement. While these conditions are barriers in the way of beginning a reform, they at the same time furnish all the stronger reason for the attempt, and *should* prove a potent incentive to its prosecution.

The necessity recognized, we are led to look upon us for the means for its accomplishment. It must be conceded that notwithstanding the other devices that have been or are likely to be devised as sources of supply, the schools of pharmacy must ever be relied upon mainly to properly fit our young men for the responsible position of dispensers, just as medical schools must be depended upon to furnish our supply of doctors, and theological schools our preachers. It is also true and becoming more so each year, that the States, as integral factors in the general government, must become more and more dependent upon themselves to furnish the sinews of their own development; they must be sovereign educationally and in other respects, as well as politically. Arkansas should educate her own preachers, her own lawyers, her own doctors, her own pharmacists, and why not? If it should be answered, "we have not the facilities," then have them.

We have in Arkansas a medical school fully equipped for its work, which has been growing year by year until it has outgrown its first clothes and has had to don another suit. Its curriculum embraces materia medica and botany, chemistry and toxicology. Why not add a chair of pharmacy and admit students to these courses and allow them to prosecute these studies to graduation? That in itself would constitute a school of pharmacy. This is what we have been talking about all this time; we have simply made the sermon proceed the text, that is all. Now that the hint has been thrown out, we only desire to say that it has been done to furnish food for reflection for the members of our Association, and to stimulate discussion through these columns, preliminary to its consideration at our next meeting.

Reciprocity.

The following resolution was adopted by the Arkansas State Board of Pharmacy at its last meeting:

“It is hereby resolved by the Arkansas State Board of Pharmacy that the following rule shall govern its action in the matter of the interchange of certificates of registration with other State boards:

“The applicant shall furnish this board, through the secretary of the board from which his certificate of registration was obtained, at his own expense, with a copy of the list or lists of questions which constituted the examination passed by him, together with said secretary’s certificate setting forth the rating given him on it.

“This information shall be filed with the secretary of this board, and by him laid before this board at its first meeting thereafter, when, if said examination shall be satisfactory to a majority of the members, a certificate shall be granted.

“The fee for this examination shall be the same as for other examinations.”

It has for several years been impressed upon the minds of leading pharmacists in this country that a system of interchange of certificates of registration between the States should be adopted. It is claimed that if a person has successfully passed an examination in one State, it ought to be sufficient evidence of his fitness to practice pharmacy in any other State. The chief difficulty in the way has been the want of uniformity in the provisions of the statutes in the several commonwealths. In the early history of pharmacy laws, before there were any precedents established, or the requirements of the situation were well defined, there was necessarily much incongruity between them. As time wore on, and the deficiencies alluded to were supplied, they were more closely assimilated, but owing to the varied conditions existing in different localities, and the vagaries characteristic of modern legislatures, there continued to be and still is much difference in their requirements touching the qualifications for registration.

The Arkansas law, one of the latest enacted, might and should have been so construed as to have placed the power to accept the examinations in other States, within the discretion of the board. According to it, there is now no way for anyone to register without an examination, except graduates of recognized schools of pharmacy requiring three years practical experience before graduation; hence the board has no option in the matter, limited as it was by the law; and at the same time desirous of meeting the reciprocity movement as nearly as possible, the above rule was adopted. By it applicants from other States are at least constructively examined. The board may adopt any series of questions they choose, a different set for every examination, or even different ones for different persons at the same examination, so that it would be at perfect liberty to use those used by the boards in other States if it so decided. If it should be found that they are equal in all respects to those of its own adoption, and that the applicant has made a rating equal to its own requirements, there can be no objection to granting a certificate on it. Our law has been vindicated and the applicant saved the trouble and expense of a trip to meet the board.

There might be an objection urged by those boards which keep their examinations secret, but the plan involves no disclosure of that secret which would defeat the object sought by it, as the information would be regarded in strict confidence and the papers returned as soon as they had served their purpose.

It occurs to the writer that some such plan as this would go a long way towards smoothing the way to reciprocity between the States by overcoming most of the difficulties that have heretofore obstructed it.

Don't forget that the next meeting of the Arkansas Association of Pharmacists will be held in the City of Fort Smith, beginning Tuesday, May 24th, next, and make your arrangements to be present.

Agreement of the Tripartite Committee.

An examination of the plan submitted by this committee, convinces the uselessness of its publication, as it is substantially the one presented by the A. P. A., which has already appeared in these columns. Its chief amendment was the striking out of the substitution clause as recommended by our own association.

THE drug stock of A. P. Cressy, Hot Spring, has been attached by his creditors. This is the Rockafellow drug store, one of the oldest and largest establishments of its kind in that city. Thus one more of the boys has gone to join the long list of departed spirits. It will require rigid economy and eternal vigilance to prevent others from following in the wake during the coming year, if something does not turn up to neutralize the depressing effects of the low price of cotton.

THE local Pharmaceutical Association of Fort Smith are hard at work making preparations for receiving their guests at the May meeting. They are doing exactly that which will most conduce to success—trying to get the druggists of that section to attend without regard to whether they are members or not. We have never known one who did not belong to attend a meeting, who did not join before he left.

DON'T *forget* to begin *now* to make preparations to be present at the Fort Smith meeting. Many may be able to attend to this duty by beginning early to hedge for it, who could not do so otherwise. *It is a duty* which every member owes to the cause of pharmacy and to himself to attend the meetings of his association when it is *at all possible*.

Turpentine in Pneumonia.

For the past four years I have relied almost entirely in the treatment of pneumonia on the oil of turpentine, regardless of the stages of the disease, the pulse or temperature, giving it in adults in doses from 30 to 60 minims every two or three hours, either in capsules or in emulsion, the former preferred. This treatment aided by constant *dry heat* to the lungs, front and back, with hot milk diet or beef essence (a receipt for which will be found in this number), has really seemed to me to have robbed the disease of all its horrors. When first told of this treatment by Dr. Juke Johnson, of Canada, to whom I will always feel indebted, I naturally feared strangury, but in but one single case out of a great many have I seen a single symptom.—[*J. M. K., in Hot Springs Medical Journal.*]

THE next meeting of the Pharmacy board will be held in Fort Smith on Friday, May 27th next, the next day after the adjournment of the association. This will give opportunity to parties desiring to appear before it to be present at that meeting, which we hope they will not be slow to embrace. The hours for the examination will be from 9 o'clock a. m. to 6 o'clock p. m.

THE Arkansas State Board of Pharmacy at its last meeting in Little Rock, granted certificates upon examination, to the following persons: C. S. Bratton and M. T. Brasher of Pine Bluff; J. S. Darling, Hot Springs; A. P. Turner, Marianna, and J. F. Wilson, Dalarm.

WE regret to learn of the illness of Mrs. Schaap of Fort Smith. At this writing her husband is absent with her in St. Louis for treatment. We hope for her speedy recovery.

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Original Articles.

A Case of General Tuberculosis.

BY E. G. EPLER, M. D., FORT SMITH.

[Read before the Sebastian County Medical Society.]

The discovery of the cause of tuberculosis by Koch in 1882 was a mighty stride onward in the progress of medical science. It gave a wonderful impetus to the careful study of this dread malady. The therapist sought means of cure with renewed courage. New methods of treatment were devised and practised. In the hands of some they seemed of benefit, even marvelous in their effects, while according to the experience of others they failed signally and were relegated to the past. Surgeons quickly learned to regard many obscure morbid conditions as local tubercular processes. In applying their art promptly they have often prolonged and even saved life. Above all, accurate diagnosis during the early stages of tuberculosis has been made possible, where heretofore uncertainty would have prevailed. The presence of bacilli in diseased tissue or discharges, determined by repeated microscopical examinations, is regarded as unequivocal evidence of the existence of this disease. When the diagnosis is made early the means

of relief are at hand. Hence it is being urged everywhere to study carefully the earliest symptoms of tuberculosis and to acquire skill in the use of the microscope.

The following case of general tuberculosis, unique and interesting in itself, serves to illustrate the necessity and advantages of an early and accurate diagnosis.

At different stages in the progress of the disease in this case certain surgical procedures were suggested as of possible value. The propriety of performing these operations or ignoring them is left to the judgment of the reader.

T. A., colored. Age, 20. Normal weight, 180 lbs. Weight July 21, 1891, 148 lbs.

Family history.—Mother had lost several relatives from phthisis pulmonalis.

Previous health.—Up to November, 1890, had enjoyed good health.

Present illness.—While digging trenches for the sewer was constantly exposed to cold and wet. Contracted a cough. About same time noticed pain in the right knee. In January, 1891, was seen by a physician. Phthisis was the diagnosis. Patient did not continue treatment long. Cough continued. Expectoration was muco-purulent and copious. Irregular fever and pain in chest were complained of. The right knee swelled more and more. It was regarded as rheumatic and treated accordingly. At times there were marked exacerbations of the joint affection. The glands in the right groin and the right testis became infected. The abdomen swelled and became very painful in limited regions, more especially in the epigastrium and right hypochondrium. Loss of appetite, vomiting, diarrhea, copious sweats, rapid emaciation ensued. The fever ran high. The breathing became more and more difficult. It seemed that the young man would die very soon. At this time I first saw the case with Dr. W. W. Bailey.

Physical examination.—Pulse 120. Temperature 103. Respiration 20. Breathing shallow and painful. Patient could not lie down. Facies anxious. Skin dry and hot. Tongue coated brown. Conjunctivæ yellow. Corneæ unusually bright.

Heart.—Normal as to position.

Lungs.—Percussion elicited relative dulness over the right apex anteriorly and posteriorly as far down as the horizontal nipple line. Auscultation revealed harsh broncho vesicular murmur over same area. The inspiratory murmur was irregular. The expiratory prolonged. No rales. The line of hepatic dulness was higher than usual, extending anteriorly into the fifth intercostal space, posteriorly to the ninth rib. All breath sounds were absent from this region. Vocal resonance was increased in right infraclavicular region. On left side of chest dulness was found on percussion over lower lobe up to a level with the ninth rib. Broncho vesicular breathing was heard here. A sharp click at end of inspiration and prolonged expiration were noted. Vocal resonance was increased. The upper lobe of left lung was normal. Tenderness over the left lower lobe anteriorly and laterally was marked.

Abdomen.—The abdomen was greatly distended. The navel was red and very prominent. There was marked dulness on percussion over right hypochondrium, a part of epigastrium, down into umbilical region. In circumscribed spots in this area of dulness percussion elicited a tympanitic note. A peculiar protrusion, soft and elastic to the touch and tympanitic was noticed about middle of epigastrium. It was the size of a hen's egg and very sensitive. The lateral regions and the hypogastrium were tympanitic. Fluctuation was distinct above the umbilicus. The fluid seemed encapsulated. Tenderness was diffused over entire abdomen, but was much more marked in the epigastrium, where swelling was first observed, and over the spleen. Upon the patient's leaning forward a movable tumor, part solid, part tympanitic, was traced from the navel up into the right hypochondrium. The left lobe of the liver was enlarged. The abdominal organs had been forced upwards so as to encroach upon the thoracic cavity.

Urine normal. Sp. gr., 1020. Acid. No albumin.

Micros. Exam.—No blood cells; no tubercular bacilli; no casts; no pus.

The lymph glands in the neck and along Poupart's ligament,

right side, were enlarged and tender. The right testis was enlarged to twice its normal size, hard and sensitive. The right knee was swollen, doughy and quite painful, especially at a point about the middle of the internal border of the patella, where soreness was first noticed. The right leg and thigh were much more atrophied than the left.

Microscopical examination of sputa revealed red blood corpuscles, pus cells, epithelium, both pavement and columnar. No elastic fibres. Tubercular bacilli. Diagnosis. Tuberculosis beginning simultaneously in the lungs and right knee, spreading along the lymph channels probably to nearly all the internal organs.

Treatment.—Aspirated abdomen. The needle struck an elastic body and glided off to the left. On being withdrawn slightly a pint of reddish fluid was removed. The tumor became more distinct. It evidently consisted of intestines and omentum matted together by an adhesive peritonitis.

Bism., subnit., pepsin, creasote were given in capsules: comp. syr. hypophosphites, iod. ammon. and Liq. pot. arsen. were also given. Fever declined. Sweating, diarrhœa, nausea and vomiting ceased. Dyspnœa, cough and expectoration were remarkably diminished. The appetite returned. Patient felt comfortable. The temperature was normal at time of visiting for over a week. About August 10th, the knee was more swollen. The glands in the groin were softening. Patient weaker; temperature, $100\frac{1}{2}$, pulse 96. The patient begged to have something more done for him. The Shurly-Gibbes method of injecting iodine and gold chloride into the buttocks was practised.

The dose of iodine was gradually increased to one-fourth of a grain. No great trouble ensued; the pain was annoying. The glands in groin were softening rapidly. Diarrhœa developed; temperature 101. August 21st, gold chloride solution was substituted. Beginning with 1-34 gr. dose was increased gradually to 1-12. August 31st, abdominal tumor was greatly lessened in size; weight of patient was 143 pounds, a loss of five pounds in one month. The abscess in the groin threat-

ened to burst and was freely lanced. The infected glands were dissected out. The matter was cheesy. It consisted of lymph, cells, detritus, fibres, and contained many tubercular bacilli. The wound filled rapidly with granulations from the bottom with the use of iodoform and sublimate gauze, notwithstanding the low state of the patient.

September 3d, examined chest. Found marked dullness and increased vocal resonance over right apex, anteriorly and posteriorly. Subcrepitant rales and bronchial respiration were heard in the same region. Posteriorly the respiratory sounds were almost cavernous in quality over a small space just above the inner extremity of the scapular spine. No cracked-pot resonance. The left lung seemed about the same as when examined first. The knee was more swollen. Abdomen remained about the same. Atrophy of muscles was extreme. Appetite failed. The breathing became very heavy and the patient was told to prepare for the inevitable. He died in October. No post mortem examination.

The use of creasote, pepsin, bismuth and the tapping of the abdominal cavity proved a great benefit for a time. We are reminded by this experience of the statement that opening and draining the abdominal cavity in case of tubercular peritonitis has relieved distress and prolonged life. The diminution of the abdominal tumor and liquefying of the tubercular inguinal glands may be ascribed to the iodine and gold-chloride injections. There is something very promising and attractive in the method of Shurly and Gibbes. The healing of the wound in the groin demonstrates the wonderful recuperative power of nature and the beneficial effect of iodoform on tubercular processes. The onward march of the disease throughout the body from limited areas, where the bacilli first planted themselves, is a most interesting feature of the case. It seems from the history that the knee joint was the great source of infective material. Before the inguinal glands, the testis or the abdomen had become involved, while the knee was being rubbed with liniments to allay rheumatism, had it been possible to make the diagnosis of tuberculosis, would an ex-

cision of the knee joint and the removal of the diseased tissues have checked the disease and prolonged life? Any answer would be a mere surmise. Judging by the success of surgeons elsewhere in operating on tuberculous joints, etc., even so formidable an operation as excision would have been justifiable in this case during the early stages of the disease. Aspiration and injection of the joint with iodoform held in suspension was certainly advisable. In the last stages of the trouble all such measures seemed futile.

"Of all sad words by tongue or pen
The saddest are these, It might have been."

The Treatment of Ulcers.

BY W. L. WORCESTER, M. D., ASSISTANT PHYSICIAN, ARKANSAS
STATE LUNATIC ASYLUM, LITTLE ROCK.

Every physician has more or less ulcers to treat, and his own satisfaction and the comfort of his patients are alike involved in the success of the treatment. After a good deal of experimenting, I have settled on a plan which I have found so simple in application and so satisfactory in results that I am disposed to call attention to it for the benefit of my colleagues. I cannot claim any special originality for it, and very likely others may be practising substantially the same method, but I think it probable that some, at least, of my readers are following less satisfactory plans of treatment, and if any know of a better way they may be cited to tell it.

It may be well to consider for a moment what an ulcer is, and what we wish to accomplish by treatment.

In an ulcer we have a solution of continuity of the skin or mucous membrane, with inflammation and suppuration. Recent researches have shown beyond a reasonable doubt, that inflammation and suppuration are, at least in the immense majority of cases, caused by the presence of those minute organ-

isms known under the general name of bacteria, and that the morbid effects are caused, not by the presence of the bacteria themselves, but by the poisonous products set free by them in the fluids in which they grow, as, for example, the yeast fungus has no intoxicating properties, but generates alcohol by its growth in saccharine solutions. It follows that if we can either destroy the bacteria or remove their poisonous products as fast as they are formed, the inflammatory symptoms will cease, the reparative powers of the tissues will assert themselves and the ulcer will heal.

It is evident that we may attempt to secure these objects in various ways.

When I was studying in Vienna, Billroth was treating all his amputations, with excellent success, by the open method. The wounds were not closed at all, and the discharges were allowed to flow into vessels placed underneath the stump. Nothing could seem at first sight more contrary to the practise in vogue among the best surgeons at the present day, of preventing the direct access of air by covering the wound with many thicknesses of gauze, or hermetically sealing it with collodion; and yet the end accomplished in the two cases was substantially the same—preventing the absorption of toxic products. At the same time, Hebra, an unbeliever in the germ theory of surgical diseases, was treating cases of extensive burns, sloughing ulcers and the like with what he called the continual bath. The patient was kept in a bath warmed to the proper temperature, day and night; in one instance, as he told us, for over 300 days—eating, drinking and sleeping in his tub of water. Under this treatment, the poisonous substances were washed away as fast as they were formed, the symptoms of inflammation subsided, there was no occasion for the painful dressing of the lesions, and the results, both as to the comfort and recovery of the patients, were most satisfactory.

The ideal treatment of ulcers would be to destroy all the germs with which they are stocked, and then to prevent the access of any more. If this could be accomplished there would be no reason why an ulcer should not heal under a sin-

gle dressing. This has been practised by scraping away all the granulations, disinfecting the wound with strong antiseptic solutions, and then covering it with antiseptic dressings. But the operation is a painful one, requiring an anæsthetic, and there is risk of imperfect disinfection, in which case all the labor is lost.

The plan which I adopt is to wet three or four thicknesses of old soft cotton fabric—a piece of an old sheet is as good as anything—with saturated solution of boric acid, lay it upon the ulcer, cover it with a piece of oiled silk, large enough to overlap the ulcer considerably, and retain it in place by a bandage or strips of isinglass plaster. I have my reasons for each of these particulars, which it may be well to give.

Boric acid, although not a powerful antiseptic, has, I am satisfied, a very decided influence in preventing decomposition when applied in this way. It is not in the least irritating to the surface, and there is no danger of toxic effects from its use.

I prefer rags to lint or absorbent cotton, because the granulations grow over the fibres of the latter, causing pain and bleeding in changing the dressings. Unbleached muslin does not absorb water readily, so none should be used that has not been repeatedly washed.

The oiled silk prevents the drying of the dressings, which is injurious by virtually forming a scab over the ulcer and retaining the secretions in contact with it, and also by causing it to adhere to the surface, making its removal for the purpose of dressing painful.

I usually change the dressings twice a day for a day or two until the ulcer has assumed a healthy appearance, after which once a day is sufficient. Under this treatment redness, swelling, heat and pain speedily disappear. The discharge, small in quantity and free from any offensive odor, is removed with the dressing, and cicatrization usually progresses rapidly.

Of course, it may be necessary or advisable to use some other measures of treatment in addition to the above. In the case of varicose veins it may be well to equalize the circulation by bandaging or position. If, as sometimes happens, granula-

tions are exuberant, they may be cauterized with nitrate of silver in stick or solution. I doubt, however, if this hastens healing very much. The advancing epidermis will pull the granulations down. Iodoform or aristol may be applied to the surface if desired, but will usually, I think, be found superfluous. Skin grafting, if thought advisable, does not require any modification of the dressing. Bits of epidermis applied at one dressing will usually be found adherent twenty-four hours later. I have, however, been disappointed with the results of skin grafting, so far as hastening the process of healing is concerned. In some cases, after remaining adherent for several days, they have fallen off; in others, although remaining permanently, but little new growth of epidermis has taken place from them. I have never tried Thiersch's method of completely covering the ulcer with large strips of the superficial skin shaved off with a razor. There is no doubt, I suppose, of its utility, but it requires the use of an anesthetic, and would probably strike many of our patients as rather a formidable operation.

This treatment can be carried out satisfactorily by any person of ordinary intelligence. The operation of dressing is entirely painless, and the patients always, in my experience, cease to complain of pain and soreness in the ulcers as soon as the treatment has had time to take effect.

Erysipelas.

BY L. L. SAUNDERS, M. D., FORT SMITH.

[Read before the Sebastian County Medical Society, February 9, 1892.]

You have doubtless been notified by our very efficient secretary that I had selected erysipelas as the subject for our consideration tonight.

I must apologize in advance for the brief and imperfect

article I have hastily prepared for the purpose of opening the discussion of this quite common and often grave disorder.

I do not expect to bring any new points not already known to you, but merely to present in a succinct form some of the more recent knowledge we possess as to the etiology and pathology of this disease, and the treatment thereby suggested. Erysipelas is derived from the Greek word *erisipelas*, compounded of *eruthros*, red, and *pella*, skin. We see from the derivation of the word, erysipelas must of necessity be defined (as we find it is by Gardner, Dunglenson, Thomas and other lexicographers): "A redness or inflammation of the skin, with fever, tending to spread rapidly, and sometimes vesication of the affected part." And now, since through the researches and experiments of Fehleisen the etiology of erysipelas is better understood, we have a definition which conveys a still more accurate and satisfactory idea of the character of this disease.

In the National Medical Dictionary, by Billings (the latest and most comprehensive medical lexicon extant), it is defined: "An infectious inflammatory disease of the skin and adjacent mucous membranes, with fever and rapid extension, and probably due to specific micro-organism."

Within the last few years the etiology of erysipelas seems to have been definitely and satisfactorily settled. Bacteriologists and dermatologists almost universally concur in the opinion that the invariable causative agent has been found in the streptococci of Fehleisen, and that this micro-organism is identical in form with the puss streptococcus. In the light of the knowledge obtained by these investigations and experiments, we may feel assured that erysipelas is primarily a local disease, with resultant constitutional symptoms of decided gravity. The local inflammation being brought about by the introduction of the chain-forming cocci of Fehleisen, through some wound or trivial abrasion of the cuticle (as it is claimed that these streptococci cannot penetrate healthy and unbroken skin), while the constitutional disturbance is induced by the ptomaines finding their way into the circulation.

In view of these facts (if indeed they be facts) we must conclude that the so-called idiopathic and traumatic types or varieties of the disease are identical in every respect, and that erysipelas is always developed from without; and we can further assert that simple cutaneous erysipelas is the only *typical* form of the disease. Whenever the sub-cutaneous and deeper tissues or organs are primarily involved without a cutaneous focus, even though the etiological factor may be morphologically similar, it is or would be a misnomer to call such inflammation erysipelas in any of its forms or varieties.

Erysipelas has usually been divided into simple cutaneous (in which we are chiefly interested tonight) phlegmonous or cellulo cutaneous, and cellular erysipelas, or diffuse cellulitis; in addition to these, some nosologists describe in their classification of diseases erysipelitous inflammation of lymphatic glands and vessels, mucous and serous membranes, etc.

I think after a critical investigation of these inflammatory affections which are so loosely classed as belonging to some of the (so-called) various forms of erysipelas, we will find but one feature in common, viz., they all belong to the category of infectious inflammations; that is, the exudation matter or ptomaines, the product of inflammatory or chemical action superinduced by the introduction of a certain class of micro-organisms, recognized by bacteriologists as streptococci will excite inflammation similar in character to that of the original focus, in any part with which it may come in contact.

As has been mentioned, Fehleisen has demonstrated that the streptococcus erysipelatosus is identical in form with the streptococcus pyogenes, or pus-forming microbe; also streptococcus diphtheriæ, and perhaps other pathogenic micrococci. Would it not therefore be as logical from an etiological standpoint to say that diphtheria, lymphangitis abscess and puerperal septicemia are forms of erysipelas, as to say that all cases of diffuse phlegmon and diffuse cellulitis are varieties of that disease. Cutaneous or typical erysipelas is always (as we are taught by Fehleisen) caused by a specific microbe (streptococcus) coming in contact with a wound or abrasion (however insignificant):

of the skin or adjacent mucous membrane ; while the so-called phlegmonous and cellular varieties may be caused by decomposing animal matter or pus streptococci. However, I must say, after pretty thorough investigation of the subject and a modicum of clinical experience, that in my opinion there are cases that may properly (and in keeping with correct and scientific nomenclature of disease should) be called phlegmonous erysipelas. Not *de novo* but secondarily. I mean to say that simple cutaneous erysipelas may develop a sub-cutaneous inflammation of the phlegmonous type. Now, as has been asserted, it has been pretty satisfactorily demonstrated that the cocci of erysipelas cannot penetrate healthy unbroken skin, and it is also equally as well established that even though they may find entrance through some dermatic traumatism, they cannot penetrate into the sub-cutaneous cellular tissue of otherwise healthy subjects, in consequence of the war waged upon these parasitic intruders by their natural enemies, the phagocytes, the fighting leucocytes of the cellular tissue. But when these microbes find entrance through a wound or denudation on a subject already debilitated, and whose resistive force has been very much weakened or destroyed by previous ill-health and with bad hygienic environments, then these vandal microbic hordes not only light the torch of inflammation in the border-land (the skin), but pressing onward and inward meet and overwhelm their weakened and prostrate foes, the phagocytes, and scatter the fire-brand of phlegmon through the sub-cutaneous connective tissue.

Erysipelas has been sub-divided according to the locality attacked ; as erysipelas facii, scroti, capitas, etc. They, however, have no distinctive features that require special notice.

Erysipelas sometimes invades the pharynx and upper portion of larynx by extension of inflammation, from continuity of surface with adjacent cuticle or oral mucous membrane. This form of the disease is recognized as erysipelitous pharyngitis and laryngitis, and presents some peculiarities, though the invasion and constitutional symptoms are similar to those of the simple cutaneous. The fauces and pharynx has a

bright red appearance and is always accompanied by considerable oedema of the tonsils and soft palate. The great danger in such cases arises from inflammation of the glottis producing oedema glottidis or spasm, necessitating intubation, tracheotomy or laryngotomy, to prevent death from asphyxia. Erysipelas sometimes attacks new-born infants, the points of invasion being the stump of the funis or the genitals, and is called erysipelas neonatorum.

