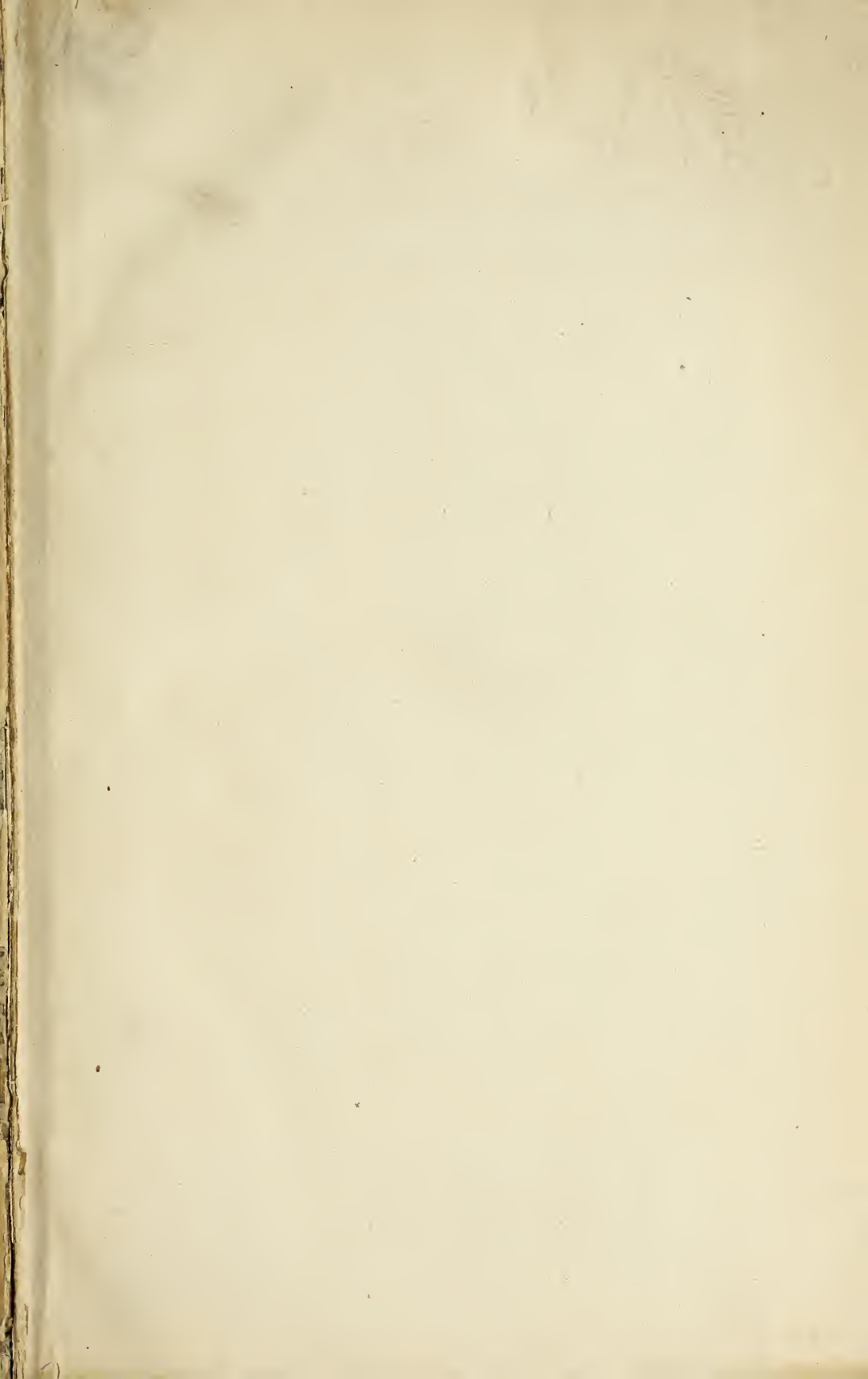






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Original Articles.

MIGRAINE IN CHILDHOOD.*

BY WHARTON SINKLER, M.D., OF PHILADELPHIA.

Migraine is more common in children than is generally realized. Popularly the attacks of "sick-headache," which many children have, are attributed to disorder of the stomach from some indiscretion in diet, and many physicians hold the same view.

The fact that migraine is a disease which is especially likely to begin about the period of puberty has long been recognized, and this point has been insisted upon by Anstie. Many children begin to suffer from characteristic attacks as early as seven or eight years of age (Eulenberg speaks of a girl who suffered from excessively severe attacks her fourth year), and continue to have them until adult life is reached; or, indeed, the attacks may continue all through life. Still, it is most often the case that when migraine begins in early childhood, it becomes more severe at puberty and ceases by the time full development is attained.

The influence of hereditation is seen to a marked degree in migraine, and the affection often seems to be directly handed down from one generation to the next. It is transmitted from parent to child, and may follow either the male or female line, descending from father to son or from mother to daughter.

The children who suffer from migraine often belong to neurotic families, and it is common to find among the near relatives instances of other nervous disorders. It is, then, important for us to be on the lookout for migraine in children who belong to families of nervous tendencies.

I have now under my care for sick headaches a lad of fourteen years, whose mother has violent attacks of neuralgia, and one of his sisters is a well-marked example of hysteria.

It is a well-recognized fact that children who suffer from this disease at and before the time of puberty may, in later life, become the subjects of some of the

grave neuroses, such as epilepsy or insanity. The great value of the early recognition and cure of the disease is, therefore, apparent.

In addition to the influence of heredity, there are many other causes which may induce migraine in children. The manner in which a child is brought up has much to do with the production of these attacks. Improper food, bad atmosphere, and, above all, an insufficient amount of sleep with overtaxing of the brain, all tend to predispose to or directly bring on migraine. When a child first begins school he often complains of more or less headache. The close air of the school-room and too little exercise are enough to account for some of these headaches. In other children, mere mental effort brings on attacks of pain in the head. The same thing holds good of migraine that I have observed in chorea, namely, that it is the studious, ambitious children, who stand at or near the head of their classes, who suffer from both of these affections. In many instances there are ocular defects, which cause eye-strain, and in these cases the attacks of migraine continue to be more and more frequent in proportion as the eyes are used, until the eye-defect is corrected by glasses. It is not in all cases, however, that the headaches which follow excessive use of the eyes are due to ocular defect. The following case, which Dr. G. de Schweinitz has detailed to me, illustrates this fact:

Charles C., aged fifteen. A slender lad, who has grown rapidly; clear, fair skin; slightly anæmic. No noteworthy illnesses. Goes to school and studies hard. One year ago he began to have headaches, as follows: sudden hemiopia, followed by intense pain on left side of head, and marked numbness along the arm of the corresponding side, and terminating finally in nausea and occasionally in sick stomach. Attacks varied in frequency and in severity. With the exception of the migraine, the anæmia, and an imperfect digestion, no unsoundness was discovered.

Examination of Eyes: color of eyes blue; pupils normal and equal. Vision R. E. $\frac{5}{xv}$; L. E. $\frac{15}{xv}$. Accommodation:

*Read before the Philadelphia County Medical Society, October 12th, 1887.

R. E. 8.5 D.; L. E. 8.5 D. Muscular anomaly, slight insufficiency of interni; color perception normal; refraction error, hypermetropic astigmatism. *Ophthalmoscopic examination*: R. E., nerve of normal color; slight conus out and some retinal striation around disk; choroid disturbed; numerous lymph reflexes. L. E., similar disk; retina more striated, with veiling of lower edges of disk. Field of vision normal.

The treatment in this case was largely dietetic and hygienic. The medicines used were, after the correction of the dyspepsia, syrup of the hypophosphites, strychnia and iron. The refractive error was not corrected. The headaches have practically ceased.

Migraine from eye-strain is not uncommon in children. Dr. de Schweinitz has kindly furnished me with the following case, which is also of interest on account of the superficial optic neuritis which exists:

W. C. W., aged seven. When two years old had "gastric fever," from some imprudence of diet given by a careless nurse. Has had whooping-cough and varicella. Since two years of age, has experienced great difficulty in digesting and assimilating food, often going for long periods without being able to take any solid food. One and a half years ago, or when he began to go to school, began to have dull frontal headaches. Occasionally has paroxysmal headaches, quite different in type, beginning with extreme pallor, violent head pain confined to one-half of forehead, and followed by nausea, but no vomiting. There are no visual disturbances preceding these attacks and no auræ of any kind. These headaches have been present since he was two years old. An unusually healthy looking boy; lives in the country. Examination of urine negative. The boy is unusually bright and quick at his lessons, but has not been pushed.

Examination of eyes: color of eyes blue; pupils normal and equal. Vision: R. E. $\frac{15}{xv}$; L. E. $\frac{15}{xv}$. Accommodation: R. E. 12 D.; L. E. 12 D. Muscular anomaly, insufficiency of superior recti; color perception normal; refraction error, hypermetropia=1 D. *Ophthalmos-*

scopic examination: R. E., disk an irregular oval; all edges hazy, those on nasal side hidden; surface of disk gray-white; lymph sheaths full; veins tortuous. L. E., nerve oval; all edges, especially nasal, hazy; veins full and tortuous.

Diagnosis: Superficial neuritis and hypermetropia.

Migraine does not appear to affect one sex more than the other, but if any difference does exist the preponderance is in boys. Precocious sexual development in either sex often leads to this form of headache. It is astonishing at what an early age evidences of sexual irritation may appear. Bad associations and influences lead a child into thoughts and practices which are unwholesome in the extreme, and bring about disorders of the whole nervous system. Even before puberty arrives the nervous system undergoes a preparatory change, and if there are evil conditions in the surroundings of a child to excite sexual irritation, puberty is hurried forward. Under these influences a child becomes hypochondriacal and mopy, complains of various ailments—some of which are real and some fancied—and may suffer from real neuralgias. It is very seldom that we meet with migraine in robust and hearty children; but it is seen in those who do not get enough fresh air and who are thin and pale; or in children who think and read too much, and who do not romp and play, but prefer to sit with older people and drink in conversation far beyond their years.

The symptoms of migraine in young children are not far different from those in adults. The attacks are markedly paroxysmal, occurring from two to six weeks apart, and become more or less frequent, according as the conditions for their development are favorable or otherwise. There may be only one or two attacks a year. The attacks may be preceded by premonitory symptoms, such as chilliness, and a feeling of lassitude, and the child is dull, and indisposed to play. Sometimes there are subjective ocular symptoms in the form of specks floating before the eyes, muscæ volitantes, or balls of fire, and bright zig-zags. Occasionally the child complains of hemiopia,

as in Dr. de Schweinitz's case before quoted. These symptoms last a half hour or more, and may be followed by subjective numbness of the tongue, lips, or of the entire half of the body. Putnam* had a patient in whom in boyhood migraine was represented by repeated attacks of numbness and tingling of the right side of the face, and right half of the body, with aphasia, and hemianopsia, followed by but trifling headache, or none at all. Later in life there was a severe attack of pain. Usually as soon as the subjective auras disappear the pain begins. At first the pain is dull, and it may be confined to one side of the head; generally, in children, the pain is on both sides of the head, at least they complain of the pain as being general, and it may be either frontal or occipital; most frequently it is frontal. Anstie says this is common of all neuralgias of children—*i. e.*, to be frontal, and to affect both sides simultaneously. There is often nausea throughout the attack, or it may terminate in vomiting, or a free flow of urine, and sometimes there are two or three diarrhœic stools. After the crisis is reached the child may fall asleep, and after a nap waken well. The attack does not always terminate in a crisis; after a gradually increasing headache for several hours it gradually subsides. The face in the beginning of an attack may be pallid, and as the pain increases the face becomes deeply flushed, and the eyes suffused.

The treatment must be preventive and curative. If a child is of a neurotic family, in which there are already instances of neuralgia and migraine, we should urge the parents to see that he has as wholesome a life as possible. Insist on ten hours' sleep a night, and keep him from too prolonged application to his books. Six or seven hours of study in the twenty-four is enough for a growing child. Encourage outdoor sports of all kinds, and, if possible, keep such a child in the country for many months in the year. The diet should be abundant and nutritious, milk, eggs, soups, and broths, with meat in moderation,

and the various cereals, and plenty of vegetables and fruit. Such children can eat largely, and plenty of fatty articles of food is well borne and is of great advantage.

There is a great tendency, in the education of both girls and boys, to over-cramming, and to over-stimulation, to reach a high educational standard; but it is encouraging to see the effort which is now being made in our schools to vary and widen the course of study. The introduction of manual art into public schools is of inestimable value to children, not only because it gives them dexterity and skill in the use of the hands which becomes of practical advantage later in life, but it trains the minds in studies which are, so to speak, external in their kind.

As physicians, we cannot too strongly discourage the taking of young children to the theatres, when, not only the late hours and bad air are injurious, but the impressions produced by the plays must be pernicious to an extreme. One cannot go to theatre now without seeing children of all ages looking on at every variety of performance, from the most docolleté spectacular ballet to a melodrama of the highest intensity.

If a child has already begun to have attacks of migraine, nothing is of more value than attention to the general health. Such children are often pale and thin, and have but little appetite. If change of air can be secured, it is often enough to obtain relief from the attacks. If we cannot send the patient away, we must resort to tonics and good feeding. Cod-liver oil, if it can be borne by the stomach, is of the greatest possible use in such cases. If the child cannot take oil, we must introduce fat into the system in some other way. Cream and plenty of butter may be given. Devonshire clotted cream, which is now to be obtained at the Alderney dairies, is relished very much by children.

Special anti-neuralgia drugs are seldom indicated in these cases, but sometimes the bromides may be given with great advantage, especially in those children who are of a very nervous temperament, and in whom any effort at brain-work

*System of American Medicine, vol. v., p. 1231.

causes headache. It should be given in small doses, and continuously for some weeks.

The following case shows what can be accomplished by the improvement of the general health by iron and change of air, together with removal from school:

Joseph C., aged fourteen, applied at The Orthopædic Hospital and Infirmary for Nervous Diseases for treatment May 16, 1887. Is one of a highly neurotic family; the mother and two sisters suffer from neuralgia, one sister has attacks of migraine, and another sister is subject to attacks of hysterical seizures. His father is a strong and healthy man.

Has had no severe illness; but, when three years old, had a fall, striking his temple against the corner of an iron bedstead. For the past two years he has had attacks of pain in both temples, once or twice a week; they are more frequent in summer. The attacks usually begin while in school, and the pain is so severe that he has to go to bed. The headache generally terminates in vomiting. Violent exercise may bring on an attack, so he seldom plays. He seems well nourished, and he has good digestion.

Dr. de Schweinitz examined his eyes, and made the following report:

Examination of eyes: color of eyes blue; pupils normal and equal.

Vision: R. E. $\frac{15}{x}$; L. E. $\frac{15}{xx}$. Accommodation: R. E. 11 D.; L. E. 11 D.

Muscular anomaly, slight insufficiency of interni; color preception, normal; refraction error, hypermetropia = 1 D. *Ophthalmoscopic examination:* R. E., small, oval disk; coarse retinal striation over and around disk; choroid ring to nasal side; lymph sheaths distended along veins; choroid disturbed. L. E., small, oval disk; choroid ring nasal side; dense retinal striation; veins distended and lymph sheaths full along arteries and veins; maculas normal.

He was ordered milk abundant plain diet, and given a tonic of cinchona and iron. He was also fitted with glasses. The attacks diminished in frequency, as well as in intensity in a few weeks, and are now very rare.

In many cases some ocular defect will

require correction by glasses, and many cases of migraine in children have been cured by this means alone. In all cases of migraine we should look carefully to the condition of the teeth, and have any unsound ones filled or removed.

AN AUTHORITATIVE SOCIETY.

AN INAUGURAL ADDRESS DELIVERED
BEFORE THE BALTIMORE ACADEMY
OF MEDICINE, OCTOBER 18TH,
1887.

BY W. CHEW VAN BIBBER, PRESIDENT-
ELECT.

I was not present at the last meeting of "The Academy," and when I received the notice of my election from the Secretary, "I went home," as John Redman said he did when elected the first President of the College of Physicians of Philadelphia, "under a strong impression of the weight both of the office, and of my obligations to you."

Gentleman, I thank you for the honor of having elected me President of this Academy.

Long may we enjoy the pleasure of our meetings; and long live the Academy.

I will say this now with entire confidence in the fact; because it is better to be confident than to express abundant hope; it is well to have no misgivings. It is always pleasant to think, and to believe, that we ourselves, and what we create, will live and last forever.

It is well for us to reason together at this time, and at this particular juncture of the affairs of this Academy.

It is well for brethren to be of one mind concerning things that are proper and good.

It is well for a community, or a society, which has in view some particular purpose, to be a unit concerning the intent of that purpose; having no dissensions or antagonisms among its members. But this is, generally, a difficult thing to accomplish.

The object of this paper is to attempt to bring about a unanimity among the members concerning the future object

of this Academy. It is an important matter.

Why should we not determine that this Academy shall live and last forever? We have fifty-two members. It is conceded, I believe, both within and without the circle of the Academy that the membership is select. No fifty-two medical men could be brought together, upon call, in this city, where the directory numbers about 675 under the head of physicians, who are better adapted to begin and carry on a great work.

We feel as if this can be said here in truth, without the least reflection upon the membership of any other Society.

We have a profession, which is a common bond between the members of the Academy, and is a band around us; and this profession will last.

We live in a country, and a city, that we love. We love our profession and each other, and therefore, why should not this Academy last?

Let us determine that is shall; and as each man stamps his impress upon the time in which he lives; as every man leaves, or tries to leave, some mark behind him upon the place where he has worked; and as any man may give his impetus to the next man following or surviving him, then, if we fifty-two men, are in earnest here and now, and so continue to our end, this Society must last.

Remember the year 1877 for in that year was the first meeting of this Academy. But this Academy sprang from the second edition of the Pathological Society of Baltimore, and the first edition of this latter Society was commenced in 1847. This takes us a few years backward; but what is that in the endless future?

We wish now to consider and define the present condition, and the future uses of this Medical Society, and to look forward to its success in some special work.

Perfection we must not expect; for perfection, like the end of time, is never attained.

What may be expected now, of us, as practical men, is to consider and determine what is the best use can be made of this Academy, as a body, and upon

which work we are willing and anxious to enter.

In order to satisfy ourselves more clearly of the general use of a medical society to the profession, we are at liberty to picture to ourselves, a state of things where no medical society exists.

This situation is presented in the picture of an independent and lonely country practitioner of the medical art, where no medical society can be reached. Even this extreme situation, it is conceded, may have some advantages.

A practitioner in this position must become thoughtful, observant, deductive, gathering pain and pleasure together, according as he is successful or the reverse. He has no critics, no authorities over him.

Yet this isolated country practitioner ever feels that something is wanting to him. It is the nature of all scientific study, that it brings with it higher wants and aims than individual success; and what is the want that the country practitioner feels?

It is for some authoritative acknowledgement of his proficiency; for some guarantee, by those engaged in the same course of study as himself, that he is certainly striving with zeal and industry, to obtain a high place in his profession.

Such an acknowledgement of proficiency; such a collective testimony or guarantee of his individual fitness and reward, is found, and found, only in the membership of a properly conducted medical society.

This should be one of the higher planes of the usefulness, and the life, and the special intention of some one society, in every city, every state, and every country throughout the world.

This grasp for the higher plane of professional excellence, by any one society, if rigidly carried out, need not reflect in any way upon the membership of other medical societies.

There are now here, and there should be here, and everywhere, other medical societies, having different spheres of usefulness, different aims, and for different details of work and action.

But the necessity for an authoritative

society has other forms of usefulness, to be hereafter mentioned, which should be held as a requisite in the just pride of all professions. And, in reality, such societies are accomplished facts, to a greater or less extent, over the whole earth.

That this want exists here, especially at this time, is conceded.

In this, the last third of our century, there is a new group of physicians coming upon the stage, who are trained in a different way from the older ones, and who represent colleges of various standings, and of both sexes.

A discrimination therefore is necessary and must be an advantage to the profession, and to society, and to the commonwealth.

It was to supply this want, that this Academy first came into existence. It is to urge you, my Brethren, to keep it well up to this standard, that I have chosen this as the object of my address to-night.

A sufficient endorsement, that anyone is entitled to a high position or estimation in his profession, excepting in rare individual instances, can only be obtained by means of authorship, or by college, by university, or society membership.

If there were any other ways of obtaining this endorsement it would be useless to say anything more upon the subject here, at present; and all that will be said hereafter might then go for nothing. But I appeal to you for correction, if what I have said is not the plain fact in the case.

I know, in this connection, it will immediately occur to many of you, and it may possibly be the case, that, had our field of society been larger, in this city, and organized more up to the measure of gratifying a high ambition—our schools would have been fewer, and the serious danger of overcrowding the profession would have been less.

In order to show that the controlling influences of a medical society may be great, that it may be, if properly conducted, satisfying to the ambition, and pleasing to the medical man, let me give you two short pictures in illustration.

Years ago, two of the present members of this Academy, both of whom are now present, visited by invitation, a meeting of The College of Physicians of Philadelphia which celebrated its centennial meeting on the 3d of last January. This is the oldest medical society in this country, which is not connected with a state organization, and is probably *the* most influential. They were not then in their new building which they now occupy, but their meetings were in a house on Spruce Street, within the college enclosure. It was at night, and the lamps were shaded along a line of two tables. The room was arranged with becoming dignity. Prof. Wood was in the chair, and there were sitting near him Professors Jackson, and Condie, and Gross, and Meigs, and Bache, and Dickson, and Dungleison, and Pancoast and others—some who have since passed away, and many who are still alive.

It was plain to the visitors that they who were sitting around those tables had the endorsement of being meritorious physicians.

In 1850, in a room on North Charles Street in the house of the late Dr. Samuel Theobald, Professor Robey of the University of Maryland, being in the chair, there were present Prof. N. R. Smith, Prof. Chew, Prof. Levin S. Joynes, Prof. Chas. Frick, Dr. Wm. Riley, Dr. John O'Donovan, and others now living, some of whom are here to-night. I have only spoken of the dead. A presence in that room was then considered an endorsement of high merit in this city. The rule of the Pathological Society was then membership only by unanimous vote.

I might pass before you in review, many other societies, of which all of you are acquainted, holding in every part of the world a membership which is sought for by the ambitious, and when gained is a true endorsement of individual merit, and it is for this, and almost for this alone, that the membership is prized, whether that membership be active or honorary.

The affairs of these societies are properly managed. This is the point upon which we must confer.

It is well known that in most of the medical societies in this city, when a name is mentioned for membership, it is stated that the individual has a diploma from some medical college, and is therefore eligible for membership, to which he is at once duly elected. This is proper when certain restrictions are observed, but it must not be so in this Academy, provided we wish to place this Academy upon a higher plane.

This is a point also to be determined, and an important one, in which we are all interested.

This Society may fail to reach the high standard anticipated, and at which its members should aim, from a variety of causes. You all know what these causes may be as well as I do.

Like the germs of life, notwithstanding the great profusion produced, comparatively few of the germs survive;—so of the many medical societies formed, for the purpose of attaining a high end, a large majority of them fail. It seems to me, however, that here, we have a rare chance for success—provided we unite and remain firm to the cause and to ourselves. There is evidently a pressing necessity for such a Society here, and this Academy is the proper one within which to begin such a work.

It may not be out of place, if in a general way, a few of the causes are recited which will *not* infuse long life, and full success as an authoritative body, into this Society.

It will not succeed by apathy; nor develop by unfruitfulness, or want of confidence.

It will not carry on the work proposed by opening our doors to vicious idleness; by indulging in a warmth of social feelings; by relaxation of rules, or departing in any way from the fixed purpose we have in view.

It will not succeed by ignorance, fraud, or want of attention to the history of our own, or other societies which have a bearing on our case or purpose.

But we will succeed, for we have the elements of success within our circle, by the reverse of these things which have been mentioned; and added to these, let me also mention, a just and proper pride must be attached to the membership of

this society; a feeling of the benefit it may confer upon its members, even by its name alone; provided the standard of entering its portals is made sufficiently exclusive to excite pride and ambition.

There may be some amongst us, who will take a different view of the proper use of the time, which, as practitioners, each one of us is able to devote to a society.

Some may contend for practical professional work to be done in a society, saying that they go amongst their brethren to instruct as well as to learn, to give as well as to take.

There can be certainly no objection to this work, but there are societies which should have this as their special aim. There are three or four of such societies in this city amongst the general practitioners, and there are societies of specialists also.

The membership of this Academy, consisting as it does of both general practitioners and specialists, should be sought for as an endorsement of distinguished merit by all; and it is this, alone, which should induce any one to knock at its portals.

The two safe-guards which the constitution has thrown around admission, viz., the ten year clause, or the thesis clause, would seem to be sufficient provided they are well and strictly administered.

Each one should feel that the membership of this Academy is an ample equivalent to the expense of its membership even if the member never attends a meeting of the Academy. The distinguished honor of being a member should be to the ambitions, more in value than any annual subscription which could be reasonably imposed.

This will complete what I have to say of the benefits to the individual of such a medical society as I have tried to picture to you.

Financially, at present, thanks to our careful Treasurer, it may be said we are strong enough to stand; and further it may be said, that it will be our own fault if our finances should prove a source of failure. If riches, generosity, and interest should ever meet together in our circle, as they often have done

before in the history of medical societies in other cities, we will gain, as they have done, a yet firmer foot-hold. Until then we must wait upon our own husbanded resources, always believing that the financial interest is an important factor for success, and never to be lightly treated, or despised.

Allusion has been made to the fact that the history of other medical societies should not be lost sight of in our deliberations. Permit me to instance two as illustrations. One which is confined to our State alone, and another in which our State is connected as a part. These two far reaching and useful medical societies have both been driven from the higher plane of medical confraternities, to which in the beginning both aspired, principally by unwise financial miscalculations. Money is the root of all evil, even in the supposed enchanted circle of medical societies. For the sake of an increased annual subscription, these two societies lowered their standard for admission, and hence have reduced their influence.

If therefore you agree as to the leading idea, or as to the mission of this Academy; if you agree that you seek for nothing within its circle, and ask for nothing outside of it, but its authoritative discrimination, or declaration, concerning the professional standing, or proficiency of its members, then the course which is to be pursued hereafter is a perfectly plain one. We accept this mission and lose sight of the details of action which govern those other societies having a different aim. The authority implied by this trust is no easy responsibility.

If it is not as clear to you as it is to me what is meant by an authoritative medical society, so far as the Commonwealth is concerned, I will remind you by breaking my rule of naming a living man, and refer you to the recent commemorative address of the President of the College of Physicians of Philadelphia, at their Centennial Anniversary on the 3d of January. In it you will find that "The College was busy with private and public affairs, from the first. It urged the Legislature to create a botanic garden and public baths, and to

limit the use of ardent spirits. It ordered a committee to digest the business of a Pharmacopœia. It gave most valuable advice during two epidemics,—two wars,—and in all affairs of public health and quarantine; it aided the law officers as to the sale and importation of pure drugs; it gave advice as to parks, water supply, education, drainage, and the many other problems which call for advice and direction from experts."

In summing up all these things listen to the words which flowed from the scholarly pen of their President, Dr. S. Wier Mitchell. Words which cannot be too often repeated, for they contain facts and thoughts of which not only the physicians in our country, but throughout the world should be proud.

"I close," (he said) "with satisfied pride these annals of the past, and its dead.

I see about me men whose books are in every tongue of Europe, whose works are known and honored among the learned of every land, men who wear by just degree of their fellows the unseen crowns of honorable estimate. I see, too, the young in work, the men who are to follow us. To them we shall soon consign this precious heritage, the record of a century of duty; an hundred years without one break in our meetings, save when pestilence thrust upon us a more imperative service. There is that in these years to make them proud of a fellowship which in war and in peace has left us examples of single-minded workers unknown to fame, of the charity without taint of selfishness, of heroic lives lost in battle with disease, of gentle scholars, of daring surgeons, whose very fingers seemed to think, of physicians rich with every professional grace. The pride of lineage is valueless which does not secure to the future vitality of usefulness, and I must have told my story ill if to every physician who hears me its illustrations have not the invigorating force of moral tonics.

"I turn now from the present and face the silence of futurity. As earnestly as our first President, I pray with him that all those who sit around me, and all who are to come, do publicly and privately serve their generation.

"Feeling, like him, the weight and dig-

nity of my office, and to-day more than ever, I look onward thoughtfully to that next centennial time. Every heart that beats in this hall to-day will have ceased to pulsate. Another will stand in my place. Reviewing our works and lives, he will be able, I trust, to say as confidently of us as I have said of your fathers,—these, too, belonged by right of dutiful lives and sincere work, to our great, undying brotherhood.”

Although we start a century later in human progress and affairs, than the College from which I have quoted, I trust that the action which this Academy will now take may be blessed with success; that the policy which we now adopt may be one through which we too may look wisely into the silence of the future, that we may be firm and just, dignified, unyielding and vigilant, and that this Academy of our beloved Brotherhood doing good and noble deeds, may live forever and forever.

As the acts, the teachings and the personal authority of individual men help to give a society collective power to interfere in public matters, it is reasonable to expect that this Academy, if the outline of its purposes and intents are successfully carried out, will be a Medical Society giving lustre as well as pleasure to its members;—and that it will be hereafter, in matters under its own jurisdiction, an authority, adding to the progress, the advancement, the happiness and general success of the Commonwealth.

PRACTICAL NOTES ON URINARY ANALYSIS.

BY WILLIAM B. CANFIELD, A.M., M.D.,

Chief of Throat and Chest Clinic and Lecturer on Normal Histology, University of Maryland.

(Continued from last issue.)

IV. SEDIMENT.

Normal urine is generally clear when just passed. Pathological urine may be passed cloudy or may become cloudy on standing.

A microscopical examination of this cloud or sediment forms the most important part of urinary analysis. For this a knowledge of the use of the microscope is absolutely indispensable, and in this paper all such terms as, objective, eye-piece, tube, stage, slide, cover-glass, pipette, etc., will be used without further explanation.

If the sediment be abundant a drop of it may at once be drawn up with a pipette, dropped on a slide and examined microscopically. If the sediment be scanty the urine should be poured into a conical glass to allow the sediment to fall to the bottom and be collected. All urine contains more or less sediment, which sinks rapidly to the bottom or floats for a long time, or even remains adherent to the sides of the vessel, according to its specific gravity. As an improvement on the conical glass it has been suggested to allow such urine with scanty sediment to stand for twenty-four hours in a vessel with straight sides, such as a cylinder or test-tube with a foot. When the sediment has collected at the flat bottom a pipette is introduced with the finger on the top and the lower stratum of urine and sediment drawn up and this pipette is allowed to stand in the cylinder, the whole being covered with paper or raw cotton, until this scanty sediment collects at the lower end of the pipette when it is drawn out and dropped on a slide, carefully covered with a cover glass, and examined. The urine may contain such a variety of sediment that careful study is very necessary in recognizing the various substances found. According as the urine is acid, or alkaline, concentrated or dilute the sediment varies, hence a reference to the following table will assist in the examination. Some of these substances are passed out with the urine from the bladder, while others are formed after the urine has been passed.