The symptoms of erysipelas are familiar to all, and generally of easy recognition, but by way of remembrance, I will give a synopsis of the most prominent :

In simple cutaneous erysipelas, the local inflammation is usually preceded by more or less constitutional disturbance. The invasion is generally marked by chilliness, which, however, may not be sufficiently pronounced to excite any apprehension of approaching disease ; then nausea, headache, loss of appetite, and general malaisé, the temperature may rapidly rise to 103 F. or higher. The characteristic cutaneous eruption or inflammation usually makes its appearance within twenty-four hours of the invasion. It may, however, commence simultaneous with the pyrexia. It always starts from a wound, scratch, pimple or abrasion. It may commence indifferently in a recent traumatism or granulating wound or sore. The affected or inflamed area is a bright red in color, sharply defining the advancing margin. Wherever the subcutaneous areolar tissue is lax, as in scrotum, eyelids, etc., it becomes greatly swollen with more or less oedema of entire cuticle involved. In a large percentage of cases small vesicles rise which sometimes coalesce, forming blebs. The inflammation rarely terminates in suppuration. So long as the local inflammation continues to spread, the pyretic symptoms remain unabated.

There is a peculiar sensation of stiffness accompanied with heart tension, and often pain in the affected part. Delirium may occur even in mild cases, especially at night. The tongue is always foul and usually dry and in bad cases we may expect to find sordes on the lips and teeth. In facial erysipe-

las when the disease reaches its height, especially if the scalp is involved, the appearance of the patient is hideous, the features being obliterated beyond all recognition.

The duration of typical or simple erysipelas is very indefinite. Relapses are quite frequent. Diagnosis, as a rule, is easily made after the local inflammation is fully developed. Before that time it is impossible.

Simple erythema is to be distinguished from the disease under consideration by the absence of febrile excitement. Prognosis depends more upon the gravity of the constitutional disturbance than on the extent of the local inflammation, and is generally favorable.

In considering the treatment of erysipelas, the remedies to be selected are two-fold, viz.: Local and constitutional and their value will depend upon their influence in checking or limiting the extension of the local inflammation, or their ability to improve the general condition of the patient, thereby increasing the resistive force of the system. Local remedies should be either soothing or germicidal in their action, and internal medication should have reference to the specific or tonic properties of the therapeutic agents prescribed.

As we believe the disease to be (primarily) a local one, and the constitutional disturbance we observe ptomainæmia, therefore we conclude that abortive or curative treatment directed against these micrococci at their point of entrance, or attack as soon after the local trouble manifests itself as possible, is the ideal treatment of erysipelas. Before, however, placing implicit confidence in any of the new methods of treatment, we must not overlook the fact that this disease is naturally self-limited, tending to recovery under favorable circumstances without the aid of special treatment. Riedel and Lauenstein have carried into practical operation the abortive germicidal idea of cure. These surgeons "make numerous incisions in the healthy skin about two inches above the border line of the disease (to prevent possible infection of aseptic tissues). After the operation, which is done under rigid antisepsis, a sublimate solution of 1 to 2000 is kept for several days in constant con-

tact with the wounds." Prompt and decided improvement, it is claimed, in both local and general condition follows, and the symptoms of erysipelas pass rapidly away.

I have had no experience with this mode of treatment, but think it admirably adapted to erysipelas of the extremities, but not to the face. "Dr. Seibert of New York has ingeniously devised and substituted scarificators on the order of the vaccination harrow, which do not cause much pain, as it is only necessary that the blood point be reached, and may be used without an anesthetic." He publishes four cases in which, after operation and treatment with local germicides, he claims rapid and permanent cure resulted. More recently, rubber bands or adhesive plaster strips smoothly applied over healthy skin two inches above or around the border-line of disease, thus fencing off as it were the area into which the cocci have already found entrance, has been highly spoken of as a therapeutic measure. The adhesive strips or rubber bands, by their pressure upon the lymphatic vessels and venous radicals of the skin, prevent the streptococci from passing beyond the territory thus encircled. Rosenbach claims good results from the constant application of a 5 per cent. alcoholic solution of carbolic acid to the affected part, after a thorough cleansing with soap and water. Sublimate solution 1 to 2000 applied in same way will doubtless produce satisfactory results in many cases.

Ichthyol and resorcin in my opinion are among the very best local applications at our command and are recommended by some as being nearly specific in this disease. I used ichthyol in a recent severe case of facial erysipelas and two cases of this trouble affecting the extremities with admirable effect. The applications were made by dissolving ichthyol in glycerine, two or three drachms to the ounce: "Ulrich, after a study of eighty-nine cases, strongly recommends ichthyolized cullodion." We are all familiar with tincture of iodine, tincture of iron, iodoform, white lead, Spanish whiting (in form of poultice) and subnitrate of bismuth, etc., as time-honored and often potent local agents.

For mild cases of facial erysipelas, I know of no application so soothing and curative as a saturated solution of gum camphor in sulphuric ether.

Internal remedies should be selected for their specific, antiseptic, or tonic properties. Joborandi seems now to head the list of internal specific agents, and its advocates are on the increase. I have used it in a few recent cases and feel confident that I obtained definite and beneficial results.

Salicylic acid and salicylate of soda are, in the estimation of quite a number of observant and skilful therapists, efficient internal remedies in combatting the septic element of this disease. We must not, of course, overlook quinine and tincture of iron, for their valuable tonic and antiseptic properties cannot be surpassed, if equaled, by any other remedies yet introduced.

While erysipelas is being attacked by various and numerous agents old and new, and from different etiological standpoints, the present indications (as shown by recent literature upon this subject) points to local germicidal and mechanical treatment, as the growing and proper therapy of this disease.

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OF
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All members of the Society should send their annual dues to the TREASURER, Dr. A. L. Breysacher, 719 Main Street, Little Rock, Ark.

Address the Editor:—L. P. GIBSON, M. D.,

111 East Fifth Street, Little Rock, Ark.

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Editorial.

SELF MEDICATION.

“The writer has had frequent opportunities to observe,” says the *College and Clinical Record*, “the growing tendency at the present day, among those wholly unacquainted with the action of medicines, to the self-administration of the most powerful remedies. Surely, never before these advanced days, has it been customary for men and women to prescribe for their own use, without consultation with medical men as to the proprieties of the case, medicines, which in large doses are dangerous, even to a toxical degree. Should there not be some restriction upon the sale by pharmacists of many of these potent

agents, not in the interest of the medical profession, but in that of the venturesome experimenters themselves, whose lives are often jeopardized by such injudicious self-medication!"

Under the heading of "A Foolish Thing," the *Medical Progress* has an editorial which may throw some light upon the prevailing and increasing custom of self-medication. It says:

"There is probably no more idle thing than that of a physician telling the patient he is prescribing for the names of the drugs he is employing in the treatment of his disease. We insist that this is idle, because the patient ordinarily knows nothing of the nature of medicines, and might be led to prescribe the drugs with which he has thus become acquainted in what he believes to be an exactly like case. Often patients prescribe aconite, digitalis and other dangerous drugs without knowing their power or their indications. This may cause, as it has often done, death.

"The serious results which follow this foolish custom, in which some physicians habitually indulge, of telling patients what the ingredients of the prescription are, is not considered by many learned and well-meaning men. It tends to put purely technical knowledge on a low basis. The people will know that calomel is employed in one case for a purpose, and they never consider or know that it is used in other diseases and in different doses to produce different results.

"It is very easy to avoid telling the patient what drug or drugs are being employed. The patient can be told that this or that medicine is expected to produce this or that result, or that it is given for this or that purpose. The idea of informing patients as to the name and properties of the drug employed is wholly, in our estimation, idle and foolish.

"We believe this has not been fully considered by the profession. Yet, every practitioner meets patients every day who have gone through a course of their own treatment. Many times we are informed that Dr. —— had suggested to the patient that he buy some of this or that drug and try it.

“We insist on the profession, especially in the south and west, giving this subject consideration, and correcting one of the abuses of our calling.”

From an excellent editorial on the same subject in *The Weekly Medical Review* the following is quoted :

“The most absurd feature in connection with the whole question is the fact that the physicians are continually working themselves harm, and are unreasonable enough to impute this to the innocent druggist. The facts in the case are about as follows : A patient applies to a doctor for the treatment of some ordinary disorder. After a more or less thorough examination the doctor goes to work to explain the diagnosis, etiology, and pathology of the disorder. He then dilates upon its therapeutics, expatiating upon the peculiar advantages of his treatment, explaining how rational his treatment is, the advantages accruing from the remedies he orders, and, in every conceivable way, endeavoring to demonstrate how great a practical therapist he happens to be. Of course none of this is lost upon the patient. He imbibes every word that is so kindly vouchsafed to him with the intention of profiting thereby in the future. In the words of the immortal Spoopendike, all that the doctor needs is a time table of lectures and a few dry bones and a row and he could easily pass himself off for a ‘measly’ medical college.”

There can be no doubt that self-prescribing is largely on the increase and that it is detrimental to physician, patient and druggist, and that all three classes are more or less at fault in the matter, the patient the least of the three.

Before the days of the so-called proprietary medicines the laity confined self-medicatives to the use of a few patent cure-alls, such as pills, liniments, blood purifiers, worm destroyers, etc. All were used not only against the advice of the family physician, but in most cases receiving his direct condemnation. Besides the use of the patents little else than quinine, calomel, Dover's powder, sweet spirits of nitre, and oil and laudanum, was to be found in the family medicine chest. Their uses were fairly well known and not relied upon except in the simpler

manifestations of disease, such as chills, diarrhœæ, belly ache, etc.

The sugar-coated pill came, then the gelatine capsule, soon followed by the granules, tablets trituratea and other improvements in the mode of administration of medicines. Each manufactured article was divided into doses, thereby reducing the risk of using them.

Finally the proprietary medicines were introduced in a most seductive manner, and the physicians readily fell into the habit of prescribing and using these varied compounds, thereby becoming, as one journal stated, the traveling salesmen for the manufacture of this class of medicines.

When doctors used technical terms in writing their prescriptions, and confined their remedies to those well established by a proper introduction through members of their own profession, it was not an easy thing for the average patient to either understand the names of the medicines or their doses.

But since the doctor has become the distributing agent, without pay, of the proprietary and patent medicine compounders, he has to use the copy-righted name "stamped on each label," and a person with enough sense to know when he is sick will quite readily become familiar with the remedies used by his physician, and will on every occasion call for them in supposed similar conditions.

The histories of a number of these remedies would show that they were first advertised in the medical journals and "to the medical profession," and as their use became known to the laity through the kind offices of the medical profession, their wonderful efficacy is blazened on the rocks, fences, roofs, trees and every available space on which bill posters and painters can find to spread them. The soda-water fountain has been transformed into a drugs store, and the grocer no longer hesitates to prescribe the very "best" meat juice, beef tea or "*food*" to his invalid customers.

Suppose antipyrine had been introduced to the medical profession by the same methods that were formerly followed? Suppose it had not been patented, that it had been given its technical name instead of the one invented and patented by its inventors?

Does any one believe that in that case the thousands of people, ignorant or careless of its dangers, would be using it indiscriminately for every ache or pain of which they are conscious?

And yet antipyrine is only one of the hundreds of new antipyretics, hypnotics, analgesics, "one of the coal-tar derivatives," that is doing as much harm in the hands of the less informed members of the medical profession and of the ignorant laity, as it is capable of doing good when used intelligently by observing physicians.

It is now as common for a person to enter a drug store and ask for calomel *tablets*, *granules* of morphine, *capsules* of antipyrine, antifebrine, antikamnia, sulphonal, etc., etc., etc., as it is to ask for a bottle of castor oil or turpentine.

THE JOURNAL is acquainted with the following facts: Five years ago a physician prescribed for his patient a bottle of Marianna wine, and without further consultation that patient has been taking and giving the remedy constantly ever since. A lady on a train was heard to state to a companion who complained of neuralgia, that she knew of an infallible remedy, that her husband had paid \$2 to a physician to obtain; that he had his prescription renewed for himself and friends repeatedly until he obtained a copy of it and found that it was antipyrine in water. She stated that whenever her husband heard of a case of neuralgia or headache, "he just begged the sufferers to take *his* prescription."

Numbers of similar cases might be mentioned.

It is best for the patient that he should be ignorant of the nature of the medicines he is taking. The laity, as a rule, have very crude ideas of the action of medicines, and are certainly not to be trusted, for their own good, to take medicines "that they know not of" except by name.

Physicians are sometimes heard to remark that they use certain remedies of unknown composition, because it cures their patients, and that is all they care for. That is the same observation that so often falls from the lips of the self-dosing patent medicine purchaser.

In cities the use of the telephone has very markedly aided

the laity in the "little learning" of the names and supposed uses of medicines. The physician is continually being called to the telephone and having symptoms reported to him, and remedies asked for. Under such circumstances very many doctors prescribe for fevers, colds, croup and severer ailments, through the mothers of children and attendants of grown persons telling what to take and how to prepare it. It would be wiser, but a little more trouble to the physician, to either send the medicines, or telephone to a drug store and have the proper prescription compounded, instead of directing that so many drops of aconite be put in so much water and a teaspoonful be taken every hour until fever abates, or that so many calomel tablets be taken, or that a dose of some "anti," or "ine" or "ol" be given to relieve pain.

Careful consideration of the evils arising from self-medication, ought to cause the physician to put a check to the causes, so far as they contribute to them, that conduce to the dangerous practice.

COMMENCEMENT EXERCISES OF THE MEDICAL DEPARTMENT OF THE ARKANSAS INDUSTRIAL UNIVERSITY.

Surely it was a mark of friendship for the medical college, when the vast audience baffled the disagreeable stormy weather on the evening of the 6th of April to show by their presence their interest in a popular department of the State University.

The exercises were of the usual interesting character. The music was furnished by the magnificent Bentonville band. Prof. James Mitchell, editor of the *Arkansas Democrat*, delivered the annual address. Rev. W. G. Miller, M. D., of Memphis, formerly a member of the faculty, spoke the farewell words in behalf of his former colleagues. Gov. Eagle delivered the diplomas, and President Dibrell awarded the prizes.

There were twenty-five graduates out of a class of 112, being the largest number in attendance and in the graduating class since the school was first organized.

The standard is being raised higher every year and if those

who are first consulted by would-be students will be more particular in inquiring into the education and qualifications of those they are called upon to advise, a long step will be taken in the direction of higher medical education in the southwest, and the medical faculty of the State University will be spared many painful little incidences on the home-stretch course for the degree of doctor of medicine.

EDITORIAL NOTES.

—IT IS SAID OF THE LATE DR. D. HAYES AGNEW that he never performed an important operation without first asking Divine support and guidance. "Of an intensely religious nature he never undertook any serious step in professional or personal life without such assistance."

Here was a great man, gentle, conscientious, unassuming, yet a stern and deliberate leader in his chosen profession, achieving the greatest victories over the subtle foes of humanity in the hovel, palace and charitable institutions. With what other career can his be compared? One so different and yet so similar. One that of a methodical, fearless, thoroughly educated Christian surgeon who never failed to attack the enemy of mankind quickly, wisely, successfully. The other that grand military chieftain who also "of an intensely religious nature never failed to ask Divine guidance" in the smallest as well as the greatest of his brilliant exploits. They were on opposite sides of the stream during the war, but they have crossed over the river and are resting under the shade of the trees—D. Hayes Agnew, surgeon; Stonewall Jackson, soldier. "Peace hath her victories no less renown'd than war."

THE LETTER OF BEN FRANKLIN published in the March number was from the *Philadelphia Bulletin*. That it was not so stated was due to an error of the printer. We make this

statement from sentiments of justice, and also the belief that communications on such subjects would be more weighty coming from the *Bulletin* than from a journal that has not made any particular investigations concerning the subject matter therein treated.

The State Society.

To Facilitate Correspondence.

In making arrangements for the forthcoming meeting much correspondence will be necessary. In order to facilitate matters as much as possible the list of officers and the more important committees is republished here :

PRESIDENT.

J. S. SHIBLEY, *Paris.*

VICE PRESIDENTS.

First—J. C. MINOR, *Hot Springs.*

Second—J. R. AUTREY, *Columbus.*

Third—R. M. DRUMMOND, *Russellville.*

Fourth—C. E. NASH, *Little Rock.*

SECRETARY.

L. P. GIBSON, *Little Rock.*

ASSISTANT SECRETARY.

E. R. DIBRELL, *Little Rock.*

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A. L. BREYSACHER, *Little Rock.*

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R. B. CHRISTIAN, *Little Rock.*

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J. W. HAYES, *Marianna, Chairman.*

G. W. HUDSON, *Camden, Secretary.*

SECTION ON SURGERY.

J. D. SOUTHARD, *Fort Smith, Chairman.*

M. G. THOMPSON, *Hot Springs, Secretary.*

SECTION ON OBSTETRICS AND GYNECOLOGY.

W. W. HIPOLITE, *Devalls Bluff, Chairman.*

J. S. CORN, *Nashville, Secretary.*

COMMITTEES.

The following appointments complete the committees for the ensuing year:

Committee of Arrangements—R. W. Lindsey (president Little Rock Medical Society), chairman; T. E. Murrell, L. R. Stark, D. J. Prather, N. Weny, D. A. Gray, C. Watkins, J. H. Southall, E. Meek.

Committee on Credentials—E. R. Dibrell, chairman; A. L. Breysacher, R. B. Christian.

Judicial Council—D. C. Ewing, A. J. Vance, F. N. Burke, J. G. Erbele, G. W. Hurley, Z. Orto, J. H. Southall, J. A. Dibrell, Sr., W. B. Welch.

Committee on Medical Education—J. T. Jelks, chairman; W. P. Hart, B. Hatchett, A. A. Horner, E. Bentley.

Committee on Medical Legislation—J. A. Dibrell, Jr., chairman; A. J. Vance, T. W. Hurley, J. H. Gaines, W. P. Hart.

Committee on Necrology—L. P. Gibson, chairman; J. W. Hayes, J. C. Minor.

Board of Visitors Medical Department A. I. U.—J. L. Goree, chairman; W. W. Hipolite, J. M. Keller, George F. Hynes.

THE COMMITTEE ON STATE MEDICINE.

A. C. Jordan, Pine Bluff, chairman.

A. J. Brewer, Mountain Home, Baxter County.

J. T. Clegg, Siloam Springs, Benton County.

H. L. Routh, Harrison, Boone County.

J. C. Wallis, Arkadelphia, Clark County.

C. A. Stanfield, Toledo, Cleveland County.

J. T. Hawkins, Mount Holly, Columbia County.

C. Cullen, Morrilton, Conway County.

- J. H. Kitchen, Jonesboro, Craighead County.
O. M. Bourland, Van Buren, Crawford County.
Z. J. Lantorn, Dalark, Dallas County.
W. S. Woolford, Arkansas City, Desha County.
D. C. Carroll, Tillar, Drew County,
J. F. Blackburn, Ozark, Franklin County.
J. M. Watkins, Mammoth Springs, Fulton County.
W. H. Barry, Hot Springs, Garland County.
S. M. Carrigan, Washington, Hempstead County.
J. F. Graham, Malvern, Hot Spring County.
W. B. Barner, Nashville, Howard County.
W. B. Lawrence, Batesville, Independence County.
E. A. Baxter, Melbourne, Izard County.
W. H. Heard, Newport, Jackson County.
W. R. Hunt, Coal Hill, Johnson County.
J. C. Parrish, Lewisville, Lafayette County.
A. G. Henderson, Imboden, Lawrence County.
D. S. Drake, Marianna, Lee County.
J. S. Pendleton, Douglas, Lincoln County.
L. A. Sager, Rocky Comfort, Little River County.
E. T. Powell, Magazine, Logan County.
J. P. Fletcher, Lonoke, Lonoke County.
W. C. Spearman, Texarkana, Miller County.
H. C. Dunavan, Osceola, Mississippi County.
W. T. Bailey, Clarendon, Monroe County.
E. R. Armistead, Prescott, Nevada County.
J. T. Henry, Millville, Ouachita County.
T. C. Linthicum, Helena, Phillips County.
N. C. Hancock, New Hope, Pike County.
W. R. Baker, Dallas, Polk County.
D. P. Ruff, Dover, Polk County.
W. P. Owen, Devalls Bluff, Prairie County.
R. B. Christian, Little Rock, Pulaski County.
A. A. Sanford, Waldron, Scott County.
D. M. Gardner, Fort Smith, Sebastian County.
Ferdinand Smith, Lockesburg, Sevier County.
W. H. Goodwin, Eldorado, Union County.

Adam Guthrie, Jr., Quitman, Van Buren County.

Albert Dunlap, Winslow, Washington County.

L. E. Moore, Searcy, White County.

L. A. Jelks, McCrory, Woodruff County.

A Suggestion to the Section Officers.

Would it not be well to arrange for each section a discussion on some topic of importance? Let some one be appointed to open the discussion and obtain the promise of other members to take part in it. The New York State Medical Association follows such a course, and the good that results can hardly be overestimated. The last great discussion of the New York Association was on the subject of "acute diffuse peritonitis," and was participated in by the leading members of the association. Another prolific theme discussed by another association was that of appendicitis, certainly a subject which might be viewed from a number of standpoints. The suggestion is simply thrown out in the hope that the officers of the sections will consider it favorably, and arrange definitely something of the kind for the approaching meeting.

To Officers of Sections.

Please send as soon as you get them the titles of the papers that you receive. It is desirable that a full list of papers be published next month, and in order to do so the titles must be sent in so as to reach the secretary by the 1st day of May. Any member who desires to read a paper may send the title directly to the secretary of the society.

Surgery.

The chairman of the section on surgery will be especially thankful to all members of the State Society for any informa-

tion relative to major operations done in the state by *non-members* during the last five years, and hopes that *every member* who has performed one or more major operations, will kindly answer, as fully as he can, whether from notes or memory, the questions addressed to him, and published in the JOURNAL for March.

County Societies.

[The Scientific Proceedings of County Societies are requested for publication in this Department.]

Southwest Arkansas Medical Association.

The Southwest Arkansas Medical Association met at Hope on Monday, April 4th, at 2:30, Dr. E. R. Armistead presiding. The following members were present: Drs. H. L. B'Shers, Fulton; J. R. Autrey, Columbus; E. R. Armistead, Prescott; G. H. Andrews, H. J. F. Garrett, T. J. Garner, T. A. McLarty, L. J. Gillespie and R. M. Wilson, Hope.

Owing to the protracted spell of inclement weather, it was deemed advisable not to hold a two days' meeting, as was expected.

Drs. J. R. Dale, the president, and F. R. Fleming of Arkadelphia, failed to arrive until Tuesday, on account of the belated cannon ball. Drs. J. M. Carrigan and T. H. Baird, of Washington, A. L. Purdom of Ozan, and J. L. Bell of Eleyville, came down and returned home, thinking there would be no meeting, as the rain was falling in torrents. Drs. W. B. Palmer of Rock Creek, and W. S. Watson of Kirby, got as far as Prescott, but could get no train.

Dr. E. R. Armistead read an article on "Congestive Fevers." The paper was a most excellent dissertation on a patent subject. It exhibited a clear conception of the etymology and treatment of that disease, and showed much research and forethought of the author in preparing it. After discussing it, it was referred to the committee on publication.

Owing to the limited time for the meeting, two other good papers were deferred being read.

The following officers were elected for the ensuing year: President, E. R. Amistead, Prescott; first vice president, F. R. Fleming, Arkadelphia; second vice president, J. R. Autrey, Columbus; secretary, R. M. Wilson, Hope; treasurer, H. J. F. Garrett.

Hope was selected, being the most accessible point, as the next place of meeting, to be held Monday, July 4, 1892. It is earnestly requested that all members be present at this meeting. We now have a membership of thirty-five physicians, limited to southwest Arkansas. Some excellent papers have already been assured, among them one on conjunctivitis, by F. R. Fleming; malarial hæmaturia, by W. M. Moore, Hollywood; five cases in practice, J. R. Dale; rectal diseases, J. Brown, Texarkana.

We heartily welcome other physicians who wish to join us, and would urge all to be present who feel an interest in organized medicine, those who would keep abreast of the profession and in the van of professional progress and ethics.

R. M. WILSON, *Secretary*.

Roll Call of Counties—Continued.

Lafayette County?

Lawrence County?

Lee County?

The first of the three counties above named, has been connected with the State Society for a few years. As railroad facilities increase and her physicians find it less difficult to leave home, it is hoped she will increase her delegation.

Lawrence County took a spurt several years ago, and sent good delegations to the State Society. She has generally managed to keep up a County Society, but the attendance at the annual meetings has not been as large as it promised to be and as those who had the pleasure of meeting her representa-

tives hoped it would be. There are too many progressive physicians in Lawrence to permit the suggestion that she will ever take a step backward in medical matters.

The committee on credentials will reserve several lines for the Lawrence County delegation, and there will be disappointment, if, when the sun crosses the meridian on the 2d of next June, they are not all filled.

Lee County has had a model society for years. There is perhaps, no county in this State whose physicians have shown more steadfast devotion to medical organization. Her delegations have not been numerically large, but it has been rare indeed, when the committee on credentials failed to call her name in reporting counties represented. So anxious are her physicians to have their society represented that it has long been their custom (one that might be advantageously imitated by other societies) to pay at least a part of their delegates' expenses.

They conduct their society on a scientific basis in matters pertaining to medical science, and on business principles when it comes to securing representation at the annual sessions of the State Society. Successful indeed will be the association that wisely combines the business of *science* and the science of *business*.

The Hempstead County Medical Society.

This society met at Hope on April 4th and elected the following officers: President, Dr. Autrey; vice president, Dr. S. L. B'Shers; secretary, Dr. H. J. F. Garrett; treasurer, Dr. T. A. McLarty.

Delegates to the State Society were also appointed.

Arkansas County Medical Association.

The secretary has been notified of the organization of the above society. Delegates were appointed to the State Society.

Request of Secretaries.

The secretaries of County Societies are requested to send to the secretary of the State Society, a complete list of physicians whom they know to be eligible to membership in the State Society.

Miscellany.

Will-Training as a Therapeutic Measure.

Education as a preventive and cure of disease is a subject of special interest and wide import. To the strong education is a fortune; to the weak it is a necessity, like bread and air. Without it the weak easily become the vicious, the unbalanced, and sometimes the insane. The training of the will is the vital part of education. It has already effected remarkable results among the mentally deficient and among the insane. The work begun at the Bicetre in Paris by the late Dr. Edward Seguin for the amelioration of idiotic children is now carried on with success by Bourneville and Sollier.

Teaching the insane is also an idea by no means new. From the Utica asylum Dr. Brigham wrote of its great advantages in 1844, and classes were started there, but were shortly afterward abandoned. Similar brief experiments were tried by Dr. Earle and Dr. Kirkbride. In Dublin, however, superior energy and zeal, or some fortuitous circumstance, made it possible for Dr. Lalor to elaborate and carry out a scheme of education for the insane that for over thirty years has been attended with the happiest results. A paper in the *Popular Science Monthly* for September, by Dr. Charles W. Pilgrim, gives an account of the Richmond District Lunatic Asylum, the scene of Dr. Lalor's former labors, where nearly every patient, except those incapacitated in the hospital department, is engaged either in school or in industrial exercises, and about a fifth take part in

both. The object of the school, as formulated by Dr. Lalor, is, first, to provide occupation for a large class who would otherwise be unemployed; secondly, to vary the occupation of the patients; thirdly, to apply a system of education to the relief of mental disorders; and fourthly, to promote the happiness and welfare of all the inmates. Object-teaching prevails among the more stupid ones; reading, writing, arithmetic and geography among those more advanced. Music occupies a most important place in this system. When the patient's attention cannot be gained in any other way, it is possible to get him interested in the singing class and afterward in other classes. Singing is accompanied by instrumental music, and even the theory of music is not neglected. Music naturally leads to drilling and marching. By placing the less active patients here and there in the line, even the most inert can be induced to take part in the exercises, and thus obtain an amount of physical training that it would be difficult to give them in any other way.

In this Irish asylum Dr. Pilgrim reports signs of activity everywhere, and a gratifying absence of the gloomy monotony that so often pervades asylum life. Here lives and flourishes a rational plan for the education, training and uplifting of the insane, and for their health and happiness.

Three years ago, in the Utica asylum, the earlier experiment of instruction was renewed. It is now in successful operation on a somewhat limited scale. Two patients who could not read and write before becoming insane, learned to do both before returning home. One woman is the terror of the ward until 10 o'clock in the morning, when she goes quietly to school, and for two hours is the most docile and interested pupil of all. Only fear of being kept away from classes makes her at all controllable at any other time. Is it unreasonable to hope that the day is not far distant when, in every well-organized hospital for the insane, a school will be considered one of the essential features in ministering to the mind diseased, since the training of the will is of first importance in all diseases of personality, in all conditions characterized by instability of the

nervous system? This is a matter in which the life is more than meat, the body than raiment, and the human mind than any huge stone building, whatever its grandeur and architectural beauty. In the prevention and cure of disease education is the physician's most powerful ally, and one of the many duties of the modern doctor is to indicate the kind of mental and moral training best suited to individual needs.—[*New York Medical Journal*.

Consanguineous Marriages.

There is popularly a very widespread, and in its results, beneficial prejudice against the marriage of "blood relations;" but late researches tend to prove that this prejudice, though practically of good effect, is not based upon scientifically correct observation and reasons. Consanguineous marriages do not, as commonly supposed, tend to produce insanity and idiocy in the children, but according to the simple law of cause and effect they tend to intensify the qualities, healthy or diseased, good or bad, of the parents. If the two parent stocks have an inherited tendency to insanity, the offspring will have that tendency doubled. If the consanguineous parents are both tuberculous the children will have precisely the same, but no greater probability of being tuberculous than if the parents had not been related. But if the consanguineous parents are without pathological taint, and both possess exceptionally desirable or peculiar characteristics, the offspring will inherit the exceptionally pure and strong type intensified and perfected. Stock-raisers take advantage of this law, and by in-and-in breeding they quickly bring a herd to surprising perfection in a short space of time.

But the danger of in-and-in breeding in human beings is that the pure, healthy stocks are hard to find. We are less "normal" than our animals. Almost every family has some pathologic skeleton in the closet that cross-breeding keeps just below the threshold of observation, but which doubled with

another and (in the same family) generally identical or similar abnormalism, at once appears exaggerated in the child, to work decay and ruin. The Persian and Egyptian kings habitually married their own sisters, and even their own daughters, without disadvantage to their offspring. Such instances and the success of cattle-raisers show us that the condemnation of marriage between relatives rests upon the fact of the impurity and generally pathologic condition of civilized man, and not upon any essential biologic law. In itself the blood-relationship is innocent, and under different conditions might even be utilized to elevate the quality of offspring and of the race. It is a sort of negative safety we secure by "cross-fertilization," that shows how near the danger-line humanity is running in its civilized race-degeneration.

Another, and a somewhat unexpected result of the scientific study of this subject has lately been made clear by the studies of two French investigators. They chose a commune of fisher folk in which, from interesting conditions, there had been highly exceptional social segregation, and in which for two hundred years there had been constant intermarriage of cousins and the descendants of cousins. Of two hundred and sixty marriages occurring in five years, sixty-three were consanguineous. A study of the results of these marriages confirms the previous negative conclusions of other observers as to insanity, idiocy, physical defects, etc. But the new fact clearly established is the decided tendency of these marriages to prove sterile, though this defect did not seem to be transmitted to the children of the consanguineous parents.

It should be noted, however, that the people among whom these studies were made were seafaring, hardy folk, living under circumstances of simplicity and healthfulness, contrasting very sharply with the influences and habits of urban or more "civilized" people.—[*Editorial, Medical News.*]

THE extremes of temperature on Sahara are such that while day may be oppressively hot, at night it is freezing cold.

Accident Life Insurance for Physicians.

In soliciting business, an agent of a well-known Accident Life Insurance company stated that physicians were very lucky in drawing large sums from the company. The remark attracted the attention of the writer, and he examined the published lists of a company for Michigan. This was fairly represented in Detroit. The list showed that about 250 losses had been paid there. Of these nineteen had been paid to physicians, or about one in thirteen of the losses. The amounts paid to physicians varied from \$25 to over \$800, and in the aggregate amounted to about \$3000.

We have not the data necessary to determine whether this was a good or poor investment for the profession as a whole. There can be no question as to its advantage to those who drew \$300 or \$400 from the company. As a fact, a very large number of physicians think so highly of accident life insurance that they carry large amounts. We do not question the wisdom of this procedure, especially in view of the large number of accidents to those insured in the company which we have quoted. Nor have we the data for determining whether the accidents to physicians are more numerous than to other professional persons.

As a class they drive and ride more than any other professional persons. In fact, the lives of most physicians are practically spent in their carriages. The amount of office work occupies but a very small portion of the time of the general practitioner. During these hours spent in carriages they are liable to accident owing to the behavior of their own teams, by which they are run away with, thrown from the carriage, etc. Besides, they are liable to injuries from the breakage of their own carriages. This was the cause of several of the injuries to Detroit physicians in the list alluded to. Outside of this, physicians are exposed to the injuries inflicted by the bad or reckless driving of persons driving other teams. The injuries done by such persons are numerous, and physicians receive their full share of them. Physicians constantly run the

risk of being poisoned while attending obstetrical cases and while performing numerous operations. They are liable to infection from numerous diseases. So in many other ways they are especially exposed to accidents which even the greatest care is unable always to guard against.

Perhaps the strongest reason why physicians are wise in carrying accidental life insurance is that their incomes absolutely cease with their inability to work. Hence, if by the insurance they are able to secure a little income during their disability, they will suffer less from the loss of regular income.—[*The American Lancet.*

THE most delicate scientific machine ever yet produced has recently been completed by Prof. Henry Rowland of the Johns Hopkins University. It is intended for studying the movements of fixed stars, and is so delicate that it can rule 1,000,000 lines to the inch. Even with the strongest microscope, only about 100,000 lines to the inch can be detected by the human eye.

DR. SARGEANT, director of the Harvard University gymnasium, has figured out from his tables of measurements what he believes to be the proportions of a physically perfect man. A sculptor is to put his conception in bronze, and it is believed that Greek manly beauty will be nowhere compared with Harvard loveliness.

A PAIR of twins with different birthdays—such is the condition of affairs in the McCoicard family of 618 North street, Chester, Penn. The first twin, a boy, was born a few minutes before midnight, and the other, a girl, delayed her appearance until some time after the midnight chimes had rung.

A RUSSIAN comes of age when he is 26 years old.

PHARMACY.

This Department is the official organ of the Arkansas Association of Pharmacists, and is under the charge of an editor elected by that body, to whom all communications relating to it should be sent. Address its editor,

MR. W. W. KERR, Batesville, Ark.

The Cut-Rate Problem.

G. N. HART, OF PINE BLUFF.

The object of this paper is not to pretend to fully discuss the cut-price problem, but to speak more of the causes that lead to it. No remedy shall herein be proposed where the evil exists to any great extent, because that is a big subject within itself, and many plans have already been proposed and enforced by combinations that are strong and accomplished much good; still it is a great deal easier to keep out of the "Cut" than to get out after once in, and it behooves this convention to take strong opposition steps against the causes which are liable to get every druggist in Arkansas into the same evils and troubles that exist in Memphis and elsewhere.

In the first place we are not in the business for our health; we are willing to work from sunrise in the morning until the cock crows for midnight for the health of our customers, provided they are willing to pay us sufficient to feed and clothe those dependent upon us, and they are generally willing, but the foolish druggist is not satisfied to accept his just dues for leading such a hard, confining and tedious life, but he must cut prices and take the bread from his children's mouths and scatter it to the public, who neither ask it or appreciate it.

Should the cut-price matter become universal you would have no use for a pharmacy law, and your Association of Pharmacists would be a signal failure, because if this drug business fails to support us, what use have we for a law or an associa-

tion? We are poor and very poor now, and if we cut off profits that legitimately belong to us, we cannot live; then of course we have no interest in the promotion of pharmacy—it is our enemy instead of our friend.

One reason why prices are cut is because one drug man imagines he has more brains and money than his competitor, and he can cut prices and stone him out and do away with competition.

This is the exceedingly foolish man, because should he succeed in the one case the world is so full of people that some one else will oppose him, or rather be his competitor, and he continues to lose and cut until the end will come, when he is a poorer but a much wiser man.

Some people who go into drug stores to buy often say that “Mr. ‘A.’ across the street offers me a dollar bottle of medicine for 75 cents.” I won’t say they tell lies, but very often they oppose the truth. Still the druggist will say, “Well, if he will do that I will let you have it for 65 cents,” and here the trouble starts. In such cases it is far better to investigate the facts and both do what sensible men should.

The third cause which may lead to a general cutting of prices is the secret bidding for the trade of individuals of secret orders, at special cut prices to them only, by some druggist in towns and cities where more than the one drug store exists. They can’t all get the trade of these members, and when the drug man who succeeds in getting their contract to buy of him gets fairly started and the trade of other firms begin to lose them because they can buy cheaper somewhere else, bad blood begins to boil, and cutting to the core is commenced. Then, again, is it right to sell Mr. B. for one dollar and give Mr. C. twenty-five per cent. discount, when ten to one Mr. B. spends double the money with you during the year and is only one-half the trouble?

The drug business cannot be compared with the general mercantile business, because it is both professional and commercial—it is not simply to buy and sell. People’s lives are in the hands of the druggist, and he has already paid out money

to learn how to take care of them, and they do not ask him to do it for nothing; then why not maintain sufficient prices to justify the dispensing of pure, good goods, and make a comfortable living?

The general merchant has seasons that change the style of his wares. The dress or the coat that he sells you at cost, or of course at about cost this season, won't do next season, and he gets another style, and another weight, and another quality, and until he tells you you never know what the exact cost is, and sometimes he makes a mistake and charges you a tithe more than cost, but you are none the wiser. All these variations give the man a chance to play, but it is not true with the druggist; a bottle of P. & W. quinine looks just like it did twenty years ago and tastes just the same, and people demand it so, and an attempt to change the style would ruin the sale of the article. A dollar bottle of patent medicine is just the same as when the great discovery (?) of its valuable formula was first made and put in shape. If it was worth a dollar then, why is not worth a dollar now? The goods that compose it are the same in value, and it looks the same, smells the same, tastes the same, and we hope it is the same, and if it is worth only seventy-five cents this week and we wish a dollar for it next week, what are we to say to enable us to get it and please the buyer?

This cut-price trouble exists in localities all over this fair American country, from Maine to California and from the great lakes to the Gulf; but let us in convention assembled fortify against it and stand firmly to the resolution that we will keep it out of Arkansas. Let us get every druggist in this State into this association and combine our strength to maintain a high standard of the profession that demands our time.

This was followed by the reading of a paper as follows, by

J. W. BEIDELMAN, OF LITTLE ROCK:

It seems to me very strange that with so much said and written upon this subject so little has been done towards a cure for the evil.

Without going over much of the ground already traveled, I would like to offer a suggestion which I think would cure the malady, assuming that the proprietors themselves are in earnest in wishing it done.

I assume that the maker of a proprietary has the right to make its price, direct the manner of its distribution and the figure it shall be sold at to the consumer. This right cannot be brought into question. His is not a commodity that is regulated in its value by the law supply of and demand. Its value is an arbitrary one fixed by the maker and is not subject to the changes so common to the products of the soil or mine.

The maker having this arbitrary control of all relating to his medicine, I assume and contend that in all the details of putting it into the hands of the customer he, and he alone, should and must make those rules and regulations that are necessary for the dealers who distribute in any way secure in their investment; for should the distribution be insecure no permanence could be afforded any one handling.

It is somewhat remarkable that this subject of handling proprietary remedies has not been considered, as so many other articles of trade have been. In these the prices are fixed and stay fixed, no one daring to reduce them—all from the firmness of the manufacturer, who states that he will not sell to those who will not adhere to his scale of prices. There are so many of this class that it is unnecessary to mention even one.

Now, if the maker of a proprietary remedy wishes to maintain the price which he and he alone has fixed upon his product he can do it, and do it so thoroughly that no one can deviate from it without being detected, if the manufacturer is in earnest.

No one can deny but that it is to the interest of the maker to do this, and why he has not to my mind thought of so simple a plan is a mystery.

The plan is this:

Let the maker put upon each label of bottle or package which goes to the consumer a serial number—upon the outside wrapper the same number. Now, the record of the individual pack-

age is complete. If put up in one-fourth, one-half or one dozen packages let there also be on each wrapper of same another serial number. Now, we come to the box or case in which the article is shipped. Upon this put still another serial number. Let each set of numbers be so imprinted as not readily to be effaced.

Now, what does the maker do? He simply keeps a record of the numbers in and of each package of one-fourth, one-half or one dozen, as the case may be; a record of the case number, to whom sold, and there his trouble ceases, save when he is striving to locate where a cutter got his supply. Then he can write to some one in that place to purchase from the cutter one package of his goods, and send wrapper and label, if not the article itself, by mail. The tracing is very simple from the maker to the wholesale dealer, who had simply to enter on his books the serial number of either the case or package he has sold.

This gives a complete history of a package and the source from which the cutter has obtained his supply can at once be located. In this way every maker is his own detective and would be responsible for the integrity of his sales. No other way, in my opinion, is so simple; puts the responsibility where it belongs and could be made so effective. The maker under this state of things would be absolutely held for the sale of his goods at the price he chooses to name, and no connivance would be tolerated.

It is possible that the May number of this journal may not reach our readers before the meeting of the Association, and hence we want to make this last appeal to members to arrange to attend. Make some sacrifices if necessary; it will pay you mentally, socially and financially. The article elsewhere in this number on "Education as a Factor in Business Success," finds nowhere a better verification than in attendance upon the meetings of the Association.

The Columbian Exposition.

This, the greatest of World's Fairs, will present exceptional opportunities to pharmacists, not only to exhibit their products, but to meet, make acquaintances, and exchange ideas. It will be such an opportunity as has never occurred before, and will not be likely to ever occur again. There has been organized what is called the "World's Congress Auxiliary of the World's Columbian Exposition," which has or will make provision for the meeting of international, national and local organizations of all kinds of specialists, pharmacists included. A pharmaceutical committee, consisting of Oscar Oldburg, chairman, E. H. Sargent, Albert E. Ebert, D. R. Dyche and L. C. Hogan, with an advisory board composed of leading pharmacists of this and other countries, has been appointed by this auxiliary to have charge of the whole scheme of pharmaceutical congresses.

It is understood that the American Pharmaceutical Association and the Illinois Pharmaceutical Association will meet in Chicago in 1893, and it is expected that the seventh meeting of the International Congress will also be held there. The committee therefore invite all the State associations, colleges, state boards of pharmacy, and all other similar organizations, to hold their meetings for that year at that place. It is proposed to arrange the meetings as to time in such a way that persons in attendance may have an opportunity of visiting all of them. To cap the climax, a general "Columbian World's Congress of Pharmacists" is contemplated, "in which all the participants in the other pharmaceutical meetings may come together."

To quote further from the preliminary address of the pharmaceutical committee :

"To this World's Congress of Pharmacists are hereby invited all practitioners of pharmacy, pharmaceutical teachers, authors and journalists, members of pharmaceutical societies and examining boards, and of pharmacopœal committees, manufacturing pharmacists and chemists, and others connected

with the art of pharmacy. Pharmaceutical societies, schools and examining boards, pharmacopœal committees and other organized pharmaceutical bodies are specially requested to send representatives. The objects of the Columbian World's Congress of Pharmacists are, the delivery of addresses upon topics of general pharmaceutical interest, the reading of papers upon pharmaceutical questions of a general scope, discussion upon such questions, and mutual acquaintance and intercourse. The pharmaceutical meetings are to be so arranged as to take place between the several medical and allied scientific congresses, so that pharmacists who may be specialists in chemistry, botany, microscopy, etc., may participate in two or more of the congresses held."

Now, in this general pharmaceutical upheaval, what part will the Arkansas Association of Pharmacists take? Can we afford to let such a grand educational opportunity slip by unimproved? Just think of the splendid array of pharmaceutical exhibits—the like of which has never been spread out to view before—including, doubtless every crude drug known to any pharmacopœa with all their derivatives; all the various chemicals, chemical processes and pharmaceutical devices, and added to all this magnificent panorama, and in its presence, to come in contact with the brightest, deepest, grandest minds of our profession from all over the world!

The contemplation is startling!

The question to be determined is as to holding our meeting for 1803 in that place, at that time and under those circumstances. At first blush, the scheme might seem chimerical, but when we remember that without doubt there will be more of our members attend the Exposition at different times during its continuance, than have ever been present at any of our meetings, the practicability of the thing resolves itself into simply securing such concert of action as will bring all those together at the same time. In that event, it is clear that a meeting *could* be held even in Chicago. The next question would be, *should* it be, and if so, should it take the place of our regular meeting at home.

These are questions to occupy the thoughts of our members between now and the Fort Smith meeting, and the deliberations of the Association at that time. This much is clear to our mind, that such concert of action is practicable and that it should be worked for, and a meeting held at that time and place, if for no other purpose than to enable those present to systematically and intelligently utilize the opportunity to the best advantage to secure and retain the largest amount of information for the benefit of themselves and those left at home.

Education a Factor in Business Success.

There has been a great deal written on the subject of success in business, by which term is meant success from a pecuniary or money-getting standpoint, but, strange to say, one of the most, if not the *most* essential element in the problem has been largely overlooked. The argument usually employed is indicated, and, to a great extent, exhausted by such aphorisms as "take care of the pence and the pounds will take care of themselves," "don't buy goods because they are cheap," "buy and sell only for cash," "see that the expenses are kept within the income," etc. These are trite and true, but they fail to include that which, if utilized as it may be, is the largest contributor to financial success—education.

By education is meant that narrower definition of the word bounded by a technical pharmaceutical course, embracing a thorough knowledge of materia medica, botany, chemistry and pharmacy. A casual glance may fail to see the connection between a professional education and financial prosperity, and indeed it is often the case that those who have had the advantage of such a foundation, when they go into business for themselves, lay it on the shelf and devote their whole time to the pursuit of wealth solely by means of what are ordinarily known as "business methods." The preliminary education is too frequently regarded as a necessary qualification only for

those who expect to teach, write or dispense, and in no sense a business prerequisite. There never was a greater mistake. The fact that many have succeeded, in the common acceptance of the word, without it, lends no color to the theory that it is not necessary, no more than does the argument sometimes advanced against education in general—that George Washington became a very great man with only a knowledge of the English language, since it does not appear what that distinguished general and statesman might have become if he had possessed the advantage of a full literary course. No more can we say of one who may have accumulated wealth in the drug business without a pharmaceutical education, that he could have done no more with it.

Education is capital, just as much so as money, but, like money, it must be *invested* if it would be made productive. Its wealth-producing power is recognized in all other pursuits; the lawyer's practice, and consequently his income, will be in proportion to his knowledge of the law, and the physician's to his knowledge of medicine. Even the farmer's success is in direct proportion to his intelligent cultivation of the soil, and this again to his knowledge of the chemical constituents of that soil and the chemical requirements of his crops, and the rule holds equally good with the druggist.

"Goods bought cheap are half sold," is an old and true maxim, but "cheap" is a word that means more than small first cost; some things are dear at any price. The *quality* of the article purchased is as much a factor as is the cost, and this fact is more applicable to the drug trade than in any other line, inasmuch as many of the commodities he handles are either up to the standard or are worthless, and cannot be, as with the dry goods merchant for instance, sold at a reduced price on their merits. The successful druggist must therefore not only know what the requirements are, but when his drugs and chemicals are up to them, before he can buy intelligently and profitably. It is true that years of experience may bring this knowledge to a great extent, but it is also true that in the meantime they have brought a large outlay of capital in the

way of paying for this experience which could as well have been added to the net earnings, if there had been a practical application of a previously acquired knowledge of *materia medica*, botany and chemistry to the art of buying.

It is necessary, too, after the goods are in the store, that he should be able to properly care for and manipulate them so that while they will meet the demands of medicine and the arts upon them, they will at the same time yield an increased revenue, which is but a practical application of a knowledge of pharmacy to the art of selling.

Buying lies, as it were, at one end of the business, and selling at the other, including between them all the conditions attendant upon success, and a preliminary professional education exerts its bread-winning influence all along the line, as well as at the extremes.

Chicago and the Cutters.

Heretofore the druggists of the village on the lake have, by means of a compact organization, been able to present such a solid front that the cutter has never been able to effect an entrance. Such is still the case, but some alarm has been occasioned by a recent rumor that a cutting establishment is about to be opened in the city. The upwards of seven hundred druggists in the local association are squaring themselves to jump on the movement with over fourteen hundred Chicago feet, and if the masculine Chicago foot is large in proportion to the feminine, there is no doubt about their stamping it out.

THE Arkansas State Board of Pharmacy will meet in Fort Smith on the 27th day of May, the next day after the adjournment of the Association, and will examine applicants for registration. The examination will begin at 9 o'clock a. m., and close at 6 o'clock p. m.

Professional Courtesy.

Courtesy between professions, especially such as are near of kin by the ties of consanguinity or similarity, is just the same as courtesy between individuals, and there runs through its several definitions a shade of meaning which plainly indicates that its exercise does not by any means include anything like affectionate slopping over. It rather implies a dignified, respectful bearing of the one party towards the other, which, while it never loses sight of self-respect, fully recognizes and appreciates the claims of its object to all it has to give.

A better understanding of what really constitutes true courtesy would solve many of the vexed questions which arise as to the proper attitude which druggists should maintain toward physicians, and *vice versa*. In its light, each could see that there was enough dignity, pride, self-glorification even, within his own domain to fully occupy his time, without wasting it in sentimental gushings upon the neck of the other; and he would find, too, that if properly attended to, business enough to leave no time for running that of the other.

Both would learn that a respectful independence tended greatly to promote harmony and good will, and that living under the same roof, for instance, was not ordinarily productive of deep and lasting affection. The walls of the doctor's office would not be plastered over with druggists' cards, and the latter's show cases with those of the doctor.

The Arkansas Association of Pharmacists

WILL HOLD ITS TENTH ANNUAL MEETING IN THE CITY OF FORT SMITH, BEGINNING ON TUESDAY, MAY 24TH NEXT, AND WILL HOLD THREE DAYS. YOU WANT TO BE IN AT THE BEGINNING AND STAY TO THE FINISH.

All in the Family.

The druggist loved the maiden well,
 As did a farmer's hired man;
 Belinda wedded, strange to tell,
 The suitor of bucolic plan.

The druggist sighed: "Alack-a-day!
 Oh! woe is me for what I've missed;
 Yet, as it is, I'll truly say
 I'm glad she chose a *farm-assist*."

"Yes," he added musingly, and with awakening professional pride, "it *is* some consolation to know the matter had such a strictly *farmer-suit-a-gal* termination."—[*Bulletin of Pharmacy*.]

THE Caldwell-Grubbs Drug Company is the style of a new drug concern in Fort Smith. It is a combination of two old firms, W. O. Caldwell and Thomas M. Grubbs. They start with \$100,000 capital, and expect to do a jobbing business. This firm starts with three things which generally means success—brains, pluck and capital.

Remember,
 Fort Smith
 May 24th, next,
 10th annual meeting,
 Arkansas Association Pharmacists,
 It is your duty to be present. *Don't fail.*

THE A. P. Cressy drug stock at Hot Springs was sold recently at sheriff's sale for \$750. Mr. E. F. Klein, of the firm of Klein & Shendal, was the purchaser, and we understand intends running it as a separate establishment.

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Original Articles.

Morbid Conditions Secondary to Diseases of the Nose.

BY E. G. EPLER, M. D., FORT SMITH.

[Read before the Sebastian County Medical Society, April 12, 1892.]