Organized Matter

1. Mucus and pus cells.
2. Blood corpuscles.
3. Epithelium.
4. Casts.
5. Spermatozoa.
6. Bacteria.

Unorganized Matter.

Acid Urine.

Alkaline Urine.

Amorphorous.

1. Urate of sodium and potash
2. Fat

1. Phosphate of calcium.
2. Carbonate of calcium.

Crystalline.

1. Uric acid.
2. Oxalate of lime.
3. Cystin.
4. Leucin and Tyrin.

1. Urate of ammonium.
2. Triple phosphates,
3. Phosphate of calcium.
4. Phosphate of Magnesium.

1. *Mucus and Pus Cells;*

Are found in all urine and it is only when they are present in an especially large amount that they are considered pathological. In alkaline urine they swell up and take on a glassy appearance. When they contain fat drops they are probably from some abscess in the rectum, prostate, etc. In women they come from a vaginal secretion. Acetic acid renders the nucleus more distinct.

2. *Blood Corpuscles.*

These have already been discussed above.

3. *Epithelium.*

The epithelium in the urine may come from the bladder, ureter, pelvis of the kidney, kidney, vagina or urethra. Epidermis cells often appear in the field of the microscope when the fingers have come in contact with the slide or preparation. It is probably impossible to distinguish cells of the ureters and renal pelvis and even those of the bladder. The large flat vaginal epithelium may be recognized from its resemblance to the buccal epithelium. The bladder epithelium is easily recognized when the superficial and deep pear-shaped cells are floating together. Much more important is the recognition of the renal epithelium. These cells are polygonal—generally hexagonal—are smaller than

the other cells and contain a large nucleus. Their presence in the urine points to grave pathological changes in the kidney. They may appear singly, or adherent to casts.

4. *Casts.*

Tube-casts or epithelial cylinders form by far the most important pathological constituent of urinary sediment. They are so-called because they are supposed to be moulds of the uriniferous tubules of the kidney. After being thus moulded they shrink and are carried out with the urine. They are supposed to be formed by a coagulable substance in the blood or by some morbid change of the renal epithelium. According to their appearance and composition they have received different names. Their presence points almost certainly to a diseased condition of the kidney. Until recently they were supposed to be accompanied by albuminuria, but as is now known, either albumen or casts may be present without the other. The way to find them in the urine has already been mentioned. If the bottle of urine be placed upside down for twelve hours or longer, enough sediment will be deposited on the cork to be examined. Repeated examinations of the urine are necessary before a decision is reached. Urine containing casts should be examined early after securing the specimen as the bacteria and alkaline fermentation soon destroy the casts. A drop of carbolic acid is said to preserve the integrity of the casts and also other acids have been suggested, but the risk of precipitating the albumen should always be avoided. According to their appearance and composition, casts have received different names. If the mould of coagulated fibrin pass out with the urine without blood or cell, it is called a *hyaline cast* or *waxy cast*. According as epithelium, blood, fat drops, or granular matter (the two last from degenerated epithelium) are adherent to the moulds of fibrin, the casts are called respectively, *epithelial*, *blood*, *fat*, or *granular casts*. These casts vary in diameter (from $\frac{1}{1000}$ to $\frac{1}{100}$ in) according to the

part of the tubule from which they come. Hyaline casts are naturally smaller than those to which epithelium, blood, etc., are attached. *Mucus casts* have also been described. Amorphous sediment and crystals may adhere to casts, and they also sometimes arrange themselves in a cylindrical form and deceive the inexperienced. Casts of the urates and of bacteria may be mentioned. In cleaning slides and cover-glasses bits of linen threads are left on the glass and may be mistaken for the hyaline cast.

5. *Spermatozoa*;

Are present in the urine occasionally and are of interest from a medico-legal standpoint when found in the urine of women.

6. *Bacteria*;

Are observed in the alkaline fermentation.

The *unorganized sediment* consists of amorphous and crystallized matter which has no very decided clinical significance (with a few exceptions) and which it is scarcely feasible to describe further without illustrations.

V. REAGENTS AND APPARATUS.

Concent'd hydrochloric or muriatic acid C. P.
 " nitric " "
 " sulphuric " "
 " acetic " "

Glacial acetic acid.
 Solution of caustic potash or caustic soda, 1 pint to 2 of water.
 Solution of sodium carbonate, 1 pint water 3 pints sodium carbonate.
 Liquor ammoniæ.
 Solution of sulphate of copper (1 to 10 or 20).
 Solution of silver nitrate 1 to 8 of water.
 Subnitrate of bismuth.
 Chloroform.
 Alcohol.
 Common salt.

Apparatus.—Test-tubes, conical glasses, litmus paper, urinometer and glass, spirit lamp or Bunsen burner, microscope and lenses, filter paper, glass vessels, rods, etc., etc.

VI. ORDER OF ANALYSIS.

The urine is collected in a large vessel

and after standing for a few hours the upper part is poured off and the sediment put aside for microscopical examination. After noting the amount in twenty-four hours, color, consistency, transparency, smell, reaction, specific gravity and quantity of sediment, a little of the clear urine is poured into a test tube and heated to the boiling point. If a cloudiness rises it is due either to albumen or to the earthy phosphates. Add one or two drops of acetic acid and if the cloudiness disappear it was due to the phosphates; if it remain it is albumen. Then add one-half as much of a caustic potash solution as there is urine in the test tube and if albumen be present it will be dissolved while the earthy phosphates fall as a thick white cloud to the bottom of the tube. If the earthy phosphates become brown on heating, sugar is most probably present, if red, blood coloring matter. In the latter case albumen is probably also present and the presence of the hæmin crystals and the red blood corpuscles may be demonstrated by the microscope. The sediment should be then examined microscopically. In making many examinations it is generally more convenient to have a blank form in which the results may be systematically recorded for oneself or for another physician.

The following will be found convenient:

EXAMINATION OF URINE.

For.....at the request of
 Dr.....

PHYSICAL PROPERTIES.

Quantity in 24 hrs..... Odor.....
 Color..... Specific gravity.....
 Reaction.....
 Quantity and character of the sediment.....

ABNORMAL CONSTITUENTS IN SOLUTION.

Albumen..... Bile.....
 Sugar.....

SEDIMENT.

Casts..... Oil.....
 Pus..... Crystals.....
 Blood..... Date.....

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BALTIMORE, NOVEMBER 5TH, 1887.

Editorial.

THE ACTION OF CERTAIN ANTITHERMIC AGENTS ON THE NERVOUS SYSTEM.—While *antipyryn* and *antifebrin* have been, for sometime, recognized as the surest and safest agents for reducing high temperature, it is only recently that certain other important properties have been assigned to them. As their use has become more general the impression that their action was exerted centrally has grown almost into a conviction. This fact suggested the trial of these drugs in various affections of the nervous system, and sufficient clinical evidence has been collected to show that they possess a very decided depressant action on nerve tissue.

Experiments made on animals seem to prove that large doses produce stupor, prostration, loss of heat, and finally total abolition of sensation. The exact physiological action of this class of drugs is still so uncertain that their therapeutics has been largely empirical. Dr. Sprinon, a Russian physician, quoted in the *London Medical Record*, has used *antipyryn* quite extensively in hemicrania, and claims to have had excellent results from it. He states that if the drug be given at the height of a paroxysm it only relieves to some extent the pain and does not shorten the attack, but if given during the prodromal period it cuts short the attack, and allows the patient to go on with his usual occupation at once. He gives a scruple dose, preferably,

but in weak persons half the quantity.

Dujardin-Beaumont in a very instructive article in the *Therapeutic Gazette*, of October 15, gives the results of his experiments with *antifebrin*, which he much prefers to *antipyryn* for its effect on the nervous system. The therapeutic indications he lays down for the use of *antifebrin* are: to relieve pain in general, to relieve the special pain in locomotor ataxia, and to prevent the fits of epilepsy.

There is no question but that *antipyryn* and *antifebrin* are of great value in the various neuralgias, especially when dependent upon some structural alteration of the nerve. The same author quotes *Demiéville* who claims to have had excellent results with *antifebrin* in sciatica, and in intercostal and other neuralgias. This drug seems to be especially valuable in the treatment of locomotor-ataxia. It is often very undesirable to rely on morphia for the relief of the *douleurs fulgurantes*, and the evidence seems strong that in *antifebrin* we have an agent which speedily puts an end to these pains which are often so severe.

The experiments on epilepsy have not been extensive, but go to prove that *antifebrin* can in many cases be substituted for the bromides with advantage.

Just how these substances act we are not at present prepared to say. *Germain Sée* found that animals, under *antipyryn* injections, showed a great diminution in the general sensibility, and also that the electrical excitability was diminished. As to the effect of these drugs on acute rheumatism the testimony is various. They certainly relieve the pains, but probably are much less efficient than the salicylates to effect a cure of the disease.

Another drug which possesses similar properties to the two mentioned is *salol*. It seems to be valuable in relieving the pain of acute articular rheumatism, and also the pain of locomotor-ataxia.

To sum up: these agents in addition to their special action on high temperature have a very decided depressant effect on the nervous system, producing a certain amount of analgesia and thus

relieving the pain of neuralgia, neuritis and locomotor ataxia. In some manner, probably by diminishing nervous irritability, they seem to prevent the fits of epilepsy. As to their administration. The dose of *antipyrin* is from gr. v. to xxx. The large doses are required only for its antipyretic effect. In migraine grs. v-xv are sufficient. It is quite soluble in water and may be given hypodermically if necessary. The taste of the drug is disagreeable and should be disguised.

Antifebrin may be given in doses of grs. v-x. It is very insoluble in water, but readily dissolves in alcohol. Probably the best way to administer it is in capsules.

Salol should also be given in capsules grs. v-xv.

One of the strongest points in favor of these drugs is that they offer a change from the routine plan of hypodermic morphia. So far there has not been observed any after effect from their use, and if they approach morphia in relieving neuralgia their value cannot be overestimated. Physicians are often unwilling to use morphia in neuralgia, especially if the affection is chronic, but there are so few remedies that have any effect that they are driven to it.

Then, too, there are so many affections in the domain of nervous diseases for which we can do so little that we should grasp eagerly at anything which promises to be of use. A good deal of careful experimentation is required to decide whether these recent additions to our materia medica are of any real value and it is important that physicians who have the opportunity should put them to the test.

AN AUTHORITATIVE SOCIETY.—In an address published in the present issue of this JOURNAL, Dr. W. C. Van Bibber has referred to the value of an authoritative society to the profession and to the state. Dr. Van Bibber has happily selected as his model the College of Physicians of Philadelphia which combines in its purposes and in its work all that is useful in a scientific medical organization. Were there in all our large cities medi-

cal organizations working so harmoniously and efficiently in the promotion of the higher aims of medicine and in guarding the interests of society as the College of Physicians it would be a cause for professional congratulation among a large class of physicians who never fail to endorse methods or purposes which advance the cause of human good. We have before us at this time another illustration of the high aim of the College of Physicians in the shape of a report of a committee appointed by the College on October 5th, 1887, to investigate the efficiency of our quarantine arrangements for the exclusion of cholera and other epidemic diseases. This report published in the form of a supplement to the *Medical News* (October 29, 1887) first presents at some length the requirements of an efficient maritime quarantine against cholera and next shows to what extent the existing arrangements at the ports of New York, Philadelphia and Baltimore fulfil these requirements. The work performed by the committee of the College of Physicians in the preparations of this report has been both laborious and painstaking, and the conclusions reached, if properly considered and carefully enforced, cannot fail to work a far reaching public benefaction. It has been shown by this committee that the quarantine establishments at Philadelphia and Baltimore are entirely inadequate for the proper treatment of such an emergency as has occurred in New York harbor in connection with the quarantining of the passengers of the "Alesia," and has also called attention to the fact that many shortcomings likewise prevail at New York in consequence of parsimonious appropriations by both State and Municipal authorities. The thorough investigation of this important subject at this time by the College of Physicians assumes a commanding position and enforces upon professional attention the importance of a coöperation among the medical societies of the United States, looking to the early adoption of a uniform and efficient quarantine of all exposed ports. In fact in a resolution offered by the committee of the College the authority to

issue an address to the medical societies of the country, and seek their coöperation in this respect, was adopted. The initiative taken by the College of Physicians in this matter was not only timely but in the extreme humane. It has been shown that our Atlantic ports are totally unprovided for the safe and humane treatment of cholera infected emigrants and that unless something be done to improve our quarantine regulations great suffering and injustice may be imposed upon emigrants arriving from cholera infected countries.

The great authority of the College of Physicians leading in this matter cannot result in other than good to the people of our country and to those who seek an asylum on our shores.

HOW TO INDUCE A RAPID, SAFE AND EFFECTIVE GENERAL ANÆSTHESIA.—

Any one who has had a large experience in the administration of anæsthetics is aware of the fact that patients are influenced very differently by the agent employed. Whilst one patient will succumb quietly and quickly to the anæsthetic, and in a very few minutes is profoundly anæsthetized, another will resist the influence of the drug and require a considerable interval of time to come under its effect. This disparity of effect may be due to a number of different causes, but Dr. J. Leonard Corning, of New York, (*New York Medical Journal*, Oct. 22, 1887) offers an explanation which is entitled to consideration. Dr. Corning has observed that a small man responds more quickly to the influence of the same quantity of alcohol than a larger individual. He accounts for this disparity on the ground of the difference in the blood quantity of the average large and small person; "in other words, there is less blood to saturate in a small individual than in one of greater weight and size." Reasoning from this fact, Dr. Corning argues that by cutting off a certain portion of the circulation we are able with a smaller quantity of alcohol to produce equally pronounced effects in a shorter space of time. He has applied this observation and has found that when a strong band

is secured around each thigh so as to effectually interrupt the circulation a smaller quantity of alcohol is required to affect the central nervous system. What is true in this respect of alcohol, Dr. Corning says, is true with equal force of ether anæsthesia, and to confirm this fact he has applied the test in the following way:

"Some time since, there was admitted into the Manhattan Eye and Ear Hospital a man who had been addicted to the abuse of alcohol. Shortly after his entrance into the hospital he was anæsthetized for the purpose of performing an operation upon one of his eyes. The time consumed in etherization, on this occasion, was from six to seven minutes. On the 10th of October it became necessary to perform a second operation, and, at the invitation of Dr. David Webster, ophthalmic surgeon to the hospital, I attended, and sought by the application of the principles above referred to, to diminish the time required to etherize the patient. The simple procedure resorted to was as follows: A strong, flat elastic tourniquet was secured around each of the patient's thighs, so as to arrest both the arterial and venous blood-flow in the same. By this procedure each limb was converted into a species of receptaculum for a considerable proportion of the total blood-mass, or, as a distinguished friend of mine who was present put it, 'about one-third of the man was cut off,' and consequently it was only necessary to saturate the remaining two-thirds (of the total blood-mass). The ligatures being in place, the ether cone was applied over the mouth and face of the patient, and in about three minutes by the watch (according to Dr. Hepburn, who was present and paid particular attention to this portion of the investigation) the patient was anæsthetized. Dr. Webster then performed the operation of iridectomy. On the completion of the operation, the ligatures were removed and the patient recovered from the effects of the ether instantly. This rapid recovery from the effects of the anæsthetic created considerable comment from the medical gentlemen present, and was certainly a very interesting

phenomenon from whatever physiological standpoint one chooses to view it."

Dr. Corning proposes in future to test this mode of inducing general anæsthesia by ligating the arms near the axillæ as well as the limbs.

The method has been suggested at this time by Dr. Corning with a view of inviting further remarks in a field which events may prove to be not wholly devoid of practical interest.

Reviews, Books and Pamphlets.

Insanity: Its Classification, Diagnosis and Treatment. A Manual for Students and Practitioners of Medicine.

By E. C. SPITZKA, M.D., President of the New York Neurological Society, etc., etc. New York: E. B. Treat. Pp. 423. Price \$2 75.

It is a lamentable fact that the profession at large is very ignorant of the subject of Insanity. Every few days one may read in the newspapers the report of some trial in which the respectable family physician has stultified himself, and cast ridicule upon his profession by his testimony. One reason for this state of things is that the subject of Insanity is taught in so few of our colleges that the average doctor has very hazy ideas concerning it.

The book before us is most admirably adapted to supply this lack of training. It does not aim at an extensive treatise on Insanity, but puts the subject in a concise, systematic and very attractive form. Part I, the author devotes to the general character and classification of Insanity. He states very clearly the difficulty, nay, the almost impossibility of defining Insanity satisfactorily, so it is hardly fair to criticize his definition, which is cumbersome, involved and entirely too long. It covers the ground carefully however, and is a useful addition to the long list of definitions that have gone before.

Somewhat the same thing may be said of his classification, which is too minute, but compiled with scientific accuracy.

In Part II, the various special forms of Insanity are discussed under their

appropriate heads, and illustrated here and there with striking and pointed cases, showing a large clinical experience, and a great familiarity with the literature on the subject. It is gratifying to note the substitution of the term *Paranoia* for the old confusing *Monomania*. The third division of the book is given up to the practical relations of Insanity, such as the methods of examination, differential diagnosis, and treatment.

As a whole the book is clear, systematic, and thoroughly scientific. The author's style is exceedingly pleasant, and he handles his opponents, and delivers his criticism in a manner that is vigorous and pointed.

Massage as a Mode of Treatment. By WM. MURRELL, M.D., F.R.C.P., etc. Third edition. Philadelphia: P. Blakiston, Son & Co. 1887.

Dr. Murrell deserves the gratitude of the profession for the practical manual on massage which he has prepared. He has evidently studied this method of treatment under the most competent masters of Europe, and gives a clear and practical account of its application. Wherever necessary, cases are cited to show the effects, sometimes little short of magical, of this method of mechanical therapeutics.

A great merit of the book is the simple and unaffected style in which it is written. It may be described as being "as interesting as a novel."

Treatise on Human Physiology; for the Use of Students and Practitioners of Medicine. By HENRY C. CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, Philadelphia, etc. Philadelphia: Lea Brothers & Co., 1887. Pp. 931.

The volume before us from the pen of Prof. Chapman is an exceedingly valuable contribution to the literature of physiology. Whilst the work is designed as a test-book for the student the author has entered so largely into the discussion of the science of physiology that he has made it an exhaustive

treatise upon this department of study. The subject-matter presents a complete survey of physiology in its very latest aspects. The rapid additions made to our knowledge of this branch of learning make a revision of physiological literature a matter of frequent importance. It cannot, therefore, be claimed that such text-books as the one before us are unnecessary or undesirable. It is quite true the valuable works of Dalton, Flint, Foster and Yoe present from so many standpoints an accurate knowledge of the science, but the labor of an independent worker in this field will not prove unacceptable to students at this time. The author has been a diligent worker in experimental physiology and he has incorporated in his book the methods employed by him and the results of his observations and investigations. The volume is profusely illustrated with diagrams showing the apparatus employed in the laboratory of the Jefferson Medical College, which seems to be unusually rich in material for physiological experimentation. The text has been arranged in a systematic way and presented in a clear and forcible style. Without sacrificing any of its scientific accuracy and carefulness of statement, the text is practical and direct and will be easily comprehended by the student. Many of the subjects are exhaustively treated and present a wider view than will be found in any text-book on physiology in the English language. We predict for the volume a generous reception and a hearty appreciation. It will rank side by side with the leading works of American authors. The mechanical work is admirably executed considering the great number of illustrations. It is printed on the very best quality of paper, in clear type, and, if such a thing be possible, is an improvement on the text-books always handsomely brought out by the Leas.

The Principles of Theoretical Chemistry with Especial Reference to the Constitution of Chemical Compounds. By IRA REMSEN, Professor of Chemistry in the Johns Hopkins University. Third edition, enlarged and re-

vised. Philadelphia: Lea Brothers & Co., 1887. Pp. 312.

A Manual of Organic Materia Medica, For Students, Druggists, Pharmacists, and Physicians. By JOHN M. MAISCH, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Third Edition. Philadelphia: Lea Brothers & Co., 1887. Pp. 511.

Miscellany.

MELANCHOLIA DUE TO THE PROLONGED USE OF MORPHINE.—Dr. S. B. Lyon presented the history of a case of melancholia following the prolonged use of morphine for the relief of cardiac pain. The patient was a woman fifty years old, who for three years had suffered from a trouble diagnosed as angina pectoris, which only morphine relieved. From two to seven grains had been taken during the day. She had subsequently suffered with terrors and delusions similar to those of the morphine habit, but more persistent. Relief was obtained after the withdrawal of the drug and the removal of the patient to an asylum, away from the unwise attentions of her friends. The cure was sudden, complete banishment of her terrors and delusions occurring in a single day. A curious double consciousness characterized this case. While denominated with her delusions she preserved her ordinary consciousness, thus appearing to inhabit in thought both a real and unreal realm. While insane this patient was free from her cardiac pain. This subsequently appeared again, but yielded to electrical applications.

Dr. M. Putnam-Jacobi considered the case very interesting. The conception of the ego as a simple unit was childish. Undoubtedly changes might occur in the groupings which went to form the consciousness of which the ego was made up. In this case there was destruction of the ordinary linkings of consciousness, with a replacement of the ordinary normal impressions by the formation of a new sphere. The aberrations produced

by morphine and other toxic influences could be explained in like manner. The suddenness of the recovery in this case further demonstrated that the forced paths of association had ceased to be traveled and the old ones been resumed, a process which might be likened to the switching of an engine from one track to another.

Dr. Hammond objected to the term double consciousness in connection with the case. Double consciousness might be represented by plus and minus. The patient was not at the same moment in both conditions, but at different periods led separate lives, during the plus condition knowing nothing of what occurred during the minus condition, and *vice versa*.

Dr. E. C. Spitzka thought that the reader of the paper had used the term with the meaning of the French. The case was assuredly not one of double consciousness as the term was used by alienists. In double consciousness there was really a double ego with alternate consciousness.

Dr. Lyon recognized that the case was not one of double consciousness as Dr. Hammond and Dr. Spitzka had used the term. The patient had, however, a double consciousness in an ordinary acceptance of the word, with a real and unreal aspect, the latter dominating.—*New York Medical Journal*.

THE GENUINE SUCCUS ALTERANS.—Dr. Fred. Oberd, of Hot Springs, Ark., says: The *genuine* preparation, SUCCUS ALTERANS, gives him the greatest satisfaction in the treatment of syphilis and rheumatism. He has in many such cases given the Succus alone, and he is convinced that it serves always as the best alterant in treatment of blood diseases.

BROUARDEL ON TYPHOID FEVER.—At the recent Hygienic Congress at Vienna, Brouardel read a paper on the causation of typhoid fever, whose summary is as follow:

He would now seek to show what science had done; and as an illustration, he selected typhoid instead of cholera,

for in the long run it was the most fatal of the two diseases. At Geneva the International Congress was still undecided. Some said that typhoid arose from the fermentation of organic matter; others that a specific germ alone sufficed, without any decomposition of organic matter. The Congress could not agree whether the fever was contagious or only spread by water or the absorption as food, of some other contaminated substance. In 1884 an effort was made to utilize the current of the Rhone as a motive power. A lock was constructed, and this caused some of the drinking water supply to flow backward toward the mouth of a sewer. Some months previously this sewer received the dejections from two or three isolated cases of typhoid fever. In a few days after the contamination of the water supply a serious epidemic broke out in Geneva, and there were no less than 500 cases. Last year at Clermont Ferrand and Mont Ferrand there were 300 cases of typhoid due to water contamination, while such places as Chamavière and Royat, though close by, escaped, their water being derived from a different source. In Paris, whenever the supply of the pure water from the Vannes or the Dhuis fell short, and the water from the Seine, the Ourcq, or the Marne were used instead, the hospitals were filled with patients suffering from typhoid fever, precisely three weeks after such alteration in the character of the water supply. Studying the question from the bacteriological point of view, Dr. Brouardel showed that the multiplicity of microbes render this investigation very difficult. After five years it was found that a few drops of carbolic acid in a culture broth had the property of killing all these microbes with the exception of the special microbe of typhoid fever. This latter developed so slowly that it escaped the action of the acid. In the examination of the waters the same process was used; and now it was possible to say definitely that such or such a substance contained the real germ of typhoid. At the same time he was not prepared to say that typhoid could never arise merely from foul air. In a family of nine, living on

identically the same food, the son alone contracted typhoid fever. It was found that under his room window there was an open soil pipe. In another family precisely the same incident occurred, and this among his own patients, and quite recently. Nevertheless water was the more general cause of the disease. He concluded by urging that it was more easy to cover water than to protect open rivers or canals from contamination. Water ought to be brought to large towns in pipes or closed aqueduct. If we thus protected the health of the great centres, the rural districts would also largely benefit, as their epidemics were very often imported from towns.—*Lancet*, October 1st, 1888.

LESIONS OF THE PLACENTA IN ALBUMINURIA.—Albuminuria has long been recognized as predisposing to puerperal hemorrhage, and in women who have succumbed to attacks of eclampsia, hemorrhages have been found in the brain, liver, kidneys and lungs. The placental lesions, however, have so far escaped notice. According to Dr. Rouhaud (*Archives de Tocologie*) the outside appearance of placentas containing hemorrhagic foci is not, as a rule, different from the normal, unless they, or some of them, should be near the surface. On manipulating the placenta indurated nodules can be felt, on cutting into which a clot of variable size may be discovered. In the first variety the cavity is irregular, ragged, and throws out branches, never, however, communicating with the surface. In a second variety the blood is contained in cavities, round or oval in shape. The walls of these cavities are formed by the tissues of the placental cotyledons, and no trace has ever been found of the orifices of the vessels, the rupture of which had given rise to the hemorrhage. They are generally situated near the borders of the placenta. Their number varies from four to fourteen, but does not often exceed four or five. Out of sixty-eight women whose urine contained albumen during labor, twenty-eight had more or less hemorrhage into the placenta, equal to forty per cent, of the

cases. The frequency would appear to bear some relation to the intensity of the albuminuria. Twenty out of the twenty-nine cases in which hemorrhages were found were primiparæ. The diagnosis cannot be made with certainty. A sensation of sudden weight and pain in the pelvis toward the termination of pregnancy, with albuminuria and slowing of the fetal heart, may give rise to a suspicion, but rarely with sufficient clearness to justify intervention on behalf of the fetus. Albuminuria alone would not seem to have an unfavorable effect on the progress of pregnancy, but placental apoplexy is very apt to cause abortion. In twenty-nine cases of albuminuria with hemorrhage into the placenta, pregnancy went on to term fourteen times; in the remainder delivery was premature, most usually between the seventh and eighth month. Out of forty-one cases of albuminuria without placental lesions, premature delivery took place seventeen times; but in six of these, hydramnios, or twins may have conducted to this result. Albuminuria without placental lesions would therefore appear to cause premature delivery in twenty-per cent. of the cases. As regards the health of the fetus, the result of placental hemorrhage is even more disastrous. In twenty-nine cases of albuminuria with placental lesion, in eleven the fetus was still-born, and the remainder were much below the usual weight. Out of forty-five children born of albuminuric women without placental lesions, twelve only were still-born, and the others were of normal weight.—*Weekly Medical Review*.

AVULSION OF INGROWING NAIL UNDER HYPNOTISM.—Dr. S. L. Trivus, of St. Petersburg, relates (*Vratch*, No. 31, 1887, p. 607) a case in which he removed an in-growing nail from the great toe of a cook after a hypnotic state had been induced in the patient. The operation lasted about twenty minutes. At first the woman occasionally moved her foot about, but when the author had suggested to her that no more pain was to be inflicted, and that the foot must be kept at rest, she sat quite quiet till the matrix of the toe was incised. At that point of

the operation she shrieked out, and when questioned about the cause, stated that "a dog had just bitten her." After applying the dressing, Dr. Trivus woke her up, and asked whether she would consent to the operation. She hesitated a little, and then said, "Yes, go on." On his pointing to her bandaged foot, however, she at once guessed that all was over already, and burst into laughter followed by hysterical sobs. No pain was felt till the next day, when she became somewhat lame. Dr. Trivus also relates an instructive case in which a young man of 25, after having been hypnotised for the sake of experiment and subsequently awakened, could not return to his normal state for several hours: when left alone, he was seized with a kind of hypnosis, and on his way home fell into a deep swoon in the street.—*Brit. Med. Jour.*, Oct. 15, 1887.

TREATMENT OF LEPROSY.—Speaking before the American Dermatological Association, Dr. Unna, of Hamburg, is reported (*Boston Med. and Surg. Jour.*) to have said that in five cases of leprosy he had recently observed encouraging results follow the external application of the following ointment: Chrysarobin, 5 parts; ichthyol, 5 parts; salicylic acid, 2 parts; vaseline, 100 parts. For the nodules on the face he replaces the chrysarobin by pyrogallic acid. For the older nodules he uses a plaster mull containing salicylic acid, with or without chrysarobin. Dr. Piffard recommended the internal use of strychnine or nuxvomica in large doses, combined with the external application of chaulmooga oil.—*Brit. Med. Jour.*, Oct. 15, 1887.

LANOLIN PREPARATIONS IN SURGERY.—Dr. Güterbock has substituted lanolin for the ordinary bases employed for ointments. He has experimented with ointments containing oxide or iodoform, in the proportions of 1 to 10. He has found that, with few exceptions, those ointments made with lanolin are borne by patients in whom the same ointments made with fat or vaseline produced injurious effects. He has obtained the best results with them in cases of eczema,

and in fresh burns. By the simultaneous use of disinfecting baths, along with the ointment, and by thoroughly cleansing the neighbourhood of the wound, he has succeeded in keeping large wounded surfaces in an aseptic state.—*British Medical Journal.*

THE BINIODIDE OF MERCURY IN GONORRHOEA.—Dr. C. R. Illingworth, writes to the *British Medical Journal*: I find that the biniodide of mercury is very serviceable as an injection in gonorrhœa when used in solution of iodide of sodium. I combine it with carbonate of soda and sulphate of zinc as follows:

℞.—Sol. hydrarg. bichlor. ℥ ij;
 Sodii iodidi ʒ ss;
 Sol. morph. (B.P.) ʒ ss;
 Sodæ bicarb. ʒ jss;
 Zinci sulph. gr. x;
 Aquam ad ʒ vj.

M. et solve. Ft. inject.

ETHER INHALATION IN TETANUS NEONATORUM.—A Belgian physician, having a case of trismus neonatorum, and having repeatedly given chloral and ether per rectum without producing any effect, the child rapidly becoming worse and seeming in imminent danger of death by asphyxia, determined to use ether by inhalation. In addition to this, artificial respiration was employed from time to time by means of a tube inserted into the nostrils. Some pieces of Rigollot's mustard leaves were also applied to the chest. The child was laid on its side according to a suggestion made by Marion Sims. The result of this treatment was that in a few hours the little patient's condition had improved to a very marked degree. The next day profuse perspiration occurred and the spasms entirely ceased. Shortly after this the child was convalescent.—*Med. Rec.*

Prof. Garretson's favorite prescription for erysipelas is:

℞. Quiniæ sulphatis ʒj
 Tinct. ferri chlor. fʒj
 Tinct. cinchonæ comp. ʒiij M.
 Sig.—Apply locally.

Medical Items.

Yellow fever still continues at Tampa, Fla.

Sir William Gull, who was stricken with hemiplegia a few weeks ago, is improving, and strong hopes of his recovery are entertained.

The Hospital Sunday Fund collected this year in London amounted to £40,466, being the largest sum ever collected since the initiation of the movement.

The patient upon whom Dr. J. G. Jay, of this city, performed the Sanger Cæsarean Section, on October 23, is so far improved at this date of writing (November 3rd) that her recovery is almost assured.

The Crematory of Paris will be opened during the present month. It is estimated that the furnaces will be able to consume 4,500 bodies annually, which is said to be about the average number of corpses leaving the hospitals in Paris during the year.

Blockley Hospital, Philadelphia, has been in operation since 1742, but the first Resident Physician was appointed in 1788. The Ex-Resident Physicians have recently effected a permanent organization with the view of celebrating the centennial of the entrance of the first Resident Physician, which will occur on June 6th, 1888.

The Western Pennsylvania Medical College at Pittsburg began its second annual regular course on Tuesday, September 27th, with a class of near 100. The introductory address was delivered by the Secretary of the Faculty, Professor W. J. Asdale. This College requires an entrance examination, and provides a three years' graded course.

Owing to stress of competition abroad, many physicians in Germany will make a professional visit for half a mark (about 10 cents), and Prof. Hegar has said that unless something is done to put a stop to the present rush of men into medicine, the profession will become "a veritable *proletariat*."—*Med. Rec.*

The grateful patients and admirers of the late Dr. John A. Chilton, of Warrenton, Va., will erect a handsome monument over his grave as a testimonial from the citizens of Fauquier County. Dr. Chilton spent a long and laborious life serving the people of Fauquier County and this tribute to his memory was worthily won by his professional skill and labor extended through many years of practice.

The *British Medical Journal* (October 22, 1887) states that the Crown Prince's condition is highly satisfactory. "There is no recurrence whatever of the growth; the functions of the parts are not interfered with in the slightest degree, except that the voice is still

rather weak; there is no appearance or sensation in the throat that need cause either alarm in the present or well-grounded apprehension as to the future."

Dr. George Arthur, Passed-Assistant Surgeon U. S. Navy, was killed on the Norfolk and Western Railroad, near Salem, Va., on November 2nd, by falling from a car. Dr. Arthur was born in this city and graduated in medicine from the University of Maryland in 1873. He entered the Navy shortly after graduation. It is said he was on his way to Shelbyville, Tenn., to be married when the fatal accident occurred.

An organization to be known as the Southern Surgical and Gynæcological Association has been formed in Birmingham, Ala., with Dr. W. D. Haggard, of Nashville, Tenn., as President; Drs. R. D. Webb, and J. W. Sears, of Birmingham, as Vice-Presidents, and Dr. W. E. B. Davis, of Birmingham, as Secretary. The meetings of this Association will be held annually in September at such places as may be selected. The membership is limited to physicians living in the Southern States.

The Maryland State Board of Health will hold a Sanitary Conference under its auspices in this city on November 16 and 17, 1887. The sessions will be held in the hall of the Medical and Chirurgical Faculty of Maryland, N. W. Corner of St. Paul and Saratoga Streets, at 11 A. M., 3 P. M., and 7:30 P. M. During each session there will be one or more addresses or papers on some subject of general interest pertaining to public health. The object of the Conference is to awaken an interest in sanitary matters throughout the State, by bringing together for consultation all who feel an interest in public and personal hygiene, and who desire to diffuse among the people such information as may secure exemption from avoidable causes of disease. A large attendance upon the part of the profession is invited.

The new local anæsthetic stenocarpine, now called *gleditschine*, has suddenly received an injury from an unexpected quarter. Messrs. Parke, Davis & Co., in their investigations of a two per cent solution of the drug furnished by Messrs. Lehn and Fink, of New York, claim that it contains six per cent. of cocaine, and a sulphate which they think will likely prove to be that of atropine. They also state that an investigation of the leaves of *gleditschia triacanthos* show that they contain only an infinitesimal percentage of an amorphous alkaloid devoid of anæsthetic or mydriatic properties. Should these observations be confirmed by other chemists *gleditschine* will lapse into obscurity as a clever hoax. It must be remembered that Drs. Claiborne, Knapp and others are not responsible for the preparation of the drug submitted to them for examination. They have based their conclusions upon the physiological effects of the two per cent. solution furnished by Lehn and Fink.

Original Articles.

PRACTICAL NOTES ON THE TREATMENT OF SKIN DISEASES.

HYPERTROPHIES OF CONNECTIVE TISSUE.

(Continued from issue of October 15.)

BY GEORGE H. ROHÉ, M.D.,

Professor of Dermatology and Hygiene, in the College of Physicians and Surgeons.

SCLERODERMA.—*Hide-bound Skin.*

This a rare disease of the skin, the returns of the American Dermatological Association showing a proportion of about one in four thousand cases of skin diseases of all kinds. It is characterised by a dense, unpliant transformation of the skin usually of slow development. The surface affected may be limited in extent, or, as in cases reported by Schwimmer, involve the entire surface.

There are usually no subjective symptoms except such as result from defective mobility or pliability of the skin.

If the sclerotic patch is in the neighborhood of a joint, the movements are interfered with. In a case reported by Hilton Fagge, in which the disease was localised in the face the movements of the mouth and jaws were so much hindered that the patient starved to death on account of inability to eat. Sometimes, however, there is pain, tingling, or itching. The skin may be of a white or yellowish color, but is usually more or less pigmented. In one case under my care the skin was dry, hard, and of a dull brown tint.

Morphœa, which apparently depends upon the same pathological condition as scleroderma, has many clinical points of difference and is usually described as a separate affection by American dermatologists. In this disease there are whitish or mottled, hard, round, oval or elongated plaques surrounded by a bluish or pinkish border. The hard border in morphœa is distinctly marked to the touch, while in scleroderma there is no distinct line of

demarkation between the diseased and normal skin. The subjective symptoms of morphœa are similar to those of scleroderma. The German authors make no distinction between the two affections.

The pathological process appears to be at first, a hypertrophy of connective tissue, followed latter by an atrophy. In spite of the many histological studies by competent observers the nature of the disease is not yet well understood. Schwimmer believes it to be a trophoneurosis. Unfortunately this explanation adds little to our knowledge of the affection.

The etiology is obscure. We only know that it is about four times as frequent in women as it is in men. Westphal has found morbid changes in the brain, and Schwimmer peripheral nerve lesions in cases examined by them.

The disease sometimes gets well spontaneously, but the prognosis is unfavorable. Internal remedies have no apparent influence upon the progress of the malady. In a case seen by me massage with inunction of cod liver oil, and the internal administration of large doses of tincture of chloride of iron resulted in a cure. Whether the effect is to be ascribed to the treatment is uncertain.

Galvanism has been used by some with asserted benefit. In one of Schwimmer's cases of universal scleroderma, galvanisation of the sympathetic resulted in almost complete recovery after eighteen month's continued treatment.

Alkaline, iron, salt and vapor baths, frictions with unguents or oils, the internal use of iron, quinine or other bitter tonics are recommended by various authors.

SCLEREMA NEONATORUM.—*Indurative Edema of the Skin of the New-born.*

Sclerema neonatorum, or sclerœdema, as it has been well called by Soltmann, is extremely rare in the United States. In nearly ninety thousand cases of skin diseases of all kinds reported to the American Dermatological Association not a single case of this affection is re-

corded. Meigs and Pepper in their encyclopedic work on the *Diseases of Children* refer to one case occurring in the course of atelectasis pulmonum, and Hyde refers in an indefinite manner to several cases seen by him.

Indurative œdema of infants usually occurs before the sixth day of extra-uterine life. The children are languid, somnolent and suckle with difficulty. The respiration is shallow, irregular, and slowed. Pulse and heart's action weak. Temperature much below the normal, in one case seen by Soltmann, sinking to 60° F.

The skin is tense, yellowish-white or mottled, and spotted with ecchymoses. The œdematous surfaces are firm and resisting but will pit slightly on pressure. The induration usually begins in the calves of the legs and gradually extends over the body.

The disease has no relation to scleroderma of adults. It generally occurs in weak, prematurely born infants. Unfavorable surroundings, defective nourishment, insufficient protection against cold, and probably want of care and attention seem to be causative factors. The fact, however, that even in France and Germany, where the disease is comparatively frequent, few cases are seen in private practice and nearly all in foundling asylums, points to a possible source of the disease in contagion or infection.

The prognosis is exceedingly grave. The average mortality is from 80 to 90 per cent. According to Rayer the recoveries are only from one to two per cent. Soltmann has never seen a case recover.

In view of this mournful prognosis there can be little question of treatment. Keeping the little patient warm, giving stimulants internally, and applying embrocations externally comprise all the measures available.

(To be continued.)

Dr. Wm. Selden, a well-known physician of Norfolk, Va., and the wealthiest citizen in that city, died suddenly on November 7th, at the age of 80 years.

INJURIES OF THE FŒTUS DURING LABOR.*

BY THEOPHILUS PARVIN, M.D.

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Though injuries of the child during labor are not frequent, probably they are much less rare than commonly believed. In many instances they are not recognized immediately after delivery, and they may spontaneously disappear, and in some their consequences are attributed to erroneous causes.

Some of these lesions may happen in spontaneous labor, and others in artificial, whether the interference be manual or instrumental. It is impossible to classify them according to their causes, and apparently the most satisfactory division is one resting upon the regions or parts affected. Hence, in the paper now presented, injuries to the fœtus in labor will be divided into those involving the head and neck, those of the trunk, and, finally, those of the extremities.

INJURIES OF THE HEAD AND NECK.

Contused wounds of the scalp and of the face, and incised, punctured, and lacerated wounds of the former are met with. So far as contused wounds of the face are concerned, it usually happens that they follow difficult delivery with the forceps, especially if the instrument be a powerful compressor; so too these result if the blades are applied obliquely, or antero-posteriorly to the head instead of to its sides. But in most all cases the effects are trivial and soon disappear. Punctured and incised wounds of the scalp have been made by the obstetrician mistaking a caput succedaneum for the fœtal sac. Tarnier mentions an instance of a wound thus inflicted leading to the death of the child from erysipelas a few days after birth. More extraordinary is a lacerated wound of the scalp made in the effort to apply forceps, the operator introducing one of the blades between the scalp and the cranial bones. An ex-

*Read before the Philadelphia County Medical Society, October 20, 1887.

ample of this terrible blunder is mentioned by Charpentier, and I have met with a similar case.

Sloughing of a portion of the foetal scalp has been observed following some cases of spontaneous labor. Thus, Priestly* has reported a case of this kind, resulting in death eight days after delivery; the labor was protracted for forty-eight hours because of a narrowed pelvic outlet. Lizé,† of Mans, states that in the case of a multipara, forty years of age, the waters ruptured five days before the birth of her child, which presented by the vertex, but occupied an occipito-sacral position. Five days after delivery, a slough involving almost the entire extent of the occipital bone appeared; three days subsequently it became detached and the child recovered.

Bouchut‡ quotes from Lorain a case of gangrene of the scalp in a newborn child occurring in the service of Moreau at the Maternity. The mother was a primipara, and the labor lasted forty-eight hours, terminating spontaneously; the child died on the nineteenth day.

Dr. Goodell informs me of a case in which an oblique application of the forceps was made—one blade being in relation with the right frontal bone, and the other with the left occipital—and the right anterior portion of the head was so bruised that sloughing occurred a few days subsequent to birth; after the detachment of the slough a fatal hemorrhage occurred.

Depressions and fractures of the cranial bones, separation of their union to each other, fractures of the bones of the face, as well as disjunction of their articulations and joints, have been observed more or less frequently in cases of difficult labor, manual or instrumental—some of them, indeed, in spontaneous labor.

In regard to depressions of the bones of the foetal skull, some obstetricians have asserted that they are always accompanied by fractures. That was the opinion of Danyau, of Lachapelle, and

of Schröder. But the following case,§ given by Matthews Duncan, seems to strengthen the view held by most obstetricians, that such depressions may occur without the bone involved being broken. The case was one in which persistent digital impression was produced on the right parietal bone of a foetus during birth, by the finger of the accoucheur, who was endeavoring to cause rotation. The result was slight, short, but frequently repeated epileptiform seizures, which lasted some time after the digital impression had disappeared, and were finally replaced by choreic movements. Now it seems hardly probable that the pressure of the finger produced a fracture of the bone.

Dugès* has given an instance of great depression in one of the parietal bones, not followed by any serious consequences. The child was delivered by the feet through a pelvis of which the conjugate was estimated at three inches and a quarter. Powerful traction upon the shoulders and upon the lower jaw was necessary to bring the head past the obstruction, and the parietal bone, which was in relation with the sacro-vertebral angle, presented a depression half an inch in depth and two inches in breadth. The infant was resuscitated with difficulty, then had convulsions, but in a few days was quite well, and in fifteen days the depression had entirely disappeared.

Minor depressions or indentations are sometimes seen, especially after the application of the forceps, and in rare instances such marks are permanent. But we must not be in haste to conclude that these indentations found upon the head of a newborn child are proofs of instrumental delivery, for Oslander† has stated that having delivered a child by podalic version through a narrowed pelvis, he found upon its head a depression into into which the end of a forceps-blade

§British Medical Journal, October 13, 1873.

*Quoted by Jacquemier, *Manual des Accouchements*. Paris, 1846.

†Given by Cieslewicz, *Verletzungen des Fœtus durch den Geurthshelfer*. Halle, 1870. Cieslewicz gives forty cases of fracture, fissure, contusion of nerves, laceration of muscles, separation of epiphyses, etc., occurring in labor; he also reports two of rupture of the longitudinal sinus.

*London Obstetrical Society's Transactions, Vol. I.

†Annales de Gynecologie, 1875.

‡Traite Pratique des Maladies des Nouveau-Nes, etc.

accurately fitted; so that he himself would have concluded, had he ever a similar depression, that the delivery had not been spontaneous, but by the forceps.

Fractures of the foetal skull have been observed as the result of direct violence, as when a woman expels her child while she is standing, and it falls on the floor. Or, again, a woman, † near the close of the second stage of labor, the child's head being at the vulvar opening, threw herself out of the window, and several fractures of her limbs, as well as fracture of the child's head, resulted.

But apart from these cases in which the injury has resulted from direct violence, and those observed in delivery, whether spontaneous, manual, or instrumental, in narrowed pelves, which will be referred to in a moment, fracture may occur when the labor is in all respects perfectly normal, so far as duration and facility are concerned. Thus, Dr. Charles West § has reported the case of an infant dying from convulsions nine days after birth, the labor having been an easy one and lasting but five hours; the mother had previously given birth to two living children, and these labors too had been normal. Yet upon an autopsy of the third child, a fracture of the right parietal bone, with effusion of blood between the cranium and dura mater, the effusion being more than half an inch thick and occupying the entire fossa of the bone, was discovered. He states in his report that fractures of the skull have been known to take place during easy labors, and wholly independent of any preternatural degree of ossification of the skull. Monteith* mentions having attended a case of perfectly natural labor, yet the child had a fracture of the right parietal bone; there was a marked depression in the middle of the bone, and the fracture extended to the sagittal suture on one side, and to the coronal on the other.

It is quite apparent that a case such

*Quoted by Delore, *Fractures du Fœtus*, Dictionnaire Encyclopedique des Sciences Medicales.

†Transactions of the London Medico-Chirurgical Society, 1845.

*London Lancet, November 14, 1874.

as either of these might give rise to medico-legal investigation, or to unjust censure of the obstetrician.

Coming now to fractures of the bones of the cranium or face, or rupture of joints involving the maxillary symphysis, or the cervical vertebræ, or fracture of a vertebræ, for it is claimed that usually the body of one is broken rather than a separation between two vertebræ, as the consequence of great traction occurring in manual or instrumental delivery, an important question arises as to the amount of force that may be safely used either with hand or instrument. In illustration of the great force which has been employed in forceps delivery without injury to mother or child, I quote the following from Dr. Peugnet. † He states:

"I was called to Mrs. K., a multipara, in labor with her third child. The first two were delivered by craniotomy. The vertex presenting, B. O. A., and impacted between the sacrum and the pubes, the conjugate diameter of the superior strait greatly contracted, I applied forceps, and had great difficulty in locking them. Dreading the laceration which might ensue in this case from side-to-side lever action, I concluded to rely upon direct and steady traction. My strength giving way, her husband held me round the waist, whilst the patient was held *in situ* on the dorsum by four women. In forty five minutes I had the satisfaction of bringing the head down upon the perineum. The delivery was then speedily accomplished. Both mother and child, a girl, did well."

The least that can be said in regard to this case is, that the result was very remarkable, and it is doubtful whether the practice pursued could be repeated in any considerable series of similar cases without injury to both mother and child.

Delore, ‡ after remarking that the foetal head may endure, without injury, a great compressing force if applied to a large surface, and if made by a regularly concave surface, as that of the blades of the forceps, states that from his experiments he found a compressing force of one hundred kilogrammes did not cause a fracture. But, on the other hand, if the blades slip, if the pressure is made upon a small surface, fracture follows the exercise of much less force. Further, a blunt, angular body, such as the sacro-vertebral angle, the spherical surface of which is described by a radius of two or three centimetres, produces a

†Ohio Medical and Surgical Journal, 1878.

‡Op. cit.

fracture with a force of twenty kilogrammes. As the force which is exerted in difficult labor is more than twenty kilogrammes, fracture results.

Nevertheless, these results are not in complete accord with those of Goodell,* though, as will be seen, he is discussing the question of the amount of force of traction that may be safely used in a narrowed pelvis without injury to the neck of the child. Nevertheless, the subject of injury to the bones of the head is also involved, and in only one instance, I believe, does he mention fracture of one of the cranial bones. He states that he has on several occasions delivered living children after throwing on their necks a weight of 130 pounds. He further says that, although exerting all the manual strength at his command, he has never seen the body part from the head; he mentions one instance in which there was not the slightest apparent injury to the neck though the sacral side of the head had been broken in. Further, in another case, the force of traction on the child's head, combined with suprapubic pressure, amounted to 200 pounds. Stone† has more recently reported a case of podalic version, and delivery by traction through a narrowed inlet, in which he put on the neck of the child all the force of which he was capable, using the pump-handle movements described by Goodell. The child was dead. There was no fracture of the bones of the head.

"The spine had parted in the upper dorsal region during the traction upon the trunk, which was necessary to cause the shoulders to come low enough to reach the arms. The cervical spine was not broken."

Delore's conclusion as to the amount of force followed, in pelvic narrowing, by fracture of the cranium of the fœtus is erroneous, or such injury ought to have been observed in all the cases where a force even approaching 100 pounds was used.

Champetier's investigations as to the force that could be safely used in the delivery of the fœtus, led him to the following conclusions, the first of which does not correspond with the results ob-

tained by Goodell: First, there is danger of fracturing one of the parietal bones, whatever the method of extraction, if the total force employed reaches thirty-five to forty kilogrammes, the infant being at term, twenty to twenty-two kilogrammes if it be premature. Second, the inferior maxillary of a child at term will bear, without rupture, a traction of twenty-five kilogrammes. Third, the vertebral column of an infant at term was ruptured in three cases by a force of fifty kilogrammes.

So far as objected that these results have been obtained by experiments upon dead children, and, therefore, they are not applicable to the force that may be exerted upon living ones, the answer of Matthews Duncan may be repeated. He, after consulting physiological and physical authorities, could say that a child living and one recently dead were the same as to tensile strength.

In this connection it is well to refer to the amount of traction which may be safely applied to the lower jaw of the fœtus, as stated by Duncan* from his own experiments. It will be observed that his results are not the same as those announced by Champetier. Duncan states:

"It is now ascertained that a force of half a hundred weight (fifty-six pounds) may, at least in some cases, be applied by dragging the lower jaw of the fœtus without producing any easily discovered injury of parts."

He further says, that compound dislocation would be almost certainly fatal, and in one of his experiments this injury was done by a weight of fifty-six pounds.

Not only does Duncan's statement as to the force which the inferior maxillary will bear without injury differ from that of Champetier, but the difference is still greater from that given by Delore, who makes this forty kilogrammes.

Fractures of the cranium usually involve the parietal bones, but they may also occur in the frontal, in one of the temporals, or in the occipital. Jacquemier first pointed out the separation between the squamous and the basilar portion of the occipital bone, to which some

*American Journal of Obstetrics, 1875.

†Medical and Surgical Reporter, February, 1880.

‡Du passage de la tete foetal a travers leetroit superior retreci du bassin,

*London Obstetrical Society's Transactions, vol. xx.

recent writers* have directed attention without giving him just credit. He has also stated that he has met with fracture of the occipital in that part of the bone above the protuberance.

Ruge,† referring to separation of the epiphyses between the squamous portion of the occipital bone and the articular part, states that Schröder is the only one who has recently drawn attention to it, and, notwithstanding its importance in regard to the life of the child, this lesion is not referred to in classic works as one of the immediate consequences of extraction. The lesion may also occur in a narrowed pelvis, though the presentation be cranial. In these cases there may be not only effusion of blood, but further compression by the squamous portion having its anterior margin forced against the medulla.

On the other hand, severe injury to the frontal bone has been observed without serious consequences. Thus, Dugès‡ saw a child recently delivered, and the left eye was almost completely outside the orbit, so great was the depression of the frontal bone, yet the infant did not have convulsions or any other grave symptoms.

I have, however, seen protrusion of the eyeball in a newborn, following fracture of the frontal bone by Hodge's forceps, used in a case of tedious labor in a primipara, the delay being from an occipito-sacral position; the child lived for a week after birth. That an infant may survive very grave injuries in labor is proved by a case reported by Lamotte,§ in which a surgeon, in a case of shoulder presentation, had torn away the arm, and then performed craniotomy, evacuating a large amount of the cranial contents; yet the child was born alive.

Zweifel* regards fissures and fractures of the cranial bones as only of clinical significance if a sinus be injured and consequent hemorrhage occurs. On the other hand, Delore† asserts that all these

fractures are grave, on the ground that they may be accompanied by contusions of the brain. Further, there may be hemorrhages between the bone and the periosteum, in the cavity of the arachnoid, or between the pia mater and the brain. If the solution of continuity be at the position of a sinus, there is frequently rupture of the vessel. He adds that in all cases in which the head has undergone severe compression from dystocia, he believes hemorrhages occur. The significance of this last remark will be appreciated, especially when we consider the remote consequences upon the mental condition of the child, as urged more especially by some English observers.

Injuries to the bones of the face are usually of the inferior maxillary. This bone may be fractured, or separation of the mental symphysis may occur. Ruge mentions cases in which, in addition to injury of the bone, there were lesions of the soft parts—as, for example, tearing of the skin at the angle of the mouth, as well as the mucous membrane of the pharynx and rupture of the genioglossus.

Yet if we fail to use traction upon the lower jaw in cases of difficult head-last labors, we miss what may prove an important means of delivery in some cases, and which may be of great value when other means fail. Some years ago, in a case of narrowing of the pelvic inlet, having failed to deliver with forceps I performed podalic version, and sought to deliver by traction, while a consultant aided with suprapubic pressure. I am confident I did not use the force which some operators have safely employed under similar circumstances, yet the cervical vertebræ gave way, either by separation, or by fracture, and I found apparently nothing but the integument holding the head to the body. I then succeeded by traction upon the inferior maxilla, suprapubic pressure assisting, in bringing the head into the pelvic cavity.

That the head may be left in the uterus, the body being dragged away, is a fact proved by occasional instances in the history of obstetrics. In other cases the division has been made, not by rup-

*Thus Beduar, *Die Krankheiten der Neugeborenen und Säuglinge*, Wien, 1863, refers to it as a hitherto unobserved injury.

†Bulletin de Therapeutique, from *Zeitschrift für Geburtshilfe und Frauenkrankheiten*, 1875.

‡Jacquemier, *op. cit.*

§Traite des Accouchements, 1736.

*Lehrbuch der Geburtshilfe.

†*Op. cit.*

ture, but by cutting through the neck. An instance is reported* in which the obstetrician failing to deliver the head in a case of shoulder presentation, after detaching the arm and bringing down the feet, performed decollation, and the head and the placenta remained in the uterus for forty days. Freund mentions a case in which the head was left in the uterus for ten days.

Probably the most remarkable case of multiple injuries to the face has been recorded by Petit.† The face presented, rupture of the uterus occurred, and the woman died undelivered, though the forceps had been used. The autopsy of the child showed multiple separations of the bones of the face, and fractures.

Paralysis of one of the facial nerves has been observed most frequently, but not exclusively, after the use of the forceps. In a paper read before the American Gynæcological Society in 1885, I have referred to eight cases of spontaneous facial hemiplegia, and also mention one case observed by Seeligmüller, in which the paralysis affected both sides of the face. But the disorder usually occurs from the use of the forceps, and is caused by pressure of one of the blades at the stylomastoid foramen, or a little in front of the lobe of the ear. Landouzy, who has best described the affection, has remarked that in the infant the complete absence of the mastoid apophysis, and the slight development of the auditory canal, favor the possibility of this compression of the facial nerve near its point of emergence. In six weeks, according to Parrot and Troisier, recovery usually takes place in paralysis of the facial caused by forceps. Many cases, however, are well in ten days. Nevertheless, while recovery is the rule, it should be remembered that in some the injury is permanent. Duchenne‡ refers to two patients, one fifteen years old, and the other five years and a half, in each of whom the paralysis continued.

It should also be observed that there

may be facial paralysis in the newborn caused by protracted labor and intracranial hemorrhage. Injuries of the sterno-cleido-mastoid muscle have been observed by several. In reference to torticollis of obstetric origin, Stromeyer and Dieffenbach explained the affection from improper application of the forceps, the muscle being bruised or torn. Nevertheless, this explanation is rejected by Saint-Germain as not plausible. A very large proportion of infants that have wry-neck, are born with pelvic presentation, and it is asserted that in the traction exerted rupture of a greater or less number of the fibres of the muscles take place, and a hæmatoma follows; finally, the contractions of the cicatricial tissue result in drawing the head into its unnatural position. One of the first references to tumors of the sterno-cleido-mastoid was made by Melchioris in 1862. He spoke of them as indurations of muscle, sometimes met with in young infants, and to which he found no reference in authors. He met with the disorders four times, and he described the affection as an indurated, plastic deposit; while he mentions temporary deformity of the neck, he does not speak of any case in which this was permanent. In referring to the etiology, he suggests that compression of the muscle or laceration of some of its fibres may take place during labor.

The next year both Dr. Wilks and Sir James Paget* met with cases of what they described as chronic induration of the sterno-cleido-mastoid. Another case of the affection was reported the same year by Harris, and thus the published cases in a few months were at least six, but no reference was made by any of the reporters to the previous observations of Melchiori.

Bryant† in 1863 reported two cases of thickening of the sterno-cleido-mastoid. One patient was four, the other eight weeks old when he saw them; in each instance the birth was with pelvic presentation.

*Obstetric Gazette, from Archiv. fuer Gynakol. March, 1883.

†Annales de Gynecologie. 1874.

‡See Nadaud, Des Paralysies, Obstetricales des Nouveaux-nés.

§Medical Times, London. vol. ii., August 9, 1862.

*London Lancet, vol. i., 1863; pages 11, 236, and 313.

†London Medical Times.

Probably in all the cases, or at least in a majority of them, the disease was hæmatoma. Nevertheless, Blachez† regards these tumors as caused by an interstitial myositis in consequence of traction upon the muscle. He described the tumor, observed in one of his patients, as elastic almost painless, and the size of a pigeon's egg; it was situated in the right sterno-cleido-mastoid, and was not discovered until two or three weeks after birth, when the attention of the parents was called to it by the infant's keeping the head inclined to the right side.

Zweifel recognizes injuries of the sterno-mastoid muscle in labor as a cause of torticollis.

Professor Albert,* of Vienna, referring to a child with torticollis, stated that the sterno-cleido-mastoid may become contracted during intrauterine life, or be injured during birth. In breech presentations, and in difficult forceps delivery a laceration of this muscle may occur and be followed by inflammation and contraction.

While such injury is more frequent after head-last labors, yet they are also met with in vertex presentations, and if the forceps has been used.

On October 2, 1861, a paper was presented to the London Obstetrical Society by Dr. Tyler Smith for Dr. W. J. Little, the title being "Upon the influence of abnormal parturition, difficult labors, premature birth, asphyxia neonatorum, on the mental and physical condition of the child, especially in relation to deformities."† In this paper which by the way mentions two cases of wry-neck, that he attributed to difficult labors, the author says:

"It is impossible not to connect the persistent affections of the intellect, of volition, and of organic life, with the injury the several nervous centres suffered in some instances before the foetus had reached the maternal pelvis, in others whilst in transit through it; and in a third set of cases, where the foetus was exposed to neither of these kinds of injury, it suffered from as, yxia neonatorum, suspended animation, and its concomitant congestions, effusions, capillary apoplexies of the brain, medulla oblongata, and spinal cord."

Dr. Langdon Down, in discussing the obstetrical aspects of idiocy, stated that in a very large number of cases of

idiocy the subjects were born after difficult labors, these being unusually tedious, and he held that if a neurotic tendency was present the tedious labor and suspended animation might determine the catastrophe, where otherwise all might have gone fairly well.

The following note from one of Dr. Little's‡ correspondents may be of some interest; it is in reference to a young man in regard to whom inquiry had been made by Dr. Little:

"I have again ascertained he was asphyxiated for two hours when born, and that he has a ways been a weak creature, very slow in mental development, with difficulty in speaking, trembling and shaky, unable to fix his attention on a book, and a bit of a punster." The final statement, "a bit of a punster," is conclusive as to the intellectual feebleness of this unfortunate man!

These views are further strengthened by the statement of Dr. Arthur Mitchell‡ that he believes there is a connection between difficult labor and idiocy.

INJURIES OF THE TRUNK.

The chief lesions of the trunk are rupture of the connections between the dorsal vertebræ, or fracture of one of these, injuries to the abdominal wall by a badly directed blunt hook, effusion of blood in muscles, similar to those that have been referred to as occurring in the sterno-cleido-mastoid, retropleural hemorrhages along the spinal column in case rupture of this column occurs, hemorrhage into the abdominal or thoracic cavity, and collections of blood beneath the capsule of the liver, or of the kidneys, and rupture of the sacro-iliac joint. It is probable, as suggested by Sweifel, that some cases of ankylosis affecting this joint, of which the etiology is obscure, are to be attributed to injury in birth.