In the consideration of the diseases of the naso-pharyngeal region we observe that the relations of these parts with other regions are intimate and of great importance. Thus the nasal mucosa is directly continuous with the lining membrane of Highmore, there coming in contact with the anterior and posterior dental branches of the superior maxillary nerve. Likewise, it extends up through the nasal duct to meet the conjunctiva. It is continuous through the eustachian tubes with the mucous membrane of the middle ear. By the infundibular passage the anterior ethmoidal cells and frontal sinuses communicate with the middle meatus. The sphenoidal sinuses and posterior ethmoidal cells open directly into the nasal cavity. The secretions in nasal catarrh pour over the pharyngeal tonsil and mucosa, and may affect even the larynx and bronchial tubes. When the nasal passages are blocked, as in hypertrophic catarrh, or by polypi, respiration is impaired, the blood is imperfectly oxygenated, general debility may ensue. The

air of necessity passing through the mouth is unfiltered and may reach the pulmonary passages laden with dust, neither warmed nor moistened sufficiently, giving rise to considerable irritation and perhaps paving the way for the march of the tubercular bacillus. In acute coryza frontal headache and a feeling of distention mark the advance of the catarrh to the frontal and ethmoidal sinuses. Earache and tinnitus aurium indicate the extension of the disease to the tympanum. The practice of every physician may furnish many cases of morbid conditions that have spread from the nasal cavity by continuity of tissue.

The connection of a variety of reflex neuroses with diseases of the nose and pharynx is not so readily perceived nor explained. The great nervous supply of the parts, however, renders such a relationship possible. The olfactory fibres, prolongations of the cerebral gray matter downwards, are spread over the roof and upper parts of the walls of the nose in an extremely sensitive layer. The nasal nerve, a strand from the ophthalmic division of the great trigeminus is distributed over the nasal mucous membrane as far as the anterior nares. In this connection the origin and relations of this nerve are interesting. Arising at the apex of the orbit, it passes along the inner wall beneath the superior oblique muscle to the anterior ethmoidal foramen, thence into the cerebral cavity and enters the nose through a slit alongside of the crista galli. It is intimately associated with the other branches of the ophthalmic nerve. The frontal, another branch, gives off the supra-trachlear while in the orbit. These nerves supply the forehead and upper part of the nose with sensation. The lachrymal is the sensory nerve of the lachrymal gland. The sensory roots of the otic ganglion are derived from the ophthalmic nerve. The ciliary nerves pass to the eye from the ganglion. In nasal disease the irritation of the nasal nerve may be reflected along the ciliary nerves, causing deep-seated aching in the eyes. The branches of Meckel's ganglion, more especially the naso-palatine nerve that passes along the full length of the vomer in a groove,

bring this region into very intimate relation with the fifth pair. We are made painfully aware of the close association of these various nerves by the uncomfortable sensations experienced while drinking soda water or when afflicted with a severe coryza.

A peculiar connection of the nose with distant parts exists. It is similar to that between the mammary gland and uterus, whereby the child in suckling induces uterine contractions. It is a sympathy of certain sensory areas. Thus, a slight draft upon the nape of the neck, or wearing wet shoes may give rise to a sympathetic coryza. It is not uncommon to observe a dry cough or stiffness of the nostrils in menstruating women.

We are reminded of this extensive connection of the nose with various parts of the body by the most common phenomena if we analyze them. Some spice or irritating dust gains access to the nasal cavity. At once a feeling of turgescence in this organ is noticed. The eyes become suffused, the globes bulge out, lachrymation is profuse, the salivary glands are stimulated to great activity, the blood vessels of the face become turgid; a thrill runs through the cerebro-spinal system, a feeling of expectancy pervades the entire being, the fingers clinch convulsively, the muscles of the arms, abdomen, thighs and legs become tense; even the *arrectores pylorum* are thrown into spasms, producing that remarkable condition of the skin that we in the paucity of our language term *cutis anserina*. A deep breath is taken, and then all the muscles of expiration are united in a powerful explosive act—a sneeze. Indeed, so great and so rapid have been these reflex-paroxysms, death has resulted from suffocation. If so great a reflex effect may be due to so slight irritation of the sensitive Schneiderian membrane, we can barely surmise the possible results of more serious and lasting morbid conditions. When we regard the relations of the nasal cavity in an appreciative manner, our minds readily assume a receptive state. We willingly credit a report of almost any case of nervous derangement, however remarkable or strange, as being a possible reflex from nasal disease. We do not doubt the accuracy of

observation or judgment of those competent men who have seen epilepsy, hysteria or other neuroses result from morbid conditions of the nose. We accept without hesitation the history of a most remarkable case attested by Lennox Browne. A young woman had traveled Europe over for the purpose of having a glaucoma treated. Surgeon after surgeon had seen the case. One had performed an iridectomy. Browne found a nasal polypus. Upon removal of the tumor, relief promptly ensued. The glaucoma was cured. We do not, however, go so far as certain enthusiastic specialists and claim that most cases of migraine, facial neuralgia, etc., are due to affections of the nose. We who are general practitioners have so often seen such attacks relieved by treatment of indigestion, constipation, eye strain, ametropia, feel that these are various causes of the reflex neuroses. Though none of us may see a case of glaucoma cured by the removal of a polyp, we all have or may see a great variety of disorders purely reflex in character that are due to morbid conditions of the nose and pharynx. Very common are attacks of nose cold, asthma and frontal neuralgia that are due to chronic nasal catarrh or a peculiar hyperæsthetic state of limited areas of the Schneiderian membrane.

Recently a case of acute exacerbation of an old catarrh appeared for treatment. The face was swollen. The eyes were suffused and watery. The left nasal passage was obstructed by the enlarged inferior turbinated body. The patient complained of an intense trigeminal neuralgia of the same side. A detergent spray containing menthol and carbolic acid in dilute solution and a spray of vaseline oil were used. In a few minutes the acute pain had subsided; quinine and belladonna were given internally. Two days later patient returned greatly improved. He received another spraying, being highly gratified. Another patient complained of severe supra-orbital neuralgia. An exostosis from the septum nasi was found pressing against the middle turbinated bone, causing ulceration. Cocaine applied to the nose relieved the facial neuralgia. The writer suffered from supra-orbital neuralgia. At first it was attributed to eyestrain, but on examination a nasal polypus was seen hang-

ing from the middle turbinated body. It was snared. The neuralgia ceased.

Much more might be said in the same strain. This will suffice, however, to show that it behooves us to carefully examine the nasal passages in neuroses that might arise as reflex disturbances, due to disease of the nose and thereby equip ourselves the better, as general practitioners, for relieving our patients.

Some Reminiscences of Congestive Fever.

BY E. R. ARMISTEAD, M. D., PRESCOTT.

[Read at the meeting of the Southwestern Arkansas Medical Association April 4, 1892.]

I have chosen the above subject for a brief paper because I have had rather extensive opportunities of observing the various phenomena of this so-called malady.

Congestion has not had a definite meaning when applied to the condition I shall attempt to describe.

We understand well enough that the term means an afflux or determination of blood to an organ, and we all remember the Latin maxim, "*Ube initatio ibi affluxus.*" This is itself indefinite. It doesn't show how this determination is produced. We are left to conclude, if we choose, that the blood rushes into an organ by means of some resident or latent force which it contains—that the corpuscles become a volunteer soldiery for resenting or repairing initiation.

It will, I trust, not be considered unprofitable to inquire how this determination is brought about. It is not unlike the working of a telephone system; the point of initiation is placed in connection with the central office, and makes its complaint to the sensorium, whence an order is issued calling upon the healing powers to go to the rescue of the affected part. This is, of course, figurative, but somewhat illustrative of what occurs, and therefore the primary effort is made through the medium of the nervous system.

Fearing to become tedious, I have this definition to say, that what has so long been denominated congestive fever is at least an impropriety in pathological nomenclature, for especially in the early stages there are no notable determinations nor accumulations of blood in organs to account for conspicuous conditions. Nor can the symptoms be explained upon the hypothesis of hypnæmia alone.

Back in the forties this fever was, or seems to have been, more prevalent in malarial regions than at present, but any of us who are engaged trying to "win bread" by healing the sick are liable, on short notice, or without notice, to be confronted with the disease in question, and when so confronted it is well to understand its nature and the best measures of treatment.

Fifty years ago congestive fever prevailed, and either it or the treatment produced great fatality. That was during the reign, or under the dynasty of Dr. Cook, of Transylvania University, Kentucky. That gentleman taught that if there was anything better than calomel in the treatment it was more calomel, and as much as 100 grains and more have been administered to a single patient. And when the blood would flow as much of it was taken as the patient could stand as a preliminary measure.

Patients who had vitality enough to live nine or ten days, notwithstanding the doctor, were considered in a fair way to recover. Some did recover, with the loss of all motion in the lower jaw from ptyalism—deformed for life by malpractice.

In these latter days of keen investigation everywhere in medicine, more rational views prevail as to the meaning and import of symptoms, a sharper point has been given to investigation among the nerve centers and pathology raised in accordance with such discoveries.

Description of Symptoms.—Conspicuous among the symptoms of so-called congestive fever is at first a listlessness—dullness or torpor of the system. This is in the stage of attack or depression. Sometimes the patient can't be aroused; consciousness is suspended. He lies in a stupor from which he cannot be restored to intelligence.

Sometimes he is away from home among strange and disagreeable people and makes efforts to escape—has to be kept under restraint, which almost always aggravates the symptoms. There is no marked increase of pulse rate above normal, and but little elevation of temperature. There is no sick stomach nor diarrhœa. In fact the condition is marked by a torpidity of all functions. The whole system seems to be sub-normal except the confusion of mentality.

Formerly this condition was called congestive chill, and there was a popular belief that the third one always killed. It had all the features of the cold stage with the chill left out. The morbid agent seems to have exploded one of its shells among the nerve centers, producing a condition not very unlike the shock of traumatism, from which we all endeavor to produce reaction. Reaction from this condition sounds the key-note of the treatment, for if the enervation is not aroused and re-established mischief will follow, inflammation will set up, and the prognosis becomes unfavorable in proportion to the duration of this first stage. The question to be considered is, how will you get up reaction when you cannot give medicine? The patient will not even let you examine his tongue. The practitioner will meet many cases in which medicines cannot be introduced into the system by the mouth. This is especially true in young subjects, because of the mental condition of the patient. Thus the inquiry is: How to proceed in bringing about reaction so imperatively desirable before any congestion is set up anywhere, or before there comes a time when the enervation is overpowered and lost? If this first stage is dealt with in a faltering manner, mischief will arise to give after-trouble, and in many cases proves fatal to the patient.

The average practitioner in these latter days would say this effect could be produced by the hypodermic mode, but unfortunately for these extreme cases the available resources of this instrument are too limited except in the uses of morphia and atropia. The quantities of other agents, as quinia and alcoholics, cannot be administered in large enough quantities. And we have all received the gravest warnings against

giving opiates in determinations to the brain. But my experience does not sustain this prohibition. Morphine can be given safely and with as much usefulness as in the shock of traumatism. The quantity of quinine necessary to overcome this condition is very large. Quinine is a great distributor of enervation—perhaps the greatest we have. In fact quinine and brandy constitute our main resources in this as in traumatic shocks. Fortunately, in young subjects especially, we have access to the nervous system through rectal medication, and this is less so perhaps in adults and young women because they are more unmanageable.

Another available means of arousing the sensibilities of the nerves is by means of what is known as the cold-douche. I am in no sense a hydropath, exclusively. But this is an age distinguished by great research and boldness, and it requires some boldness to give the douche, and the consent of friends and family had better be obtained, as a prudential precaution, for if the patient is lost during the application, or even subsequently, the practitioner is liable to be accused of hastening death.

When consciousness is restored and remedies can be administered in the usual way the danger is over, and what I desire to emphasize here is the importance of boldness and promptitude in this first stage, or stage of depression.

Having referred to my own personal experience I will give a few cases from a number, regretting that notes cannot be referred to, and my object in giving these cases from memory is to illustrate the value of the remedies used and the results. Three of these cases were in Mississippi just before I came to Arkansas.

Case 1.—It was in the last of August, 18—, I was called to Mrs. S —; æt. about 19 or 20 years; married; the mother of two children. They lived on the border of Big Black Swamp, a stream subject to frequent inundations; the ground subject to these overflows covering three miles in width. I found her delirious; had been sick twenty-four hours; had to be held in bed. Cold water was applied to the head; the hair was cut

off; counter-irritants were used—hot pediluvia with mustard; and such medicine as she could be made to swallow (but little). She grew worse. I informed her friends and relations that she would die without relief, and suggested the possible chance of the cold-water douche. They authorized it. Had her placed on a sheet on the floor with spine uppermost, with only the under-garment on, and held in that position whilst I poured two or three buckets of water, cold from the well, on her spine from the head downward. In this soaked condition she was put in bed and covered with blankets. She went to sleep (which she had not done for twenty-four hours or more) and slept about three hours; when she awoke she was rational. Took a mercurial course followed by quinine and recovered.

Case II.—Was called about the 15th of September, when the solar rays are at an angle of about 45° , to Walter D—, æt. 7 years. It was about 3 o'clock p. m. when I reached the house; he had not spoken since morning, and the family were unable to arouse him. I tried to do so and failed. He lay in a deep stupor, breathing a little slower than natural, his pupils slightly dilated, and insensible; couldn't get to see his tongue. Sent to a neighbor's house for a household syringe. In absence of messenger gave him three buckets of cold water as douche, his father consenting and holding him down; administered the bowl of a teaspoon heaping full of quinine with 20 drops of laudanum, per rectum, in mucilage; the tr. opii to cause retention. In about three hours he woke up conscious. The after treatment, mercurial course and quinine; recovery.

Case III.—Was called to A. P.—, colored, æt. 24; found his friends bathing his head; he was insensible, lying in a deep stupor; had not known anything all day; I had him placed on a puncheon floor, the water escaping through the cracks; I gave him the cold water plentifully, and he was packed down wet; became conscious; recovered.

I could add other cases from the storehouse of memory, but consider the above sufficient to illustrate the effects of treatment. What I have endeavored to show is that in the be-

ginning the lesion, whatever the factor may be, is located in the nervous system; hence our ability to bring about reaction. If the organs were congested, the vessels all in a state of hyperæmia, we could not succeed so well, if at all, with agents addressed to the enervation.

It is not my desire nor purpose to claim in this paper any new discovery, nor to have inaugurated any new line of treatment; only claiming to have correctly interpreted the symptoms and treated in accordance with more rational knowledge of the pathology. This is an age of advancement in all departments of medical science; an age of polyclinical instruction and post-graduate schools—of much journalism and book-making there is no end. And pharmacy occupies a front position. Coal tar alone contributes a whole family of *antis*—antifebrine, antipyrine, etc. Looking into the domain of surgery and gynecology, we find another family, called *otomies*, laparotomy, ovariectomy, cystotomy, etc.—the probable offspring of an *otomy*—very popular and in use half a century or less ago. His name was Phlebotomy; he is dead now.

It used to be that when the disease was not understood we bled; if we thought we understood what was the matter, we bled, and bled again. But we were taught that the sacred precincts of the peritoneal sac were not to be invaded; that the viscera inhabited a sort of holy land. But how is all this changed now. In this enlightened age, when medical science in every department is becoming more and more exact, it is well to be equipped for all emergencies, and I claim the condition I have had to describe furnishes one.

Congenital Malformations of the Uterus, With Report of Case.

BY G. W. HUDSPETH, M. D., LITTLE ROCK.

[Read before the Little Rock Medical Society April 18, 1892]

The uterus is formed by the approximation and fusion of the middle portions of the Mullerian ducts. The upper portions remain distinct, constituting the fallopian tubes, while the lower unite to form the vagina. A vertical partition separates at first those parts of the ducts of Muller which go to make up the uterus and vagina, but this subsequently disappears, and the two canals become one. At a later period in the course of development, at the lower end of the middle third of the tube thus formed, the cervix appears, dividing the genital canal into uterus and vagina. The tissues at the summit of the middle third, directly between the points of origin of the fallopian tubes, thicken, and the fundus uteri comes into existence. If in all cases this line of development were strictly followed, we should never see congenital malformations. But this is not the case; and in consequence of what we shall choose to call irregular development, we sometimes find these anomalies.

These are so varied and the entire subject has been thrown into such confusion by different authors and by the varying methods of arrangement and classification that has been employed, that we can scarcely determine when we have them properly classified.

I shall simply state a few of the most common malformations, and then take up the subject of such as relate most directly to the case I shall report to this society.

Absence of the uterus, or defectus uteri, is dependent on either the entire absence or complete destruction of the middle portion of Muller's ducts.

And again we find reported cases of absence and atrophy of the cervix uteri, explained in the same way as the corresponding conditions of the uterus.

Sometimes the uterus has but one horn—uterus unicornis. In this case the cervix is larger than the corporeal portion, which latter consists of a long, tapering, arched, or bow-shaped cone, situated to one side or obliquely across the pelvis, from which spring a fallopian tube, a round ligament, and an ovarian ligament supporting an ovary. In this case, it is a question if but one Mullerian duct ever existed.

A uterus with one horn well developed and the other in a state of atrophy, is a rare but occasional anomaly. Of these we have learned but little, and can say nothing of special interest.

A uterus with two horns: Uterus bicornis, is placed in the scale of development next to the uterus unicornis. In this case, varied degrees are described. In the lowest and most imperfect forms there are two separate and distinct hollow uterine bodies, projecting laterally like horns, uniting below into one common cervix, deeply furrowed before and behind.

Next we find the two-chambered uterus, uterus bilocularis. In this malformation the organ is rather broader than usual, but perfect in shape, except that there is usually some difference in the sizes of the two sides. A partition, which is seldom perfect, divides the cavity into two lateral halves. Sometimes this partition does not extend through the entire uterus, in which case it is called the sub-variety of uterus bilocularis. If the septum should, as has been claimed by some, extend to the cervix, but not to the external os, it is called uterus bilocularis unicollis; if to the external os, complete uterus bilocularis.

Various other names have been given to these malformations, according to the extent of the septum and the degree of development. Double uterus, uterus didelphys, is a form of development seldom seen in the human subject. George W. Johnson (Reference Hand-book of the Medical Sciences, vol. vii, pages 471-3) cites cases by Heitzmann, Cassann and Staude, and P. Muler (Cyclopedia of Gynecology, vol. xi, pages 234-8), cites cases by Meckel, Eisermann and Heitzmann, and, also, a case of completely divided uterus and vagina, reported by

Frankel. Not many cases of this kind are reported, and it is because of its rarity that I report the following case which came under my observation in 1891 :

Mrs. F., age 23, wife of a physician, was brought to me by her husband for examination and advice. The husband, a very intelligent gentleman, had discovered some malformation about the vulva, which he described to me before I made the examination. I was of the opinion that it was a case of vaginal septum. She had been married for about four years without an issue. For five months she had failed to menstruate, and for two weeks she had distinctly felt foetal movements. I introduced a Graves speculum to the right of the septum, which I found completely dividing the vagina into two lateral halves. The os uteri had the appearance of that of a gravid uterus in every way normal, except that it pointed to the left and lay in close proximity to the septum, which, had there been but one uterus, would have placed the os nearly in the center of the upper end of the vagina. I next proceeded to introduce a probe to the left of the septum and pass it in all directions along the canal to the cul de sac of Douglas, but to discover that there was no opening through the septum. The next step was to withdraw the speculum, introduce it to the left of the septum, and there I found the same condition, except that the os was a little smaller than that of the right side, and it presented the appearance of the os of a non-gravid uterus, in every way fully developed. I then passed the probe into the vagina to the right of the septum and followed the same procedure as I had taken with the other side. I further proceeded to turn the probe to the left, and cautiously felt my way into the cervix, which showed that the uterus of the left side lay more to the left at the fundus. The examination revealed the fact that the mouths converged, while the two fundi were divergent, and that the septum, which, had there been but one, would have stopped at the internal os allowing the mouths to diverge, extended through the entire uterus, completely dividing both vagina and uterus into two lateral halves. The uterus to the right being in the gravid state, while the one

to the left was non-gravid, but both were complete within themselves. In looking over the literature I find this to be one of the most rarely reported cases. I am of the opinion that its rarity makes it one of great interest to the profession, and hence this report. I was called to see her in December last, when she was delivered, without serious trouble, of a boy at full term, well developed.

THE theory of spontaneous combustion of the human body in former times was held by almost every expert. French scientists, in particular, supported it, and several of them published pamphlets in which numerous cases of alleged spontaneous combustion of the human body were described at length, but there are three very significant points to be noticed in connection with such reports. One is the invariable admission that there was a light or fire in the room where the catastrophe occurred; and another, that in no case was there any actual witness of the occurrence. Something like 75 per cent. of the human body consists of water. This fact in itself is sufficient to discredit any of the alleged instances of spontaneous combustion. It is just conceivable that persons who drink an enormous amount of spirituous liquors may become so saturated, as it were, with this inflammable material that their bodies burn much more easily than would those of people who do not over-indulge in this way, but it is perfectly certain that the fire would have to be applied from without, for no such thing as spontaneous combustion could be possible in any article containing so great a preponderance of the liquid element as does the human body.—[*St. Louis Post Dispatch.*]

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Editorial.

BRUTALITY VERSUS BRUTALITY.

A short time since a telegram to the newspapers was sent from one of the stations on the Iron Mountain Railway north of Little Rock in this State to the effect that a man (tramp) was injured by a passing train; that a physician near by was sent for, but, as the injured one was without means, the doctor refused to attend him and he bled to death. The short accounts of the case were headed in different secular and medical publications as "Medical Brutality," "Brutality of a Doctor," etc.

It is hard to believe that a physician would under any circumstances remain within reach and, knowing the imminent

danger of an injured person, let him die for the lack of his services. Investigation would most likely establish the fact that the doctor was sent for to attend a man who had been injured by the railway, and not being informed of the dangerous nature of the injuries but being well aware of the "brutal" treatment of physicians by the railway authorities in such instances, simply refused to give his services without first being assured of compensation.

The secular press is ever willing to herald and exaggerate the alleged misdoings of members of the medical profession, and the medical journals being in a manner the censors of the profession, and, as they should be, jealous of the dignity, honor and philanthropy of a calling so noble, are prone to too severely condemn or, more properly, condemn on too inadequate testimony the alleged misdoings of physicians without in all cases taking into consideration the provocation for some of their overt acts.

If the circumstance above mentioned is true as stated, no censure can be too severe, and THE JOURNAL would be the last to offer any apology for a crime so entirely without warrant for extenuation. Brutality, most horrid brutality, would be terms none too severe to apply to such a crime on the part of a physician if the acts, as alleged, did really occur. But THE JOURNAL takes the alleged occurrence as a text from which to offer some observations on another form of brutality relating as directly to the medical professions and which is continually prevalent.

As introductory to THE JOURNAL'S comments, the following extract from the "President's Address, W. B. Outten, A. M., M. D., St. Louis, Mo.," delivered at the fourth annual meeting of the National Association of Railway Surgeons, held at Buffalo, N. Y., April 30, 1890, is inserted :

"The history of the medical profession connection with the railway, has been one of slow and doubtful recognition, viewed in the light of a necessary evil; always coming with seeming misfortune; judged by a pre-existing prejudice; grudgingly rewarded, and employed almost always amidst uttered or un-

uttered protests. Being necessary and expensive, the keen business executive of the railway has used various devices to economize and still command the profession ; using the influence of a doubtful position, using adroitly the influence of that most potent overestimated vanity-producing element, soul-soothing and far-reaching unknown quantity, a pass; made collections for well-earned fees arduous and uncertain, using the profession at times to warp the truth which always proved detrimental to both, engulfing individuality, ignoring and changing the nature of the surgeon's avocation from an honorable surgical standard to one of doubtful legal caste ; appreciated and treated capriciously, defining his true position rarely, the intermittent character of his services leading to this. Even now a goodly number of instances, while employed ostensibly for their ability from a professional point of view, are but too frequently used for this unconsidered work in fields foreign to the true nature of his profession. Some of the profession think that the railways employ them for the purpose of defrauding justice, controverting truth, and exercising functions of a generally questionable character."

Yes, "viewed in the light of a necessary evil ; always coming with seeming misfortune ; judged by a pre-existing prejudice ; grudgingly rewarded, and employed always amidst uttered or unuttered protests," the system of railways of which the distinguished utterer of the above quoted words is the chief of the medical department, has done more to brutalize and degrade the medical profession along its lines in Arkansas than any other influence however powerful, insidious and unscrupulous.

Suppose the man reported as dying without medical attention had been an employe of the railroad and sustained a serious injury at Arkansas City or Texarkana ; that the company's surgeon had been called to attend him ; that an amputation of the thigh had been deemed necessary and had been performed ; that employe, who had been paying hospital dues and was entitled to the best care and medical treatment, would have been shipped to the company hospital at St. Louis in

spite of the unquestionable danger attending his transportation, and as has been done, perhaps in spite of his pleading and imploring to be cared for among friends.

If it is brutal for a tramp to be allowed to die from the failure of a physician, who is in no manner connected with the railway service, to attend him, is it less brutal to transport, more than five hundred miles, a man who has undergone a major surgical operation, suffering the dangers and hardships incident to lay-overs, delays, inferior accommodations, and perhaps serious railroad accidents?

Suppose the doctor, who it is alleged suffered the man to bleed to death, had responded to the call for his services, had saved the man's life by the employment of his skill, instruments and dressings? If the injured had been an employe of the railway the moment the company surgeon arrived the patient would have been taken in charge by him and the first physician would have received no compensation for his services. Or, if the wounded man was "only a tramp," or not an attache of the railway, the attending physician would have had him left in his hands without an offer on the part of the wealthy corporation to share the expense of the bichloride tablet that was used to disinfect the wound or the pin that fastened the bandage.

To show that the preceding statements are not at all supposititious a few actual occurrences will be related.