Zillner§ has reported a rupture of the sigmoid flexure occurring in labor.

INJURIES OF THE ARMS.

In connection with these lesion those of the scapula and clavicle, which belong to the arms rather than to the trunk, will be considered. Delore states that fractures of the humerus are more

†Gazette Hebdom, May 19, 1876.

*Obstetric Gazette, September, 1882.

†Obstet. Society's Transactions, vol. xviii,

‡Obstetrical Transactions, vol. iii.

‡Medical Times, 1862, 1863.

§Centralblatt fuer Gynakol., 1885.

frequent than all others; since they are usually readily cured, and are generally caused by *maladresse* they are rarely published. But he further says that this accident may occur in the hands of the most expert accoucheur if the pelvis be contracted. They most frequently occur in the disengagement of the arms after podalic version when extraction is necessary, and they may also happen in pelvic presentation, but usually, if we do not have to extract the child—that is, if the expulsion can be left solely to nature—the arms will not ascend, but remain applied to the chest. Smellie* states that he fractured the humerus in a case in which he turned and delivered by the feet, and this is the only one he gives, while he mentions three cases of fracture of the femur, two occurring in the practice of his assistants, and one in own.

All obstetrician agree that in bringing down an ascended arm it is important no pressure be made until the internal angle of the elbow is reached, and that three or four fingers should be employed, and not one or two. Pajot regards it as important that the posterior arm should be liberated first. Küstner† describes separation of the epiphysis of the head of the humerus from the diaphysis as one of the injuries of labor which may be overlooked or falsely regarded as a luxation, fracture of the neck of the scapula, or injury to nerves. Fracture of the clavicle, separation from its sternal attachment, transverse fracture of the scapula, separation of the epiphysis of the neck of the scapula, injury of the acromion process, and

dislocation of the humerus, have been observed.

Fracture of the clavicle is most frequently caused by pressing directly with one or two fingers in the endeavor to bring the head through the pelvic inlet after podalic version presentation. McClintock, in one of his annotations to the Sydenham Society's edition of "Smellie," observes, "Although Smellie gives no example of fracture of the child's clavicle during delivery by the pelvic extremities, yet, in my experience, it is a bone very apt to be broken by the manipulations of the accoucheur, more so even than the humerus; this may, perhaps, be explained by its greater degree of ossification."

PARALYSIS OF THE ARM.

Sinkler recognizes hemiplegia as, in some cases, the consequence of injury at the time of birth, either from forceps or from the pressure of a prolonged labor. Nadaud gives seven cases of paralysis of the arm attributed to the forceps; the first one of this injury reported is one of Smellie's. Jacquemier mentions an instance of paralysis of the deltoid following a long and difficult, but spontaneous, labor; the recovery was complete in fifteen or twenty days. He attributed the disorder to compression of the axillary nerve against the humerus at the point of its attachment to the deep face of the deltoid. Fasbender found a tumor, as large as a pigeon's egg, situated above the right clavicle, in an infant soon after delivery; the hæmatoma gradually disappeared, but at first there was paralysis caused by nerve compression. Delore suggests that paralysis may be caused by the rupture of a nerve trunk near its connection with the spinal cord. He states that this accident is not rare in the newborn or in young infants as a consequence of traumatism; it is followed by incurable paralysis, which is compatible with life if an upper member only is affected.

Disengagement of the extended arms in pelvic deliveries, traction upon the axilla in delayed delivery of the body in vertex presentation, the traction in

*Sydenham Society's edition of Smellie's Midwifery, vol. iii., pp. 296, 297. This great obstetrician, in the first volume, op. c. t., remarks: "In laborious or preternatural cases, when considerable force hath been used in delivering the child, the whole body ought to be examined, and if there is any mark or contusion on the head it will disappear if anointed with poultice, and gently rubbed off or chafed with the accoucheur's hand; if any limb is dislocated or broken, it ought to be reduced immediately; luxations, though they seldom happen, are more incident to the shoulder than to any other part, the humerus being easily dislocated, and easily reduced. The bones of the arm and thigh are more subject to fracture than any other of the extremities; the first is easily cured, because the arm can be kept from being moved, but a fracture of the thigh-bone is a much more troublesome case, because over and above the difficulty of keeping the bones in a proper situation, the part is often necessarily moved in cleaning the child."

†Ueber die Verletzungen der Extremitäten des Kindes.

some cases being with the blunt hook, in others with the finger, have resulted in paralysis of the arm. So, too, the same disability has followed a case in which the arm has protruded in shoulder presentation, and delivery effected by podalic version.

Luxation of the humerus has, in some instances, been mistaken for obstetric paralysis. Further, it is important to distinguish between cerebral and traumatic paralysis. Duchenne† gives an instance in which there were both cerebral and obstetric paralysis, the latter consequent upon a fracture of the ulna near the elbow.

Fractures of the femur may be spontaneous, or consequent upon artificial delivery. Meyer has recently‡ reported two cases in which spontaneous fracture of the femur was observed; in one a single femur was broken, but in the other both femurs. In May, 1847, Dr. Vanderveer§ reported a case of such fracture in childbirth.

But probably more fractures of the femur are to be attributed to the attempt to pull down a lower limb in pelvic presentation when the presenting part is already partially in the mother's pelvis, before pressing up that presenting part, or from the use of the blunt hook. Delore's experiments show that with the untired finger traction to the amount of fifteen kilogrammes may be made upon the groin, and this cannot break the femur. If a force of fifty-five kilogrammes is employed upon the femur, fracture occurs; if the instrument be perpendicular to the bone, the latter gives way with a pressure of twenty kilogrammes.

Again, the bone has been broken, or that which is equivalent, separation of the epiphysis been caused from traction upon the leg. A. R. Simpson mentions an instance in which, podalic version having been performed, the right lower limb brought down and traction made; subsequent examination showed that there were three such fractures.*

Luxation of the femur consequent

upon obstetric operations, according to Ruge, are exceedingly rare; upon 300 autopsies of new-born infants he did not find a single true dislocation of this bone.

Küstner, in referring to luxations of the hip, speaks as follows:

"Goschen relates a case in which Langenbeck reduced such luxation after the subject, a girl, was thirteen years old, and mentions in this connection that Stromeyer had met with twenty cases. The only possible way in which this injury could occur would be by sudden and violent force drawing down the limb, and then dislocation upon the ilium might result. But the force must be great. I have suspended to the leg of a child, from six to ten minutes, a weight of from thirty to forty kilogrammes, without injury to the joint.

Complete paraplegia in connection with facial paralysis of the right side has been observed following a difficult labor in which the forceps was used. Examples of rupture of the spinal cord, in connection with rupture of a vertebra, have been observed, and, of course, paralysis of the lower limbs. It is remarkable that in two such cases the children lived for some hours. Paraplegia in the newborn is, as Nadaud states, usually an evidence of serious lesion of the cerebro-spinal organs and the child dies after a short time.

I think the study of these cases of obstetric injuries, which might be greatly extended—for much more remains unsaid than has been said—ought, in the first place, to lead us to a larger charity for fellow-practitioners, as many of the most serious injuries in childbirth may occur without the slightest blame necessarily attaching to the accoucheur.

Another lesson is that an important distinction should be made, as urged by Ruge, between podalic version and extraction, never resorting to the latter, unless absolutely necessary, after the performance of the former, and thereby many of the obstetric lesions of the foetus may be avoided. Very wisely, Lamotte says, referring to the injuries that may be done in labor to the child by the accoucheur, "The hand improperly used is more dangerous than any instrument."

Again, the question arises as to the safest manual means for the delivery of

†See Nadaud, op. cit.

‡Archiv f. Gynakol.

§New York Medical Journal.

*Edinburgh Med. Journ., 1880.

the head in head-last labors. In Cieslewicz's collection of cases injuries of the fœtus in labor, there are several in which very serious consequences resulted from employing the Prague method. One of these, reported by Gusserow, showed, upon post-mortem examination, rupture of the vertebræ and most of the soft parts of the neck so complete that the head was attached to the trunk only by the skin and the vertebral arteries. Ruge, rejecting both the Prague and the Vienna method, prefers elevation of the occiput, bringing the face down, and carefully conducted expression, as least liable to injure the fœtus.

Another question of practical interest, is the best method of delivery in pelvic presentation, when interference is necessary. Should we follow that employed by Goodell, in all cases bringing down a foot as soon as possible, and thus be commander of the situation, in case necessity for extraction arises? Must we use the blunt hook? Is the application of the forceps to the breech to be generally advised?

Again, while treatment of fractures of an upper limb, or of the clavicle, is said to present usually no great difficulty, can a similar statement be made as to fracture of the femur? What method of treatment is best?

In depressed fractures of the skull, is it not probable that some lives might be saved by the use of the trephine? and in other cases, not followed by death, perfect mental integrity insured?

Finally, many questions as to the diagnosis of obstetric paralysis of the newborn arise, and, also, as to when and what treatment should be employed.

POISON FROM STRAMONIUM SEED.

BY J. C. CLARK, FEDERALSBURG, MD.

Upon arriving home, on the night of October 17th, about 10 o'clock, I was informed that a messenger had been for me to go to the town of Williamsburgh, five miles distant, to see two of E. S.'s children. I reached the house about 11

o'clock and found the children, whose ages were 4 and 5, with the following history.

They had been playing around the premises during the day, and it was not until about 5 o'clock that the parents noticed anything the matter with them. They then began to act strangely and growing worse a messenger was dispatched for me. I found them in a highly excited and restless condition. The delirium was at one time active and violent requiring restraint, at another happy and mirthful, while at other times they would be frightened and cry out for protection from some imaginary foe. Their pupils were widely dilated and vision was lost. Respiration and circulation slightly accelerated, urine had been passed involuntarily several times during the evening.

The sensorial functions were perverted; they would not flinch when pinched and could not walk; if let go they would stagger and fall; in fact they were in a high state of intoxication. I suspected belladonna poisoning, but there was none in the house in any shape. Upon inquiry, however, I learned that both *Deadly night shade* and the *Jamestown weed* grow about the premises. I thought I had found out a cause for my patients' trouble and supposed it was belladonna.

I gave an emetic more for its moral effect (as it had been fully eight hours since the ingestion of the poison) followed by a large dose of castor oil with $\frac{1}{2}$ gr. of morphine every hour watching its effect myself; at 4 o'clock A.M., the youngest child fell asleep and upon being awoken two hours later ate his breakfast and was himself again.

The other child continued in the same restless and excited condition until about 1 P. M. when it had a spasm, but upon doubling the dose of morphia it also fell asleep and upon awakening a few hours later "Richard was himself again."

During the day both children passed numerous seeds of *datura stramonium* in their stools, proving conclusively that it was stramonium poisoning.

Their pupils remained dilated about

twelve hours after the other symptoms had passed off. Opium in guarded doses is evidently the antidote in belladonna or stramonium poisoning. I was compelled to give it cautiously as I was working in the dark. Its effects were very striking.

Hospital Report.

PRESBYTERIAN EYE AND EAR AND THROAT CHARITY HOSPITAL, OF BALTIMORE.

BY J. J. CHISOLM, M.D., SURGEON IN CHARGE.

Number of new cases admitted since January 1, 1887, 5,696. Number of new cases admitted during October, 534. The attendance during month of October, 2,602. Number of patients for each day of October, 100. Number of operations for month of October, 108. Among them cataract extractions, 18. Division of soft cataracts, 2. Division of capsular cataract, 1. Iridectomies for artificial pupil, 5. Enucleation of eye ball, 4. Squint operations, 4. Advancing muscles, 1. Number of patients in wards November 1, 1887, 20.

Patients after cataract extractions are now never put to bed, but are treated always as peripatetic patients.

The eye not operated upon is always left open.

The silicated isinglass diaphinous strap for closing the eye operated upon is exclusively used as the sole eye dressing, and very seldom requires removal. It remains on for five days, when it is removed permanently. Then no further applications are made.

The patient spends the first week of treatment in his moderately lighted room. From the first day he spends his time as he is disposed, in rocking-chair or couch, or in walking about, conversing with friends, or being read to—the amount of day-light admitted into the chamber sufficing for this.

He becomes his own nurse, undressing himself at bed-time and making his toilet in the morning.

He eats three meals a day, and is not restricted in diet.

No smoked glasses are worn at any time in the Hospital during the treatment. Patients are usually retained under observation in the Hospital for two weeks after cataract extractions, and have the freedom of the House after ten days, going about passages, visiting from room to room, or using the parlor, at will.

When compresses, bandages and dark rooms were abandoned at this Hospital eighteen months since smoked glasses were no longer required by the patients. The eyes operated upon have at no time been excluded from light, and therefore have never become sensitive to require smoked glasses, even when exposed to sun light for weeks after the extraction operation.

Since the abolition of restraint, and the use of the isinglass strip to one eye as the sole dressing, patients do much better than under the former treatment of compresses, bandages and confinement to bed.

Very rarely is an eye now lost after cataract extraction, and since the introduction of bin-iodide of mercury washes 1 to 15,000 sloughing of the cornea is never seen.

Correspondence.

BERLIN, October 22nd, 1887.

Editor Maryland Medical Journal,

DEAR SIR:—A very short acquaintance with Berlin physicians and scientists suffices to give the quietus to the American's conceit of American medicine. I do not believe it too broad a statement to say that many Germans do not consider medicine, as such, to exist in America. They certainly have a supreme contempt for our medical schools and our medical teaching. In general one is at a loss at first to account for this state of affairs, for most of the German physicians read English and know well the work and works of prominent men in the different large cities. The immediate cause, however, of this very poor

opinion of American medicine is the average medical student who comes to Germany, supposed to study. Of course there are exceptions. As a rule, however, they are uneducated and unscientific men or boys as the case may be. I have myself come across a number of such cases—one gentleman for instance, who hails from the far west, and who proposes to *finish* his studies in Berlin and will take this Semester, Physical Diagnosis, Experimental Physiology, Diseases of Women, Surgery, and Obstetrics. I overheard this gentleman holding forth on the progress of medicine in the west and he gave this instance of the remarkable strides medicine was making in his native town; a friend of his in *Springfield Ohio or Ill.*, has performed 800 (!) ovariectomies. A German who heard the story very quietly asked if there were any women left in that place!

Still another was heard to remark, that in America we did not have the time to "monkey" with science. When we reflect that this city is full of just such men, is it to be wondered that one should be asked, "Do you know cocaine in America," (and this from an intelligent man), and from another, great surprises that we use antipyrine and have seen the tubercle bacillus.

I have met a number of very prominent men here and it is again surprising how few names they know of those distinguished in American medicine. Welch, of the Johns Hopkins, is widely known and highly respected, Pepper, Osler, H. C. Wood and Weir Mitchell of Philadelphia, Loomis, Delafield, Lange, Emmet, Thomas, Sayre, Draper, and a few others in New York, and Minot, Bigelow, and the Bowditchs in Boston, speaking generally, about complete the list.

The way of the medical student in Berlin, is to say the least, hard and a terrible amount of time and money are wasted here every year by American medical students. It is a great pity that the most excellent little book of Dr. Horatio R. Bigelow, "Berlin as a Medical Centre" is not more widely known with us. Dr. Bigelow, however, tells me that a new edition of it is shortly to be published.

The condition of the Crown Prince's throat is a fertile topic of conversation just now, and the German physicians without exception condemn Morrell Mackenzie's treatment of the case, whether justly or not, it is impossible to say. They are very jealous, however, and while they love his Royal Highness, I am inclined to think are secretly pleased at the bad reports (the German papers publish nothing else) of the progress of his case. I see that he is to remain in a mild climate all winter, and his trouble is now complicated with a "suppurative inflammation of the pharynx," whatever that may mean.

It is evident that not only the doctors, but the whole German people resent and are insulted by what they consider English interference.

Respectfully Yours,

F. DONALDSON, J.R., M.D.

LAFAYETTE MIXTURE.—A modification of the mixture of copaiba, liquor potassæ, sweet spirits of nitre, and mucilage of gum arabic, known as the Lafayette mixture, was proposed by Bumstead, and is now generally employed in place of the original:

R̄ Copaiabæ,
Spirit. ætheris nitrosi, āā . f ̄j
Liquor potassæ, . . . f ̄j
Extract glycyrrhizæ, . . . ̄ss

M. et adde

Ol. gaultheriæ, . . . gtt. xvj.
Syrup. acaciæ, . . . f ̄vj. M.

DOSE.—A teaspoonful after meals.—
College and Clinical Record.

MASSACHUSETTS AND HABITUAL CRIMINALS.—Massachusetts has followed the example of Connecticut in dealing with habitual criminals. By a law passed by the last Legislature any criminal convicted of a State prison offence, who has previously served two terms of more than three years each, must be sentenced to twenty-five years' imprisonment. This means practically that habitual criminals are to be sequestered for life. It is a wise provision, based both on science and on sense.—*Med. Record.*

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BALTIMORE, NOVEMBER 12TH, 1887.

Editorial.

ARE WE IN DANGER FROM CHOLERA?

The thousands of immigrants arriving in this country every year, many of whom come direct from cholera infected ports along the Mediterranean, cannot be regarded in any other light than as a serious danger to our Atlantic seaports. This danger would be less apparent were the means of combatting cholera as efficient as they have been believed to be. We have, however, recently been made aware of the fact that the quarantine arrangements at the ports of New York, Philadelphia and Baltimore are totally inefficient, and offer the most indifferent protection against the introduction of epidemic diseases.

That we have not had cholera in this country is clearly not due to the efficiency of our quarantine arrangements, but may be referred to a combination of those fortunate circumstances which protect nations as well as individuals from seeming threatening calamities. In view of the fact that we have escaped the introduction of cholera, to which we have been exposed for the past four years, it cannot be argued that this immunity from danger will continue. On the contrary, we have the gravest reasons for becoming disturbed at this time, for the recent experiences at the port of New York tell in no uncertain language a condition of things, which, if not properly met, is almost sure to involve all of

our Atlantic seaports in deplorable trouble. The arrival of the "Alesia" at the port of New York with her cholera infected immigrants at any season of the year than one approaching cold weather would have been fraught with far more serious consequences. It so happened that the danger came when its spread was most easily combatted, still the end of this beginning has not yet been reached, and we have no ground for stating that the opening of spring may not witness a rekindling of a flame now apparently smothered on Swinburne Island.

The committee of the College of Philadelphia has very carefully shown that the present system of maritime quarantine can not be relied on, and that such necessities for improvement exist that help should be sought from the General Government, rather than from State and Municipal authorities. It seems to us this subject is one of the most important ones now before the medical profession, and that its discussion and agitation at this time are imperatively demanded.

As a profession, we should lose no time in bringing such important matters of public safety to the attention of the people.

THE OPHTHALMOLOGICAL SECTION OF THE INTERNATIONAL MEDICAL CONGRESS.—*The London Lancet*, in commenting upon the success of the late Congress, takes occasion to refer to the work done in the Gynæcological, Dermatological and Ophthalmological Sections as being specially worthy of commendation. As the Ophthalmological Section was presided over by Prof. J. J. Chisolm, of this city, the success of this Section is due entirely to his energies. Dr. Chisolm did not receive the appointment as Chairman of the Section until January, 1887, and as no work had been done by his predecessor he was forced to begin the work anew. The organization of this Section was attended with unusual difficulties since all the members of the American Ophthalmological Society refused to take part in the work of the Congress. The Chairman of the Section

was thus forced to draw on the specialists in the West and South, and from abroad for material. With great energy and zeal Dr. Chisolm succeeded in drawing a number of men from abroad, such as Landolt of Paris, Mooren of Germany and Henry Power of London. *The Lancet* says the work done by this Section was notably good. The success of the Section speaks well for the ability and zeal of its chairman who is recognized here where he resides as a gentleman of great executive ability, professional skill and indomitable energy.

THE MAN OF MUCH EXPERIENCE.—Doubtless in every profession, and in all kinds of business, this individual is prominent, but nowhere has he the same swing as in the medical profession. What physician is there who has not run foul of him? He cares not for theory or for fact unless it is borne out by what he is pleased to call his "experience."

When any rare case is detailed in the medical society, he is absolutely certain to draw from this mysterious source a dozen just like it, and "thinks he could remember more." His motto is *nil admirari*, and while you relate to him some rare affection, his patronizing face expresses sympathy for you for thinking you have discovered anything new. This experience of his is a very strong card with the laity. It is a shoe that will fit any kind of foot. While the patient is sick, this man of great experience tells the anxious friends how many cases he has seen "just like this one." Should the patient die, "he has never, in his long experience, seen a person with such and such symptoms get well." In the fortunate event of recovery, he "hardly ever saw a case with more unfavorable symptoms." And so it goes. Everything is proved or disproved as this man pleases by reference to alleged phenomena observed by himself, and from the necessity of the case not subject to any test of verity. There is a world-wide difference between true experience, which after all is the great teacher, and this spurious, imaginary experience. Experience is valuable only so far as the facts which make it up have been ac-

curately and fairly observed. In the medical profession, and in any study, in fact, which has underlying it a scientific basis, everything hinges upon the accuracy with which phenomena are observed and noted. It will not do, for example, for a man to speak confidently of the diagnosis of Bright's disease when he has never used the microscope, or to descant on the Reaction of Degeneration when he does not know the difference between the galvanic and faradic currents. Moreover, it is impossible to remember cases, at least any long list of them, distinctly enough to be of much scientific value. It is not unfrequently difficult to decide whether mis-recollection of a case comes from reading or observation. The only way then in which experience can be of scientific value is to have careful records of accurate observations.

There is another factor which vitiates the result of this fund of experience. It is almost impossible for the average observer to note facts impartially: He is almost certain to view them in the light of certain preconceived notions. Now if the theories upon which our friend, the doctor, is working are false; if he has a total misconception of the principles which underlie the phenomena he notes and to which they are to be referred, as a matter of course his experience is worth little. As long as the principles under which he labored stand, just so long is his experience convincing, but when they are overthrown and disproved, then all the facts which were collected under the old regime receive a new interpretation.

A man may speak of his success with certain surgical dressings when he has never heard of antiseptics or asepsis, but his experience has only a comparative, a negative value. We use the candle as an illustration of the principle and unit of measure of light, but its practical application is, at the present day somewhat limited.

There being, then, several sufficient reasons why a physician's experience should sometimes be misleading, he should not accustom himself to rely upon its dictates as infallible. He should

always bear in mind that his profession is science, than which no other is more progressive. He should be ready to disregard in large part any past experience, in view of a certain disproof of the theory upon which such experience rested.

The man of "experience" is rarely ever cornered. He may make some stupid blunder, or state some palpable absurd or false theory, but he can always give examples to prove that he was right. Truly this sort of "experience" is a mantle that covers great areas of ignorance.

The laity can never appreciate the fact that one man may learn more from a single case than another man will from a great number of similar ones. To the uninitiated, the aged doctor is perforce a skillful one. He is skillful in certain respects; he understands how to manage and impress people, and moreover he acquires a certain skill in diagnosis, a certain insight into symptoms, a certain *tactus eruditus*, that comes only through practice. He is not on this account, however, to set himself as an authority from which there is no appeal, as unfortunately is sometimes the case. We stand upon a common ground in science; and all scientific knowledge is free to him who seeks it. Past experience is valuable only so far as it bears on present facts, and is worth its current market price. It makes no difference to the patient, (except in his bill) what his doctor has done or could do forty years ago, he is interested only in his ability at the present moment.

Very different from the individual we have been describing who hedges himself about with his impenetrable "experience," is the man who has spent his life honestly and intelligently collecting facts. He may not do much actual building, but he gathers materials for others, and it is to just such men that the science of medicine owes most.

Miscellany.

ANTIFEBRIN AS A DISINFECTANT.—Dr. S. A. van Leer has been prosecuting a number of researches in the Hygienic Laboratory at Groningen on the anti-

septic properties of antifebrin (acetanilide). When added to milk, so as to saturate it, acetanilide prevents it from turning sour; similarly, albumen can be kept from becoming putrid. It does not, however, seem a suitable substance for dressing wounds, as it does not easily dissolve or become moist, and irritates the surface of wounds. Dr. van Leer examined the effects of solutions of antifebrin of various strengths on several kinds of bacilli, and found that the development of many of them was not by this means prevented; consequently he does not think that the suggestion of Leube to employ antifebrin for surgical dressings is likely to prove of any advantage.—*Lancet*, October 15, 1887.

THE CORSET; QUESTIONS OF PRESSURE AND DISPLACEMENT.—In an article having the above title published in the *N. Y. Medical Journal* (November 5, 1887) the author, Dr. R. L. Dickinson, of Brooklyn, sums up the following conclusions:

1. The maximum pressure at any one point was 1,625 pound to the square inch. This was during inspiration. The maximum in quiet breathing was over the sixth and seventh cartilages, and was 0,625 pound.

2. The estimated total pressure of the corset varies between thirty and eighty pounds—in a loose corset about thirty-five pounds, in a tight corset sixty-five pounds.

3. Within half a minute after hooking the corset such an adjustment occurs that a distinct fall in pressure results.

4. The circumference of the waist is no criterion of tightness. The difference between the waist measure with and without corsets gives no direct clew either to the number of pounds pressure or to the diminution in vital capacity. Relaxation and habit seem to affect these factors largely.

5. The capacity for expansion of the chest was found to be restricted one-fifth when the corset was on.

6. The thoracic character of the breathing in women is largely due to corset-wearing.

7. The thoracic cavity is less affected

by the corset than the abdominal.

8. The abdominal wall is thinned and weakened by the pressure of stays.

9. The liver suffers more direct pressure and is more frequently displaced than any other organ.

10. The pelvic floor is bulged downward by tight lacing one-third of an inch (0.9 cm.).

CLIMATIC TREATMENT OF PHTHISIS.—

Dr. A. L. Loomis, of New York, several years ago read a paper on the above subject before the American Medical Association, in which he took the ground that the custom of sending phthisical patients to a warm climate was wrong, because the most important factor was a stimulating atmosphere which would enable the patients to take regular exercise in the open air. Since that time his study of the climatic treatment of phthisis has led him to believe that that there was no single locality which was preferable to all others, but that there were two elements which are absolutely essential if the atmosphere of any locality is to exert a curative influence in this disease.

First the air must be pure, aseptic if you choose, which could be taken into the lungs, on the same principle that antiseptics were used externally in the treatment of surgical affections. Cavities in the lungs could not be washed out with antiseptic solutions, and he doubted whether such solutions could be applied by inhalations, so as to destroy the cause of the morbid processes going on in the lungs. But if the lungs could be bathed constantly with aseptic air, all was done that could be in the way of local treatment of pulmonary phthisis.

As a rule, the atmosphere at a high altitude was aseptic, when unaffected by conditions of soil, foliage, and the aggregation of human beings. Doubtless the air of Colorado Springs and Davos had been aseptic, but probably as soon as these localities become thickly populated, it would no longer remain aseptic, and they would be abandoned as health resorts for this class of patients. That the air of high altitudes was curative, he did not believe, nor was an equable climate.

Second, the atmospheric conditions must be such as favor spending most of the daytime out of doors. If patients were not able to be out of doors, they were not in a condition to be sent to a health resort. That was the prominent reason why patients in the first stage of phthisis were benefitted by climatic change, whereas the life of patients with cavities in their lungs was generally shortened by these changes.

Pure air could be found in other localities than Colorado and Davos, but between these two, the increased amount of sunshine made the former preferable to the latter. But there was an objection to sending patients to either of these places, namely: if they did not remain there for two or three years after recovery was complete, the disease was almost sure to redevelop within one or two years. When however, they were sent to regions where pure air could be obtained at a lower altitude, the recovery when obtained, was more likely to be permanent.

CREOLIN VS. CARBOLIC ACID.—E. von Esmarch, assistant in the Royal Hygienic Institute of Berlin, has made a series of experiments with creolin, a new disinfectant, which has been highly spoken of by Professor Fröhner of the new Veterinary School of Berlin. Dr. von Esmarch made a number of comparative observations with carbolic acid on the disinfecting, deodorizing, and antiseptic properties of creolin. Amongst other observations, he noted the effects of the two substances on fluids containing cholera, typhus, and anthrax bacilli. As a rule, creolin appeared to be much the more active. Similarly the offensive smell of various putrefying liquids was controlled much more readily by creolin than by carbolic acid. Creolin soap, too, showed itself more active as a disinfectant than corrosive sublimate soap.—*Lancet*, Oct. 15, 1887.

LARGE FEES.—In the recently issued Autobiography of the late Professor S. D. Gross we find the following interesting extract from a letter written to him by the late Dr. J. Marion Sims: "No man in our country, 'solitary and alone,'

ever made as much money as I have by my profession, except perhaps, Dr. H. and yet comparatively poor and must work for my daily bread. I am not extravagant, and never gambled. I have lived well and have educated a large family of children, and I have only found out lately that my agent who managed my business for the last fourteen years stole from me not less than \$100,000. To justify myself for remaining abroad let me show you what I have done since I saw you: I went to Rome January 1, and remained there until April 1. Of course people could not find out I was there until about the middle of February. From that time until the close of March, a period of six weeks, I made 52,000 francs. Since coming to Paris the following items show the work done and soon to be done: April 22, operation, 25,000 francs; April 28, operation, 1,500 francs; April 29, operation, 15,000 francs; April 30, operation, 20,000 francs; May 3, operation, 5,000 francs. Total 65,500 francs. In addition to these I am to operate in the next ten days as follows: First case, 10,000 francs; second case, 10,000 francs; third case, 5,000 francs; fourth case, 15,000 francs. Total, 40,000 francs. This makes the incredible sum of nearly \$22,000, all compressed within about one month; but many of these cases followed me from Italy, and you must not think this an average showing. It is an accidental *blocking*. But if I were to settle down here anywhere in a great, ample centre, I am sure I could make with ease \$50,000 a year; so you will see that my self-expatriation for health is justifiable."—*College and Clinical Record*.

FORMULÆ FOR PURGATIVE MIXTURES.
—In obstinate constipation:

Ol. ricini . . .	3 7½
Syrup. rhei. . .	3 5
Alcohol . . .	3 3¼
Essent. menth. piper.	gtt. ii.

In one dose or two as needed.

As podophyllin is insoluble in water, a chemist has prepared a "liquor of podophyllin," containing one-sixtieth of a

grain to fifty minims. This may be prescribed as follows:

Liquor of podophyllin	3 2½ to 3.
Decoction of aloes	3 7½
Tincture of capsicum	gtt. 5.

An agreeable purgative powder or mass results from the combination of the following ingredients:

Rad. jalap. pulv.	1 part.
Sennæ fol. pulv.	1 "
Sacchar. albæ.	1 "
Tamarind. pulp.	6 parts.

which may be partially dried and made into chocolate-covered tablets.—*Revue de Thérapeutique*, October 1, 1887.—*Med. News*.

TREATMENT OF SYPHILIS.—Vidal ("Gaz. des hôp.") places most faith in the inunction plan of treating syphilis, using the following ointment:

Mercurial ointment, .	60 parts;
Balsam of Peru, . . .	4 " M.

The inunctions are to be made daily on the parts of the body devoid of hair, and to be continued for two or three months. While using this, the teeth are to be kept clean with the following:

Powder of rhatany, .	5 parts;
Powder of red cin- chona,	15 " M.

After about six weeks the frictions

need not be made oftener than once in two days. Internally he gives Van Sweiten's solution. To infants under two years of age he gives the same solution in milk, while he treats sucking infants with inunctions.

In late secondary syphilis he prescribes:

Binioidide of Mercury, .	¼ grain;
Potassium iodide, } each.	225 grains;
Distilled Water, }	
Syrup of cinchona,2,750 " M.

Of this two tablespoonfuls are given during the day in peppermint water—one before breakfast and one before dinner, or one morning and night. In tertiary lesions he gives potassium iodide, in a large quantity of milk or aromatic infusion. If not tolerated by the stomach, it may be given per rectum with the ad-

dition of a few drops of laudanum. If it is still not well borne, he substitutes a few drops of laudanum. If it is still not well borne, he substitutes the *sirop iodotannique* for it.—*N. Y. Med. J.*

USEFUL APPLICATION FOR "TOOTH-ACHE."—The following may be inserted into a carious tooth :

Champhor,
Chloral - - - - - āā 5 parts.
Cocain. hydrochlorat 1 part.

An oily liquid results from the mixture.

Experience with cocaine has shown that in many cases it irritates the nerve to which it is applied, and that oil of cloves is more efficient.

Beginning superficial periostitis of the jaws may be promptly checked and the pain cured by painting with tincture of aconite and tincture of iodine, equal parts: the application should be entrusted to a physician only.—*Revue de Thérapeutique*, October 15th, 1887.—*Med. News.*

A MOUTH WASH.—Take resorcin, 2 drachms ; vol. ext. eucalyptus, 1 drachm ; aquam, ad 4 ounces ; mix, rub up with magnesium carbonate, 2 drachms, and filter. One teaspoonful to the tumbler of water, used frequently as a wash for spongy gums, stomatitis, or after extraction, will be found valuable.—*British Dental Journal.*

TREATMENT OF COLDS.—Dr. Whelan gives the following as a specific, prophylactic, and therapeutic remedy :

℞ Quinæ sulph., . . . gr. xvij.
Liquor arsenicalis, . . . ℥ xij.
Liquor atropinæ, . . . ℥ i.
Extract gentianæ, . . . gr. xx.
Pulv. gum. acac, . . . q. s.

To make twelve pills.

SIG.—One pill every three, four, or six hours, according to circumstances.

In early colds, the nose and pharynx being alone affected, it aborts it at once.—*London Medical Record.*

GALLSTONES.—Dr. Robert H. Sabin says that gallstones are formed only in an acid condition of the system, and that the preventive treatment consists in rendering the system alkaline as indicated by the alkalinity of the urine. This change is effectually and cheaply brought about with bicarbonate of sodium. To himself, a subject of gallstones, and to others, he administered a teaspoonful of the drug in a tumblerful of water drank at intervals during the day.

PAIN IN CANCER OF THE UTERUS.—Prof. William Goodell says: There is a widespread opinion—I think that I had better call it a delusion—that cancer is always a painful affection. It is the general belief that cancer cannot exist without inflicting severe lancinating pain, and this often leads to error. Cancer of the cervix is not usually accompanied with more pain than what most women have at times felt in the pelvis. Women have pain in the back from a number of causes. They get it from sub-involution, from nerve prostration, from laceration of the cervix, and from displacements of the womb. In this way it often happens that neither the physician nor the patient will attach any importance to the slight local suffering evoked by a cervical cancer. It fact, such a growth rarely causes exacting pain until it involves the os internum. When, however, the disease reaches the uterine cavity, the pain is usually excessive. I had one patient who, during the last week of her life, daily took from 30 to 35 grains of morphia. It is your duty, under these circumstances, to give these patients as much morphia as they can safely take. Let them have a euthanasia—a pleasant death. Do not be misled, then, by the absence of pain, for cancer, even of the abdominal organs, is often unaccompanied with pain. This is true even in malignant diseases of the stomach, in which pain may be by no means the overshadowing symptom.—Cancer of the ovary may be absolutely without pain, but cancers of the skin, or of the underlying soft parts, are usually attended with severe suffering.—*College and Clinical Record.*

Medical Items.

The London (Eng.) School of Medicine for women has sixty students.

The Italian authorities announce that cholera has ceased to prevail in Italy.

Dr. Moses Gunn, of Chicago, one of the most distinguished surgeons in the north-west, died November 4th.

Sir Spencer Wells places the economical value of the increased population due to sanitary work in the last fifty years at £300,000,000.

Dr. Smith, Health Officer at the port of New York, announces that cholera no longer prevails on Hoffman's or Swinburne's Island.

The Seventh International Medical Congress of Hygiene and Demography will meet in London in 1891. The Congress recently held in Vienna was a great success.

William Scovell Savory, F.R.S., London, has been appointed by the Queen Surgeon Extraordinary to her Majesty, in place of the older Richard Quain, recently deceased.

The Harford County Medical Society will meet in Belair on Tuesday, November 15th. Papers will be read by members and by several physicians from Baltimore who have been invited to attend the meeting.

Prof. Heneage Gibbes, of London, has been appointed professor of Pathology in the University of Michigan. Dr. Gibbes was a member of the English Cholera Commission to India, in 1884, and is one of the most prominent of English bacteriologists.

Dr. George Reuling, of this city, finds that a simple and effective remedy for stye is a solution of fifteen grains of boric acid to an ounce of water. By applying this solution three times a day to the inflamed part of the eye-lid, by means of a camel's-hair brush, this painful and annoying affection will be conquered very rapidly.

The Washington Obstetrical and Gynæcological Society has elected the following officers for the ensuing year: President, Dr. Samuel C. Busey; Vice-Presidents, Drs. D. W. Prentiss, and W. W. Johnston; Treasurer, Dr. George Byrd Harrison; Recording Secretary, Dr. Samuel S. Adams; Corresponding Secretary, Dr. G. Wythe Cook.

A North Carolina paper, of recent date, states that a surgeon of that State once acquired a great reputation by successful amputation of a negro's leg; so other jealous surgeons naturally took to cutting off negroes' legs. If a negro had a sore on his heel, his

leg came off. If he had rheumatism, his leg came off. If he broke his leg, it came off. If he sprained his ankle, his leg came off. If he stumped his toe, his leg came off. From 1814 to 1820 it was as common to cut off a negro's leg as it is now to give quinine for malarial epigastritis.—*Exchange*.

For a clinical case of *pneumonic phthisis*, Prof. DaCosta ordered the prescription:

℞. Digitalis pulv.,	gr. ss	
Cinchonidinæ sulph.,	gr. ij	
Opii pulv.,	gr. ʒ	
Ft- pil. j.		M.
Sig.—One t. d.		

In combination with this, cod-liver oil and small blisters were ordered.—*Col. and Clin. Record*.

The condition of the New York quarantine establishment has excited a considerable amount of discussion and uneasiness among the authorities in New York City since the Committee of the College of Physicians of Philadelphia has shown that it is so defective and unsuited to the purposes of a great port such as that at New York. Mayor Hewitt has appealed to President Cleveland for assistance from the General Government.

Despite the confident statements made by Prof. Virchow and Sir Morrell Mackenzie to the effect that the disease in the Crown Prince's throat was not cancerous, the greatest alarm exists in Germany regarding the Crown Prince's condition. Sir Morrell and other well-known specialists have been summoned to San Remo in consultation. Dr. Mackenzie admits that a new growth has made its appearance lower down in the throat and that tracheotomy will be required for its removal. He still holds that this is a local inflammation. There can be little doubt of the fact that the Crown Prince is in a bad way. Prof. Virchow still holds on to a favorable prognosis.

The Health Officer of this City thinks the Committee of the College of Physicians of Philadelphia has formed an imperfect judgment concerning the quarantine facilities at the port of Baltimore. He argues that the present accommodations are adequate for the proper protection of the city against the introduction of cholera at this port. We are unable to agree with the opinion of our efficient Health Officer. We fail to see how the present arrangements at Hawkin's Point could provide a suitable quarantine for a steamship load of immigrants arriving at this port with cholera on board. Seventy-five hospital beds and any number of army tents will not comfortably protect 600 or 800 immigrants. Unless the quarantine establishments of all American ports are taken out of the hands of our State and Municipal authorities and placed under the control of the General Government the present shortcomings pointed out by the Committee of the College of Physicians are not likely to be corrected.

Original Articles.

REMOVAL OF THE UTERINE APPENDAGES, WITH REPORT OF THREE CASES.*

BY L. E. NEALE, M. D.,

Demonstrator of Obstetrics, and Chief of Clinic at the University of Maryland. Visiting Physician to the Free Lying-in Hospital.

The conception, development, birth and growth of abdominal surgery as understood and practiced to-day, all within the last half century, mark one of the most, if not the most rapid and successful advances of scientific medicine. Intrepid, bold and daring in execution, dazzling and brilliant in result, this branch of surgery now stands upon a most solid, firm and permanent basis, unequalled, unprecedented and unique in the historic annals of our art.

CASTRATION, SPAYING, OR HEGAR'S OPERATION;

oöphorectomy or Battey's operation; removal of the uterine appendages, or Tait's operation; salpingectomy, salpingo-oöphorectomy, prosthektomy and thelythectomy, as the procedure has been variously termed, is an operation in this field of surgery that has recently attracted unusual interest, and has called forth an amount of medical literature that in the short space of time is really astounding.

HISTORY.

For a long time and throughout all ages confined to the unsexing of domestic animals, but as applied to the human female, shadowed forth among the oriental nations by certain rude operations upon the external genitalia, "castration in our sense of the word, was undoubtedly performed by the Greeks and Romans."† Xanthus, writing in the sixth century before Christ, says that "the Lydian king Andramyte first introduced female eunuchs into the service of

his palace."† Bishoff speaks of the female eunuchs in India,‡ and Tillmans of certain operations upon the genitalia as performed by the early savages."§

The first operations for therapeutic purposes, however, upon the human female, were performed for the removal of an ovary from a hernial sac, and were always unilateral, Pott being the only one who mentions a bilateral operation of this kind, which he did in 1756. Although Hunter declared: "there is no reason why women should not bear spaying as well as other animals;" although Dr. James Blundell, before the Medico-Chirurgical Society of London, in 1823, stated his belief that "the ovaries could be removed with safety; that, in his opinion, it could scarcely ever be justifiable, but that it would be the most effectual remedy for obstinate dysmenorrhœa, and in bleeding from monthly determination to the inverted uterus, when extirpation was rejected;"* although in 1869 Kœberle removed a healthy ovary, merely for technical purposes, however, while performing another abdominal operation; although in 1872 Mr. Lawson Tait removed, with entire relief to his patient, the left ovary, containing an abscess, which had caused agonizing pain distinctly referable to the seat of the ovary, accompanied by a variety of reflex symptoms, of which the most marked was complete and persistent aphonia;† although such progressive steps had gradually prepared and paved the way toward the great discovery, it was not until July 27th, 1872, that the first true castration, or removal of both ovaries for the relief of symptoms distinctly referable to these organs, was performed by Prof. Hegar, of Freiburg! The indications were intolerable dysmenorrhœa and ovarian neuralgia. Both ovaries were removed and showed degeneration of the stroma with small-cyst-follicular degeneration. The patient died of septic peritonitis.† Tait followed, independently, on August 1st, 1872, re-

†Smith: Abdominal Surgery, 1887, p. 145.

‡Cyclop. of Obstet. and Gynæ., 1887, vol. vi, p. 290.

§Tillmann's: ueber Præ-Historische Chirurgie.

*Ref. Handb. of the Medical Sciences, 1855, vol. I,

p. 479.

†Tait: Diseases of the ovary, 1883, p. 323.

*Read before the Baltimore Academy of Medicine, Nov. mber 1st, 1887.

†Hegar: Operative Gynakologie, 1881, p. 322.

moving both ovaries for intractable metastasis, with a successful result.

In 1865, Dr. Robert Battey, of Rome, Georgia, U. S. A. "conceived the idea of producing an artificial menopause for the remedy of disease;" but it was not until August 17th, 1872, without the slightest knowledge of the previous work of Hegar or Tait, that he successfully performed his first operation, normal ovariectomy, oöphorectomy, Battey's operation. The indications for persistent amenorrhœa accompanied by very severe menstrual molimina and suffering. Both ovaries were removed; they seemed to be normal, and yet the patient was completely cured.† Battey was the first to publish his case, which he did in a paper entitled "Normal Ovariectomy," appearing in the *Atlanta Medical and Surgical Journal*, for September, 1872.

"The year 1873 was remarkable, in that, within a month of each other, three oöphorectomies were done by three different surgeons, in three different countries, without any of the three being aware of what the others were about."*

To claim a priority measured by days or months, is to be exact at the expense of liberality, or even of justice. The time was ripe for the operation, and three independent workers—Battey, Tait and Hegar may be permitted to share the honor of introducing it.‡ "But to Dr. Battey is undoubtedly due the credit of demonstrating to the profession the practicability and value of an operation, now all but universally admitted to an honored place in surgery." Battey's name has been usually associated with the operation when performed for neuroses; Tait's for inflammatory diseases of the tubes; Hegar's for uterine fibroids; although Trenholme, of Montreal, claims to have been the first to perform the operation for this latter indication, which he did in 1876.†

After Battey followed a host of others, both in America and Europe, many of whom, from "exaggerated expectations,

imperfect knowledge, and false interpretations of the doctrines taught by the originators of the operation,‡ soon abused the procedure, until it was strongly criticized, censured, and even condemned by some of the ablest men in the profession. Sir Spencer Wells, in 1882, sent forth a warning note which should echo in the mind of every conscientious practitioner to-day: "Though I accept the principle, I see that the operation has a very limited application, and is so open to abuse that its introduction in mental and neurotic cases is only to be thought of after long trials of other tentative measures, and the deliberate sanction of an experienced practitioner."§

DEFINITION AND SIGNIFICANCE:

Castration is defined by Hegar as the term applied to the extirpation of healthy ovaries, or those which are degenerated but do not possess very large dimensions. Battey says the aim of the operation is "to determine the change of life, for any grave disease which is incurable without it, and which is curable with it," while Smith claims (and this view is maintained especially by Hegar) that it would be more correct to say that removal of the uterine appendages is performed for local disease in the ovaries or tubes. The operation has a three-fold object:

1st. The removal of organs incurably diseased and acting as a source of local irritation.

2nd. The abrogation of the ovarian function, or artificial production of the menopause.

3d. To check or modify the discharge of blood from the uterus.

Tait's theory that the tubes and not the ovaries are the starting-point in menstruation, and, therefore, are the essential organs to be removed, (hence Tait's operation or removal of the uterine appendages,) is, as far as I know, unique, unproven, untenable, and directly opposed to all accepted physiological teaching and clinical experience.

When castration was performed for

†Hewitt: Diseases of Women, 1883, p. 334.

*Wells: American Journal Med. Sciences, October, 1886, p. 461.

‡Smith: Abdominal Surgery, 1887, p. 148.

§Reference Handbook of Medical Sciences, 1885, vol. I, p. 479.

†Smith; Abdominal Surgery, 1887, l. c.

†Cyclop. Obstet. and Gynæcol., vol vi, p. 293.

§American Journal of the Medical Sciences, Oct. 1886, pp. 463-3.

bleeding myomata, Nussbaum, Pernice, Fehling and Tauffer, repeatedly left the tubes in, and still a diminution of the tumor and cessation of the hemorrhage were observed; while on the other hand, it has been seen that in cases of extensive pelveo-peritonitis where the ovaries were so firmly embedded in a mass of exudation that their complete removal could not be accomplished, but where, however, the tubes were entirely removed, menstruation continued unaltered after the operation.* Certainly Tait cannot claim priority in having performed such an operation, for Olshausen tells us† that from the very first Hegar removed both tubes and ovaries, for technical, however, and not hypothetical reasons, and he employed the term salpingotomy.‡

Even the very recent idea of William Polk, M.D., of New York, of merely tearing up or separating adhesions between the pelvic viscera, should they exist, and thus completing the operation without removing any organs whatever, can scarcely be considered as entirely new, for Hegar tells* us that Klotz has not only torn up adhesions, both of bladder as well as uterus, and ovaries, with surrounding parts, but has even cut out diseased portions of the broad ligaments, without removing either tubes or ovaries.

There are also cases on record showing that a successful result, for bleeding myomata, has been obtained by merely ligating the blood-vessels in the ligamenta lata.

EFFECTS OF THE OPERATION.

When both ovaries have been completely removed the most noticeable result is usually cessation of menstruation or uterine hemorrhage. This may occur at once and remain permanent, or, after irregular bleeding, or not for an indefinite period. There is frequently a bloody discharge from the uterus, not true

menstruation, that may continue for six or ten days or more after the operation, especially when performed for bleeding fibroids.

This hemorrhage, according to Hegar, is due to the primary, yet temporary, venous congestion of the uterus resulting from ligating the large vessels supplying it through the broad ligament. Such a result occurred in all of my cases herein reported. According to Olshausen, amenorrhœa occurs in three-fourths of all cases of castration, and remains permanent. Wiedow reviews 76 cases of castration for bleeding fibroids where the menopause occurred at once or after slight bloody discharges in 61 cases. In only four cases was the effect upon the hemorrhages temporary or nil. As explanatory of this result we may allege:

1st. The effect of long established nervous influence on uterine congestion.

2d. The incomplete removal of both ovaries.

3d. The existence of a supplementary or entirely distinct supernumerary ovary.

When both ovaries are entirely removed the ability to perform the sexual act, *facultas coeundi*, is not lost, 'though the ability to conceive, *facultas concipiendi*,' is entirely abolished. Nevertheless, the production of sterility can scarcely be a dangerous argument against castration, for, on the one hand, this already frequently exists owing to the diseased conditions of the organs to be removed, while on the other, the psychical as well as physical condition of these patients render them wholly unsuited for matrimony.

It is said, by reason of retention of ability to perform the sexual act after castration of the female, we may have an explanation of the comparative rarity of mental depression, melancholia, insanity etc. more frequently observed after the same procedure in the male. Again, in the absence of any appearance of mutilation in the female, those forebodings are not excited as they are after constant handling and inspection of the parts in the male.

The peculiar vaso-motor disturbances,

*Wiedow: "Castration bei Myomen." Trans. Internal Med. Congress, 1884, vol. 2, p. 24.

†Olshausen: "Die Castration." Handb. d. Frauenk., 1885. Band II.

‡Centralblt. f. Gynæk. Jan. 19, 1877.

§Hegar, "Castration bei Neurosen u. Psychosen." Trans. Internal Med. Congress, 1884, vol. II., p. 123.

as sudden flushings, localized diaphoresis, cephalalgia, vertigo, and functional disturbances of almost every organ in the body, may occur after the artificial just as well as after the natural menopause.

"Theoretical speculations about the development of masculine characteristics, in which some have indulged, are as groundless, as they are absurd;" hence the expression, *propter solum ovarium mulier est quod est*, is wholly inapplicable to these cases.

Kœberlé says: "The subjects may be regarded as women who have suddenly attained the menopause.

The affective sentiments remain untouched. They are no longer under the dominion of an imperious erotic want; but they are not the less good, loving towards relatives and husband. The genital organs remain excitable; the character becomes gentler, less irascible; the breasts do not atrophy; the tone and voice are unaltered."* "The change is one from active uxoriousness to staid, gentle matronliness."†

WHAT SHALL WE REMOVE?

This is not yet a positively and universally settled question. Although castration essentially consists in the complete removal of both ovaries, it is an historic fact of no little interest, that, notwithstanding Battey's plain statement from the very first, that the artificial production of the menopause is the chief object of the procedure, yet both he and Sims, and others, frequently removed but one ovary, unilateral oöphorectomy. Indeed, Battey and a number of other operators, maintain to-day, that unless the ovary be diseased it should not be removed.

Hegar says: The false way upon which Battey and Sims had gone by the frequent performance of unilateral castration, has done the operation much harm. The danger was nearly the same as when both ovaries were removed, and the result only under exceptional circumstances to be expected.†

But the sapient Sims soon indepen-

dently conceived the truth of this himself, for as early as 1877 he tells us, that from an analysis of Battey's and his own operations the inference he draws is to "remove both ovaries in every case!"*

Dr. T. A. Emmett says: "I agree with Dr. Sims as to the necessity of removing both ovaries, if the operation is called for, since it is evident from the records before us, that a favorable result is not to be expected unless cessation of ovulation is complete."‡

Goodell, before the Obstetrical Society of Philadelphia, October, 1884, reported a case of oöphorectomy for nerve trouble in which he found cystic degeneration of the left ovary, the right ovary being sound, yet he removed both. He removes both even where one is healthy and says he is supported in this by Playfair, of London.‡

In a discussion concerning this subject before the New York Obstetrical Society March 7th, 1885, Dr. Lusk, asked, if it was necessary to remove both tubes and ovaries in Tait's operation. He had left a tube and ovary in two cases, with subsequent bad result. Drs. Hunter and Wylie had each a similar experience, the disease at the time of the operation being confined to one side.§ Dr. Lee exhibited before the same Society, May 3d, 1887, an ovary which he had removed and which illustrated the desirability of always removing both ovaries at one and the same time. The specimen contained an hæmatoma, and the ovary had not been removed at the time when he had taken out its fellow, because, although it had not seemed sound, the patient had begged him not to sterilize her, as she was anxious to marry. The point he wished to emphasize was, the advisability of not leaving an ovary when its fellow has to be removed for inflammatory causes and thus subjecting the patient to the risk of a second laparotomy.

The President, Dr. Mundé, however,

*J. Marion Sims, British Medical Journal, December 1887.

†Principles and Practice of Gynæcology, 1884, p. 659.

‡See Trans. in American Journal Obstet., vol xvii, p. 1816.

§See Trans. in American Journal Obstet., vol. xviii, p. 1901.

*Koeberlé; translated by Barnes, "On Hernia of the Ovary," Amer. Jour. Obstet., Jan., 1883, p. 22.

†Smith; Abdominal Surgery, 1887, p. 156.

‡Hegar; Operative Gynakologie, 1881, p. 324-5.

opposed this teaching and "hoped the Society would record itself in favor of leaving the not markedly altered organ."*

There is quite a number of cases on record where an ovary thought to be slightly diseased, during the performance of an ovariectomy was left in, and subsequently functioned normally. In October, 1884, I removed from a patient of mine a large adherent multilocular cyst of the right ovary, and at the time was advised by an experienced gynæcologist then present to remove the left ovary also, which in his opinion was the seat of beginning cystic disease and should not be allowed to remain. I dissented, however, giving the patient the benefit of the doubt, as it subsequently proved, for since the operation I have delivered her of three fine children at full term after perfectly natural and successive pregnancies and she is now enjoying excellent health.

Mr. Lawson Tait has again drawn attention to this very important question by a recent article entitled *Results of Unilateral Removal of the Uterine Appendages*," appearing in the *Amer. Journ. Obstet.*, May, 1887.

He reports twenty-six of his own cases, where but one ovary was removed and by an analysis finds "thirteen of the twenty-six cases to be an absolute failure." This list, says he, "puts such incomplete (unilateral) operations in a very unsatisfactory light."

It is his ripening though not yet mature opinion, that if a patient is suffering sufficiently to justify an abdominal section for chronic inflammatory disease of the uterine appendages and only one side is found to be affected, the operation to be of that lasting and complete benefit to the patient, which we desire all our operations should have, must be made bilateral.

Therefore, from the foregoing, I think we have authority in concluding that when castration is performed:

1st. For inflammatory disease of the uterine appendages;

2d. For bleeding myomata;

3d. To establish the menopause for any reason whatsoever, it would be better practice, as a rule, to remove both ovaries, if possible, in all cases. In as much as in the absence of the ovaries, it is yet unproven that the tubes serve any useful purpose whatever, and hence, under such a condition may be regarded as useless appendages; in as much as their removal together with the ovaries does not in the least complicate the operation or render it more dangerous; in as much as they may frequently be the seat of, or involved in disease, occult as well as apparent; in as much as they are liable at any time to be involved in inflammatory or other pathological processes that may seriously compromise health, life or happiness; it is therefore, the usual custom of operators to remove them together with the ovaries. Hence, removal of the uterine appendages would seem more accurately to express the anatomical nature of the operation.

HOW SHALL WE REMOVE THE APPENDAGES?

As regards the method of operating, I shall only say that the abdominal method is now generally adopted by preference and almost to the entire exclusion of the vaginal method. This is due to

1st. The greater difficulty of the vaginal method, especially when adhesions exist.

2d. To the fact that adhesions which may have entirely escaped observation before the operation, may be present to such an extent as to defeat the operation by this method, and hence the possibility of having ultimately to resort to the abdominal method or abandon the operation unfinished.

Another very important point in the operative technique, is to operate through as small an incision as possible. Tait has demonstrated by his brilliant results, that thorough asepsis or cleanliness may be best obtained in this way.

The sponges, instruments, or fingers of the operator are constantly filling up the small wound, so that the surgeon, to

*See Trans. in Amer. Journ. Obstet., May, 1887.

a considerable extent at least, excludes air and impurities and is well nigh practically working in the closed sac of the abdominal cavity.

WHEN SHALL WE OPERATE?

With the near approach to perfection we have now made in the technique of abdominal surgery, the most important, yet possibly the most difficult and disputed point concerning the operation in question that now remains, is to definitely and positively determine its indications. The great moot question is; are we justified in establishing the indications for the removal of the uterine appendages upon subjective or objective symptoms? Are recognizable anatomic-pathological alterations in the uterus or its appendages absolutely required, to render castration justifiable. Such is the view held by some of the best operators to day, among whom I may mention Hegar! He tells us, "Castration is indicated in *anomalies and disease of the sexual organs*, which cause immediate danger to life, or terminate fatally in a short time, or are followed by long continued, progressive illness, which interferes with the enjoyment of life and ordinary duties.

At the same time it is supposed that all other milder methods of treatment would either prove useless, or had been tried unsuccessfully, while removal of the ovaries would relieve the disease.* He suggests as a guide in a given case the three following questions: Is this a grave case? Is it curable by any of the resources of art short of the change of life? Is it curable by the change of life?

The anatomic-pathological conditions which may justify the operations may be found in the ovaries, in their vicinity or in other parts of the sexual system.

INDICATIONS: (OBJECTIVE.)

A. The Appendages.—Small ovarian tumors of all kinds.

Small cystic degeneration of the ovarian follicles.

Displacement, prolapse, hernia of the ovary.

Inflammation, acute, chronic, suppurative, of ovaries, tubes, pelvic peritoneum and parametrium.

Pyo-salpinx, hæmato-salpinx, hydro-salpinx, Fallopien pregnancy.

B. The Uterus.—Conditions of the uterus (or vagina) congenital or acquired which prevent the excretion of menstrual fluid or cause severe and intractable dysmenorrhœa, ex. gr. Errors of development, incurable displacements, insuperable obstructions.

Conditions of the uterus which cause abnormal or excessive uterine hemorrhage, ex. gr. Chronic inflammations of mucous, muscular, serous or cellular tissue layer, bleeding myomata and endometritis fungosa.

C. Subjective.—Constitutional disturbances from any of the above or other causes destroying health, happiness or life, irremediable by milder measures and remediable by castration, always with the knowledge and full consent of the patient.

Derangements of the nervous system; menstuo-, hystero-, oöphoro-, nymphomania. Hysteria and allied affections. Intractable dysmenorrhœa, oöphoralgia and the various neurotic affections termed collectively "lumbar-cord symptoms."

"In patients who are near the natural climacteric, the operation is not justifiable, if the abolition of the sexual organs is relied upon exclusively as the means of cure. A different aspect is presented when the ovaries and their immediate vicinity are diseased in such a way, that their removal, *per se* is necessary to recovery, while the abolition of the sexual functions would have no curative effect on the condition."*

It has been very truly stated; that "it serves no good scientific purpose to describe a symptom as a cause for operation, and that whenever it is possible the disease ought to be quoted as the cause for the operation, and not the symptoms of it."

*Smith, Abdominal Surgery, 1887, p. 151.

*Cyclop. Obstet. and Gynæcol., 1887, vol. vi., p. 300-1.

*Cyclop. Obstet. and Gynæcol., 1887, vol. vi, p. 305.

This may be granted without argument, but clinical facts constitute the experimentum crucis of practical medicine and they unquestionably, in some cases at least, one of my own to wit, do not justify us in always establishing the indications for the operation upon purely objective signs or anatomo-pathological alterations.

Hegar distinctly says: "All operations which are undertaken without the presence of a disease or an anomaly in the sexual system, are, according to the present stand-point of our knowledge, unjustifiable."[†]

He considers it absolutely necessary that the ovaries should be felt before resorting to the operation and admits only two conditions, the presence of tumors, or a mass of exudation concealing them, where this may be impossible, and says that here, however, we already have sufficient anatomo-pathological grounds for the operation. Yet, in the very face of these statements, he frankly admits that we are not yet in a position to positively establish the relation of cause and effect between the anatomo-pathological conditions of the sexual organs and the symptomatology of their diseases. He tells us that degeneration of the ovaries may exist without any symptoms whatever, while on the other hand the most painful symptoms, such as fixed and radiating pains, various disturbances of menstruation, neuroses neuralgias, vomiting, epileptiform attacks, cramps of different kinds, hemiplegias, etc., may take their origin merely in the small cystic degeneration with hyperplasia of the ovarian stroma.[‡]

But who among us can always feel the ovary, or recognize this condition by vaginal touch; and even if he did, who among us is always certain of its pathological significance?

Occasionally we see the grossest anatomo-pathological conditions of long standing in the sexual organs as large tumors, malignant diseases, chronic inflammations, hyperplasia, displacements, etc., which gives rise to no marked symptoms at all, and this very fact

should make us extremely careful in a given case of establishing any other connection between the anatomical alterations and the symptomatology.

But in so far as the ovaries are concerned, I seriously question the ability of the average gynæcologist to feel them at all, unless they are prolapsed or markedly enlarged. Indeed, Olshausen says he very much questions that even Hegar really finds them, and when he does it is still more questionable that he can always detect disease in them. Hegar admits that having once excluded marked constitutional disturbances as etiological factors, it is of wholly secondary importance to know whether the symptoms take their origin in the ovary or perhaps the uterus. In this Olshausen fully concurs and concludes, that the difference between Hegar and himself is as follows: When Hegar feels a few prominences on the surface of the ovary, or the ovary feels firmer and somewhat thicker or on the contrary somewhat smaller than usual, his anatomical requirements for the operation have been fulfilled, while Olshausen regards such anatomical alterations as merely corroborative evidence, knowing full-well, that without any clinically recognizable alterations in the ovary, whatever, the identical self-same symptoms may proceed from them.