On a bitter cold night in a January when there was four inches of snow on the ground and the snow was being covered with a slippery sleet, the company surgeon at Little Rock was called by telephone to come to Argenta (opposite Little Rock across the river) and attend a young man, a passenger on a stock train, who had been run over by a backing engine and had his leg crushed. The company surgeon telephoned to a brother practitioner stating that he was not feeling well (it was an ideal night for a physician to be sick) and requested him to answer the call. The latter promptly went to his office, obtained his instruments, went by a drug store and adding a few bandages to his armamentarium, pressed into service the drug clerk, who was also a medical student. "Away they trudged

together" (no conveyance could be obtained) across the river in a blinding sleet. Finally, after many inquiries, they found the injured young man in one of the workshops lying on an improvised bed made of planks, rags and cotton-bagging. The wound was examined and it was found necessary to amputate the limb. A telephone message for an ambulance was sent to a livery stable in Little Rock. It was then about 1 o'clock a. m. The livery men flatly refused to brave the storm before morning, so the physician and his assistant made the patient as comfortable as possible and awaited the pleasure of the stablemen to have him conveyed to the, at that time company hospital, at Little Rock. Some hours after daylight the vehicle arrived and the patient was conveyed to the hospital where the limb was amputated.

The attending physician turned over the case to the company surgeon, who at once reported the affair to the chief surgeon at St. Louis.

After several days the chief surgeon replied that investigation subsequent to the accident had revealed the fact that the patient was neither a passenger nor employe, and therefore the company would not be responsible for *any expense* incurred in taking care of him. The physician who attended the patient received no recompense for services, dressing and anæsthetic, and the company surgeon either paid for the transportation and board, or they were not liquidated. *The company paid nothing.*

Another instance: A company surgeon performed three major amputations within twenty-four hours. The first was an amputation of an arm of a negro man. The other two were performed at night on two boys respectively who had been run over by a train. The surgeon employed assistance, and in reporting the cases to the chief surgeon, stated that he had been called by the railway agent; that he had found it necessary to have assistance and called a medical friend, and, while he acknowledged that the company was not *legally* bound to pay for his services, he thought it was but just that it should share at least a part of the expenses to which the surgeon had been

put. A negative answer was received in due time. Another time: The railway surgeon was sent for by an official of the railway and on arrival found that an employe of the road had been seriously injured, though not while in the performance of his duty, but when going from one car to another when the train was moving. The surgeon reported the case promptly and as no response was received it was believed that the company would assume the expense of caring for the injured employe. But not so; for when the bill was sent in it was returned with the statement that the man was not in the discharge of his duties when he was injured, the company was not to blame and would share no part of the expense. Here the surgeon had treated the man for weeks without any intimation on the part of the railway authorities that they would not be responsible for his care. The man brought suit against the company and more of the surgeon's time was consumed at the trial.

These are not isolated or rare cases that have been mentioned. They might be multiplied almost indefinitely; they are of almost daily occurrence.

It is not contended that the wealthy corporations are legally bound to care for those who, by their own carelessness, trespassing or ignorance are injured by the roads. But the higher law of humanity, justice and equity should prompt the representatives of the roads to at least share their part of the burdens that are continually being thrust upon physicians, who must answer promptly every summons without stopping to inquire whether or not their services are required for an employe, and who, if they delay or refuse, are denominated brutes.

Another aspect of the subject that approaches brutality is the compensation offered to physicians for their services. It is not meant that it is brutal to offer disgracefully small salaries or fees to doctors. Nor is it contended that the acceptance of inadequate recompense is an act of degradation. The corporation has a right to put an estimate on the value of a man's services, and the individual can sell himself at the proffered price or refuse. That is a transaction between a business cor-

poration and a professional man, and it is rare that the former does not get the best of the bargain.

But where the brutality does exist is in cases where men are employed who are wholly incompetent to care for the wounded who may be so unfortunate as to fall into their hands. The employes pay for the service and they are entitled to the best attention, and this they can not obtain by having these positions let to the lowest bidder, or the same thing, letting them at such small salary that none but the incapable will accept them.

When the positions of local railway surgeon at a city of 35,000 inhabitants, where thousands of dollars are monthly collected for hospital dues from the company's employes, are virtually hawked about the streets of Little Rock and Argenta with the offer of the paltry sum of \$25 per month each for two physicians, with the proviso that one of them shall spend a certain time in Argenta each day and the other have office hours daily at a designated place in Little Rock, it is time for the members of the medical profession to stop and consider well the further words of the chief surgeon of the same road that made these offers within this year, when, in the annual address already quoted, he said two years ago: "True and honest as regards his ministrations, employed purely for professional capacity to accomplish solely surgical results, ever maintaining honorably the duties required from both patient and company, no railroad can afford to sustain a weak, vacillating, dishonest official, and no honorable, high-minded, zealous and truly devoted physician can afford to serve a company except upon the true and noble nature of his calling. The true physician ever estimates the real value of his service. When he underestimates his value, the world views and judges it according to the estimate so placed. The really valuable man is the one who is true to his calling, honest to his administration, unswerving in his devotion to the true standard indicated—honesty, industry, faithfulness, humanity, are its foundation elements. These ignored the true physician ceases to exist and becomes a servile creature to venal circumstances."

A man who appreciates the happiness of health and fears

death to such an extent that he is afraid to be an hour without the constant attendance of a physician, to whom he pays a princely salary to be his constant accompanier at home as well as on every trip he takes, ought to observe the golden rule sufficiently to permit his "keen business executives" to pursue a policy so liberal that the employes of his great monopoly (monopoly in this State at least) could have the benefits of that medical treatment which he seems to find such a necessity and blessing.

THE JOURNAL, be it well understood, is not condemning the general system of railway surgery. It is on some of the great roads a credit alike to the corporations and the medical profession. But, speaking that which it does know, and testifying to the things it has seen, it does not hesitate to say that as it is conducted by the greatest railway monopoly in Arkansas it has grown from bad to worse until it has reached that stage where its whole influence tends to make its medical employes "servile creatures to venal circumstances."

THE REPRESENTATIVENESS OF THE AMERICAN MEDICAL ASSOCIATION.

Following the editorial in the March number of THE JOURNAL, appeared the subjoined in the *Weekly Medical Review* :

"Our editorial on the American Medical Association seems to have stirred up the biliary secretions of the *Journal of the State Medical Society of Arkansas*. It devotes much space to an argument which, in our younger days, we denominated *petitio principii*. It goes on to say many things and exclaims: 'And then, to prove the untenability of the position that the East is conspicuous by the paucity of its representatives, we will glance over a programme of the last meeting held in the East—Newport, Rhode Island, 1889. There were on the programme 301 titles. Of this number Maine, Vermont, Massachusetts, Connecticut, Pennsylvania, District of Columbia and Maryland contributed *one hundred and fifty nine* (while about fifteen or twenty were contributed by foreigners at that time

in the United States) and many of them were the very 'Brahmins of the East.' *Mirabile dictu!* But how many *read* their papers and what was the *total attendance* upon this remarkable occasion? Again the author of this brilliant answer writes: 'If there is a body where the younger men are seen and heard that body is the Association. They are seen and heard in every section and on all occasions. Indeed, if any criticism is forthcoming on that score, it would be more in the line of propriety to remind the younger members of that old saying that children should be seen and not heard. Talk about the conservatism of the old and the rights of the young! Time was when the young doctor took a back seat and waited for time and opportunity. But that is now past, and the boldest, most aggressive and *in many instances* the most *progressive* members are the young ones.' In the sections, yes, but in the general meetings devoted to legislation, we maintain our original position unless our sapient critic calls men over forty children!"

THE JOURNAL'S remarks were intended to be courteous, and if there was anything in them that appeared otherwise, it is consolation to have it attributed to the liver and not the heart.

An examination of the report of the meeting of the American Medical Association, as published in the *New York Medical Record* subsequent to the Newport meeting, gives synopses of one hundred and twelve papers that were read. Of this number *eighty* were *read* by representatives of the States before mentioned as constituting the East.

Commenting editorially on the meeting the *Record* said: "The meeting of the American Medical Association, held this week in Newport, a full report of which, prepared by our special correspondents, we present in this issue of the *Medical Record*, was in some respects a notable success. The attendance, especially of western members, as compared with that of some of the previous meetings, was small; but what the meeting lacked in numbers was made up by enthusiasm, for notwithstanding the attractions in the way of afternoon excursions offered by the profession of Newport, the meetings of

the several sections were well attended. * * * The lack of hotel accommodations caused considerable individual discomfort, and has demonstrated the unwisdom of selecting any but the larger cities for the places of meeting of the Association. * * * It is to be regretted that the western representation was not larger; but in spite of this drawback the meeting was one of unusual interest, and must be classed among the most successful ever held by the Association."

The Association has done very well under the conservative legislation of the old members. It might have done better with a little more of the "young blood" infused into its brains, and it might have done worse too, for it has been said that—

"At thirty man suspects himself a fool;
Knows it at forty, and reforms his plan"

(Of course these lines have no reference to *doctors* under 40.)

If the charges against the Association are true, and some of them must be admitted as the necessary evils of any body having so large a membership, it becomes all the plainer the duty of the members of medical professions in the United States to give their allegiance to the Association; because, as stated formerly, with all its defects it comes nearest being the profession's representative, and can with the least work be made so in every respect.

THE JOURNAL is glad to note that many Arkansas physicians are making application for membership.

THE ARKANSAS ASSOCIATION OF PHARMACISTS.

The above Association will hold its annual meeting at Fort Smith, commencing May 24th, and lasting three days. On account of the intimate relationship between the two professions, medicine and pharmacy, each ought to assist the other in all that tends to bring them in closer relation and more harmonious action. It is probable that the two professions are more closely allied in Arkansas than in any other State. Arkansas is far behind most of the older States in the enactment

of laws regulating the practice of medicine and of pharmacy. The two professions will have much to accomplish before anything like proper and adequate protection will be afforded the people who are and have been the prey of all kinds of ignorance and imposition in the names of both callings.

THE JOURNAL fears that too much faith is sometimes put in the laws for the regulation of the practice of pharmacy as well as that of medicine.

If all the reputable physicians and pharmacists of Arkansas were to have a convention and pass and enforce suitable laws for the regulation of *themselves* there would be no further need of legal enactment. This is of course impracticable, but the next best thing is to strive always to arouse the *espres du corp* of the professions and good results will follow in proportion as the standard of each is raised toward that eminence where ignorance, bigotry and crime can find no abiding place.

The medical profession of Arkansas extend hearty good wishes to their friends and allies, the pharmacists and assure them of their willing co-operation in everything that tends to bind them closer together and raise them higher.

THE SEVENTEENTH ANNUAL SESSION OF THE STATE SOCIETY.

It ought to be known by every regular doctor in Arkansas that the next meeting of the Society will be held at Little Rock, June the 2d and 3d, 1892, and every member of the Society ought to make an earnest effort to attend the meeting. The session will only last two days and it will be the easiest way for a large number of busy doctors to get away from their practice and enjoy a day or two of rest, while at the same time adding a little to the general store-house of medical knowledge or obtaining an idea or suggestion here and there that may be found useful in their practice.

The past winter brought another outbreak of influenza and in addition to the increased work that it entailed upon the doc-

tors, a large number of them were actual sufferers themselves. They have been overworked, underpaid (short cotton crop) and sick besides. So take that advice you so often give to your patients—take a little rest. Come to Little Rock. The local profession and citizens are always glad to see you. It will be the cheapest and easiest trip you can make. It will be good for you and good for your patients, because you can do more and better work when you return and it will do the whole profession good. Come and “mix reason with pleasure and wisdom with mirth.”

EDITORIAL NOTES.

—MR. W. W. KERR, the editor of the department of pharmacy of *THE JOURNAL*, has removed to Russellville, Ark.

—THE State Medical Societies of Rhode Island, Oregon and Arkansas will meet on the same day, June 2d. On that day, medical Arkansas standing with one heel on the Texas line, her big toe reaching to Missouri; her right elbow resting on the great Memphis Bridge, and her left “close to the Choctaw line” will extend her friendly hands from the Atlantic to the Pacific and shake—not with an Arkansas ague—but with the thrilling sense of affection and honor for a common professional brotherhood that does know a North, a South, an East, a West and knows them but to love them.

The State Society.

The Full Programme.

It was hoped that THE JOURNAL would be able to publish a full and complete programme of the approaching meeting in this, the last issue before the session will begin.

So far only the chairman of the Section on Gynecology has sent in the list of titles of papers that will be read in this section, and even all of those who have promised to prepare articles for that section have not yet sent in the names of their subjects.

This delay on the part of the contributors of papers will make it necessary to send out a preliminary circular giving list of papers, etc. This will be done just as soon as the secretary can collect the necessary data. Therefore this

SPECIAL REQUEST:

Members who expect to read papers will please send the title of the same to the secretary of the Society *immediately* upon reading this request. Compliance will relieve the officers of much unnecessary labor and annoyance.

REDUCED RAILWAY RATES.

Reduced rates will be obtained in the usual manner, which is as follows: Buy a ticket to Little Rock, or if more than one line of road has to be traversed purchase a ticket to the connecting point and then to Little Rock, being particular in each case to obtain a receipt from the agent for the full fare you must pay coming. When this receipt has been properly signed by the secretary of the State Society it will entitle you to a return ticket at one-third the regular fare paid coming. Every year some members fail to attend to the above details and have to pay full fare. There is no other way to obtain a reduction of fare, hence the necessity of obtaining a receipt in each case.

HOTELS.

The principal hotels are the Richelieu, the Capital, the Metropolitan and the Deming House. The committee of arrangements will obtain reduced rates for those attending the Medical Society.

PLACE OF MEETING.

The senate chamber will be the meeting place of the Society.

TIME OF MEETING.

The registration of delegates will begin at 9 o'clock a. m., on Friday, June 2d. The Society will be called to order at 11 o'clock.

ENTERTAINMENTS.

As the Society will be in session only two days, there will not be much time for formal entertaining. The local physicians are making preparations to give the usual annual banquet and if any time can be spared from the sessions other diversion will be provided.

FOR FURTHER INFORMATION.

Do not hesitate to write to the secretary for any other information not here given.

SECTION ON GYNECOLOGY AND OBSTETRICS.

The following papers have been promised :

"A Case of Post-Partum Hemorrhage, occurring Twelve Days after Delivery," by S. M. Carrigan, M. D.

"A Case of Pregnancy with Miscarriage," by W. H. Miller, M. D.

"Report of Six Cases of Puerperal Convulsions occurring in the Last Four Decades," by C. E. Nash, M. D.

"Notes on the Local Application of Electricity in Gynecology," by S. R. Cates, M. D.

"Some Unusual Cases in Abdominal and Pelvic Surgery," by T. J. Crofford, M. D., Memphis, Tenn.

"Reports of a Rare Neurotic Case," by Geo. E. Petty, M. D.

"Report of a Case, of Laparotomy for the Removal of a

Dermoid Cyst simulating Ectopic Gestation," by G. W. Hudson, M. D.

"Some Suggestions as to the Technique of Laparotomy Work," by John H. McIntyre, M. D., St. Louis, Mo.

SECTION ON PRACTICE.

The secretary has received the titles of only three papers for this section, viz.:

"Etiology and Treatment of Pneumonia," by J. T. Jelks, M. D.

"Typhoid Fever in Malarial Regions," by J. A. McCallum, M. D.

"The Value of Optic Neuritis as a Symptom," by T. E. Murrell, M. D.

Final Notice to Delinquent Members.

In accordance with the following provision of the constitution, the secretary will have to notify the delinquents before the approaching meeting. It is hoped individual notice will be made unnecessary by payment of dues on reading of this provision of the constitution:

Add to Art. X, Sec. 2: "Any member who fails to pay his annual dues for two years shall be notified by the secretary to appear before the Judicial Council at the next meeting of the Society, and failing to appear or make adequate defense shall be dealt with by the Society in accordance with the decision of the Judicial Council."

County Societies.

[The Scientific Proceedings of County Societies are requested for publication in this Department.]

New Members of the State Society.

It is mostly from the County Societies that the State Association recruits its membership. If the members of the local Societies who hold membership in the State organization will endeavor to obtain new members much may be accomplished in that direction. This is election year again and the all-important subject of medical legislation will have to be considered once more. With the almost successful efforts last year there is every reason to hope that desired ends will be accomplished during the session of the next Legislature. The more members there are in the State and County Societies the greater the influence that can be commanded. It is not fair for a few men to do all the work, which if successful benefits all alike. All regular physicians in the State are invited to join the State Association and assist in carrying on the fight to a successful issue, which will be an honor to the medical profession and a protection to the people.

Hot Springs Surgical Society.

Under date of April 30, 1892, the secretary has been notified of the organization at Hot Springs, Ark., of a society having the above title. The organization dates from December 3, 1891.

Roll Call of Counties.

The roll will be called on June 2d, when it is hoped every county in the State that has a graduate residing within its borders will have a representative present.

Members of County Societies

Can become members of the State Society by application without attending. All that is necessary is to obtain the certificate signed by the president and secretary of the County Society, stating that the applicant is a regular graduate and a member in good standing of the County Society. Send \$5 with this certificate and the application will be acted upon.

Miscellany.

Physicians' Business Methods.

In a recent address to medical graduates the Rev. Dr. Alexander very pertinently remarked that the physician's first duty to society was to make a living and keep out of the poorhouse. That this will be a question of most vital interest in the near future with the majority of the young men to whom the remark was addressed no medical man of ten years' experience will doubt. It is true that the primary object of medicine as a profession is not the accumulation of wealth. A physician who has amassed a fortune by the practice of his profession is an extreme rarity. Many acquire a competence, and it is the duty of every man, professional or non-professional, to do so if it is within his power. The philanthropic idea is stronger in medicine than in any other calling, except perhaps that of the clergyman. But the doctor must pay his taxes or rent; he must eat, drink and be clothed; he must be supplied with instruments and books; he must support his family and educate his children. The effusive thanks of grateful patients do not, unfortunately, pay the bills. Fees alone will do that.

We thoroughly believe that medicine is a calling, not a trade; that the tradesman and business man may with entire propriety

adopt methods that would degrade the physician. He can not practice his profession on strict commercial principles without losing his self-respect and forfeiting the esteem of the community. There is, however, a business side to medical practice which the doctor is proverbially lax in managing. The amount of work he does is by no means the key to the amount of his income. Laxity in business matters will explain the apparent lack of success of many a physician. Some men are wholly lacking in practical business capacity; others, from indolence or overwork, neglect to give proper attention to their collecting; while others, from failure to appreciate the value of their own services, obtain less remuneration than is their due. People are very apt to estimate a man according to the estimate he places upon himself. If his price is habitually below the customary fees of the locality in which he lives, and he is diffident in enforcing his claims, he need not be surprised if his patients put a low estimate upon his worth and are slow in paying his bills. Just regard for the poor and the unfortunate is a duty which very few physicians are inclined to evade. The laborer is worthy of his hire, and there is no more worthy laborer than the conscientious physician. He is under no moral obligations whatever to deprive himself and his family of remuneration justly due him from the well-to-do. By cutting rates he gains nothing in the long run. He injures not only himself, but his fellow-practitioners by degrading the value of medical service.

There is perhaps no more fruitful source of loss to the physician than laxity in rendering bills. There is great truth in the old saying that short accounts make long friends. It is frequently said that doctor's bills are hard to collect. This is true, the doctor is in many instances to blame—not because of lack of professional skill, but because the long bill is so delayed that the patient has forgotten the matter and his gratitude has evaporated. The age of long credits in commercial life is gone. This is largely true also of professional work in the great centers of population. In some country localities and among certain city physicians it is not true. They allow accounts to run for months or years without

rendering a bill. The doctor's bill thus becomes a formidable thing and is hard to pay, and must usually be discounted. If rendered at short intervals, before it has attained to great size, it is grouped with the current expenses and is quickly paid with comparatively little effort. The doctor's care, and labor, and sleepless nights are then all remembered, and the patient feels that he is paying money for value received, and does not ask for a discount. Frequent bills, while they need not show a mercenary or grasping spirit, do show that the doctor lives by his practice and expects remuneration for his labor. It is not wise to place anything on a bill that will seem to be an apology for rendering it, such as the statement "bills rendered quarterly." A bill should be rendered as a matter of course at stated intervals, which will vary somewhat in different communities.

The struggle to make a living is for most medical men a hard one. They enter on their career without having had the slightest instruction professional ethics or business methods, and the mistakes of the first years are by no means confined to diagnosis and treatment. Success as a practitioner depends almost, perhaps quite, as much upon social and business capacity as upon professional training. There is no person deserving of more pity than the scholarly and brilliant physician hampered by his inability to read and deal with human nature, and cramped through life by bad business methods and lack of financial ability.—[*Editorial N. Y. Medical Journal.*]

Indecision in the Doctor's Work.

Indecision is a grave defect in the life of any person, but it is especially so in a doctor. Prompt decision after the facts have all been considered is imperative for any satisfactory career. The causes of indecision are numerous, and its varieties equally so. In some it springs from knowledge so extensive as to impress its possessor with the dangers that may follow a cer-

tain line of action, and yet so limited as to deprive its possessor of the confidence that he has all the knowledge of practical value. He knows too much to possess the comfort of the ignorant, and too little to secure that of the wise. Hence, it is impossible for him to act with decision.

Another class of persons are unable by organization to reject the unessential and rapidly mass the essential as a basis of action. One individual of the writer's acquaintance could speak and write with facility seven languages; all the sciences were in his grasp; the arts were his familiar friends; every branch of medicine found a congenial home in his wonderful brain; he was a master of the ways of society, but he was unable to select from this mass of facts the proper course of management of a case of measles. He could not decide upon anything because of the manifold things that had been prescribed in the books for this trouble.

In his work upon "Characteristics," Dr. S. Weir Mitchell describes a consultation illustrating some phases of a doctor's indecision: "Drs. L. and S. awaited my coming. The case was one of old injury to the head. The consultation was called so late in the case that the question of the value of an operation was doubtful. The character of the two men came out strongly, as it is apt to do in these grim councils. The one (L.) was clear, rapid, seized on the main points with almost instinctive capacity, formulated the facts, and reached his conclusions with confident decisiveness. The other (S.), an older man, listened, read and reread the notes, lifted into prominence for himself the minor symptoms, and ceaselessly combated the other doctor's conclusions, deciding finally against an operation as useless. My own voice settled the question for operation on the ground of harmlessness to a man insensible to pain, and without it sure to die. The operation was done swiftly and well by L. As it went on it became clear that it had failed because of being a week or more too late. Said S., who had the case in charge: 'I always knew it would fail; I am sorry I troubled you at all. I don't believe much in brain surgery.' As L. and I descended the stairs

alone, he said to me. 'If you or I had had that case a month ago, it would have been operated upon and possibly saved. Certainly his chances would have been enormously better. That man, S., is like an indecisive little child playing puss-in-the-corner. He tries this corner and runs for that, and all are occupied by some logical difficulty. Is it a moral or an intellectual defect?' I said: 'It has probably cost a life, and must have cost many. It is not a mere lack of reasoning power. His essays are clear. You would think from them that he never had a doubt. There he has no responsibility. But let him face a case, and he begins to be troubled. He is a good man, and so tremendously anxious to be right, and to do right, that when human life and interests enter into his mental operations he becomes perplexed. At least that is the way I read him.' How different from Y., who does not care an atom for the patient, but is distracted by his fear of intellectual failure. Naturally, he abhors the *post mortem* criticism. I hate most of all the fellow who reaches an opinion somehow, is scared by his own decision, and begins to hedge. Indecision is an awful fool."—[*The American Lancet*.

"A New Pocket Pharmacy, With Therapeutic Index."

In speaking of this, which has recently been put upon the market *The American Lancet* says:

"The writer has devised a pocket case for the needs of the general practitioner, convenient in size, and containing twenty-one single articles and three compounds, all in tablet form and of small doses. Thus the physician having this at hand can give at once any one of these remedies in any desired dose without sending to the distant drug store. Among these remedies he places *Cannabis indica* ext., gr. 1-20; copper arsenite, gr. 1-100; gelsemium fl. ext., *mss*; ipecac, gr. $\frac{1}{4}$; quin. hydro-chlorate, gr. $14\frac{1}{4}$, etc., etc. The book gives the disordered conditions in which each of these remedies may

be used. It is designed to be helpful to such physicians as have not learned by experience the doses suitable to each of these conditions and the results to be expected.

“The idea of the book does not impress us favorably, and the manner in which the idea is developed still less so. It seems to a spectator as if it was prepared as a convenient mode of advertising certain preparations, rather than for any real helpfulness to the physician. We pity greatly the physician who has not learned all contained in this book long before he has graduated. Small doses in tablet form of the more important preparations are a convenience to every physician, but it seems to us that he will be more likely to learn how to use the same by consulting his works upon *materia medica* and practice of medicine in its general or special forms.”

And to other spectators it seems as if it was a sickly imitation of the homeopaths, tending sooner or later to put into families the little medicine chests and symptom books similar to those used by homeopathic families, in which the symptoms are given, the remedies numbered and each symptom has placed opposite it the number corresponding to the alleged remedy. Just such silly imitation of homeopathic methods brings the regular profession at times within the range of ridicule and contempt.

If there is any good in homeopathy the regulars are at liberty to use it. The latter's resources are unlimited. “No-pent-up Utica contracts your powers.” But for the sake of the dignity, honor and consistency of the profession, let us not do something like the homeopaths because it is popular. If it is just as good for the patient and benefits the physician let it be adopted boldly and openly. A physician should take advantage of any practice to make himself popular, provided it does not conflict with the highest dignity of his calling.

Surely there are, with all the proprietary remedies and pharmaceutical preparations sufficient and easy methods of self-medication without physicians lending their countenance to such devices as above referred to.

PHARMACY.

This Department is the official organ of the Arkansas Association of Pharmacists, and is under the charge of an editor elected by that body, to whom all communications relating to it should be sent. Address its editor,
MR. W. W. KERR, Russellville, Ark.

PROGRAMME.

Tenth Annual Meeting of the Arkansas Association of Pharmacists,

*Held in the City of Fort Smith, Arkansas, on Tuesday,
Wednesday and Thursday, May 24, 25 and 26, 1892.*

FIRST DAY—FIRST SESSION—9 O'CLOCK A. M.