Battey says: "Within my knowledge it has not been the practice of American surgeons to attempt the cure of mental and nervous disorders by the removal of healthy ovaries or healthy tubes. The ovaries removed and the tubes as well, have presented visible signs of disease—signs which are evident to the naked eye and palpable to the sense of touch. With reference to the tubes, it has always been my practice to remove them when diseased and let them alone when sound."^{*} Yet before the American Gynæcological and Obstetrical Society, Baltimore, September, 1886, when asked by Dr. Fordyce Barker, of New York, to state the grounds on which he would advise the removal of the tubes and ovaries, he replied: "I do not require in

[†]Amer. Jour. of the Medical Sciences, October, 1886, p. 430.

[‡]Handbook d. Frauenkrankheiten, 1885, vol. ii,

^{*}Amer. Jour. of the Medical Sciences, Oct., 1886, p. 483-85.

my cases an absolute diagnosis of disease of the tubes and ovaries prior to operation. It is sufficient for me to know that the general health is broken down by reason of the perverted function of the ovaries, that she is utterly miserable, that there is no reasonable hope of restoration to health by other means, and that there is a reasonable prospect of restoration by removal of the ovaries."† Before the Gynæcological Society of Washington, Dec. 19th, 1884, Dr. J. F. Thompson said: "He disagreed as to the paramount importance given to palpation in the diagnosis of these cases and not relying upon the subjective symptoms. We must operate upon the strength of the subjective symptoms. He had seen too many failures of diagnosis where touch alone was relied on.‡ In a discussion upon Salpingo-oöphorectomy at the meetings of the Obstetrical Society of New York, March 1st, and 7th, 1886, Dr. Wylie said: "That it was not necessary to make such an exact diagnosis. If the patient had been under observation for some time, and the subjective symptoms were such as to warrant an operation, he did not disturb himself about the exact condition of the tubes."§ Before the same Society, April 5th, 1887, Dr. McLean said: "What gynæcologist was prepared by reason of his superior *tactus eruditus* to state positively, that a given enlarged tender ovary (perhaps three or four times as large as normal) was so hopelessly diseased that it must be removed, or, on the other hand, that it could be safely spared?"

He saw no hope of ever being able to acquire sufficient skill to recognize by touch the exact extent of the anatomical changes in the ovary.** The President, Dr. P. F. Mundé said: that "it was generally conceded that we could not positively affirm the point at which an ovary had undergone such anatomical changes as to be functionally useless."**

*See Trans. in MARYLAND MEDICAL JOURNAL, Oct., 2d, 1886.

†Trans. in Amer. Jour. Obstet., vol xviii, 415.

‡Trans. in Amer. Jour. Obstet., vol., xvii, p. 1080.

*Trans. in Amer. Jour. Obstet., June, 1887, p. 628-9.

(To be continued.)

A CASE OF GRAND HYSTERIA WHICH TENDED GREATLY TO BECOME A TYPICAL CASE OF HYSTERICAL INSANITY.

BY A. L. HODGDON, M.D., OF FARMWELL, VA.

A. S., female, aged 17, of African origin, color quite black, of rather a stout build, and a general lack of expression in the eyes. I was called to see her, the messenger bringing word that she was having the attacks almost every day, and it was said that it would take five or six men to hold her during the time she was in the paroxysm. After I commenced attending her, the fits were, generally, merely a condition of oposthotos, characterized during nearly all the time by a period of profound morbid somnolence. I was informed that before I was called upon to attend her, that she would try to bite herself, and tear her clothing with her teeth. Upon questioning her, she said that ever since she could remember she had continually before her eyes a "white snake," which she said of late had changed into a "black snake." She said that she had often asked others if they also could not discern the snake. The family history of this patient showed that her mother, when a girl, had been subject to attacks of some kind; also a brother. Her disease at one time showed a considerable tendency to lapse into a typical case of hysterical insanity. Maudsley* says: "Without doubt hysterical symptoms sometimes run by degrees into actual insanity, but considering how common a disease hysteria is, it must be confessed that this issue is rare." Savage† says: "Besides the cases of simple but grave hysteria which have already been considered, others are admitted into asylums in which the convulsive symptoms call for most attention; cases in fact of hystero-epilepsy," and he speaks of having had at one time two such cases in Bethlehem. Hammond,‡ in speaking of the tendency to suicide in hysterical

*Pathology of Mind, 1886.

†Insanity and Allied Neuroses.

‡A Treatise on Insanity, by Hammond.

mania, says: "As I have already said, the subjects of hysterical mania are not disposed to attempt suicide. Occasionally, however, a tendency in this direction is manifested, but it is often more apparent than real. It is an act of deception, like so many others perpetrated by hysterical maniacs. As Legrand du Saullé says: 'When they attempt suicide they do not proceed as other people; they try to hang themselves with the rose-colored ribbon of a box of bon-bons, or they make a show of taking poison when others are present.'" The patient of whom I am speaking made but one attempt at suicide, and that was when she tried to jump from a window. Clouston* speaks of having had three cases of almost typical hystero-epilepsy (two of them having a suicidal tendency) sent to the asylum within the "past few years."

Hammond,† in his article on hysteria, says: "In another case a lady had terrified her friends, and excited the greatest commotion by threatening to put an end to her life by jumping out of a window. When I saw her she was strapped down to a bed, and was being supplicated by half a dozen people in the room not to kill herself, to which she energetically replied that she would. I loosened the straps, opened the window, and told her to jump out. She walked to the window, looked out for a moment, and then applying no very polite epithet to me, went back to her bed, and I have heard no more of her suicidal desires." A. S. had two large teeth which were decayed, and upon one occasion she requested me to extract one of them. I asked whether she preferred going to sleep or being awake when I would perform the extraction; to which she replied that she preferred being unconscious at the time the tooth would be extracted; so I brought about in her case the effects of hypnotism. After having induced in her the lethargic stage of hypnotism, I proceeded to extract the tooth, which I succeeded in doing without giving her any pain, she continuing in the hypnotic state for some little time after the tooth had been

drawn. Some days after this she wished to get rid of the other tooth; this time my student, Mr. Geo. Fadely, was present in order to assist me in holding a wedge between her teeth, to keep the mouth open. I again induced the lethargic stage of hypnotism, and extracted a very large tooth without giving any pain to the subject, who was unaware that the tooth was no longer in its former position until she noticed its absence through some movements of her tongue. I could always tell when she was ready to be operated upon (when the lethargic stage was thoroughly induced) by sticking her wrist several times with a pin; if she were ready, there would be no motion made when the pin was inserted; but if she were not quite ready some little motion would be noticeable upon the insertion of the pin in the arm.

Correspondence.

OPIUM INEBRITY AND INFANTILE MORTALITY.

BROOKLYN, November 14th, 1887.

Editor Maryland Medical Journal,

DEAR SIR:—I am desirous of securing facts regarding the relation of opium inebriety in mothers to infantile mortality.

Dr. Frank B. Earle, of Chicago, informs me that he "recently attended a woman taking about twelve grains of morphine daily, who has lost four successive babies between the second and fourth day—all having died in collapse."

If any reader of your JOURNAL readers will furnish me details of a similar case, I'll much appreciate his courtesy, and give him full credit.

J. B. MATTISON, M.D.

Society Reports.

PHILADELPHIA CLINICAL SOCIETY.

STATED MEETING HELD OCT. 28, 1887.

The Vice-President, DR. MARY E. ALLEN, in the chair.

*Mental Diseases.

†Nervous Diseases, by Hammond, 1866.

Dr. Sophie Presley reported a case of

RECTAL POLYPUS.

as follows:

Wille C., a child six years of age, pale and sallow, who had always been delicate and of a constipated habit, was brought to my office by his mother, who said that he had been suffering from piles for about three months. That whenever he had an evacuation from the bowels there was blood, partially covering the stool. This blood caused her to make an examination of the parts; when, invariably, she found a *fleshy mass*, as large as a cherry, protruding from the anus. After a short time it would be drawn in, and not be visible until after the next movement.

She had, previously, consulted another physician, who considered the case one of hemorrhoids and treated it with various ointments but without any beneficial results.

I made an examination, but could detect nothing abnormal in appearance, nor by the finger. To help correct the torpidity of the liver and to overcome the constipation, I ordered:

R. Hydrarg. chlor. mitis. gr. ij
 Pulv. Ipecac. gr. ss
 Sacch. lact. gr. xx.
 M.—Ft. chart. No. xx.

Sig.—One powder to be given every two hours.

After taking the powders the child was to take a dose of magnesia and then continue with the following mixture:

R. Pepsin. (Jensen's) gr. xxiv
 Acid. tartaric. gr. j
 Glycerin.
 Aquæ menth. pip. āā ℥iiss

M.

Sig.—Teaspoonful after each meal.

To be used locally:

R. Unguent. belladon.
 Unguent. acid. tannic. āā ℥ss

M.

Sig.—To be applied night and morning, in and about the anus.

I requested the mother to return with the child at the expiration of a week. At the appointed time he was brought, with the report that he was brighter and and better, generally, but that the bleeding still continued, and the lump appeared at each evacuation, as it had done previously.

As she did not live far away, I asked her to send for me when she again noticed the protrusion. I was called the next morning, and upon examination, found a purplish-red polypus as large as cherry, protruding from the anus. Upon making a digital examination I found the growth was attached just above the internal sphincter, on the posterior wall of the rectum, by a pedicle about $\frac{1}{2}$ of an inch in diameter.

The following morning I removed the polypus by cutting the pedicle, and, to make *perfectly sure* there would be no *bleeding*, I injected about two table-spoonful of ext. hamamelis virgin. fld. diluted with one of water, into the rectum, and ordered more of the mixture to be used, in the same way, should any bleeding be noticed. The child was to be kept perfectly quiet on the lounge, all day.

I left the house, satisfied that I had performed a successful operation, and had rendered hemorrhage impossible; but when I reached home, after making my other calls, I found that a messenger had been there two hours before, urging my immediate presence. When I reached my patient he was almost in a state of collapse from loss of blood, but from outward and visible signs the bleeding had ceased. Soon after I left, in the morning, the child had an inclination to use the commode and while seated there-on his extreme pallor frightened the nurse, who quickly laid him on the lounge; about half a teacupful of blood was discovered in the vessel. His mother immediately injected the hamamelis, with apparent good effect.

Recognizing the grave aspect of the case, I felt the necessity of keeping up the strength of the patient and preventing a recurrence of the hemorrhage, while, at the same time, warding off septic symptoms. This I endeavored to

do by administering quinine, in one grain doses, three times a day.

I gave as nourishment: milk, milk-punch, wine, beef-tea and broths of various kinds.

About the third day his skin presented a jaundiced appearance, and there was distension of the abdomen, without tenderness. I now saw the importance of freeing the intestines from the accumulated blood and fecal matter, and for that purpose, administered a large dose of castor oil, but without effect. I gave him another dose with the same negative result. I then gave an enema of warm sweet oil, which he retained, and an hour later, one of warm water, after which he had a passage of foetid, coagulated blood.

For fully three days, these bloody, offensive evacuations continued, at frequent intervals. At the expiration of that period the patient showed signs of decided improvement, although the unhealthy appearance of the skin remained. The vigorous use of proper stimulants, tonics and nourishment gradually induced a more healthy condition, and in a reasonable length of time he recovered his original strength, and has since (a period of almost three years) shown no symptoms indicating a recurrence of the trouble.

In conclusion, Dr. Presby stated that: "Although this operation was successful, in the end, all the accompanying symptoms convinced me, that to have prevented hemorrhage, and its attendant consequences, *I should have ligated the pedicle.*"

Dr. Edward E. Montgomery then exhibited a set of

O'DWYER'S TUBES FOR INTUBATION,

also those modified by Waxham, of Chicago; and gave an analysis of twenty-five cases on which he had performed the operation.

Of these, twenty-two were seen in consultation with other physicians, many when the chances of a successful operation were impossible. One of the three cases, in Dr. Montgomery's own practice, was the victim of a second

attack of croup, the child requiring the tube a *second time* six months after having been operated upon once.

All of these cases were successful.

Ten of the twenty-five cases had diphtheria, six of which recovered. The remaining fifteen, operated upon, were afflicted with membranous croup, seven recovering. The most frequent cause of death was broncho-pneumonia.

The youngest child, to recover, was sixteen months old, the oldest, eight years. Eleven of these children were *under* three years of age; *six* recovered. Of the fourteen *over* three years who were operated upon, *seven* recovered showing a greater percentage of recoveries in favor of those *under* three years, a decided advantage intubation has over tracheotomy, which is considered *less* favorable in persons under three years of age than later.

The shortest time the tube was worn, in case which recovered, was three days; the longest time was three weeks.

In conclusion, Dr. Montgomery urged the value of this operation, stating its advantages over tracheotomy:

1st. The greater readiness with which parents will give their consent to an operation in which no anæsthetic and blood-letting are necessary, thus gaining valuable time by operating early.

2nd. The same skilled attention is not necessary after intubation as after tracheotomy. The secretions are apt to become dry and accumulate in the tracheotomy tube rendering its frequent removal and cleansing imperative.

In intubation the air passing through the mouth keeps the membrane moist, and there is no necessity for the removal of the tube.

MARY WILLITS, M.D.,
Reporting Secretary.

MARINE SALT IN ANÆMIA.—Hegar has used hypodermatic injections of a 6:1000 solution of marine salt, pure and recrystallized, with good results in anæmia. The condition of the circulation was improved, as shown by sphygmographic tracings.—*Révue de Thérapeutique*, August, 1887.—*Journal American Medical Association*.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, NOVEMBER 19TH, 1887.

Editorial.

HOW CAN THE MEDICAL PROFESSION AID BOARDS OF HEALTH.—That the medical profession is under a binding moral responsibility to society for its influence and aid in support of sanitary reform and the enforcement of public health laws cannot be disputed. Indeed the debt which medicine owes to health is far greater than the average physician recognizes. Within recent years the claims of public hygiene and sanitation have so forced themselves before the profession that a growing respect and interest in their behalf have sprung in to active existence and a more hearty professional co-operation has been the result. This recognition of the claims of public hygiene has been productive of the greatest good to society, whilst it has raised the office of the physician up to a higher plane of usefulness and benevolence.

The impulse which the medical profession can give to the study and enforcement of sanitation and to the prevention of disease has a constantly widening influence and will undoubtedly become one of the strongest forces at work in advancing the aims of public medicine.

Whilst we have every reason to believe that the interest which the medical profession takes in public hygiene is constantly on the increase, we feel quite sure that the profession, as a whole, does not extend as hearty a co-operation to

Municipal and State Boards of Health as is desirable. The indifference which often-times exists we are disposed to refer, in many instances, to a want of knowledge as to how aid can be extended to these Health Boards rather than to apathy and an unwillingness to promote the efficiency of their work.

We have before us a very valuable paper (*Medical Record*, November 12, 1887,) read before the New York Academy of Medicine, by Dr. Joseph D. Bryant, Health Commissioner of New York City, in which this subject is fully discussed. Dr. Bryant undertakes to show how the medical profession can aid the New York Board of Health. As all Municipal Boards of Health are modelled upon the same general plan Dr. Bryant's suggestion seem to us to have a very wide application and to commend themselves to the profession in all large cities. We append these suggestions without further comment as they speak in no uncertain language.

"The profession can aid the Board of Health in a most signal manner:

1. By reporting to the department at once all varieties of nuisances of which the members may become cognizant, that are recognized to be dangerous to life or detrimental to health.

2. By reporting all forms of contagious diseases at once, to enable the Health Department to apply quickly all possible means to prevent their spread. By doing this many valuable lives can be saved in ordinary times, and the occurrence of epidemics may be prevented.

3. By enjoining strict isolation of the patients and thorough antiseptic measures in contagious diseases.

4. By reporting to the board at once, for removal to the hospital, all cases of contagious diseases in which isolation cannot be practised or where adequate treatment cannot be provided.

5. By visiting the Willard Parker and other hospitals of the department at reasonable hours, to be able to inform the unfortunate sick of the admirable accommodations provided by the city for their relief and comfort.

6. By discouraging the visits of the sick of contagious diseases to the dispen-

saries of the city. This act alone exposes to disease a large number of innocent persons, and is not a wise act for those already afflicted.

7. By co-operating with the medical inspectors of the board in every consistent manner, in the fight against contagious diseases.

8. By reporting to the board all food and drink adulterations that may come to notice.

9. By reporting all diseased or decayed food substances to the board that may be known to the profession.

10. By giving attention to the subjects of plumbing, light, and ventilation in human habitations, and reporting to the board any violations of the law in respect to them.

11. By giving attention to plumbing construction, especially to be able to detect for yourselves and to inform your patients of the escape of deleterious gases into living and sleeping rooms.

12. By reporting births promptly, that the records of the department may show a correct annual birth-rate; also, to enable the department to locate those who may require vaccination.

13. By the appointment of a conference committee from your number, at once, of not more than (5) members, which committee shall confer with the Health Department on all matters of health relating to the general public, when requested.

In making this statement, the Commissioners of Health feel that it is but proper that two organizations having the influence for good and the strength to enforce healthy doctrines, together with common personal interests in the public welfare, that are possessed by both the medical profession and the Health Department, should work harmoniously and actively together in the common cause—the present and prospective healthfulness of this great city.”

WHAT IS THE VALUE OF THE DISCOVERY OF THE TUBERCLE BACILLUS?—Even since the discovery of the tubercle bacillus the questions have been more than once asked, “What is the practical use of this discovery? In what way

has it helped us?” The diagnostician claims that he can detect a case of phthisis without looking for the specific bacillus. The therapist too, having gladly tried the bacillide treatment, returns a sadder but wiser man to the tonics, cod-liver oil, dietetic and climatic treatment. Many have worked in this direction earnestly but in vain. They found that the same medicinal agents which would destroy the micro-organisms of putrefaction had no effect on the tubercle bacilli. In other words the bacilli of tuberculosis are extremely difficult to destroy and remarkably tenacious of life. Again, the difficulty arose that those very agents which destroyed the tubercle bacilli outside of the body, could not in sufficient quantity be introduced with impunity into the human body. Those very agents, however, which were introduced into the human body without apparent harm have in the end shown themselves powerless to check the course of this fearful disease. Cantani of Naples, carried on tests by allowing the phthisical subjects to inhale pure cultivations of the bacterium termo, his theory being that the non-pathogenic organism the bacterium termo would destroy the pathogenic organism, the bacillus tuberculosis.

Next, certain bacillide medicines were used with varying success and later intra-pulmonary injections of various substances were practiced. Last of all Bergeon's very remarkable and seemingly plausible treatment by means of rectal injections was weighed in the balance and found wanting. Thus far the methods of treatment have not been materially changed by this important discovery of the tubercle bacillus, but while busy and untiring investigators are working on both sides of the ocean, more success in this direction is eagerly looked for. As an aid to diagnosis, however, the discovery of the bacillus tuberculosis is of undoubted importance. There are many doubtful cases in which the presence or absence of the bacillus is of decisive advantage, and this is particularly the case in the early stages of consumption when absolutely no physi-

cal signs can be made out and yet when phthisis is suspected. Also in the early stages of laryngeal phthisis the bacilli are generally abundant and at this very time the tumefaction of the mucous membrane preventing free respiration, physical signs, if present, are not brought out sufficiently clearly to be appreciated. If no ulceration of the laryngeal mucous membrane be observed the presence or absence of the bacilli will be of decisive importance. Again, fibroid phthisis may be mentioned in which the bacilli are almost invariably absent. In many such cases as those just mentioned the microscopical examination of the sputum for the bacillus tuberculosis is so important and may be carried out with so little trouble and use of time, that there is no reason why every physician acquainted with the use of the microscope should not make the test in all doubtful cases. Of course a single examination in each case is not sufficient, but if the bacilli are present they may be found after two or three attempts in the early morning sputum.

THE PRESENT CONDITION OF THE CROWN PRINCE.—The alarming reports as to the condition of the Crown Prince leave little doubt as to the probable prognosis. From the account in the secular press one might be led to believe that Dr. Mackenzie had erred in his diagnosis. Prof. F. Donaldson, of this city, gave a very clear account of this case in a recent clinic at the University of Maryland. When the Crown Prince was first affected with hoarseness several German physicians made a laryngeal examination and seeing a growth on one vocal cord recommended laryngotomy or tracheotomy in order to remove the growth. The Royal Family not being satisfied, Sir, (then Dr.) Morrell Mackenzie was summoned from England. He examined the vocal cords and with the galvano-cautery removed the growth, which Prof. Virchow pronounced benign. Now, a larger mass of growth can be seen below the vocal cords and as the neighboring lymphatic glands are enlarged, it is almost certain that the growth is malignant. The

three most common growths of the larynx are papilloma, fibroma and epithelioma, of which the latter is malignant. It is a well known fact that in an epithelioma of the larynx, small papillomatous growths are very often observed on the vocal cords. Hence the explanation of this case is that Dr. Mackenzie removed one of these papillomatous growths and gave it to Prof. Virchow who naturally pronounced it benign, and now the larynx having become more involved and also the neighboring lymphatic glands, the malignant nature of the growth is almost certain. As long as it remains small and does not immediately endanger life Dr. Mackenzie is in favor of performing no operation. It is very gratifying to notice that confidence in him remains unshaken in spite of the doubt cast.

FOUR MONTHS AMONG THE SURGEONS OF EUROPE.—Under the above title Dr. N. Senn, of Milwaukee, Wis., has recently issued in book form a series of letters written to Dr. Chr. Fenger, of Chicago, during a trip abroad last spring and summer. These letters made their appearance first in a series of issues of the *Journal of the Amer. Medical Association*, and in this form attracted much interest. Dr. Senn has shown by his letters that he is as clever a correspondent as he is an original and bold surgeon, or to express the idea in more precise language, he wields the pen as skillfully as the knife. The reappearance of these letters in book form will add largely to their interest and instructiveness in reading. Dr. Senn has discoursed on the surgical field abroad, as seen through an American surgeon's eyes, in a most happy vein, and his observations and views are both practical and edifying. He has given his readers a thorough insight into European surgery and introduced to their notice many instructive details and valuable suggestions. He has likewise introduced to the American profession many of the foremost surgeons of the old world, an insight into whose work and private life is both entertaining and stimulating. The style and character of correspondence

adopted by Dr. Senn is highly to be commended since it combines the agreeable in thought and expression with that which is useful and instructive in suggestion and practical application. We commend this book to the consideration of our readers.

Reviews, Books and Pamphlets.

Manual of Clinical Diagnosis, by Dr. Otto Seifert and Dr. Friedrich Müller. Third edition. Translated from the German, by Dr. Wm. B. Canfield, A.M., M.D. G. P. Putnam's Sons.

The importance of clinical diagnosis can never be overestimated, nor can there be too many good books on the subject. The little volume before us is rather a manual of clinical examination than of clinical diagnosis. The pathological significance of physical signs and chemical reactions is always given, but not specially dwelt upon, and the feature of the book is the *technique* of clinical examinations.

Its value consists in the fact that the authors have carefully collected and arranged the latest physiological discoveries, and the newest and most reliable clinical and microscopic tests.

The best chapters are those on the blood, on urinary analysis, and on the nervous system.

The book is handsomely gotten up, contains a number of good illustrations, and several useful tables of reference.

We congratulate the translator upon the excellence of his work, which we feel sure will be appreciated by the profession.

Miscellany.

IS THE DANGER OF POST-PARTUM HEMORRHAGE INCREASED BY THE USE OF ANÆSTHETICS DURING PARTURITION? Dr. Fordyce Barker says that his experience with anæsthetics in labor had been limited, since 1850, almost exclusively to chloroform, which he regards as preferable to ether—because the odor is less disagreeable; because it is less irri-

tating to the respiratory tract; because it is more quickly effective, and in less quantity. It should be used intermittently, only at the time indicated. Dr. Barker employs chloroform to relieve pain in most cases of normal labor, and says that heart disease is not a contra-indication to its use when any anæsthetic is called for. He believes that with proper care no woman should die of post-partum hemorrhage due solely to uterine inertia. Chloroform hastens much oftener than it retards labor. It could not be shown to exert any injurious influence on mother or child. The only case on record of death after chloroform in labor, in care of a competent practitioner, was one in which the anæsthetic had been preceded by convulsions, and it was not proven that chloroform was the cause of death. Dr. Barker says he has never had post-partum hemorrhage occur in any of his cases except one, and in that chloroform had not been used.—*Boston Medical and Surgical Journal*.

TREATMENT OF DIPHTHERIA.—Simon recommends (*Progrès Médical*, June 1887) local and general treatment. For the throat he uses the following:

℞ Acid. salicylici, . 050 Grm.
Decoct. eucalypti, 60.
Glycerini, . . 30.
Alcoholis, . . 12. M.

Apply each hour with a brush, detaching the false membranes, if possible. If the child is old enough, gargles of boric acid (four per cent.), lime-water, or potassium chlorate are ordered. A piece of flannel or wadding is applied to the throat, containing an ointment of iodide of potassium and extract of belladonna. Internally, Simon gives tincture of the chloride of iron, from three to six drops every three hours to infants. If the child is over six years of age, the oleo-resin of cubebs in an aromatic solution is given, with nourishing diet. The room should be kept at an even temperature, and the air kept moist by atomizing a solution of thymol. If croup occur, ipecacuanha is given; and when suffocation threatens, tracheotomy should be performed early.—*Med. Times*.

THE PREPARATION OF ANTISEPTIC SPONGES.—The *Vereinsblatt Pfälzischer Aerzte* states that in the antiseptic process sponges of medium porosity are the most easily treated, those in which the pores are too fine being freed with difficulty from sand and shell lime. They are well dried by heat, and are freed from coarse sand by being beaten with canes, being then placed upon a coarse hair-sieve, and washed until the water runs off absolutely clear and free from sediment. The sponges are then subjected to the action of solution of permanganate of potash (1 in 1,000) for about two hours, and enough crude muriatic acid is added to cause the violet color to entirely disappear. By repeated washing with water the sponges are purified still further, until the water used in washing no longer reddens blue litmus paper. They are then well dried and placed in a solution of sublimate (1 in 1,000), where they are left 10 or 12 hours. By occasional washing with distilled water the solution of chloride of mercury is removed, and the sponges are then dried in a room free from dust (or, preferably, in a drying press), until no loss in weight takes place. For preserving the sponges, metal vessels or wide-necked glass receptacles closing tightly are indispensable.—*Lancet*.

ETHER FOR TRISMUS NEONATORUM.—The excellent result reported by a Belgian physician from the administration of ether by inhalation for trismus neonatorum, should lead us to try the method for this affection which so rarely responds favorably to medication.

Having a case of trismus neonatorum and having repeatedly given chloral and ether per rectum without producing any effect, the child rapidly becoming worse and seeming in imminent danger of death by asphyxia, he determined to administer ether by inhalation. In addition to this, artificial respiration was employed from time to time by means of a tube inserted into the nostrils. Some pieces of Rigollot's mustard leaves were also applied to the chest. The child was laid on its side according to a suggestion made by Marion

Sims. The result of this treatment was that in a few hours the little patient's condition had improved to a very marked degree. The next day profuse perspiration occurred and the spasms entirely ceased. Shortly after this the child was convalescent.—*Weekly Medical Reviews*.

THE ANTISEPTIC VALUE OF ROASTED COFFEE.—Dr. L. Keim writes to the *Münch. Med. Wochenschr.*, in recommendation of coffee as an antiseptic, declaring that it not only retards fermentation, but also disinfects by killing the fungi. This power is found not to exist in even a strong solution of caffeine, but rather in an ethereal solution of the empyreumatic oil of the coffee, although the experimental proof of this has not yet been adduced. As we already have better antiseptics, infusion of coffee can only be employed when one needs to improvise an antiseptic for use as a prophylactic. For this purpose the powdered coffee is more valuable than the infusion, and the question arises whether the same action can be expected from the former as from the latter. Nevertheless, freshly ground roasted coffee applied to fresh wounds both prevents the development of spores within the wound and offers a useful antiseptic protective against impurities from without.—*Deutsche Medicinal-Zeitung*, September 22, 1887.—*Medical and Surgical Journal*.

ACTIVITY OF SURGEONS.—The recent death of the famous surgeon, Professor Langenbeck, has called attention to the fact that great surgeons not only as a rule are blessed with long life, but are very unwilling to retire from their profession till compelled by old age, although to the lay mind surgery does not appear a specially enjoyable employment. Sir Spencer Wells relates that when Astley Cooper became too infirm to practice on human patients any longer, he continued to treat cows, horses and dogs; and one day, when a visitor called on him, Cooper asked: "Do you know what is my favorite employment at present?" "Well?" "To go about my garden and select the tree best adapted for

hanging myself." One obvious reason why surgeons live so long is that they know how to take care of their health. Thus Dr. Billroth, of Vienna, during a recent sojourn in the country, never neglected his daily heart and lung gymnastics.—*Med. and Surg. Reporter.*

ENLARGEMENT AND DISPLACEMENT OF THE LACHRYMAL GLAND INTO THE UPPER EYELID.—At a recent meeting of the Medico-Chirurgical Society of Edinburgh, as reported in the *Edinburgh Medical Journal*, Dr. Argyll Robertson showed a case of this affection. The case was unique in his experience, and also, he believed, in ophthalmic literature. There were cases of enlargement into the orbit which tended to displace the globe. The displacement of the gland in this case was into the upper lid, in which it formed a tumor, occupying its whole length and part of the breadth, preventing its movements. From the history, that it commenced with a degree of uneasiness and increased lachrymation, and from its granular feel, and the circumstances that, though attached above, it was freely movable under the skin, Dr. Robertson came to the conclusion that the tumor was the gland displaced, and undertook its removal. During the operation, he came across the accessory portion of the gland in its normal position, and left it there to provide moisture for the eye, which had quite recovered from the operation. The lid did not move so readily as its fellow, but its movements were much better than before. The patient had deep-sunk eyes and abnormally small orbits, which afforded a probable explanation of the displacement into the lid, instead of into the orbit. The patient was a spirit merchant, and had sustained no injury to the eye, nor had he any inflammatory symptoms. The tumor was observed by the patient in January, when it was about the size of a bean, since which time it had gradually enlarged. The patient also stated that, in the winter of 1885, a small, similar swelling occurred in the lid, which, however, did not inconvenience him so much, and disappeared. The removed gland was also shown.—*Boston Med. and Sur. Journal.*

ANTAGONISM OF MORPHINE AND ATROPINE—After using atropine as an antidote for morphine poisoning without any marked beneficial results, Dr. Hermann Lenhartz, of Leipzig (*Arch. für exp. Pharm. u. Path.*), has been led to consider its real value in such cases, and more particularly to study the extent of the physiological antagonism. He first of all satisfied himself of the effects of lethal doses of morphine on dogs, and observed that cramps and tetanus more or less severe occurred in the last stage, respiration ceasing, and the animal succumbing during the seizure. The diminution in the frequency of the pulse and the lowering of the general blood-pressure are constant phenomena in morphine poisoning, whether the dose be large or small, and can be produced by non-poisonous doses. On the administration of atropine, dilatation of the pupils, quickening of the pulse, and an increase of the blood-pressure at once take place. The last two effects can equally well be produced by division of both vagi. Atropine antagonizes morphine in these particulars, but has no real influence in preventing the toxic and deadly effect of morphine, as he finds that in none of his experiments had atropine any effect whatever on the cramps and convulsions, during one of which attacks sooner or later the animal dies. He compares and considers the last stage of morphine poisoning as analogous to that of strychnine poisoning, and holds that in none of his experiments had atropine any effect in preventing the last stage. Further, he considers that although atropine antagonizes certain physiological effects on morphine, yet these are of no value in keeping away the most serious and lethal symptoms.—*Lond. Pract.*

EUCALYPTUS IN WHOOPING-COUGH AND IN BRONCHITIS.—Witthauer (*Memorabilien*, Sept. 3, 1887) strongly recommends the administration of eucalyptus for whooping-cough, he gives from five to twenty drops of a mixture of equal parts of tincture of eucalyptus and glycerine, according to the age of the child, every three hours. He also administers inhalations as follows: A piece of linen is made into a bag, in which is placed a

piece of cotton on which ten drops of oil of eucalyptus is put every morning. The bag is tied around the neck of the child so as to be under the shirt, and so the child is in an atmosphere of eucalyptus by day and by night.

In bronchitis, Witthauer gives to an adult from fifteen to twenty drops of the tincture of eucalyptus every three hours. Inhalations are given by placing ten drops of the oil in a cup of hot water, and causing the steam to be inhaled.—*Allg. Med. Central-Zeitung*, Sept. 10, 1887.—*Medical and Surgical Journal*.

THE PTYALISM OF PREGNANCY.—Dr. Justus Schramm, of Dresden, describes in the *Berliner Klinische Wochenschrift* the case of a woman, aged 24, subject for a year and a half to debility, emaciation, and a feeling of pressure in the region of the stomach. She was highly emaciated and very anæmic, with red, swollen gums. There was also free salivation, two pints of saliva being collected in twenty-four hours. Chronic mercurialism was suspected, and iodide of potassium was accordingly prescribed, with but trifling benefit. Atropine was then given, with like unsatisfactory results. After nine weeks' treatment, it was found that she was at about the sixth month of pregnancy. The sympathetic was galvanised. The daily secretion had fallen to about a pint and a quarter. Pilocarpin injections were also tried; the subjective troubles were then relieved, but the secretion of saliva remained the same. Lastly, Dr. Schramm administered to the patient three times daily a 1 in 25 aqueous solution of bromide of potassium. Henceforth there was steady improvement; the flow of saliva gradually ceased. Labour was natural. The progressive emaciation in this case might at first appear due to the great drain of organic and inorganic material from the system, but the solid constituents of the saliva were markedly scanty, and the loss of water could be readily compensated. Dr. Schramm found that, above all, ptyalin was absent from the saliva, the abnormal composition of which rendered it useless for the discharge of its important digestive functions.—*Lancet*,

A CURE FOR DRUNKENNESS.—A half ounce of ground quassia steeped in a pint of vinegar, is recommended highly as a cure for drunkenness. A teaspoonful in a little water should be taken every time the liquor thirst is felt. It satisfies the cravings and produces a feeling of stimulation and strength.—*Medical World*.

A FUMIGATION FOR ASTHMA.—Sawyer (*Birmingham Med. Rev.*," "*Lyon méd.*") recommends the following as having afforded the best results that he has observed among those of a great number of inhalants:

Potassium nitrate, } each, . 2 parts;
Powdered aniseed, }
Powdered stramonium leaves, 4 "

A thimbleful of the mixture, fashioned into a little cone, is placed on a plate and lighted at the top.—*N. Y. Medical Journal*.

FOR CHILLBLAINS.—Valentine Mott's remedy is as follows:

R
Beef's gall, 4 ounces.
Ol. terebinth, 4 "
Spts. vini. rect., 90 per cent. 1½ "
Tinct. opii, 1 "

Another formula for the same affection is:

R
Beef brine, 1 pint.
Potassæ nitratis, 2 drachms.
Aque ammoniæ, 3 ounces.
—*Medical Classics*, Oct. 1887.

BISMUTH POISONING.—A case recently occurred in France, in which it is alleged that the application of pure subnitrate of bismuth to ulcers following a burn, at intervals of two days, caused sore throat with false membrane on the uvula, palate, and tonsils, foul breath, vomiting, and loosening of the teeth.—*Brit. Medical Journal*.

A NEW CURE FOR STUTTERING.—Coen (*Ctrlbl. f. klin. Med.—Lyon. Med.*), acting on the principle that a stutterer does not stutter when he speaks in a low tone, advises the following course of

treatment: Absolute silence for a preparatory period of eight or ten days; speaking only in a low tone for another period of the same number of days; and a gradual elevation of the voice during the next ten or fifteen days.—*Am. Med. Digest.*

DOUBLE URETHRA IN THE MALE.—At a recent meeting of the Society of Physicians of Styria, Dr. Lipp showed a man with a double urethra. The patient, aged twenty-five, had been admitted into the hospital suffering with acute gonorrhœa, and on examination a second opening, which was surrounded by a limbus, and through which one could introduce the sound into a canal lined with mucous membrane, was found to be present over the opening of the urethra near the corona glandis. The canal extended as far as the posterior part of the symphysis.—*Med. Record.*

CREASOTE IN THE TREATMENT OF PULMONARY PHTHISIS.—Fraentzel has used this remedy since 1878, chiefly in cases without fever, cough, or complications. The following formula was employed:

Creasote	:	:	13 parts.
Tincture of gentian	:	:	30 "
Brandy	:	:	250 "
Sherry, enough to make	:	:	1,000 " filtered

A tablespoonful is given two or three times a day, in a glass of water, and at the same time two tablespoonfuls of cod-liver oil are given daily. The patients are kept, day and night, in freely ventilated rooms and are fed abundantly. Improvement is manifested by gain in weight, increase of appetite, diminution of the cough, expectoration, and pain, a reduction of the areas of dulness, and the disappearance of bronchial souffles. Out of 400 patients treated by this method, 150 have been permanently benefited.—*N. Y. Med. Jour.*

AN ILLUSTRATION OF THE PRACTICAL USEFULNESS OF BACTERIOLOGY was furnished recently in this city. An Italian steamer arrived loaded with immigrants. There had been no cholera on board, but, as the vessel reached this port, a suspicious case of diarrhœa occurred in

a child. The symptoms were not perfectly typical of cholera. Some of the dejections were taken, and sterilized tubes were inoculated and taken to the Carnegie Laboratory in this city. It would take four days to develop the cultures, and the question arose whether the steamer should be delayed for that period of time. It was finally decided to do so. The cultures developed in the way characteristic of Asiatic cholera, and the diagnosis was made. Subsequently other cases of cholera appeared and the culture-diagnosis was abundantly confirmed. But no more striking example of the utility of scientific studies could be furnished than the one referred to.—*Med. Rec.*

MEDICINE IN CHINA.—Of late there have been increasing indications of the growth of rational medicine among the Chinese, and it is in great measure, as we have before remarked, to the medical missionary establishments that this is to be credited. At the last meeting of the New York Academy of Medicine, Dr. H. W. Boone, professor of surgery at Shanghai, pointed out the need for more medical instruction of the Chinese. Shanghai, he said, was the chief port of China, as New York was of the United States, and should be made a center of medical teaching. The need of educated physicians there was evident from the fact that the mortality of childbirth was eight per cent., and from the very great mortality from urethral stricture, hernia, vesical calculus, etc. Young men were needed as teachers at the college in Shanghai, together with books and museum specimens. The speaker stated that contributions could be sent to him at room No. 22, Bible House, New York—*New York Medical Journal.*

THE SPREAD OF DIPHTHERIA.—At the late International Congress of Hygiene, at Vienna, Professor Teissier, of Lyons, gave the result of his experience as to the spread of diphtheria. In his opinion the infective agent of the disease could not be propagated either by water or by food, and only in very rare cases by direct contagion from person to person, He

believed that the virus was present in the earth, and was conveyed into the human organism by means of the dust which penetrated into the air-passages. He attributed great importance to the diphtheria of fowls as the means of communicating this disease to man, and affirmed that he could prove that the disease had actually been communicated in this way.—*British Medical Journal*, October 22nd, 1887.

Medical Items.

Professor Bartholow recommends a three-grain pill of iodoform three times a day, for the flushings and other morbid sensations occurring about the climacteric.

In Paris there are 39 hospitals, their medical service consisting of 99 physicians, 37 surgeons, 10 accoucheurs, 22 drug clerks, 198 internes, 22 *sages femmes*. The number of beds is 23,838.

Dom Pedro, the Emperor of Brazil, is said to be suffering from diabetes in its advanced stages. This is greatly to be regretted as the Emperor is one of the most humane and enlightened rulers Brazil has ever enjoyed.

Gleditschine, the so-called anæsthetic, is having an investigation by a committee of experts. The new drug has our profound sympathy. This is taking an unfair advantage of a clever hoax.

The patient upon whom Dr. John G. Jay, of this city, performed the operation of Cæsarean section, some three weeks ago, has so far recovered as to be out of danger from the results of the operation.

Condensed beef in tablets is being introduced into French practice under the name of *tablette Rousseau*. Each tablet contains 20 grammes (about 5 drachms) of beef powder, representing 80 grammes of fresh beef. According to the author, this preparation soon makes chlorotic and cachectic patients able to digest other kind of nourishment easily.—*Am. Druggist*, Aug 7, 1887.

Indigo is the latest specific discovered for the cure of the rattlesnake-bite. It should be used in the form of a poultice. One patient was cured by this agent down in Florida last February. Our country readers will bear this in mind. This recalls to mind the practice of a friend of ours, a vigorous mountain climber and sportsman, who invariably carries in his hunting case a stout cord, a lancet, carbonate of ammonia, permanganate of potash and a stout flask of old bourbon, as a prophylaxis of snake-bite. Prevention with him is better than the disease. A rattlesnake would scarcely venture to attack one so well fortified.

A new quarterly journal, entitled *The American Journal of Psychology*, has just made its appearance in this city. This publication is edited by Professor G. Stanley Hall, of the Johns Hopkins University, and is published under the auspices of this Institution which has already done so much to advance the cause of learning through the agency of its publications. The journal will take rank among the leading scientific publications of the world.

\$250 PRIZE; COMPETITION OPEN TO ALL THE WORLD.

COLLEGE OF PHYSICIANS, Nov. 1, 1887.

The first award under the William F. Jenks Prize-Fund, of The College of Physicians of Philadelphia, will be made by the Committee, for the best essay upon "The Diagnosis and Treatment of Extra-uterine Pregnancy," as soon after January 1, 1889, as may be practicable. Papers for competition must be written in English, and be presented by the said date. The prize essay is to become the property of the College. By order of "The Committee of the William F. Jenks Prize."

ELWOOD WILSON, *Chairman*.

1517 Walnut St., Philadelphia, Pa., U. S. A.

The new Home for Incurables, erected on the corner of Second Street and Guilford Avenue, in the county, was dedicated on Thursday of this week. This is one of the most useful charities recently inaugurated in this city. Less than four years ago the Home was not known of in this community. From a small beginning made by the Hospital Relief Association the charity has assumed its present proportions. The Home occupies a large block of ground upon which a handsome and commodious building has been erected at an expense of some \$20,000. The present building has a capacity of some forty beds. It is proposed in future to make an addition to the present building which will double its capacity. The profession of this city should feel a personal interest in the prosperity of this Institution which fills a much needed want in this community.

A new medical journal will shortly make its appearance in Louisville, Ky. The title of this publication will be *The Medical Investigator*. Dr. S. F. Smith assumes the editorial chair. We understand that *The Investigator* will aim to represent the cause of temperance through the agency of medical journalism. Louisville now enjoys the honor of being the head centre of medical journalism in the West. *The Investigator* makes the fifth medical journal published in that city. With such mediums of communications as *The News and Practitioner*, *The Herald*, *The Register*, *Progress* and *The Investigator* offered to the profession of Kentucky there should be no incentive wanting to literary activity among Kentucky doctors. If things continue in this way the good old State will soon be as well represented in medical journalism as she is in good bourbon and fine horses, to say nothing of her beautiful women and courageous men.

Original Articles.

REMOVAL OF THE UTERINE APPENDAGES, WITH REPORT OF THREE CASES.*

BY L. E. NEALE, M. D.,

Demonstrator of Obstetrics, and Chief of Clinic at the University of Maryland. Visiting Physician to the Free Lying-in Hospital.

(Continued from last issue.)

In the discussion on Prof. Hegar's paper entitled "Castration bei Neurosen und Psychosen" before the International Medical Congress of 1884, Dr. Gordon, of Portland, Me., U. S. A., said: "I understood Sir Spencer Wells to say that in no case should this operation be performed unless disease of the ovaries can be demonstrated. When questioned whether he meant demonstrated by touch, his reply was yes. Now Sir, I am sure that in many cases where it was absolutely impossible to make such a demonstration, and the severe suffering of the patient, as manifested in dysmenorrhœa, impairment of the function of menstruation, intense and long-continued neuralgia, hystero-epilepsy, etc., had warranted the attendant in making Tait's operation, the ovaries and tubes were found in a state of cystic degeneration, with stenosis and other evidences of inflammation in the latter. My own experience and observations within the past two or three years abundantly confirm the truth of this statement. In several cases where the symptoms were the only guide in diagnosis, and where it was entirely impossible to determine by physical examination any disease of either ovaries or tubes, the operation not only demonstrated such cystic degeneration and evidences of inflammation, but gave relief to the prominent symptoms and in many of the cases an absolute relief."†

In this matter, if we are allowed to judge from experience, which unques-

tionably is the great teacher after all, I might not only refer to one of my own cases herein reported, but cite a number of others both in Europe and America, where ovaries, with or without the tubes, have been removed for the relief of various symptoms, especially hemorrhagic, neurotic and psychic disturbances with the result of permanently curing, or markedly alleviating the patients, and where upon a most accurate examination conducted macroscopically and microscopically by an acknowledged competent pathologist the organs have been declared to be anatomically normal.

Unquestionably the term "Normal Ovariectomy," originally proposed but now retracted by Battey, as applied to all cases of castration would be incorrect, misleading and dangerous, but the view to establish the justifiability and clinical indications for the operation, in all cases, upon an absolutely essential anatomo-pathological basis, I consider to be unproven, untenable, and unsupported by facts or theoretical reasoning.

I regard the objective signs as indicative in some cases, as merely corroborative and not essential in others, but, I consider the subjective symptoms to be absolutely necessary in every instance, and I believe that I am supported by good authority and ample clinical facts in the maintainance of this opinion.

AGE, MORBIDITY AND MORTALITY.

Sir Spencer Wells in 1886 writes: "Out of 171 cases undergoing the operation for hemorrhagic uterine fibroids, 53 were between 30 and 40 years of age, 62 between 40 and 50 and only 9 below 30." My own case herein reported was 27: "The number of cases of oöphorectomy for other causes is comparatively small and few of them outside the middle age. The limits of our investigations of the diseases requiring oöphorectomy are thus drawn within the narrow compass of twenty years of woman's life between the ages of 30 and 50.

The find here cannot in the common run of things be very rich except for fibroids. The results of myomotomy

*Read before the Baltimore Academy of Medicine, Nov. mber 1st, 1887.

†See Trans. International Medical Congress, 1884, vol. II., p. 186.

are deplorable even now and castration as compared with myomotomy presents us with the striking mortality of only 14.6 per cent., a diminution of the tumors, a stoppage of the hemorrhages and a disappearance of many of the accompanying symptoms. Moreover, as half this mortality has been due to septicæmia, there is here a wide field for surgical enterprise.”†

Some very startling figures concerning the frequency of diseases of the uterine appendages have quite recently been made known through a paper read by Dr. Lewers before the Obstetrical Society of London, May 4th, 1887.‡

“Out of one hundred autopsies upon women, conducted in the post-mortem room of the London Hospital he observed disease of the Fallopian tubes, restricting the expression to pyo-salpinx, hæmato-salpinx and hydro-salpinx seventeen times.

Dr. Galabin referred to 302 autopsies of women about the age of puberty at Guy’s Hospital where chronic inflammatory disease about the tubes was found in 9 per cent.; distension of the tubes in 4 per cent.; death indirectly in about 2 or 3 per cent.”

Mr. Lawson Tait said: “At the out-patient-department at Birmingham, 10 per cent. of the women who applied for relief suffered from chronic inflammatory disease of the uterine appendages. All these did not require operation. The most staggering conclusion from Dr. Lewers’ paper was the enormous fatality of these diseases. London, Guy’s and Middlesex Hospitals showed a death rate between 24 and 50 per cent. His own results showed that these cases could be relieved by operation with a mortality not exceeding 2 or 3 per cent. The average age of these patients was between 27 and 30, whereas in Dr. Lewers’ 17 cases, 14 were over 40. None of the 17 cases of dilated tubes came from the obstetric wards, ‘though some of the 100 cases examined came from those wards.’”

As regards the results of the operation

itself, although it is generally conceded to be more difficult than ovariectomy especially when performed through a small incision and in the presence of adhesions, yet figures showing its dangers or mortality are exceedingly misleading. Therefore, here as elsewhere in practical medicine I no longer feel satisfied or justified in basing important conclusions upon, or drawing important deductions from, mere statistical evidence alone, which we know to be often very unreliable. Nevertheless, I consider it but justice to honestly admit that the better results of English operators in abdominal surgery is due principally to their greater experience and hence ability. They are simply better operators.

Both Olshausen and Hegar state that the operation has been followed by particularly happy results in those cases where the veins of the plexus spermaticus and uterinus were markedly dilated and could be felt by vaginal touch in the ligamenta lata. This varicocele mulieris is usually observed in multiparous women and in connection with myomata, or ovarian tumors, or abnormalities of the ovarian stroma, or small cystic degeneration of the ovaries. When occurring in women who have borne children it is often accompanied by dilated veins of the lower extremities, external genitalia, rectum, venous congestion of the vagina, portio vaginalis, swelling and bleeding erosions of the lips of the os tinæ.

As characteristic of the veins Richet has found a doughy, fluctuating, circumscribed swelling on each side of the uterus, but this was only on the cadaver.

“By the end of August, 1885, Hegar had performed 132 castrations excluding exploratory incisions and incomplete operations, with 16 deaths or 12.1 per cent. mortality and there was no death in the last 21 castrations and salpingotomies.”*

Wiedow* collects 149 operations 15 deaths—mortality 10 per cent.

Tissier* collects 171 operations, 25 deaths—mortality 14 per cent.

Mundé† collects 128 operation, 28 deaths—mortality 32.6 per cent.

†Amer. Jour. of the Medical Sciences, Oct., 1886, p. 490.

‡See Trans. in Amer. Jour. of Obstet., Sept., 1887, p. 1002.

*Cyclop. Obstet. and Gynæcol., 1887, vol. vi, p. 340, et. seq.

†Amer. Jour. of Obstet., Jan., 1880.

"Very excellent results in smaller series of cases, have been obtained by Kalténbach, P. Mueller, (21 cases with 1 fatal termination), Fehling (12 cases, none fatal), Tauffer (17 successful cases), Fritsch (11 cases, 2 deaths), Olshausen (21 case, 4 deaths).‡

Lawson Tait, however, stands at the very head of the list of successful operators, having reduced his mortality to 2 or 3 per cent. Smith says:§ "The average operator cannot count upon a mortality of less than 8 per cent; and as results go he may expect a perfect cure in no more than 9 per cent. of all the cases that recover from the operations." This latter statement I am inclined to think partakes of pessimism and if statistics be correct is hardly supported by facts.

As sepsis has been the chief cause of death in these operations, we have every reason to expect still better results than the above.

I have thus far removed the uterine appendages in three cases, one dying of peritonitis on the fourth day, and two giving a perfectly successful result to date, which is respectively about one year for one, and six months for the other, subsequent to the operation. One was a case of uterine myoma complicated by abdominal ascites; two were cases of intractable oöphoro-epilepsy.

CASE I.—M. B., colored, 27 years old. A rather slender woman of small build, unmarried and never pregnant. Abdominal tumor first observed two years before operation, during which time it had attained the level of the umbilicus. Character of tumor, intramural uterine fibroid. Uterine cavity tortuous, three inches deep. No serious menstrual disturbances. Abdominal ascites due to no other discoverable cause save the local irritation of the peritoneum by the tumor, had accumulated, was withdrawn by another physician by tapping, and again reaccumulated in one year, to the amount of about three gallons, distending the abdomen to 41 inches in its greatest circumference and forcing the prolapsed posterior vaginal wall outside of the vulva whence it protruded as a mass about the

size of a man's first. There was no procidentia uteri. Owing to the presence of the tumor and the fluid, the uterine appendages could not be satisfactorily recognized by vaginal touch, hence no diseased condition in them was diagnosed before operation. Indications for operation were, markedly failing health, jeopardized life, presence of ascites and myoma. With the full concurrence and valuable assistance of Prof. Wm. T. Howard, I operated upon this patient September 18th, 1886, removing through a three-inch median abdominal incision about three gallons of ascitic fluid and (with much difficulty) both tubes and ovaries which were bound down by firm and strong adhesions.

My patient recovered uninterruptedly without an unpleasant sign or symptom. A slight bloody vaginal discharge persisted for several days after the operation, then ceased and no discharge of any kind has occurred since; menstruation being completely arrested.

The tumor now extends but little above the pelvic brim, being diminished, to at least, one-third its former size and causes no inconvenience whatever. The ascitic fluid has never returned, the prolapsed vaginal walls have retracted and are now easily held in place by a pessary. The woman's health, youthful vigor and bodily rotundity are all thoroughly restored and she declares herself as feeling well and hearty in every respect.

There is no tendency towards masculinity whatever; all the moral, emotional and physical peculiarities of a woman being retained; the only apparent corporeal change being a general deposit of adipose tissue which is frequently observed after these operations.

Such is the condition of the woman to-day, over one year after the operation.

EXAMINATION OF THE TUBES AND OVARIES.

"The specimens consist of two tubes with an ovary attached to one of the tubes, while the other tube is without its attached ovary of which two small fragments are present in the bottle. The specimens have been hardened in alcohol.

The ovary which is connected with its Fallopian tube is 2½ ctm. in length. Its surface is shrunken and deeply corrugated. From near the median section of the ovary projects a cyst 1½ ctm. in diameter which has been opened and its contents discharged. The cyst evidently contained blood, for, from its inner surface can be scraped reddish-brown particles of blood coagulum. The walls of the pro-

‡Cyclop. Obstet. and Gynæcol., 1887, vol. vi, p. 340, et. seq.

§Abdominal Surgery* 1887, p. 157.

jecting part of the cyst are thin and fibrous in character. Near this cyst is another about 1 ctm. in diameter, which contains a reddish-brown coagulum of blood.

In the peripheral zone of the cut surface can be seen several small Graafian follicles, an old corpus luteum with irregular folded margin and some corpora fibrosa. The corresponding Fallopian tube is sharply bent near the fimbriated extremity. This extremity is much everted. The part of the tube removed measures 3 ctm, in length, near the fimbriated extremity $1\frac{1}{2}$ ctm. in diameter.

What remains in the bottle of the opposite ovary, consists of two small fragments which are apparently a part of the walls of cysts.

The other Fallopian tube detached from its ovary, is 3 ctm. long and irregular in its course. The mucous membrane of the fimbriated extremity seems much everted.

THE MICROSCOPICAL EXAMINATION

of the intact ovary shows a thick tunica albuginea, many primordial ova and some ripe Graafian follicles. The stroma is made up as usual of fusiform cells.

There are many hyaline patches of irregular outline. The walls of some of the arteries have undergone hyaline degeneration. There are patches of yellowish-brown blood pigment enclosed mostly in round cells.

The contents of one of the cysts previously described consist of fibrin and blood corpuscles. Microscopical sections through the Fallopian tubes show considerable small-celled infiltration in the mucous membrane. Some of the lymph spaces in the mucosa are filled with cells. The epithelium is absent over the projecting rugæ of the mucous membrane. The dendritic folds of mucous membrane seem swollen, partly in consequence of the small-celled infiltration.

Diagnosis.—Chronic Catarrhal Salpingitis; Hæmatoma Ovari. It must be admitted that the pathological anatomy of the condition which is often diagnosed on clinical grounds as chronic oöphoritis, is very obscure and usually I have been disappointed in the microscopical examination of ovaries in cases where the clinician was convinced there must be serious lesions present. The condition which I found in the ovary of M. B. is sometimes described as chronic oöphoritis, but this cannot be justified on histological grounds. In general, but of course with some exceptions,

the greater number of tubes and ovaries which have been removed and sent for my examination have not shown such marked pathological lesions as would seem in themselves, alone, to justify their removal. But the clinical histories of many of the cases seemed to have justified the operation, and upon this of course the decision is made."

June 30th, 1887. WM. H. WELCH,

Professor of Pathology in the Johns Hopkins University.

Castration for bleeding fibroids was first performed by Prof. Trenholme, of Montreal, January 13th, 1877.

He was speedily followed by Hegar, Tait, and others, until the operation has now become a thoroughly established surgical procedure.

It is very difficult, if not practically impossible to give absolutely positive indications for the operation.

Hemorrhage, although usually the chief, is by no means the only indication. Bantock observed this as a prominent symptom in only four out of twenty-four cases of uterine fibroid. The age, size, weight, pressure, character, condition, situation, and complications of the tumor must all be considered, and each case judged according to its own individual peculiarities.

The operation is constantly supplanting extirpation of the uterus in the treatment of fibroids, even with such skilled hysterectomists as Keith, Bantock and Thornton. "The choice, however, between castration and hysterectomy for uterine fibroids can often be determined only after opening the abdomen, and even then it is sometimes difficult or practically impossible to foretell by which operation the best results may be obtained."

The size, structure, connections and situation of the tumor, should enable us to determine the best method for its removal. The operation is not advised for enormously large, or pediculated subserous or fibro-cystic tumors, or those of sub-mucous or interstitial variety where the attachment, size and conditions are such that the tumor could be readily removed by enucleation, ecraseur, cautery wire, knife or scissors. Milder measures,

wherever practicable, should always hold precedence over castration.

In 1884 Wiedow reported forty-nine cases of castration for fibroids, in which the observations had been made over one year subsequent to the operation, with the following results :

Menopause and diminution of tumor.....	36
Menopause (observation of tumor wanting).....	3
Decrease of tumor (observation of hemorrhage wanting).....	1
Decrease of tumor with slight regular or irregular bleeding.....	8
Slight bleeding at intervals of three months (observation of tumor wanting).....	1

Wiedow, Hegar, Tait, Thornton, and others, consider the operation applicable to all uterine fibroids excepting fibrocysts and pediculated sub-serous tumors where the treatment of the pedicle is easy, and I am of the opinion that this is the growing tendency at the present day. The operation is no longer restricted to small intramural fibroids for Wiedow reports twelve cases where the fibroid extended to or above the umbilicus, operated on by him with the following excellent results :

Menopause and diminution of tumor.....	10 cases.
Irregular slight bleeding tumor, noticeably diminished (5 years observation).....	1 case.
After several months suppressio mensium irregular slight bleeding, with decrease of tumor.....	1 "

"These results," says he, "teach us that the size of the tumor is no contra-indication to the operation, and that the early restriction by Hegar, that large tumors are not suitable for the operation must now be set aside."*

This certainly narrows the field for ergot, scarification, curetting, enucleation, &c. ; for even by enucleation we do not destroy the tendency to recur, which is one of the chief results of castration.

"The general mortality for myomata is somewhere near ten per cent."†

Wiedow collects 149 cases with 15

deaths, or 10 per cent.,‡ and Tait lost only 2 cases out of 45 operations.§

An unusual indication in my case was the presence of abdominal ascites due to no other discoverable cause than the local irritation of the peritoneum by the tumor. In a paper read before the International Medical Congress, 1884, on "The Treatment of Uterine Fibromata by Laparotomy,"* Dr. E. Koeberlé, of Strassburg, considers the operation contra-indicated when there is ascites which accumulates and reproduces itself very rapidly ; but it is not a contra-indication when it is stationary or reproduces itself slowly.

In the following discussion Prof. Olshausen, Sir Spencer Wells and Knowsley Thornton all declared abdominal ascites due to the mere irritation by the tumor should be regarded as an indication for the operation.

But the rapid accumulation of the fluid might be a contra-indication, for it often denotes malignant degeneration of the tumor.

In my case the ascites had accumulated gradually for one year, when it was removed by tapping, after which it re-accumulated during the following year to the amount of three gallons, when it was again removed by laparotomy never to recur again.

This peculiar alteration in function of a serous membrane after exposure has often been availed of, and is now recognized as a valuable therapeutic measure. Just what conditions in a given case are necessary to produce such a result, to the best of my knowledge has not yet been clearly set forth, and I regard this question as a very important one, demanding further elucidation.

The cystic condition of the ovaries present in the above case has already been alluded to in the early part of this paper, and will again be mentioned in connection with my second case herein reported.

The beneficial effect of the operation was in this case pronounced from the very first, yet the time required for such

*Trans. Internat. Med. Congress, 1884, vol. 2, p. 23.
 †Smith : Abdominal Surgery, 1887, p. 161.

‡Cyclops. Obs. and Gynecol., 1887, vol. vi., p. 346.
 §Diseases of the Ovaries, 1883.

*Transactions Internat. Med. Cong., 1884, vol. 2, p. 13.

a result is often exceedingly indefinite and uncertain. Hence it is possible in cases operated on near the climacteric, which is only justifiable under extreme circumstances, the result may be due to nature rather than art.

On the other hand, in some cases, the decrease of the tumor, cessation of hemorrhage, and other symptoms, are very rapid. Thus Lawson Tait observed a five-pound fibroid entirely disappear in six months after the operation. In a case reported by Prof. Olshausen, where the uterus, with the tumor, was of the size of a seven to eight months' pregnancy, in three months after the operation the tumor had shrunk to one-half, and one year later to one-third its former size. In my case where the uterus with the tumor extended to the umbilicus was at most one-third its former size one year after the operation.

In the Amer. Jour. of the Medical Sciences for October, 1886, on page 604 we read: "Though the value of castration may have been disputed by several authors on theoretic grounds, yet all objections to it fade away before the statistics compiled by Wiedow, which justify us in regarding castration as the operation to be preferred in uterine fibromata." Apart from the clinical aspect of my case, I certainly think there were ample anatomic-pathological alterations to fully justify and indicate the operation, such as ascites, fibroma, chronic catarrhal salpingitis, hæmatoma ovarii; and surely the result up to the present time has demonstrated the correctness of this conclusion.