1. Calling roll of officers and committees.
2. Introduction of corresponding delegates and visitors.
3. Reading minutes of last meeting.
4. Report of Committee on Membership.
5. Report of Executive Committee on new members.
6. Election of new members.
7. Report of Committee of Arrangements.
8. Report of Committee on Pharmacy and Queries.
9. Annual Report of Secretary.
10. Annual Report of Treasurer.
11. Annual Report of Executive Committee.
12. Annual Report of Committee on Publication.
13. Report of special committee.
14. Recess for social greeting and making acquaintances.
15. Adjournment.

EVENING SESSION—2 O'CLOCK P. M.

1. Reading of minutes of previous session.
2. Report of Executive Committee on New Members.
3. Election of Members.

4. Address of Welcome, by Hon. John H. Rogers.
5. Response.
6. President's address.
7. Paper by J. M. Anderson, Pine Bluff, Query No. 1.
8. Paper by Parks Chandler, Fordyce, Query No. 5.
9. Paper by J. F. Headlee, Searcy, Query No. 5.
10. Report of special committees.
11. Report of Committee on Legislation.
12. Report of Committee on Trade Interests.
13. Report of Committee on Adulteration of Drugs.
14. Miscellaneous business.
15. Adjournment.

NIGHT SESSION—8 O'CLOCK P. M.

1. Report of Executive Committee on New Members.
2. Election of Members.
3. Unfinished business.
4. Report of special committees.
5. Report of Board of Pharmacy.
6. Address by H. M. Whelpley, St. Louis. Subject, "How to Study."
7. Adjournment.

SECOND DAY.

The members will be entertained by a boat excursion up the Arkansas river on the steamer John Matthews. The boat will leave the wharf at 9 o'clock a. m. sharp.

THIRD DAY—FIRST SESSION—9 O'CLOCK A. M.

1. Reading of minutes of previous sessions.
2. Report of Executive Committee.
3. Election of members.
4. Unfinished business.
5. Report of special committees.
6. Report of Committee on National Formulary.
7. Report of Committee on Drug Display.
8. Report of editor of *Pharmaceutical Journal*.
9. Election of officers.

10. Paper by W. H. Skinner, Pocahontas, Query No. 15.
11. Paper by L. Matthews, Little Rock, Query No. 15.
12. Paper by J. W. Beidelman, Little Rock, his own selection.
13. Paper by G. N. Hart, Pine Bluff, Query No. 9.
14. Paper by E. T. Mitchell, Little Rock, Query No. 6.
15. Miscellaneous business.
16. Adjournment.

SECOND SESSION—2 O'CLOCK P. M.

1. Report of Executive Committee.
2. Election of members.
3. Unfinished business.
4. Report of special committees.
5. Paper by F. W. Bush, Bentonville, Query No. 10.
6. Paper by Jas. H. Ferguson, Bald Knob, Query No. 10 or 11.
7. Paper by J. H. Seagraves, St. Francis, Query No. 11.
8. Paper by W. W. Kerr, Batesville, subject, "Pharmaceutical Notes."
9. Installation of officers.
10. Miscellaneous business.
11. Adjournment.

The Association will close with a grand hop at the Armory.

Secretary's Announcement.

The tenth annual meeting of the ARKANSAS ASSOCIATION OF PHARMACISTS will be held in the city of FORT SMITH, ON MAY 24, 25 and 26, 1892, which you are most cordially invited to attend.

It is the third time in the history of the Association that the meetings have been held in any other than the Capital City.

The increased attendance and interest manifested by varying the places of meeting, has more than compensated those who have attended even at an increased cost of money, time

and some inconvenience. It has been the means of infusing greater strength and interest and has increased our membership.

For this tenth meeting, the invitation of members from the city of Fort Smith was accepted; though the location in the extreme western portion of the State, was thought by some might mitigate against a very large attendance as if a more centrally located place had been decided upon, but from all the indications the selection has been an admirable one, and this meeting promises more than any we have yet held.

If a member of the State Association, it is your duty as well as privilege to be present. You will meet those who have labored for years in trying to build up pharmacy in our midst. If not a member, but connected with the practice of pharmacy or in any manner connected with the drug business in our State, it ought to be a privilege, certainly worth the cost and effort, to meet those who are so intimately connected with the interests of the drug trade in the State.

To all such I most cordially invite to this our tenth meeting, promising them a hearty welcome from the local druggists of Fort Smith, who have so generously asked us to partake of their hospitality as well as a royal greeting from the members of the Association at large, under whose auspices this meeting will be held.

The Committee on Pharmacy and Queries have more papers promised than ever before in the history of the Association. Come and hear what our members have to say on topics alike interesting to us all.

TRANSPORTATION.

Those attending who desire to avail themselves of the reduced rates offered by the Missouri Pacific Railway Company and the St. Louis & San Francisco Railway Company must, upon purchasing tickets, procure from the agent selling them a receipt for one full fare to Fort Smith.

Upon presentation of this receipt I am authorized to certify that a return ticket can be obtained upon payment of one-third fare. *The only condition upon which this concession will be*

made is the certificate of having paid one full fare to Fort Smith.

POSTAL CARD.

The local committee at Fort Smith are very anxious to know as near as possible how many will be present, and for this purpose have asked me to send you the enclosed postal card, with the request that as soon as you can know definitely whether you can or cannot come, you will return it. Accommodations have been secured at the Hotel Main, whose rates are from \$1.75 to \$2 per day. The local committee will see that good accommodations are furnished all.

Please do not fail to attend to mailing your answer, and as soon as you can definitely tell.

J. W. BEIDELMAN,
Secretary.

LITTLE ROCK, May 7, 1892.

Tinctures From Fluid Extracts.

Much has been written about making tinctures from fluid extracts, but the subject will never become threadbare until the practice is checked or the manufacturers are forced to make their fluid extracts strictly in accordance with pharmacopœal requirements. One great trouble about making them in this way is that after they are made, they are not what our official standard requires, and no druggist, if called upon to testify in court, could swear that his tincture, if so made, was a tincture of a given drug as the law would construe such a preparation. It is not sufficient to say that they are "of strictly pharmacopœal strength," they must conform to the requirement in strength of menstruum as well as drug. It is not even sufficient to say that they are *better* than the U. S. P. preparation—which they may be in some instances—they are not the thing the physician prescribed, and hence it is *substitution* to dispense them. The great end and aim of our official standard, uniformity, is defeated in their use, for whether they are better

or worse than the requirement, they are not the same thing whether put up in one store or another. There is necessarily great want of uniformity in both classes of preparations, as to strength, since it is to a great extent absent in the crude drugs from which they are prepared, and to add a diversity of strengths of menstruum and the methods of manufacture, is to confound the confusion. If the fluid extracts are made from pure drugs, and correctly represent their strength in the proportion of one grain to the minim—we reason from the basis of the 1870 process—then to make a tincture, there must be taken as many fluid measures as the pharmacopoea directs grain measures, and a menstruum of the same alcoholic strength to make up the given quantity. Mr. Petsche, Ph. G., of Louisville, in an article in the *Pharmaceutical Era*, presents a series of comparisons of the directions given on the labels of several different manufacturers, with what should have been the directions, if true to U. S. P. formula, which shows conclusively that contrary to the usually stout claim in their behalf, they do not represent the official product. For instance, tincture of aconite should require :

Fluid extract, 5 fl. oz., 134m.

Alcohol, q. s., 1 pt.

The labels on the bottles from six manufacturers gave the following directions :

	1	2	3	4	5	6
Fluid extract, fl oz.,	3	5 $\frac{1}{4}$	5 $\frac{1}{2}$	5 $\frac{1}{2}$	6	6
Alcohol, fl. ozs.,	5	10 $\frac{3}{4}$	10 $\frac{1}{2}$	10 $\frac{1}{2}$	10	11 $\frac{1}{2}$
Tartaric acid,					48	grs.

Why the tartaric acid should be added to one when it is supposed to have been used when the fluid extract was made, is hard to see.

The above table shows a variation in strength of the tincture of this potent drug that might be hurtful in some instances. The comparison is extended to cover over twenty different tinctures, some of them not so dangerous as aconite, showing greater differences than the above.

It is also a fact, as every one knows who has manipulated

much, that the directions on the labels are not always reliable ; the alcoholic strength of the menstruum being often weaker than that given, showing conclusively that whenever it is possible to save alcohol, the manufacturers do not hesitate to do it. The only correct way to make a tincture is to follow the directions given in the Pharmacopoea, and the conscientious pharmacist will always try first of all things, to be *correct*.

The Dangers of the Drug Business.

There is no occupation, perhaps, which so bristles with dangers from within and dangers without. A little reflection startles the ghosts on all sides, and their skeleton forms rise up in fearful array. There is not a day nor hour when the druggist can feel that he is secure ; when there may not some ugly hobgoblin suddenly confront him from some unexpected corner. "Eternal vigilance," the only safeguard, is not always a sure one, for after having used every possible precaution against dangerous mistakes from within his domicile, the ghastly spectre may peer in at him from without. He may provide to some extent against his own errors and those of his employes, but he has no protection against envy, jealousy and blackmailing. This is a species of menace that until recent years seems not to have occupied much attention or even been recognized as a possible element of danger, but as the world moves on in refinement of art and science, it also progresses in the refinements of cruelty and crime. A few law suits for damages and a few hundred dollars paid out on the judgment of the court or by way of a compromise has opened the eyes of the trade to this new source of trouble as nothing else could have done, and the experience should have the effect of arming them to meet it ; and by way of encouragement it may be said that in this day of progress while one man is constructing a gun with sufficient power to hurl a projectile that will penetrate any known armor, another is making a target that will resist it. To

illustrate: A druggist may sell a four-ounce bottle of glycerine and label it correctly and hand it to his customer, only to have it returned to him afterwards filled with sulphuric acid, and the consoling information that his glycerine had been applied as directed and the resultant scars even exhibited as evidence of the penetrating effect of the drug, coupled with the promise of a lively damage suit if proper compensation is not speedily forthcoming. In the presence of the situation the druggist is helpless. The shyster lawyer—and he is always a shyster—appears on the scene with all the evidence necessary to convict. To resist will only add to the cost without bringing a corresponding compensation, and the victim buys off as cheaply as possible, in doing which he in some measure acknowledges his guilt, but he reasons that it is better to acknowledge it quietly and cheaply than to have it fastened upon him by a court at greater expense. The evil is a growing one and as it succeeds will continue to grow in an increasing ratio, and the remedy is hard to determine, but dangerous diseases demand heroic treatment, and the enemy must be vanquished at any outlay of cost or trouble. One thing can be done, and that is for no one ever to send out any bottle or other package containing any drug, chemical or preparation under his own label or deliver the same to any unknown or irresponsible person, without having a witness to the fact that it contained exactly the article sent or called for; and more, to keep a register of all such sales, to be signed by a competent witness. This would involve a good deal of time and labor, but would be infinitely better than to be constantly exposed to such danger of financial ruin and loss of reputation.

CORRESPONDENTS will please note the fact that the address of the editor of this department has been changed from Batesville to Russellville, Ark., at which place he hopes to hear from you often as heretofore.

GOOD-BYE till we meet at the association May 24th.

Testing Water.

Testing ordinary water is usually regarded as so difficult a matter that it is left to the expert chemist. While this is true as to an exhaustive analysis, at the same time there are many simple tests which may be applied by any one, and which are sufficiently accurate and far-reaching to determine its fitness for ordinary use. Among these are the following, taken from "A Course in Inorganic Pharmaceutical Chemistry," by Frederick J. Wulling, Ph. G., now being published in the *Pharmaceutical Record*, and which, by the way, is heartily commended to our readers as a most excellent primary chemical course.

1. *For Organic Matter.*—Color a portion of the sample distinctly with a solution of permanganate of potassium, and add two or three drops of dilute sulphuric acid. If much organic matter is present, the color of the permanganate becomes discharged almost instantly; if less, it takes a little longer to decolorize. If the color has not changed in twenty to thirty minutes it is safe to assume that organic matter was not present. This is a tolerably reliable test.

2. *For Nitrites.*—A little sulphuric acid added to the water forms nitrous acid, which is easily detected by its power to liberate iodine from a solution of iodide of potassium. A little starch paste, made by boiling starch with water, is mixed with a solution of iodide of potassium and the whole added to the suspected sample, and if nitrites were present the starch will turn blue with the liberated iodine. This indirect method is a ready means for detecting nitrites if present in not too small a quantity.

3. *Nitrates.*—Nitrates are detected by converting into nitric acid which turns morphine red. A portion of the water is evaporated to dryness, the residue treated with a drop of sulphuric acid, which makes nitric acid of the nitrate, and a portion of morphine added. If nitrates were present a red color will ensue.

4. *For Ammonia.*—Nessler's reagent is by far the best test. It may be made by dissolving 18 grains of iodide of potassium

in a little water, adding solution of mercuric chloride until the red iodide first formed redissolves upon agitation. To this are added 50 grains of caustic potassa and distilled water to make 8 ounces. This reagent will detect 0.00375 grain in a pint of water by giving yellow to reddish color. *Albumenoid ammonia* requires a more elaborate process for its detection. If all the above were found it is hardly necessary to go to the trouble of looking for albumenoids; the water would be unwholesome if they were not present.

If it is required to test for them, nevertheless, Chapman and Wanklyn's test is the simplest to employ. If the water was found to contain ammonia, this must first be removed, as must also any urea that may be present. This is best done by distilling the water until it gives no further reaction with Nessler's solution. Then add a strong solution of caustic potassa and potassium permanganate, and examine again for ammonia. This test depends upon the fact that caustic potassa and permanganate of potassium cause animal matter while still in an albumenoid condition to unite with hydrogen to form ammonia.

Attend Your State Association.

The following editorial from the *Pharmaceutical Record*, April 14th, expresses what we want to say again to the members of our Association:

"State pharmaceutical associations are now in order. During the next two months a large portion of them will be holding their annual sessions, and it is to be hoped will evolve much to lessen the friction and anxieties of the trade side of their vocation, and also liberate much that will ennoble pharmacy by its additions to knowledge. Druggists should make it a point to attend the meetings of their state associations whenever it possibly can be done, and no slight reason should keep them away. Numbers add to enthusiasm, and those who are truly workers by deed or thought, are encouraged to persevere. Go to your state association meeting; and make a sacrifice to do it, if necessary."

American Pharmaceutical Association.

The fortieth annual meeting of this association will be held at the Profile House, White Mountains, N. H., beginning July 14th next.

It is time persons contemplating joining, should send in their applications. There are so far but fourteen Arkansas pharmacists who belong to it, and the number should be not less than fifty, or even more. Dr. H. M. Whelpley, of St. Louis, is chairman of the committee on membership, and will take great pleasure in furnishing blanks and information to any who may apply.

“Every pharmacist and druggist of good moral and professional standing, whether in business on his own account, retired from business or employed by another,” is eligible to membership. The annual dues are \$5, and in return you get each year a copy of the proceedings containing the report on the progress of pharmacy, which of itself constitutes the most complete resume of pharmaceutical progress in existence, and is well worth the money, to say nothing of the advantages offered by the association in other respects.

The druggist who would be abreast of his profession, prepare himself for properly discharging the obligations it imposes upon him, and get the most money out of it there is in it, should hasten to become a member of every association from his own local organization to the A. P. A.

DON'T YOU FORGET IT! The meeting of the **ARKANSAS ASSOCIATION OF PHARMACISTS** will be held in **FORT SMITH**, on the 24th inst., and **YOU ARE EXPECTED TO BE PRESENT. IT IS YOUR DUTY TO BE PRESENT. WILL YOU BE?**

It will also be well for some to remember that the State Board of Pharmacy meets in the same place on the 27th, the day after the association adjourns.

Pharmaceutical Diagnosis.

It is within the experience of all pharmacists, every day, to have some patient come to him with a long list of symptoms, asking him to advise and prescribe. The listening to this wail is the source of more "counter prescribing" than anything else. If we allow ourselves to hear the tale of woe and gaze upon the woe-begone countenance, sympathy beguiles us into a desire to relieve, and we are apt to suggest some remedy. Whenever we do, we step without the bounds of our profession, and justly expose ourselves to the condemnation of the physician. In all such cases it is our duty to stop the conversation at an early stage with the information that we are not physicians, and force the patient not only to diagnose his own case but suggest his own remedy.

Pharmaceutical Calendar.

We are in receipt of a copy of a late book with this title by C. S. Hallberg, Chicago, which is indeed a perfect *multum in parvo*. It contains full information about all the schools of pharmacy and medicine in this country, boards of pharmacy, national and state medical and pharmaceutical associations, pharmacy laws, the metric system, drugs of vegetable and animal origin and all the new remedies, list of German names for drugs, and many other things too numerous to mention. Its price is \$1 and will be found exceedingly useful as a book of reference.

PROF. H. M. WHELPLEY of St. Louis will be present at the meeting of our association, and probably two or three other members of the Missouri association. Prof. W. has kindly consented to address us on the subject of "How to Study," a subject he is fully competent to present and one that our younger brethren should be anxious to understand. To get the benefit of it, however, it will be necessary to be present at its delivery. Mind that now.

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Original Articles.

The President's Address.

BY J. S. SHIBLEY, M. D., PARIS.

[Delivered before the State Medical Society of Arkansas at the Seventeenth Annual Session, Little Rock, June 2 and 3, 1892.]

Gentlemen of the State Medical Society of Arkansas :

In essaying the duties which your partiality has laid upon me, I invoke a continuance of that personal good will which called me to these duties. The honor which you have conferred upon me I gratefully accept as a token of your friendship, and I earnestly hope that the same partiality and friendship will condone whatever you may see amiss in my efforts to serve you. I can only promise that those efforts shall be earnest and sincere.

Let me introduce the thoughts to which I now desire to call your attention, by a brief quotation from the poet Pope :

“All nature is but art unknown to thee ;
All chance, direction which thou canst not see ;
All discord, harmony not understood ;
All partial evil, universal good ;
And spite of pride, in erring reasons spite,
One truth is clear, whatever is, is right.”

—[*Essay on Man, Epistle 1.*]

In all the domain of nature, cause and effect stand related to each other as the two members of an algebraic equation ; they are exactly equal the one to the other. Every operating force must, of necessity, produce a commensurate result, and a desired result can be obtained only by the operation of an adequate force. The babbling brooks, that leap down the mountain sides, and, uniting, form the mighty river which flows in majestic volume to the sea, tell in eloquent tongue, the power of the sun whose potent rays lifted them in vapory form from the ocean to float in the clouds and descend to the earth in refreshing rain. "The wind bloweth where it listeth," but it moves only in obedience to natural laws ; and whether sighing in the gentle breezes, or raging in the destructive tornado, it is but the expression of those forces of nature which seem irregular and disorderly, only because little understood.

Likewise in mental effort, nothing comes by chance. Everything is ruled by law. "There is no excellence without great labor." No man becomes learned or wise in a day, but after years of earnest, patient toil. A man can get out of his life work only what he has put into it. Only as he has sown and diligently cultivated, may he hope to reap. "Every one is the architect of his own fortune." To complain at defects in the edifice is but to accuse the builder of incompetence, dishonesty or sloth ; and for a man to complain at his lot in life is but to acknowledge himself a failure, unable to grapple with its mighty problems and meet its vital issues.

And so in the social life of the community ; law, inexorable law, reigns supreme. Here so many, so various and so conflicting are the forces at work that the relation of cause and effect is not always obvious ; but it is none the less real on that account. The blowing of the wind is not less an effect because we do not fully comprehend its causes. To expect a desired result without first setting to work appropriate agencies and employing adequate forces for its accomplishment would be to look for rain without clouds, or for harvest without plowing, planting and tillage.

Society yields to every man just such reward as he may be able to wrest from her resisting grasp. Whether it be wealth or the praise and gratitude of men that we seek, we shall receive only what we can compel them, reluctantly it may be, to give. Here, as everywhere, the law of the equality of cause and effect holds good. If the forces at work vary, the results vary likewise, so as to maintain an equilibrium. Where bad forces predominate, bad results predominate; where beneficent forces prevail, beneficial results will follow. The equilibrium of forces and results is maintained with unfailing certainty. Whatever is, is right; not in the absolute sense that there is no wrong, but in the relative sense of a just equilibrium of cause and effect. Is the force small? So will the result be, and so it ought to be. Is the effort spasmodic, ill-timed or misdirected? Then the result cannot and ought not to be otherwise than unsatisfactory.

The conditions of success or failure are in a man rather than in his environment. They are intrinsic rather than extrinsic. Indeed it not infrequently happens that adverse circumstances help, rather than hinder a man's success by stimulating him to heroic effort, and thus developing in him those sterling qualities which are necessary to the highest success, and which else might have lain dormant and undeveloped. After all, true success is self-development, and its measure will be exactly the measure of the worthiness of the effort put forth for its attainment.

I am aware that these sayings are trite and commonplace. But it is for this very reason that we are in danger of overlooking their importance. In our treatment of the physical man we are prone to undervalue those intrinsic forces whose existence constitutes life, and whose harmonious action constitutes health. Our constant inclination is to import into the problem of treatment some extraneous forces in the shape of drug medication. Oft-times the exigencies of medical practice demand this course; but its adoption is always a recognition of diseases and a confession of the inadequacy of the vital force, or at least of our conviction of its inadequacy.

With too many of us, the medicine man predominates over the physician. But in considering the problems that concern the life and development of the medical profession in Arkansas, I would have you play the part of physicians, rather than that of medicine men. Do not rely too much on aid from without; but give your chief attention to the development of the life forces of the profession itself. It is on these that we must mainly depend for the betterment of our condition. If the medical profession in Arkansas does not enjoy that place in public estimation which we would like; if we do not enjoy that social and legal prestige which ought to be ours, we have ourselves mainly to blame for it. If our influence is small it is because our efforts are weak. If we cannot make ourselves felt in the body politic, it is because we are lacking in force. The lack is in ourselves rather than in the community. It is lack of power rather than the lack of appreciation.

This is not saying that the State has done her duty toward the medical profession. Much less could we say that she has discharged her obligations to her citizens, to protect them from the ravages of disease and pestilence, and from the scarcely less deadly onslaught of incompetent and unprincipled practitioners. What I mean to say is, that we need not expect to get our rights until we are able to conquer them; and the State will not move, even in the matter of protecting its citizens, until compelled to do so by the force of enlightened public opinion. It was idle and silly to bemoan our unfavorable circumstances, and to spend our time looking around us for some one on whom to lay the blame. Rather let us consider the needs of the situation and how to meet them; the causes of our own weakness and how to remedy it.

We cannot take time now to even mention much less to discuss all that ought to be done by the State for the protection of the lives and health of its inhabitants. Suffice it to say that the State ought to make ample provision for the care and, if it may be, the cure of not only the insane, the blind, the deaf, but also of the halt and maimed and the sick poor; in a word, she ought to care for every sufferer in either body or

mind who is not able to take care of himself. She ought to make ample provision for the exclusion of all epidemic diseases, and for their prompt suppression in case of domestic origin or accidental introduction; for the total eradication of all contagious or infectious diseases, including by far the larger and more destructive part of the diseases from which our people suffer. Medical science has demonstrated that the great scourges of humanity—cholera, small-pox, yellow fever, syphilis, tuberculosis, typhus and typhoid fevers, rubeola, scarletina, and diphtheria, and that legion of ills caused by malaria are all preventable; some of them by personal, but most of them only by public hygiene. In addition to these, a large class of industrial and dietetic diseases and conditions are preventible, and would disappear from our mortuary lists if the people could be induced to adopt correct modes of living as regards food, drink, clothing, residence and occupation. These are consummations most devoutly to be wished, though not likely soon to be realized. Their accomplishment will require the co-operation of national, State and local sanitary authorities, all of which are yet to be created or rehabilitated. There ought to be health departments of the national, State and municipal governments. Certainly the lives of the people are in much greater danger from preventible disease than from all the armies and navies of the world; and while we need a war department and a navy department of the national government, we much more need a department of public health. Very many of the great health problems of the day are only to be solved by the united action of the whole people in their national capacity. The gathering of vital statistics and dissemination of information on sanitary subjects is an imperative duty of the State. "My people are destroyed for lack of knowledge," cried a prophet of old; and it is no less true in our days. The people are destroyed by thousands yearly for lack of knowledge that could be easily and cheaply supplied.

It does seem that the medical profession of the State ought to be able to make the people see that their highest interest is centered in sanitary matters. That we never have been able

to do so argues the magnitude of the task, the inefficiency of our efforts, and our weakness.

It is not so very far back to the day when medicine was looked upon as one of the occult arts. Certain secret cures for various disorders were supposed to be communicated from preceptor to pupil, and to constitute the bulk of medical knowledge. And even now there are people of good general information who seem not to know that all that is worthy the name in medical science is free to any one who will take the trouble to acquire it. The public is not aware that secrecy and quackery are synonyms in medicine. Hereditary ideas are hard to eradicate. Our great-grandfathers believed in signs and omens, in witchcraft, in magic, in conjuration and in luck—lucky days, lucky numbers and lucky men, and their great-grandsons show a strong tendency to revert to the atavistic type of thought. It is not rare to hear people say of a practitioner, that while he is not learned, yet he is lucky. These primitive beliefs are a survival of the barbarism of our ancestors, and their transmission to our day is but an evidence of the amazing ignorance of the public mind on medical matters. Persons of considerable culture are not infrequently met with who are phenomenally ignorant of the most elementary facts and truths concerning health and sanitation. I think the profession is in part censurable for this popular ignorance. Long ago the facts of anatomy and physiology, as applied to personal and public hygiene, ought to have been a part of the course of study in all but the most elementary schools. It is a hopeful sign of our time that most of the States have made provision for the teaching of physiology in the public schools. The profession ought to lend its aid in support of such measures, and of all measures tending to diffuse the light of sanitary science among the people. If we have a lamp we ought not to put it under a bushel, but on a lamp stand, that the people may have light, the light of life. This dense ignorance must be dispelled. People must be taught that it is skill and fidelity in the recognition and treatment of disease that bring a favorable issue to sickness, irrespective of the fact whether the

medical attendant is or is not the seventh son of the seventh son, or born under good or ill omens; that epidemic diseases, like everything else in nature, are the result of the operation of natural forces under natural laws, which man only needs to understand in order to control them. The uprooting of these deeply set inherited tendencies and the removal of these long-lived prejudices, is an herculean task, but its accomplishments is one of the necessary steps in the evolution of society from the barbarous to the enlightened state.

Having thus taken a very imperfect view of the magnitude of the work in which we are engaged, let us look to some of the causes of the inefficiency of our efforts.

First, lack of system. What we have done has been too sporadic and spasmodic. "Order is heaven's first law;" and it is also the law of success in mundane affairs.

Second lack of unanimity. In unity there is strength. Only when the profession acts as a unit, can it put forth its full strength.

Third, lack of persistence. Labor conquers all things; but to conquer it must persevere. All things are possible to him who works and waits and, while waiting, still works.

As causes of our weakness may be mentioned, first, the influence of irregulars, quacks and charlatans. In the minds of a vast multitude of people, all who style themselves doctors, are classed together in one category. Upright, scientific and skillful physicians, along with arrant knaves, ignorant quacks and unprincipled pretenders.

The vain tricks and dark ways of these men are so plainly seen to be instigated by the love of gain, that they constitute reproach on the healing art, and on all who profess it. Hence, follow much skepticism as to the benefits of medical science, and not a little doubt of the purity of motive of its followers. Legitimate medicine has to suffer for the sins of its enemies.

But worse even than the enemy without the camp, is the traitor within; who, having received a regular medical education, and being invested with the sacred rights and duties of a physician, is yet a quack in his heart; in whose sordid soul

the right of suffering awakens no responsive desire to heal, to alleviate and to comfort; to whose distorted vision a case of sickness presents only an occasion to possess himself of the sick man's goods, with whom a consultation brings but an opportunity to betray the confidence of a brother practitioner, to his detriment or ruin. Such a man is a quack, whether learned or ignorant, and as well in the profession as out of it. If he have learning and skill, these only increase his power to work evil in the profession and deepen the disgrace which he will surely bring upon it. If anybody ever stole the livery of heaven to serve the devil in, this is the man; having an angel's ability to heal, and exercising it only to gratify a devil's greed for gain.

A second source of weakness is ignorance and incompetence within the profession. The various and multiform duties of a physician require in him extensive knowledge, profound learning and ready skill; and the momentous interests committed to his care demand the most thorough preparation on his part. He who, without this, assumes to hold in his hands the issues of life and death, is little better than a murderer. People are quick to appreciate learning and culture on the part of their medical attendants, and especially that learning and culture which pertain to general literature and science, rather than that which is technical. It is expected that a physician shall be a man deeply learned in science, literature and art; and so he ought to be, and the lack of it is a source of weakness to the individual and to the profession.

A third source of weakness is lack of harmony and good will in the profession. That all who are engaged in the benevolent vocation of healing the sick ought to work together for the improvement of their art, and for the promotion of their mutual success, is a self-evident proposition. Here, if anywhere, men ought to be unselfish enough to sink personal gain in general welfare. There is hardly a more disgraceful sight than that of two members of the noble profession of medicine engaged in an unseemly brawl engendered by selfish rivalry of the patronage of some well-paying client.

Add to all these, the drunkenness, profanity, licentiousness and general immorality of some physicians, and when we remember that the profession at large has to bear the reproach of all these unworthy men, it is no wonder that we have not been able to move the public mind in the direction of sanitary and medical reform.

What is the remedy for these ills? Who will right these great wrongs? We must look first and mainly to the profession itself. The remedy, so far as remedy there is, is largely in our own hands. We must right our own wrongs, else they will not be righted. We must increase our power by developing the profession into all that it may be and ought to be in intellect and moral culture, in scientific attainment, in ethical conduct, in organization and discipline. We must differentiate ourselves from quacks of low and high degree, without and within the profession, and close up our ranks, and unify and solidify our forces.

What are the means to be used for the accomplishment of these ends?

I mention, first, education. No more important theme can engage our attention than the education of those who are to become physicians; and not less important is the training preparatory to the study of medicine, than that in medicine itself. No amount of study and practice of medicine can supply the place of antecedent scientific training and literary culture. In vain will the student pore over pages he cannot understand and con technical terms of whose meaning he is ignorant.

It is exceedingly gratifying in this connection to note the course of the Medical Department of the Arkansas Industrial University in advancing its requirements, both for admission and for graduation, to those of the American Medical College Association. The requirement of a preliminary examination in the absence of a literary degree, or a first-grade teacher's license; and of three annual courses of lectures of not less than six months each, marks a forward move in the direction of higher medical education which should receive as it de-

serves, the hearty support of every physician in the State. There will doubtless be a disposition on the part of some young men to go without the State to institutions where they can graduate after one or two brief terms. This we should resolutely discourage. We ought to see to it that our college does not suffer in its patronage by these advanced steps. It is to be hoped that these more stringent requirements and the prolonged course of study will have the gratifying effect of weeding out all but the most intelligent and earnest students, and thus result in a corresponding improvement in the personnel of the profession. Every physician ought to help on this result, by discouraging illiterate, immoral and indolent young men from attempting the study of medicine.

A second means of improvement of the profession and development of its power is organization. Let the qualified physicians in every locality form themselves into societies, excluding every incompetent and unworthy man; let them give themselves, diligently and persistently, in a united effort, to the study and practice of the healing art, on true ethical principles, and the community will not fail to appreciate, in a good degree, at least, the difference between true physicians and mere pretenders. If a medical society embraces every qualified and worthy physician in the community and no unqualified or unworthy ones; if those who are not members cannot be such for want of the necessary qualifications, these facts will soon become known, and the opposition of the unworthy will effectually differentiate them from the profession. We need to make the distinction between the physician and the pretender so potent and obvious "that he may run who readeth it." And this must be a distinction, not alone in name, but also in qualification and conduct. The most urgent present duty of the profession in Arkansas is organization and discipline. We must have a medical society in every community, including every worthy physician in that community, and excluding all unworthy ones, before we shall be prepared to exert the influence which rightfully should be ours in public affairs. The profession must be kept pure from every form of quack-

ery and fraud if we would retain the respect of right-thinking people. This can only be done by thorough organization and discipline. With a profession 800 or 1000 strong in the State, purified, organized, disciplined, having as its representatives cultured, enthusiastic scientists, and benevolent humanitarians in every town and every village, we could wield an influence many times more potent than that of which we now find ourselves possessed.

When we come to view the history of organized medicine in Arkansas we find that very gratifying progress has already been made, though very much remains yet to be done. What has been accomplished should be deemed an auspicious beginning rather than the attainment of our purpose. The State Medical Society, organized in 1875, has for these seventeen years held aloft the banner of medical progress, and societies in affiliation with the State Society have been maintained in the leading cities and some of the towns of the State. Most of these are doing good work. But we have never secured the co-operation of all the regular practitioners in the State. Many worthy men are yet standing aloof and thus weakening our hands by just so much as they ought to contribute to our united strength. To reach and enlist every worthy man in the State is what we most of all need to do, and at the earliest possible moment.

I think the most potent agencies for this purpose have already been brought into requisition. These are our annual meetings and the journal of our society. How to improve and strengthen these and render them still more efficient is the practical problem before us.

As to our annual meetings their machinery has been from time to time improved till it is now sufficiently perfect that good work can be done if only we have the mind to work. Work is what is now needed—good, honest, painstaking, scientific work. This should be the leading feature of our meetings. Let it be understood that the meeting is for work rather than recreation. If we would be considered a body of scientific workers we must be such in fact. In no other way can

we attain our rightful place in public esteem than by being what we ought to be—a learned and honorable profession, earnestly laboring for the advancement of medical science and its application to the public weal.

It would remove an unpleasant feature of our meetings if all questions of unprofessional conduct could be settled in the local societies, instead of being brought here to distract attention from scientific work, and disturb the peace and harmony of the State Society.

I think we must look to our journal as the best instrumentality for reaching and enlisting the entire profession in organized work. It has already done very efficient service in this line. Let *THE JOURNAL* be strengthened in every practical way. Let it make organization its leading thought, and let it be sent occasionally to every reputable physician in the State. Money and effort expended in this way will yield more immediate returns than in, perhaps, any other.

In connection with the subject of organization, and at the request of the the secretary-general, Dr. Charles A. L. Reed, of Cincinnati, I take pleasure in calling your attention to the Pan-American Medical Congress, whose first meeting is to be held in the City of Washington, D. C., September 5th, 6th, 7th and 8th, A. D., 1893. This congress is designed to include "such members of the profession from every country in the Western Hemisphere, including the West Indies and Hawaii as shall comply with the special regulations regarding registration, or who shall render service to the congress in the capacity of foreign officers." From its international character, this congress ought to result in great good to the people of both Americas and the adjacent islands. It is to be hoped that it will be able to secure the adoption of such sanitary regulations on the part of the countries represented as shall effectually prevent the transportation of epidemic and contagious diseases from country to country.

But while the interests of the profession are to be best served by education, organization and discipline, and while these should engage the largest share of our attention, still we

should be recreant to our obligations as good citizens if we failed to continually keep before the people and their representatives, the great benefits to be derived from the enforcement of proper sanitary measures, and from the regulation of medical practice and of the preparation and sale of drugs, medicines, poisons, foods and drinks. Even if this Society should never succeed in securing the adoption of such salutary measures, it would be a thing to be proud of that we never wavered in the advocacy of them.

RECOMMENDATIONS.

First. That the State Medical Society of Arkansas second the efforts of the Medical Department of the Arkansas Industrial University for the elevation of the literary and professional qualifications of physicians, by an amendment to its constitution, requiring of every applicant for membership obtaining his or her degree after the annual meeting in 1893, that said degree must be from a college that is a member of the American Medical College Association, or a college enforcing requirements for admission and graduation equal to those of said association.

Second. That our journal shall give special attention to the subject of medical organization; and that a fund be placed at the disposal of the editor, to be used in a persistent effort to enlist every qualified physician in the State.

Third. That scientific work should be the chief object of our meetings, and that everything else should be made subservient to it; and to this end it is recommended that all matters of personal dispute be settled in the local societies where the facts are best known, the State Society requiring of all local societies seeking representation in it, or in affiliation with it, that they shall enforce a strict observance of the Code of Ethics of the American Medical Association.

Fourth. That at every annual meeting a popular address shall be given on some subject connected with State medicine and public hygiene.

Fifth. That a memorial be adopted by this meeting and

forwarded to our Senators and Representatives in Congress, praying for the establishment of a health department of the national government, whose head shall be a member of the President's cabinet: and for the passage of an act for the preventing the adulteration and misbranding of food and drugs; and protesting against the reduction of the appropriation for the library of the Surgeon General's office, United States army.

Sixth. That a memorial be presented to the next General Assembly, asking for such amendments to existing laws as shall render efficient our State and municipal boards of health, and for such amendment to our medical practice law as shall make it effective.

It is not expected in making these recommendations that their adoption will in a short time revolutionize the medical *status* in Arkansas, but it is believed that an intelligent, earnest and persistent effort will at no distant day materially improve the situation. To enlighten the public mind, to sway public opinion and to shape public matters, medical and sanitary, present to us a task worthy of our best effort. Let us catch the inspiration so happily expressed in these lines:

“Thine was the prophet's vision, thine
The exultation, the Divine
Inspiring power of noble minds,
That never falters, nor abates,
But labors and endures and waits.
Till all that it foresees it finds,
Or what it cannot find creates.”

To Protect Dried Fruit or Drugs From Insects.

After thoroughly washing, sprinkle the fruit with ether, using an atomizer, then shake in a wide-mouthed glass vessel which has been rinsed with ether, then put up in well corked bottles and keep in a cool, dark place. Raspberries thus treated escape insects and also preserve their natural color, taste and odor. The ether is not perceptible. Drugs which attract insects are thus dealt with.—[*Pharmaceutical Era*.

Tubercular Peritonitis.

BY T. J. CROFFORD, M. D., MEMPHIS, TENN.

[Read in the Section on Obstetrics and Gynecology at the Seventeenth Annual Session of the Arkansas Medical Society, held at Little Rock, June 2-3, 1892.]

Case 1.—Mrs. C., aged 23, married one year, no children; was brought to me on December 7, 1890, with a history of an abdominal inflammation. The abdomen now presented a nodulated enlargement the size of a large cocoanut, midway between the umbilicus and pubes. Several members of her family had died with pulmonary tuberculosis. This, together with her history and symptoms, and the microscopic appearance upon section, make it clearly a case of tubercular disease. A full, free incision was made down to the purulent collection. Nothing was removed. The pus was evacuated and the pocket kept packed with gauze. She improved for a short while, when a new point of invasion manifested itself. This was in due time similarly dealt with. Then another, and another, until some five, six or seven points had been opened. It has been now some fifteen months since the last incision was made, and she writes me that she does not remember to have ever been so well as now, nor does she know any one else who enjoys better health than she.

I am unable to say whether the primary invasion was *omenta*, causing it to pucker and roll up and finally to break down in suppuration; whether it was deposited between the coils of intestines and parietal peritoneum, forming what has been called a *saculated* exudation, or whether the fallopian *tubes* and *ovaries* were the first to receive the disease. In fact, tuberculosis of the peritoneum presents unusual difficulties in diagnosis. Not only are we to distinguish from ovarian, uterine, and other tumors, but as to the special kind of tuberculosis existing, and the organ or organs involved. To such an extent are these difficulties present that the very elect in gynecology are deceived. Perhaps surprises are more frequent here than in other abdominal diseases. In 96 cases of tuberculosis, in

which laparotomy was performed, 37 had been diagnosed tumor, ovarian and otherwise, tuberculosis not being suspected.

Case 2.—Mrs. R., multipara, aged 28. One year ago last January abdominal section was performed by a prominent gynecologist. Tuberculous peritonitis was diagnosed. The incision was at once closed. Nothing was removed on account of the nature of the disease and the adhesions present. The condition of the patient grew gradually worse, the abdomen filled with serum and the situation was very unenviable, although the strength and general appearance kept up remarkably well. She was brought to me on January 5, 1892. The abdomen was re-opened by making an incision just above the former one and extending it down almost through the old one. After evacuating several gallons of serous accumulation from the cavity, the tuberculous deposits, which were scattered almost entirely throughout the abdominal cavity, were plainly to be seen. The excessively tuberculous tubes and ovaries and intestines which surrounded them were adhered to each other and to the uterus to the extent of constituting a rounded mass, which was also adhered to the abdomen along the line of the old incision. The task of unraveling this mass took upwards of an hour, and in four places the peritoneal and muscular coats were stripped off the small intestines, which were at once repaired by fine silk and a cambric needle. After removal of the tubes and ovaries the abdomen was carefully but thoroughly washed out and adhesions between coils of intestines broken up. A glass drainage tube was placed down posterior to the uterus and the abdomen closed. The case ran a smooth course from this time on, and she went to her home, 150 miles distant, on February 4th.

MICROSCOPIST'S REPORT.

“DR. T. J. CROFFORD: The following is my report:

“The specimen consists of tubes, ovaries and part of broad ligaments. Right ovary is about the size of a pigeon egg and covered with milliary tubercles. The left ovary is somewhat smaller and spherical. The tubes are tortuous, hard, thick, very much dilated and bound to the broad ligaments by false

membrane ; the whole mass is covered with milliary tubercles.

“ On section I find the right ovary to contain about a tea-spoonful of thick, yellow pus; the left ovary is also filled with pus. Contents of tubes are pus and tubercular debris. Inoculations of glycerine gelatine tubes, made from pieces of ovaries and tubes, showed after two weeks at a temperature of 38°C.; growths of whitish scales, which upon examination presented the characteristics of the bacillus tuberculosis. Sections stained after Ehrlichs & Weigert’s method, and examined under microscope show giant tubercle cells on the margin of the ovaries and numerous bacilli throughout the specimen.

M. B. HERMAN, M. D.”

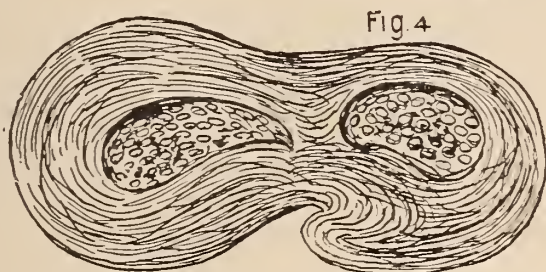


Fig. 4. Tube contents, tubercular bacilli, no infiltration in tube walls.



Fig. 5. Giant cells, casseous degeneration of the Graaf. Follicles.

Since she has been home her condition has been
M. J.-2,

variable. At one time she will write that she is rapidly being restored to health, then again that her condition is not so favorable. Whether or not she will perfectly recover, is a question; yet this much is evident, that tubercular peritonitis is an operable case, and if taken in time and the diseased structures be thoroughly removed and the abdomen thoroughly irrigated, can be cured. Let us hope that these conditions may yet become curable by the surgeon, like many other conditions formerly regarded as hopeless and are now perfectly relieved by operative interference.

We are now in the formative stage of tubercular peritonitis. The lines which are to guide us have not been laid down yet, but are to be determined in the future. A literature is yet to be created. What has been and what is being done in the way of operations for relief, and the results therefrom, is the desirable thing to be known. In my opinion, the honest report of a single case will outweigh all the theory and speculation imaginable.

CONCLUSIONS.

1. Tubercular peritonitis is an operable disease.
2. An early operation is of greatest value.
3. The chronic variety offers the best indications for surgical interference.
4. When the primary deposit is in the tubes (which Winckel declares to be in 50 per cent. of the cases), an early salpingotomy will cure the disease.
5. Operations later in the disease will frequently prolong life and possibly cure.

“Very Cute Little Dodge.”

“Very cute little dodge of that druggist, selling me a porous plaster with the privilege of returning it if it did no good.”

“Well, why don't you return it?”

“I can't.”—[*Ex.*]

Mercury in Heart Disease.

BY E. R. DIBRELL, M. D., LITTLE ROCK.

[Read in Section on Practice of Medicine at the Seventeenth Annual Session of the Arkansas Medical Society, held at Little Rock June 2 and 3, 1892.]

Mercury certainly does serve a great many good purposes in therapeutics. Not the least of these is its application in relieving many of the phenomena incident to certain pathological conditions resulting from an organically impaired heart.

If a heart is insufficient from any cause the most frequent tendency of the physician is to resort to some cardiac stimulant, which may be quite the thing if applied properly. But we may fail of our object frequently because we do not give our drugs in their proper sequence.

I say the heart is insufficient—that is, on account of some derangement of its structure, it does not possess the motor power necessary to propel its contents with the required force. The blood flows sluggishly, the peripheral capillaries become congested, the veins are over-distended, and many organs which are endowed with vital functions become what we call passively congested. They enlarge, undergo nutritive change, their functions become perturbed and much suffering results. The brain, lungs, liver, spleen and kidneys all participate.

I doubt not that most of us have seen the enlargement of liver consequent upon this condition, and, too, you have seen albuminuria from disturbance of kidney functions.

My attention to the beneficial effects of mercury in relieving these disturbances resulting from a diseased heart more surely and completely than other drugs commenced early in my professional career.

A negro man had a valvular disease of heart with excessive dilatation. His liver was much enlarged from passive congestion, the organ extending to the region of the umbilicus and quite tender. He had albuminuria, general anasarca œdema of lungs with orthopnœa. My impulse was to get rid of the water with a hydrogogue. Elaterium descriptively was

the drug indicated, cream of tartar and jalap, too, and other drugs. And while at the same time I gave digitalis, they would not do as I had expected.

Eventually I gave calomel in small doses, frequently repeated, and, very much to my gratification, when actions became characteristic the improvement was so marked that I kept it up and saw his distress relieved and his liver get smaller, his albuminuria and dropsy get better.

This man had comparative comfort for a while, at any rate. I do not mean to say that he got entirely well. He after some months died. But temporarily his liver diminished in size, the blood flowed through it with less obstruction, and in consequence of this great dam being opened up, other parts were secondarily relieved and the heart became stronger and more regular. Now, the digitalis and kindred drugs could work to better advantage.

I say his albuminuria was benefited too. You remember that some few years since the journals were teeming with the effects of calomel in albuminuria from heart disease. The revival of a then already old treatment. It had a diuretic effect, and it was attributed to a special influence exercised upon the kidneys by the drug.

I am inclined to the belief that this result may be due to a more positive impression produced elsewhere. That mercury does act, however, directly and seemingly in a specific manner upon the liver, causing it to pour out bile into the intestinal canal, most of us believe. If administered with sufficient energy it produces a dark, jelly-like stool that resembles no other substance than something coming out of the liver. You cannot get these discharges from the effects of any other drug according to my experience. To this especial specific effect upon the liver I believe the congestion of the kidneys to be secondarily relieved, and consequently the albuminuria. By establishing an equalization of blood current an over-distended heart is eased of its burden. It sends its blood through the kidneys with precision, in consequence of the heart having less labor to perform in its efforts to push the blood through a clogged system of blood vessels, this clogging having ensued because largely of the great portal route having been practically occluded.

I have had similar results frequently since, but I do not deem it necessary to quote them in order to illustrate this principle.

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*All members of the Society should send their annual dues to the TREASURER,
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Editorial.

THE SEVENTEENTH ANNUAL SESSION.

The success of the seventeenth meeting of the Society held at Little Rock June 2 and 3, was a surprise to those who were present and must prove a disappointing loss to those who were so unfortunate as to be absent.

Considering the disheartening effects of the recent unprecedented overflows and the furious storms that prevailed just as most of those who did attend were leaving their homes, the attendance was past all expectations. Indeed, the meeting was up to, if not better than the average. About seventy-five registered and a number of new members were elected.

The two days' session kept the Society right busy, but the

occupation seemed to be of such a pleasant and profitable character that it was a source of recreation rather than of fatigue. The time allotted to the sections was freely occupied in reading and discussing the various papers presented. The contributions were above the average, and showed that the Arkansas physicians are not so handicapped by malaria that they cannot produce as much scientific work, in proportion to their numbers, with correspondingly as good results, as is turned out by their more favored brethren—according to Dr. Billings—where malaria hindereth not and the private sanitarium with trained nurse, marble floors, tiled walls and plate glass operating table aboundeth. As one of the most prominent members of the Association remarked, "The State Medical Society of Arkansas is certainly on the up-grade and making fast time."

The election of Dr. Jekis, of Hot Springs, to the presidency was an honor justly won by him and judiciously bestowed by the Society. No member has been more prompt and faithful in attendance or contributed better material to the Society meetings than the newly elected president. He is a painstaking student, modest and dignified in his intercourse with his fellow practitioners and a good presiding officer. The Society is bound to prosper under his administration.

The name of the Society was changed to "The Arkansas Medical Society," and is much better than the longer and less euphonious name which was given the organization at its christening.

The selection of Batesville as the next meeting place was fortunate—at least for those who will go there. It is perhaps the prettiest and most hospitable city in all Arkansas. Upper White river is the most picturesque stream in all the State, and Batesville is located just where the stream comes leaping from the mountains to pour its waters through the fertile valleys from there to the "Father of Waters."

Those who have not been to Batesville have much of pleasure to anticipate, while those who have ever visited the place will not let slip such a pleasant occasion to renew their acquaintance with the little city, its hospitable citizens and good doctors.

EDITORIAL NOTES.

—THIS is the last number of "THE JOURNAL OF THE STATE MEDICAL SOCIETY OF ARKANSAS." With the commencement of the third volume (July number) it will be "THE JOURNAL OF THE ARKANSAS MEDICAL SOCIETY."

ATTENTION is called to the prize offered by Dr. George M. Gould, editor of the *Medical News*, for the best essay on modern homeopathic practice. For particulars see the extract from Dr. Gould's recent address, published under miscellany in this issue of THE JOURNAL.

—PRESIDENT SHIBLEY'S address is deserving of careful reading and thoughtful consideration by every member of the medical profession in Arkansas. He well points out our weakness and the means of gaining strength. If we but follow the course so superbly marked out by the president we will soon achieve the ends so much desired. The address is classically practical and suggests nothing that we cannot do, but only those things that we ought to accomplish if we try, and which we cannot expect to come to us without exertion. Try.

The Camphor Tree in This Country.

The Medical Times says: "It is not generally known that the camphor tree, one of the most beautiful shade trees in the world, will flourish in almost any climate where the temperature does not go below 20° F. The soil and climate of Florida and the Gulf States are peculiarly adapted to the cultivation of the camphor tree. The trees are grown from seed which have been quite largely distributed from the United States Department of Agriculture for nearly thirty years. Twelve months ago not less than 5000 plants were sent out from the Department of Agriculture at Washington, and many thousands of plants are now growing there from seeds sown six months ago."—[*Druggists' Circular*

The Minutes.

The publication of the minutes will be commenced in the July issue.

Notes.

—Just as the Society was adjourning a motion was carried inviting the ex-presidents not residing in Little Rock to seats on the rostrum. Drs. Z. Orto and J. S. Shibley (who had just vacated the chair), were the only ones present to accept the invitation.

—The following conversation was overheard :

Visitor : What part of your State has the reputation of containing the most cultured citizens ?

Answer : The great Northwest ; that is the Athens of Arkansas.

V. Yes, I see that part of your country is above overflow. What part of your State is most subject to these inundations ?

A. The counties along the Arkansas, Red, Mississippi and White rivers are those mostly exposed to the effects of the flood.

V. Well, where are your members from the Great Northwest now ?

A. In the Athens of Arkansas.

V. Have you any present from the overflowed district ? I should think not, this year.

A. Oh, yes, a number of them ; they never let small things keep them away from the State Society.

Listener : You gentlemen do the physicians of the Northwest an injustice, I am sure ; for they are progressive and love their profession, and medical societies. I will warrant that every one of them has a good excuse for absence on this occasion.*

*It is a strange coincidence that while this sentence was being written the writer was called from his office just as he had finished writing the word injustice. When he returned in a few minutes the mail carrier had in his short absence left a letter on his desk, which, when opened, was found to contain these words :

"I regret exceedingly my inability to attend late meeting of our State Society, but my health has been bad for nearly a year, and yesterday was the first day I have

County Societies.

[The Scientific Proceedings of County Societies are requested for publication in this Department.]

Prairie County Medical Society.

At a recent meeting of this society the following officers were elected for the ensuing year: President, Dr. J. T. Bell; vice president, Dr. W. A. Hipolite; secretary, Dr. J. R. Lynn; treasurer, Dr. W. P. Owen.

Offer to Members of County Societies.

Commencing with July THE JOURNAL will be sent to any member of a County Medical Society for the subscription price of ONE DOLLAR per year.

If the medical profession in this State expects to ever accomplish anything in the way of medical legislation all of its members must be united and work in harmony. This can only be done through a medium which will keep all well informed as to the ends to be accomplished and the means of attaining them. The JOURNAL proposes to keep its readers thoroughly posted on all matters pertaining to the welfare of the profession in this State. It asks in return that the officers and members of County Societies who are already readers of the JOURNAL will endeavor to obtain new subscribers whom it is hoped will also become allies.

Lay it before the society at the first meeting. It might be well to get each society to subscribe for a sufficient number of copies to place one into the hands of each member who is not a member of the State Society. This latter suggestion is the best plan and it is hoped every society will take action in the matter.

been out of bed all day for two weeks. My son's professional duties kept him from attending because of the fact that I was unable to do anything." * * *

Yours truly,

THOMAS W. HURLEY.

This incident is a strong confirmation of Mark Twain's theory of mental telegraphy, but it is much more important as showing that the faithful Dr. Hurley is always with the Society when it is possible, and that the Northwest can still be relied upon as the staunch friend of medical progress and organization. Dr. Hurley has the best wishes of every member of the Society for a speedy restoration to his usual good health.—[EDITOR.]

Miscellany.

The Present Epidemic of Quackery—Offer of a Prize.

From Dr. Gould's excellent address on the above subject the following is extracted :

"Another need is for individual instruction of people. People are wofully ignorant, medically, and we have been shuffling and cowardly. When a nice little foolish woman or a pig-headed man with arched eyebrows and self-satisfaction, tells me, 'Oh, I belong to the new school,' I at once say, Ach, so!—the very school I belong to—but, we differ as to what the new school really is. Excuse me, do you have the itch? Do you believe that your eau-de-cologne gets stronger by shaking it, and that if you shake it in a peculiar manner too many times it will get stronger than aqua fortis? Do you believe your ink will get blacker, or your whisky stronger the more water you put in it? Do 'ink grafts,' and cologne 'grafts' work? Do you believe in watching the way the toe-nails grow for a year after taking a bit of vegetable carbon—toasted bread—as symptoms of disease and evidencee of drug-power? Do you believe the only safe way of taking medicine is by smelling it? Do you, as a boy, find that stomach-ache from eating green apples was cured by eating green currants? If you don't believe any of these things, you are a sensible person, not a Hahnemnian. These and such things are the only things that can be called Hahnemannian. If you don't bolieve them, do you think it honest or manly to pretend to believe them for the sake of a few dollars, and sneakingly, hypocritically practice medicine much the same as physicians do, giving common drugs in physiologic doses?

"I have been surprised to see how a few minutes talk with such people makes it plain to them what silly fools they have been, and how egregiously they have been duped. I have looked about for some scrap of literature I could hand to these

folks, to show them what roaring nonsense they unwittingly gave their assent to. Oliver Wendell Holmes' little skit is almost the only such thing. Convinced, however, that people need and will profit by simple instruction honestly, plainly, justly put before them, I wish to have a little pamphlet prepared that, historically and actually, will show up the ridiculous pretensions of modern homeopathic practice. I shall, therefore, postpone a bit of private pleasure I had planned, and offer a little prize of \$100 for the best essay on the subject.*

"Such a monograph supplied as a missionary tract for gratuitous distribution by physicians, at the cost of printing, would set thousands of people straight, and would soon stop the legislative and financial governmental support of this trumpery. I wish some millionaire would give me a few hundred dollars to offer as prizes to other missionary tracts, *e. g.*, on the 'Patent Medicine Evil,' 'The Reasons Physicians Do Not Advertise,' 'Why Physicians Do Not Patent Instruments, Drugs, etc.,' 'The Duty of the Government and State to Medicine,' 'Everybody's Medical Duty,' 'The Desirability of a Higher Standard of Medical Education,' etc. What a disgrace that we cannot get governmental aid for payment of meat and milk inspectors, boards of health, bacteriologic and hygienic institutes, etc., etc., whilst the people's money can be filched from them to support arrant quackery. What a disgrace that patent medicine syndicates can draw many millions every year from the diseased, deluded and poverty-stricken of our people, with a governmental tax of only 25 per cent. upon their mixtures, whilst the same people must pay a tax of 60 per cent. upon microscopes, and one of 49½ cents a pound and 60 per cent. besides upon woollen clothing."

*An essay should not contain over 15,000 words, and in simplicity and directness should be adapted to the commonest lay understanding. Papers should be sent me on or before January 1, 1893, type witten, without the name of the author, but accompanied by sealed letter, giving the author's name with motto or *nom de-plume*. The essays will be given to a competent committee, and when their decision is reached the sealed letters of the authors will be opened, and the prize sent the winner. The essay will then be cheaply but well printed in large quantities, and supplied physicians at the cost of printing.'

The Ethical Pharisee.*

It would be amusing were it not disgusting for the looker-on in the medical vineyard to see the occasional outbursts of indignation indulged by some of the two-for-a-nickel, small-bore members of the profession who inveigh against the practical pharmaceutical opinions of prominent men in the profession. The most successful workers in the medical profession appreciate the efforts of the pharmaceutical and manufacturing guild to cater to their sick-room necessities. These practical men when they have found an agent that has been presented to them, of service to them, whether it be chemical, pharmaceutical, or mechanical, have not hesitated to assist their fellows by announcing their clinical experience. Naturally busy men, successful men who have achieved eminence in the profession, having a large clientele, have an enormous number of patients upon whom they can test the various appliances which are presented to the profession. Most of them have hospital connections and dispensary attachments in addition to a large private practice and by this triple combination, as it were, they are in a position to very soon determine whether a given thing presented to the profession is worthy of trust. It happens fortunately for the medical profession, that the men who cater to the necessities of the medical guild are practical men. Having invested much capital, they are generally careful about its distribution. They perfect their equipment for the manufacture of supplies. They then secure good traveling men to present their supplies to the profession, having convinced them favorably through the medium of medical journals and attractive circulars.

Being men of sense, possessed of business instincts, they know that the ones to whom these goods should be presented for the purpose of testing them, should be the successful, the busy men in the profession.

As a result, such men as the classical Fordyce Barker, J. Lewis Smith, Hunter Maguire, D. Hayes Agnew, T. Gaillard

*Those who read this are requested to read the article that follows.—[EDITOR.]

Thomas, Thomas Addis Emmet, Alex. J. C. Skene, R. Ogden Doremus, Paul F. Munde, H. O. Marcy, all of Eastern cities, and J. Milner Fothergill, Eustace Smith, Erasmus Wilson, Andrew Clark, Morrell Mackenzie, Joseph Lister, Lawson Tait and many others of England, together with Roberts Bartholow, G. Frank Lydston, Charles A. L. Reed, Joseph M. Matthews, E. H. Gregory, L. Ch. Boisliniere, Lewis S. McMurty, John B. Johnson, Dudley S. Reynolds, David W. Yandall, E. Fletcher Ingalls, John A. Ouchterlony and scores of others in the leading cities of the West, have been called upon early and often to test substantial remedies which have been called upon early and often to test substantial remedies which have been presented to the profession, and they have responded promptly, believing that as successful men, men who had gained much from their work in the profession in the way of practical returns and reputation, they should give back to the profession the results of their observation and experience. The fact that incidentally certain manufacturing pharmacists have been benefited by these tributes and the fact in addition that certain of the previously referred to two-for-a-nickel, small-bores half-and-half, shoddy pretenders of the medical profession have been neglected in that they have not been called upon to give their opinions of products presented to them, has occasioned on their part frequent outbursts of indignation and condemnation against those who have been thus recognized.

Inquiry reveals the fact, often, that in their own bailiwick they have no standing and it is not surprising therefore that they have been overlooked by the practical, pushing, pharmaceutical world. Their opinions are of no value to anybody, therefore they are not sought. Had they achieved any standing in their own town, it is probable that their fame would have traveled afar and that they would ere this have been called upon to test the products of the chemical workers of America. Inasmuch as they have been ignored, however, they take it upon themselves now and then in what one would expect to be scientific papers read before the medical societies to inveigh against so-called proprietary medicines and those who com-

mend them. The title of their paper would suggest something tangible in the way of a contribution, at least to those who do not know them, but inquiry of those who do know them, indicates that no matter what the title they may announce for a paper that they are to present to any society, nothing should be expected. Are they earnest, careful, conscientious, honest workers in the ranks of the profession; anxious to relieve suffering humanity; anxious to help their co-laborers to grapple with disease? The report of those who know them says "nay." Instead they are bombastic boasters and pretenders, aggressive attackers of everything on general principles.

To each of these hump-backed members of the medical profession, we would say, buckle down, disappointed fellows, work earnestly, work early and work late. Work honestly if you can. It may be after awhile that you will be appreciated. It may be that you will be able to develop a capacity for contributing that which is positive to the profession rather than that which is negative. Unless, however, thou can't contribute the positive, sit thee down and hold thy tongue between thy teeth and open not thy mouth, because it may be that if thy mouth be opened both of thine hypertrophied feet may be obtruded therein.—[*Medical Mirror*.

The "Medical Mirror" on Nostrums.

An esteemed contemporary applies the following elegant epithets to those that believe the medical profession should not become a mere appendage to the trade of the drug manufacturer, and that selling nostrums is not quite the same as the healing and prophylaxis of disease: "Two-for-a-nickel," "small-bore," "small-bores half-and-half," "shoddy pretenders of the medical profession," "bombastic boasters and pretenders," "hump-backed members," etc. We have no doubt the superior perception of the readers of our urbane co-laborer will enable them to understand how "Pharisaism" may be "ethical," and also to distinguish clearly the subtle difference,

hidden from us, between "small-bores" and "small-bores half-and-half."

But such evidences as these of "local color" are introductory to the charmingly naive explanation that the opposition of the "hump-backed" is solely a question of sour grapes. The "two-for-a-nickel," our contemporary avers, are disgruntled, because they have no practice or standing "in their own bailiwick," and having no practice, they have not been asked to give their opinion of the "so-called proprietary medicines" made by "the practical, pushing pharmaceutical world," which has "secured good traveling men to present their supplies to the profession, having convinced them (*sic*) favorably through the medium of medical journals and attractive circulars." This is delicious! Barkis was, certainly, never more willin', nor ever more regardless of English grammar.

Somewhere, we have seen an amusing and suggestive toy. It also was a mirror, of convex, cylindrical pattern, placed at an axis of 180° . Looking a little steadily at it, behind one's own ludicrously distorted image, the eye caught another reflection of the figure of a squat Chinese caricature, wagging its head with a satyr's grin. The real china figure above, cunningly reflected in the distortion mirror, would smile and bow continual assent for several minutes for so small an amount as a penny placed in its huge mouth; but the larger the coin the more wide-mouthed the cunning grin, the more energetic, subservient, and long-lasting the bows!

* * * * *

How easy it is to ascribe mean motives to those who may oppose our own pet vice. The spoilsman in politics cannot comprehend the high-principled devotion that places public welfare above partisanship, and straightway he raises the cry of "Pharisee!" The spoilsman in medicine, without the faintest glimmer of the pure light that illumines the soul of the true physician, is roused to frenzy by the exposure of his methods, and spits out of the blackness venom that falls harmlessly wide of its mark. That was shrewd advice of the old lawyer to his son: "When law and justice are both against you, talk

around the case and abuse the plaintiff's attorney." The advice has not been wasted on *The Medical Mirror*.

But what can the *Mirror* expect to gain by its adoption of the methods of the pettifogger? The issue to be presented at Detroit to the representatives of American medicine is clear-cut and direct. Not any individual, but the largest County Society and the largest State Society in affiliation with the American Medical Association will, by the unanimous action of well attended meetings, appear as plaintiffs. The nostrum manufacturers and their journalistic allies cannot well hope to silence by slander two such bodies.

The law is plain. Section 5 of that article of the code of ethics which treats of "Duties for the Support of Professional Character," declares it to be "reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines or in any way to promote the use of them."

Justice is on the same side, "for"—to quote the same section of the same code of ethics—"if such nostrum be of real efficacy any concealment regarding it is inconsistent with beneficence and with professional liberality, and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice."

Columns of abuse and vituperation cannot obscure these luminous facts. The code is still the unrepealed law of the American Medical Association; and whoever claims good standing in that Association must be prepared to prove his obedience to the law. Most certainly the trustees of *The Journal* should be held to a strict accountability in their management of that sacred trust.

If the law is oppressive, let the open attempt be made to repeal it. How hopeless such an attempt would be, *The Mirror* and the nostrum-makers well know, or long ere this it would have been made. The law cannot be repealed, for it is founded on a principle that is indeed antiquated, but can never become obsolete, on the eternal principle of right. The terse language of the code expresses this beyond the necessity of a single added word.—[*Medical News*.

PHARMACY.

This Department is the official organ of the Arkansas Association of Pharmacists, and is under the charge of an editor elected by that body, to whom all communications relating to it should be sent. Address its editor,

MR. W. W. KERR, Russellville, Ark.

Buying Cheap Drugs.

It is a principle which obtains generally in mercantile circles, that a merchant should buy his goods where he can get them the cheapest. This is only true with several emphatic modifications, and less true in the drug business than any other. With the conscientious pharmacist, the quality of his goods is the first and greatest consideration, to which everything else, price included, is subordinated, and inasmuch as the laws of business have so regulated trade as to throw the dealing in drugs into a fixed channel, inside of which there is no great deviation in price as between different dealers, if he would secure any large reduction, he must patronize some outside, or it may be some underground agent or concern, unreliable in itself, and handling goods still more unreliable. Unfortunately there is no scarcity of such opportunities offering themselves, and the temptation to bite is very strong. He reasons that it is right to get goods as cheap as he can, and they being guaranteed, why not improve the chance and invest and get an underholt on his competitor. One reason why he should not do so is exactly because it *is* an underholt, just such an one as he would not like for his competitor to get on him, and yet one that he has as good an opportunity to get as himself. Another reason is that it is *not* true as a general principle, that one has a right to buy a commodity as cheap as it may be possible under some circumstances to procure it. There is a law of the moral code which forbids our owning that for which we have not given a fair equivalent, unless it comes to us as a gift or a bequeath, and if by reason of what is usually denominated "sharp practice," we succeed in buying an article at a

figure very much below the usual market value, we have violated that law to the extent of the reduction.

We have violated, too, that law of business which has fixed a regular source of supply, and such violation is as certain to be followed by punishment in some form, as a violation of one of the laws of the land, and rightly so, for if trade was not reduced to such fixed rules, chaos would ensue; values would be unsettled and irregularities govern to such an extent that all business transactions would be as hap-hazard as the toss of a dice.

Again, since to obtain such supposed advantages, it is necessary to go outside of the regular channels of trade, a presumption of fraud somewhere is raised, to which the buyer makes himself a party, and knows it when he does so. He cannot shield himself behind his own good faith in the transaction any more than if the article were a horse, and the seller a well-known horse thief.

The only safe and honorable course for the druggist in buying goods is to do so on the regular drug market, from jobbers who are known to be square in all their dealings, and at prices at or near the known and generally recognized market value, and then charge such a margin on them as will yield him a fair, living profit.

Piperazine.

Besides knowing that piperazine is a powerful uric acid solvent, which will combine with at least twelve times more uric acid than will lithium, and forming a soluble urate salt, while the urate of lithium is practically insoluble, and that piperazine is therefore primarily indicated in all diseases due to uric acid diathesis. It is valuable alike to the physician who prescribes and to the pharmacist who dispenses to note and remember the following :

1. Piperazine occurs in crystalline form, but it is a hygroscopic body and will deliquesce on exposure to the air; hence

2. Piperazine must never be dispensed in powder form—pills, tablets, capsules, or any similar form.

3. Piperazine is supplied by the manufacturer in one size phial only, containing five grams (seventy-five grains), or sufficient for five days dosage; therefore, it is practical, economical and preferable that

4. Piperazine should be prescribed thus:

Piperazin. pur, (Schering) * grm. v.

Solve in

Aquæ ozs. v.

Sig: Dissolve one-fifth of this solution each day in one pint or one quart of water, keep the solution in a warm place (neither hot nor cold), and drink the full quantity during the day in convenient doses to quench thirst.

If it is desired to combine phenocoll with piperazine, the two remedies must be dissolved separately, fifteen grains of each in one-half to one pint of water, and when completely dissolved the two solutions may be poured together. If otherwise prepared it is likely that a spongy sediment will form which cannot subsequently be dissolved (except by heat which is not advisable). In making these solutions pure water can be used, or carbonated water. Some pharmacists prefer to employ pure water and soda water from the fountain in equal parts, first making the solutions with pure water to one-half the volume and then adding the soda water.

The points above advanced are important as assuring proper and economical administration and the best chances for satisfactory therapeutic effect.—[*Notes on New Remedies.*]

Serpentaria in Rhus Poisoning.

Dr. J. R. Fritts, of Mexico, Mo., has had excellent results (medical standard) in rhus poisoning from penciling the affected part and its immediate surroundings thrice daily with fluid extract of serpentaria.—[*Western Druggist.*]

*If piperazine is to be pure it would seem superfluous to insert the name of a manufacturer.

Impure Codeine Sulphate.

BY JOSEPH W. ENGLAND, PH. G.

Codeine sulphate is now meeting with strong medical favor as an extremely prompt sedative in affections of the respiratory tract. It possesses an advantage over morphine salts in that it does not seem to check the secretions, and is devoid of disagreeable after-effects. The tendency to form a habit is said to be absent. It is also employed to alleviate pain, and can be continued for a long time. The writer has in mind a case of cancer in which it was used for over two years with remarkably good results. The dose usually given ranges from one-eighth, one-fourth, to one-half grain, and sometimes a grain. It is given either in pill form or in solution; often in syrup of wild cherry. In our experience, the alkaloid codeine, which is officinal, is never used; the sulphate is always called for. For convenience sake in dispensing, we have used for a number of months a standard solution of codeine of sulphate, made with sixteen grains of the compound to each fluid ounce of water. In using a certain firm's make, we have several times noticed an insoluble residue, which residue was completely soluble upon the addition of dilute sulphuric acid. Codeine sulphate obtained from other firms gave clear solutions with water; hence it became of interest to know what the insoluble residue was and its percentage.

The residue was a yellowish-white powder, sparingly soluble in water, which solution was alkaline in reaction, and evinced no change with ferric chloride. It was soluble in alcohol, ether, benzol and chloroform. Added to nitric acid (s. g. 1.200) it dissolved to a yellow liquid, which did not become red. The solution added to mercuric chloride gave no precipitate. Dissolved in sulphuric acid the residue gave, with a trace of ferric chloride and gentle warming, a deep blue color. The reactions showed that the residue was the alkaloid codeine, probably present in the codeine sulphate through excessive heat em-

ployed in concentration of the solution for crystalization. The amount was 7.7 per cent. The possible dangers resulting from using a salt supposed to be entirely soluble in water, and containing such a heavy percentage of free and practically insoluble alkaloid, are obvious. Other samples of the same make, in the past, have contained as high a percentage.—[*Am. Jour. Pharm.*]

Drug Adulteration.

It is hardly probable that the adulteration of drugs is carried as far as some alarmists would have us believe, and yet a thorough knowledge of what they ought to be, and due diligence in testing to see that they come reasonably near a correct standard, is always necessary. In so far as it has been carried on, it is due more to the demand for cheap drugs started by retail druggists than to any other cause, and the time is not now nor ever has been, when a good pure article could not be obtained by paying the price. A narrow contracted policy in buying the medicines which may involve human life is not economy; it is not business; it is not honest; it is not decent; and the druggist who is guilty of it is not worthy the freedom from the penitentiary which he enjoys, and the one who ignorantly dispenses impure goods, is hardly less culpable. A conscientious pharmacist, who feels the weight of the responsibility of his vocation, is not going to allow even the reputableness of the manufacturer to be his only safeguard. He will investigate for himself and try to know of his own knowledge that the drugs he deals out to his fellowmen are of a quality that may be relied upon to reach the ends desired. As the years roll by, and scientific knowledge becomes more and more exact, it grows easier to do this, and the time is even now upon us when he is altogether without excuse who is not able to say that he personally knows that his drugs are practically pure. With the simple tests applicable in most cases, it is not necessary that he be an expert

chemist even to be able to test them; it only requires a little common sense and judgment combined with moderate manipulative skill to apply these tests and satisfy himself. A close study of any of the standard dispensatories will furnish all the needed instructions, and a few simple implements, chemical reagents, and a little energy will do the work. Try it.

Should Pharmacists Study Medicine?

If it is done as an aid in the practice of their own profession, we should answer emphatically, *no*. If their inclination leads them in that direction, and it is engaged in either as a matter of taste or with a view of some day going out of the drug business and into the practice of physic, well and good, but not otherwise. A knowledge of pharmacy touches the practice of physic in several places, but a knowledge of medicine the practice of pharmacy, nowhere. When we speak of the practice of pharmacy, we of course mean its legitimate practice, and not that kind sometimes met with, which aims to combine the two professions by dabbling a little in both. If the latter were true pharmacy, then we should say study physic by all means, the more the better. There is enough in either profession to fully occupy the time and talents of most men, and we have never yet seen a combination of them that was very successful. The only possible argument in favor of an affirmative answer to the question is that inasmuch as pharmacists are sometimes compelled to prescribe for minor ills, they should be armed with a knowledge of medicine to enable them to do so intelligently. Well, the good old mothers in Israel are sometimes compelled to do the same thing, and the necessity rests about as heavily upon the one as the other, and the logical conclusion would be that they should study physic to qualify them to be good old mothers in Israel.

A Half Dozen Reasons Why Most Nostrums Are Frauds.

First. They claim to be specifics, which they are not.

Second. The consumer pays an excessive price for a secret preparation when, were its formula known, the same preparation could be prepared and sold by his druggist at a reasonable figure.

Third. Simple remedies are clouded in secrecy and sold as valuable new discoveries, which they are not.

Fourth. Nostrums interfere with legitimate pharmacy, and, being sold by dry goods bazaars, rob the pharmacist of his right alone to compound simple remedies for simple ailments.

Fifth. Their selling value depends not upon their merit, but entirely upon their being pushed by advertising, which advertising in the end the consumer has to pay for.

Sixth. There is no question but that the manner of advertising many nostrums is injurious to the public good. Ignorant people with slight illnesses are made to believe that they are in dangerous conditions and frightened into buying and consuming stuff which may not at all be suited to their cases, and which they use at an excessive cost to their pocket-books and general health.—[*The New Idea*.]

Camphoid: A Collodion Substitute.

It is known, Mr. Martindale writes in the *Pharmaceutical Journal*, that iodoform is soluble (1 in 10) in Rubini's solution of camphor, composed of equal parts by weight of camphor and dilute alcohol. This requires fixing on the part to which it is applied. I therefore added 1 part of paroxylin to 40 of the solution and found it dissolved readily. Applied to the skin, this preparation dries in a few minutes and forms an elastic opaque film, which does not wash off. The excess of camphor seems to volatilize, and as it disguises the odor of the iodoform its solution forms a useful vehicle for applying this drug. Py-

roxylin dissolves readily in the simple solution of camphor, and this forms a cleanly basis for the application of many medicaments to the skin, such as carbolic acid, salicylic acid, resorcin, iodine, chrysarobin and ichthyol. I suggest the name "camphoid" for the simple pyroxylin solution.—[*Western Druggist*.

Creosote in Tuberculosis.

Some years ago, after repeated experiments, Dr. Julius Sommerbrodt expressed his belief that in the first stages of tuberculosis of the lung, creosote, in doses from one-half to one or two grains daily will cure. He recently reports that in doses of one to four grains a day it is unsurpassed, and no bad results have been noticed. He recommends as an excipient cod liver oil in gelatine capsules containing one grain of creosote. It keeps best and is best absorbed in this form. The good effects may not be discernible under two or three months. His patients have taken five, ten, even twenty thousand capsules continuously without any injurious effect, proving the objection that it injures the stomach to be an erroneous one.—[*Pharm. Era*.

Hyoscyamin in Lettuce.

Although lettuce has had from very early times a reputation for soporific properties, the active constituent has never been clearly ascertained (science). Mr. T. S. Dymond, in a paper read before a clinical society, demonstrates the presence of hyoscyamin, the principle alkaloid and belladonna and henbane, not only in the cabbage and varieties of the common lettuce, *L. sativa*, but in the wild lettuce, *L. virosa*. The amount in young plants is minute, but in the officinal green extract of the Br. Phar., which is prepared from the flowering herb of *L. virosa*, the mydriatic alkaloid occurs to the extent of 0.02 per cent.—[*Pharmaceutical Era*.

Poisoning by Balsam of Peru.

Lohaus (Berlkin. Woch) relates the poisoning of a child six days old, by balsam of Peru. This agent is frequently recommended by midwives as an outward application for sore nipples, and, in the case referred to, although it was wiped off every time before nursing, yet enough remained behind in the mammary fissures to give the infant an acute gastric catarrh, which carried it off in seven days. Hence, the author cautions against using the balsam in this way.—[*Druggists' Circular*.

A Mean Trick.

"Can't pay this bill, doctor, it's too exorbitant. I'm no better than I was either."

"That's because you didn't take my advice."

"Ah!—well—of course, if I didn't take it I don't owe you for it. Thanks. Good morning.—[*Pharm. Era*.

Remedy for the Grip.

Druggist—"What did that man want?"

Clerk—"He wanted something for the grip."

Druggist—"What did you give him?"

Clerk—"Don't know; didn't look! Everything is good for the grip."

"PETROLATOL" OF IODINE is recommended (Bull. Soc. Roy. Phar.) as a desirable substitute for the tincture as being more stable and resorbable. The iodine is dissolved in the least possible amount of ether, and then added to the paraffin oil (liquid petrolatum). A 5 per cent. solution is the strongest which can be made, a larger proportion of iodine crystallizing out.—[*Western Druggist*.

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