Besides bleeding myomata there are other conditions productive of metrostaxis that may be regarded as indications for the operation, such, for instance, as diseased mucosa, obstinate endometritis fungosa, &c. Hofmeier operated on such a case. Again there sometimes appear persistently recurring uterine hemorrhages, as menorrhagias and metrorrhagias, without any discoverable organic disease whatever, where after constitutional and milder measures have failed the artificial production of the menopause by castration has been followed by the most satisfactory and desired results.

(To be continued.)

LAVAGE IN THE TREATMENT OF GASTRIC AFFECTIONS.*

BY SOLOMON SOLIS COHEN, M.D., OF PHILA.

Any agent, or any method which promises to enlarge our therapeutic resources against those obstinate conditions of gastric catarrh, functional dyspepsia, etc., which are a source of distress to the patient, of annoyance to the physician, and of profit to the pepsin and patent-medicine manufacturers, deserves at least a respectful consideration. The method which I desire briefly to present to the Society this evening—lavage, or irrigation of the stomach—has been employed for many years in Europe, so that it can no longer be considered to be merely on trial. In America, however, it has not won general introduction, nor am I aware that any discussion of it has been had before this body. This, then, is my excuse for calling attention to a subject in connection with which I have nothing new to communicate.

It needed not the discovery of omnipresent bacilli, those evil spirits named "legion" of our modern superstition, floating about, seeking whom they might devour, to enforce the value of cleanliness. The surgeon long ago discovered that clean surfaces would unite more promptly, that a wound kept free from foreign substances and irritating secretions, would undergo a more rapid and more satisfactory course toward repair, than if the conditions were otherwise. In the treatment of the more readily accessible mucous surfaces, whether of the eye, the nose, the throat, the vagina, or the urethra, the importance of keeping the parts free from morbid secretions, from the products of desquamation, and other sources of irritation, is not a matter for debate. The extension of the same principle to the treatment of affections of the gastric mucous membrane, is but a question of mechanical detail, not of therapeutic justification.

Kussmaul, in 1867, employed a double-

*Read before the Philadelphia County Medical Society, November 9, 1887.

acting stomach pump to irrigate the stomach with alkaline solutions (Carlsbad water), and it is to this observer that we are principally indebted for a study of the method, mechanically and therapeutically. It is said, however, by Dujardin Beaumetz, that a French physician, Blatin, had proposed the practice in 1832. It is to another French observer, Fauché, of Paris, who communicated his procedure to the Academy of Medicine in 1879, that we chiefly owe the simplification of the technique by the use of siphonage; a process employed independently by Oser, of Vienna, at about the same time. Others have variously modified the details of instrumentation and practice. Among those who have contributed most to the popularization of the method, is Dujardin-Beaumetz, who applied to it the name *lavage*, by which it is now described.

The manner of *lavage*, recommended by the latter observer, is that which I could induce private patients to submit to it. The results obtained in these cases have been sufficiently encouraging to induce me to continue at least to propose it, wherever it seems applicable.

The apparatus and its employment are sufficiently simple. An œsophageal tube with blunt, double-eyed extremity, of flexible rubber, about twenty-eight inches long, and from one quarter of an inch to a little less than half an inch in diameter—practically an enlarged catheter, and made of similar material (the one exhibited having been made by Tiemann, & Co., of New York)—is attached by a small section of glass tubing to a soft rubber tube about one yard in length, into the free extremity of which a glass of rubber funnel, of from six ounces to eight ounces capacity, is inserted. Sometimes the free extremity of the œsophageal tube is slightly stiffened.

The patient sits or stands, facing the physician. The œsophageal tube having been dipped into warm water or warm milk, is placed within the entrance of the œsophagus, and is then propelled by successive pushes into the stomach; the process being facilitated by efforts at deglutition on the part of the patient.

Many patients quickly learn to introduce and swallow the tube without assistance. A mark on the tube shows when a sufficient length has been introduced (say eighteen or nineteen inches). The funnel is then elevated to the level of the patient's forehead, and from a pint to a quart or more of the *lavage* solution is slowly poured in the glass junction tube permitting its passage to be watched, and obstruction or attempted regurgitation to be detected. The patient's sensations will usually inform us when a sufficient quantity of the solution has entered the stomach. As the last portion of liquid disappears from the funnel, the soft-rubber tube is pinched near the extremity, the funnel is rapidly inverted over a receptacle placed upon the floor; and the contents of the stomach are thus removed by siphonage. These manœuvres are repeated until the returned fluid is clear.

The first introduction of the tube, and possibly the second and third, will occasion more or less dyspnoea, often nausea and retching, rarely vomiting. These effects, though partly physical, are largely psychical; and will disappear with tolerance. The dyspnoea may be immediately checked by insisting on full inspirations. Nausea is overcome as soon as the water enters the stomach, floating the tube away from immediate contact with the mucous membrane. In highly neurotic subjects, it may be well to prepare for the operation, at first, by administering full doses of bromides. I have tried anointing the end of the tube with a solution of cocaine in glycerine, but cannot claim any striking benefit from the procedure. Firm but skilful handling of the tube is the best sedative.

Sometimes during the withdrawal of the solution, solid particles of food (grains of corn in one of my cases) may become impacted in the eyes of the tube and the flow of liquid will cease. A little more of the solution must then be introduced, both to wash away the obstruction and to reestablish the siphon current. If the tube should be pushed too far into the cavity of the stomach,

it may curve upon itself and the siphon will not work. Withdrawal of the tube for a few inches, will remedy this; if the flow is not readily established, it is said that it may be made by the patient. I have not had occasion to resort to these devices.

When *lavation* alone (washing) is the object of the procedure, a weak alkaline solution is employed; a drachm or two of sodium sulphate, sodium chloride, sodium borate, or sodium bicarbonate, in a quart of warm water, at about 100° F.

Should it be considered necessary, however, various sedative or antiseptic medicaments may be added to the lavage solution. Those most highly recommended are resorcin (one per cent.), boric acid (one per cent.), creasote (one per cent.), carbon disulphide water (one part of a solution containing fifteen grains to the quart, to two parts of water), charcoal powder (two to four tablespoonfuls), chloroform water saturated), bismuth subnitrate (two tablespoonfuls to the pint).

In the use of agents like resorcin, carbolic acid, etc., the liability to absorption if the solution be not all removed, must not be forgotten. In using what he terms "milk of bismuth," Dujardin-Beaumez advises that the solution be allowed to remain a few minutes in the stomach, so as to allow the bismuth to be deposited; after which the supernatant liquid may be withdrawn.

Lavage should be performed when the stomach is empty; therefore, some authors recommend the hour of rising in the morning. I have found noon—say four or five hours after a light breakfast—or the same interval after lunch or dinner, to be more convenient for myself, and to answer as well in most instances.

One lavation daily is usually enough. After a while the intervals may gradually be lengthened, until the process is discontinued.

The therapy is sufficiently obvious. The effects are said to be most marked in cases of dilatation of the stomach, in which delayed digestion, retention and putrid fermentation of the contents of

the stomach, give rise to distressing symptoms. In all cases, where the gastric mucous membrane is in a catarrhal condition, coated with the glairy mucus which is seen amid vomited matters, or bathed in the sour liquid ejected as "water-brash;" where the production of gastric juice is impeded, or the secretion altered in quality by an abnormal condition of the membrane, extending perhaps into the tubules, or by the presence of irritative matters; where fermentation of ingested and retained matters takes place; in short, in the typical case of chronic gastric catarrh or acid dyspepsia, lavage will be found highly useful. It removes any undigested matters remaining in the viscus, cleanses it from products of desquamation and morbid secretion, and gently stimulates the glands and absorbents to healthy action. In gastralgia, dependent upon the presence of irritating matters, and sometimes in cases apparently idiopathic, lavage with the employment of chloroform or bismuth as a sedative, is said to be productive of cure. I have had no opportunity to test the statement personally.

In the chronic gastritis of drunkards, the measure is said to be an excellent palliative, nor is hæmatemesis considered a counter-indication, unless actual ulceration exists. In cancer of the stomach it is useful as a palliative measure; and my first practical acquaintance with this method of treatment was made during my student days, in two cases of gastric carcinoma treated after the method of Kussmaul, with doubly-acting stomach-pump at the hospital of the Jefferson Medical College, in the clinic of Prof. DaCosta.

Within the last few years two new applications of the lavage method have been found. In 1885, at Kussmaul's clinic, and subsequently by Senator, Rosenthal, and other observers, it has been successfully employed in the treatment of ileus. Kussmaul explains this result by the theory of relief to the tension above the point of constriction, caused by gases and accumulated feces, with concomitant restoration of normal peristaltic action. Since 1884,

Leube and other observers have made chemical and microscopical examinations of the gastric secretions and other matters removed from the stomach at various periods of digestion, and claim to have thus obtained valuable diagnostic indications. This subject, however, is beyond the scope of the present communication.

While the practice is usually confined to chronic cases, I have had occasion to resort to it in one case of acute indigestion with obstinate vomiting, in a phthisical, slightly hysterical, female; with gratifying result—in that the vomiting, rebellious to diet and medication, yielded to two applications of the stomach tube. In this case, before withdrawing the tube, warm milk was introduced into the stomach; a measure advocated by French writers. Indeed there can be little doubt, but that in connection with *gavage*, or forced feeding, irrigation of the stomach assists in maintaining nutrition in phthisis and other wasting diseases.

Society Reports.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING, NOVEMBER 9, 1887.

The PRESIDENT, J. SOLIS-COHEN, M.D., in the Chair.

Dr. Solomon Solis-Cohen read a paper on

LAVAGE IN THE TREATMENT OF GASTRIC AFFECTIONS.*

DISCUSSION.

Dr. J. Tyson said: I have had some experience with lavage, although I have not employed it in the last ten years. In one case of dilatation of the stomach it was used with a great deal of comfort to the patient. He learned to introduce the tube, would wash out his stomach, and enjoy a good meal afterward. He subsequently passed from under my observation, but I heard of his

death, which was, I believe, due to the disease which had caused the dilatation—cancer of the pylorus. In a second case in which I employed it, the result was not so satisfactory, and it caused great discomfort.

Dr. W. Osler said: I should like to state my experience in the use of irrigation, as this is a measure in which I have been interested for several years. In the first place, there is serious objection made to the procedure by at least one-half of the patients, on account of the discomfort experienced in the introduction of the tube. The soft tube is sometimes very difficult to pass, and sometimes it is necessary to resort to the stiffer tube. Where the patient himself performs the operation, it is, of course, better that he should have the soft tube.

I am of the opinion that this measure has a much narrower field than the statements of the French and German writers would lead one to infer. I should not hesitate to predict that within a few years, when the fashion has subsided, this measure will be confined entirely to cases of obstinate gastric catarrh in which it is of inestimable service, and to cases of dilatation of the stomach, in which it is not only of service but absolutely indispensable. We have no satisfactory treatment for dilatation of the stomach other than irrigation.

Dr. E. Martin said: During my term of service at the University Hospital, this method of treatment was introduced by Dr. William Pepper, but our experience was, as Dr. Osler has stated, the patients would not remain. The measure was tried in six or seven cases, and all but one left. The patient who remained experienced marked benefit; he gained in weight, and when he left the hospital six months later, was able to pass the tube himself. The difficulty which I have recently experienced in one case is, that the patient would vomit the tube. This I overcame by using a stiffer tube.

Dr. J. P. C. Griffith said: During the past year I have been much interested in lavage in the diagnosis of diseases of the stomach; the German

*See page 66.

medical papers having been full of the subject. We, in America are, however, unable to study the matter to any great extent, owing to the rebellion of patients to this method of examination. German patients appear to be more tractable, and Riegel reports that during the year 1885 he made over 1300 examinations of the gastric juice in 122 cases; and in 1886, tested 134 cases in a similar way. Every patient presenting evidences of disease of the stomach was submitted to lavage, and the gastric contents thus obtained were subjected to a chemical examination. Riegel's method is to administer to the patient an ordinary mixed meal, and, after about six hours—the stomach should be empty at the end of seven hours—to remove the gastric contents, if possible, undiluted, by the employment of water, and to filter them. He then tests the filtrate in order to determine especially the presence or absence of hydrochloric acid, and the peptic strength. The tests are at once simple and very delicate. He employs a variety of these, but the ones which have proved most satisfactory to my hands, and with which I feel most familiar are the reactions with methyl-violet and Congo-red for hydrochloric acid; and Uffelmann's carbolated iron test, for lactic acid. In the presence of a small amount of free hydrochloric acid a dilute solution of methyl-violet will turn to a blue color, and Congo-red will also be changed by the acid to a blue. The results of Riegel's experiments are very interesting, and have been fully confirmed by Korczinski and Jaworski, and by Sansoni. It has been found that in carcinoma of the stomach hydrochloric acid is almost invariably absent, and the peptic strength of the gastric juice is wanting; so that the attempt to digest albumen artificially with the filtrate fails. In dilatation of the stomach there is always a large amount of lactic and butyric acids, though hydrochloric acid and pepsin are also present. In dilatation, therefore, the trouble is not due to lack of digestive power, but to stenosis or to want of muscular power. Gastric ulcer is almost always preceded and accompanied

by a hyper-secretion of hydrochloric acid. Riegel claims, therefore, that it is bad therapy to put every case of dyspepsia on a routine treatment of hydrochloric acid and pepsin; and that the chemical examination of the gastric contents is a *sine qua non*. A case recently in the University Hospital illustrates the value of this aid to diagnosis. A man was admitted in an extremely anæmic and emaciated condition, and with subjective and objective symptoms of gastrectasia. The signs of this disappeared, however, when the diet was carefully regulated; but in spite of the apparent digestion and absorption of food, he became more anæmic and weaker. The diagnosis of carcinoma of the stomach was entertained, and it was thought that some induration could be detected in the pyloric region; but the contents of the stomach were removed with the tube, and the filtrate found to contain an abundant supply of free hydrochloric acid, and to digest albumen perfectly. On this ground carcinoma of the stomach was excluded. The man subsequently died, and cancer was found to be absent; the source of the induration being a thickened and somewhat stenosed pylorus, due to a duodenal ulcer.

There is at the present time another case in the hospital, where gastric ulcer has been suspected, but the examination of the contents of his stomach have shown that digestion is retarded, and that there is no reaction for hydrochloric acid with the methyl-violet test. Assuming that the German observers are correct, the presence of ulcer is excluded in this case.

The President, Dr. J. S. Cohen, said: I can personally speak of the value of lavage in the treatment of dilatation of the stomach and in carcinoma. For the past twelve years, at least, I have been in the habit of using this measure, from time to time, during my terms of service at the German Hospital. Following the example of Kussmaul, we have usually used a solution of the Carlsbad salt of the strength of the natural water. In cases of dyspepsia, we have more recently preferred to use copious draughts

of hot water to wash the contents of the stomach into the bowel. In the introduction of the tube into the stomach a great deal depends upon the skill and experience of the manipulator. We had for several years a male nurse at the hospital who could introduce the tube much more readily and with less repugnance on the part of the patient than I could, or could any of the residents. One patient with carcinoma of the stomach used this treatment continuously during a period which covered at least two of my annual terms of service, and his example was a great encouragement to others to submit to the treatment. I would suggest that the tube could probably be swallowed with greater ease, if its lower end were weighted with a ring of lead.

Dr. Cohen said: My object in presenting this paper was to elicit discussion, rather than to present something new. My experience, as implied in the paper, has been that of *Dr. Osler*, that it is difficult to get patients to submit to this measure. If, however, the first three or four times can be bridged over, the relief afforded is so great that the patient will allow it to be continued as long as necessary. Although I have passed the tube on some dozens of cases, the number of patients that I have treated in this way has not been great—only eight in a period of two years. Still, the results obtained in these cases of obstinate gastric catarrh, after the failure of all medication and regulation of diet have been so satisfactory in the relief of symptoms, and in the almost reestablishment of the normal condition, that I am encouraged to continue the use of the procedure. In dilatation of the stomach it is especially recommended, and is the only thing to be done.

It would seem that in cases of vomiting due to the presence of sarcinæ, washing out of the stomach, with the subsequent introduction of a sufficient quantity of some safe antiseptic solution, would be one of the best plans of treatment. The tube has also been used in cases of poisoning, where the stomach-pump was not at hand.

Dr. William E. Ashton reported:

AMPUTATION OF THE CERVIX UTERI DURING PREGNANCY.

Mrs. H. W., aged twenty-four years, a seamstress, consulted me on the 28th of February, 1887, with the following history: She had been married five years, and was the mother of one child four years old. She had had two miscarriages; the first two and a half years ago, being at the time three months pregnant; the second, two years ago, in the second month of pregnancy. Her labor was normal. Since her last miscarriage she had suffered from leucorrhœa, profuse in amount and yellowish in color, which had been since, the first of January, mixed with blood.

She had also been irregular as to the time of menstruation, the flow appearing every two weeks. During the past year she has complained of pain in the sacral and both inguinal regions, and also a sense of bearing-down weight in the pelvis. Her menstruation had been absent for the past two months. She was anæmic in appearance, her appetite poor, bowels constipated, and she was easily fatigued on slight exertion. There was no family history of phthisis, cancer, or syphilis.

On examination the uterus was found to be enlarged, anteflexed, and movable. The cervix was eroded, and, being friable, bled readily upon the slightest touch. There was also a bilateral laceration extending almost to the vaginal junction. The sound was not introduced.

I did not see the case again until the latter part of May, when I found all of the subjective symptoms increased in severity, and upon examination the eroded condition of the cervix was found to occupy a much larger extent of surface. The uterus was one inch and a half above the pubes, and upon auscultation the foetal heart sounds were heard, and the diagnosis of pregnancy made.

In consultation with *Dr. John C. Da Costa*, I snipped off a piece of the diseased tissue of the cervix, and sent it to *Dr. M. P. Rively*, demonstrator of pathology in the Jefferson Medical Col-

lege, for microscopical examination. Dr. Rively kindly examined the growth, and pronounced it to be an epithelioma. After receiving his report, I determined to operate, as the disease was then limited to only a portion of the cervix, and as the growth of an epithelioma is more rapid in the pregnant than in the non-pregnant state, I deemed delay dangerous; and, furthermore, I believed that an operation performed under strict antiseptic measures would not interrupt the pregnancy.

On the 31st, of May I amputated the cervix, the patient being at the time nearly four months pregnant, Dr. Horwitz, Rupert, Allison, and Fisher, and Mr. Thomas G. Ashton, being present, and assisting me in the operation.

The preparatory treatment consisted in having the vagina and external organs thoroughly antiseptized, for two days previous to the operation, with a solution of corrosive sublimate 1 part to 2000. On the morning of the operation the bladder and bowels were evacuated; the vagina thoroughly washed out with the solution of corrosive sublimate, and antiseptic gauze placed over the vulva. The instruments and needles were thoroughly sterilized with boiling water, and placed in a three per cent. solution of carbolic acid. The sponges and sutures were also rendered aseptic.

Operation.—The patient was placed on her back, and drawn to the edge of the end of the table, and her limbs supported by an assistant on either side.

The anterior lip of the cervix was seized with a vulsella forceps, and with a pair of scissors the bilateral laceration was extended down to the vaginal junction. The anterior and posterior lips were then amputated even with the vagina; I then with the actual cautery seared the cervical canal. This left a clean raw surface which was covered by stitching together the surrounding vaginal mucous membrane with silver wire, and twisting the ends, leaving the edges open directly over the os uteri, and afterward securing them by sutures to the rim of the os. I then introduced a continuous catgut suture which surrounded the os uteri at a distance of

half an inch, this suture bringing the mucous membrane in close apposition with the cervical tissue. The uterus was then restored to its normal position, the vagina washed out with a solution of corrosive sublimate, a suppository of iodoform, containing thirty grains, inserted, and one grain of the aqueous extract of opium was introduced into the rectum.

The after-treatment consisted in a liquid diet for the first three days, the bowels being moved by an enema on the fourth. The vagina and external genital organs were antiseptized night and morning, until the second day after the removal of the stitches, in addition to which corrosive sublimate gauze was placed over the vulva. A suppository of thirty grains of iodoform was inserted into the vagina, night and morning, for four days. One grain of opium was used, per rectum, every three hours, night and day, for the first three days, when the amount was reduced to two suppositories in the twenty-four hours, and this was continued for eight days. The stitches were removed on the eighth day, and the union found to be complete. On the fourteenth day the patient was around the house attending to her household duties.

Remarks.—The operation was a modification of the one devised by Sims in 1859, which consisted simply in covering the stump of the cervix by bringing together, with sutures, the surrounding vaginal mucous membrane. The objections to this operation, as stated by Goodell, are, "cicatricial closure of the os, and in the danger of secondary hemorrhage, the mucous lid not making compression enough to close the open-mouthed vessels." To meet the first of these objections I followed the plan of Goodell, and stitched the edges of mucous membrane, which were directly over the os uteri to the rim of the os. The danger of secondary hemorrhage I met by the continuous circular sutures of catgut surrounding the os, and which I believe to be original with me. This suture not only lessens the danger of hemorrhage, but also assists materially

in securing union by the first intention.

In performing the operation, as well as in the preparatory and after-treatment, I used thorough antiseptic measures, because upon them I believed, to a great extent, depended the success of the operation, and the continuance of pregnancy. The patient's temperature did not once go above normal during her convalescence. It was however, administered to abolish reflex irritability, and to accomplish this object it is necessary to use large doses.

In conclusion, I will state that the patient has had no return of the disease, and that she is now in the maternity ward of the Jefferson Medical College Hospital.

THE CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD OCT. 21, 1887.

The 197th meeting of the Clinical Society was called to order by the President, Dr. N. G. Keirle in the chair.

EPITHELIOMA OF THE SCALP.

Dr. W. H. Norris related a case of supposed epithelioma of the scalp and exhibited the patient. He was a colored man, æt. 46 years, occupation brick-maker. His family history was not well known. So far as could be obtained there was no hereditary taint. He had a sore on his penis when quite young. When a boy he received a severe burn on the scalp. Last March a pimple made its appearance on his scalp, and this ulcer resulted from it. Four months ago this ulcer was one-third the size it is to-night. The results of treatment have been negative. At first he tried a concentrated solution of alum and sugar of lead with some good effects. Next ferri per sulph. was used with no good results; then iodoform and lastly permanganate of potassium. He believes the trouble to be an epithelioma, though this disease is rare in the African race, and its rapid growth, too, would be in favor of its not being an epithelioma.

Dr. J. W. Chambers then showed a specimen of

CYSTIC SARCOMA OF THE INFERIOR MAXILLARY

and the patient from whom it was taken. Patient, colored, male, æt. 42 years, laborer; family history good. He entered the City Hospital on the 12th day of September with an enlargement on the right lower jaw, which extended from the last incisor tooth to the right condyle and involved nearly all this side of the face. It extended inwards and displaced the tongue so as to interfere decidedly with mastication. The growth was cystic in character. It began sixteen years ago after the removal of a tooth, and at first grew slowly. Two years ago, though, it began to grow more rapidly. There was no involvement of the skin nor of the neighboring glands. On the 16th day of September an incision was made and the tumor dissected out mostly with Paquelin's cautery. There was not much hemorrhage. The inferior maxillary was then sawed off and disarticulated. The wound was dressed with hy. bichlor. and iodoform. On the sixth day the stitches were removed. There was no shock. The temperature never arose above 99°. His speech is now much better. Since the operation the patient has developed some mental derangement. The results show what can sometimes be accomplished even when the conditions presented are apparently hopeless.

DISCUSSION.

Dr. O. J. Coskery thinks that Dr. Chambers should be congratulated on the good results gotten in this case. He then showed a specimen and related a case of keloid of unusual size. The patient was a colored man, æt. 25 years. The tumor extended from the lobe of the ear to the clavicle. In 1884 while being shaved a bump was cut and a sore resulted from it. He applied nitric acid to it which cooled it, he said, but afterwards the pimple grew rapidly. On October 18, 1887, he re-

moved the growth. An incision was made from the lobe of the ear to the clavicle and it was about six inches long. When the tumor was removed it left a gap two inches wide. The edges were then brought together. There still remains a gap about five inches long and one-half inch wide. Patient never had temperature above 99°. Hy. bichlor. dressing was used. He exhibited the tumor on account of its size, as it was the largest keloid he had ever seen.

Dr. Wm. Rickert related a case of

OSTEOMA OF THE INFERIOR MAXILLARY

and exhibited both the patient and specimen. Patient was colored, male about 21 years of age. He had been troubled with his jaw for about four years and under treatment for one year. He came under his care about three months ago, and finally became so much affected that he could hardly get the tip end of a lead pencil between his teeth. He operated then, and made a partial excision of the inferior maxillary on the right side.

Dr. R. Winslow showed a specimen of

PERI-OSTEO-SARCOMA

from the lower jaw; patient was an Irishman, æt. 67 years. He had the growth for twelve months before it was removed. The man did well for awhile, but now has a lump on the tissue outside, probably an inflammation. This boy, (*Dr. Rickert's* case) came to him sometime ago with a lump in the jaw and he excised a wedge shaped piece according to *Esmarck* and afterwards he could open his mouth as well as now. This condition is osteitis and is simply inflamed bone, which increases in size and prevents him from opening his jaws.

Dr. W. H. Norris said that he wanted it decided in his case whether the trouble was malignant or not, and what would be the treatment.

Dr. I. E. Athinson said that there was no doubt in his mind about the diagnosis of epithelioma being correct. Ulcerations of that character are usually

either syphilis or epithelioma. The best thing to be do is to leave it alone. Under stimulating ointments, etc., new growth will take place more frequently. Most probably the growth has involved the bone. Referring to *Dr. Coskery's* case he thought that those conditions which are so common in the colored race are not true keloid, but false. True keloid is rather rare. It begins as an oat-shaped growth and is usually situated about the breast. The false very frequently begins after burns. Keloids soften up after a time. The ordinary form recurs frequently and occasionally they disappear as years go by. The true form, in the colored race, he has never seen occur after slight wounds.

Dr. L. McLane Tiffany showed several photographs of

KELOID GROWTHS.

He spoke of the largest one and said that it weighed forty-two ounces. He thinks all of them are larger than the one shown by *Dr. Coskery*. He did not recognize the difference between true and false keloid as referred to by *Dr. Atkinson*. They are more common in the colored race and especially in the young colored race. He had seen them softer in the older colored people. When seen in the young person, non-interference until later in life, then an operation, will meet with good results. After a patient passes beyond 30 years of age they are not apt to recur. There may be an hypertrophic scar, but no lump. Two of the cases he spoke of gave no history of injury.

Dr. Hiram Woods had seen several cases of keloid at the Presbyterian Eye and Ear Hospital, only one of which occurred in the white, the rest in negroes. The oldest patient was 42 years of age and had dumb-bell lumps on her ears, which had become somewhat soft. Ear authorities say that when we operate we must try and get the wound to heal by first intention. He once operated and did not bring the edges close together and the growth recurred. The more closely we can get a wound to heal by first intention the better will be the results.

Dr. R. Winslow said that as these tumors sometimes develop from a puncture with a point of a pin, he did not see why they would not sometimes recur even if the edges are brought close together.

Dr. Rickert thinks that the softening is more common in the white race and when they are removed will not return so commonly as in the negro.

Dr. I. E. Atkinson said that his experience was based entirely upon observations in the colored race. He said that *Dr. A. B. Arnold* once reported a case where a keloid disappeared under the use of collodion. The keloid that he had removed in the white did recur.

Dr. Hiram Woods said that he knew that keloids did develop from the puncture of a pin point, and he simply wanted to say, that if, after operating, we can reduce granulation to the minimum, there will be a better chance to get over the disease.

Dr. L. McLane Tiffany said that it was one of the rarest of jaw tumors. There are only a few reported. Evidently they are cysts lined with epithelium, very much like an ovarian cyst, but it is not settled yet as to what they are.

Dr. J. H. Branham said that he had seen a keloid in an old colored man. It was flat, situated on the breast and ulcerated, which he says is rather common. There is no scar tissue when wounds heal by first intention. The case of *Dr. Rickert* had changed somewhat since he was under *Dr. Winslow's* charge. The tumor is most probably the result of an inflammatory process and probably not malignant, the removal of which he thought was the best thing to do in order to allow the patient to eat and talk comfortably.

Dr. Rickert said that his only object was to give this comfort and he believed it has done vast good to the patient.

Dr. Chambers said that he had spoken very little about the finer probabilities in his case. He classed it as a cystic sarcoma. There was no enlargement of the glands, and the growth was slow. The tumor, when removed, weighed about four or five pounds.

Dr. Keirle said that these growths

are very similar to an ovarian cyst. The larger cyst contained chocolate-colored fluid, and the smaller ones another colored fluid. They are lined with epithelium like an ovarian tumor.

Dr. Gorgas then read a paper entitled "A Case of Puerperal Septicæmia." The patient was a German woman, æt. 3 years, and the mother of four children. She was delivered on Sept. 12th, of triplets. Six days after delivery she was taken with a severe chill, which was followed by high fever, profuse perspiration, cessation of the lochia, nausea, loss of appetite and strength. Her temperature ranged from 102° in the morning to 106° in the evening for six days. Under the use of intra-uterine injections of warm carbolized water and the administration of anti-pyretic remedies viz.: quinine and muriate of quinia and urea., with stimulants and good food the patient recovered and three weeks from the date of her confinement she was able to leave her bed and is now attending to her household duties.

THE INFLUENCE OF THE CIVIL WAR UPON THE NUMBER OF INSANE.—*Dr. Palmer* states that "the late civil war, no doubt, has contributed toward increasing the number of insane, as well as modifying the type of mental disease. But few were rendered insane by the war that would not have broken down by other exciting causes. A large proportion of the soldiers that served in the war, and lived to return home, were reduced in mental and physical vigor. The disabilities thus acquired have influenced their children, imparting to them a delicacy of organization and and susceptibility to external influences, often leading to mental disease. During the past few years several of these children have been admitted into institutions. Thus it will appear that the influence of a great and momentous event, acting upon the past, is made potent through laws of transmission to the present generation by producing mental and physical degeneracy.—*American Journal of Insanity*, October, 1887.

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BALTIMORE, NOVEMBER 26TH, 1887.

Editorial.

THE CASE OF THE CROWN PRINCE.—Whilst much discussion has taken place during the past few months in reference to the condition of the Crown Prince, and concerning the progress and treatment of the case, the conclusion has been finally reached that the disease in question is none other than a carcinoma of the larynx. Dr. Mackenzie admits this diagnosis, and Virchow assents to the same view. The fact having become manifest, that the disease is malignant, the question arises: How long can the life of the Crown Prince be maintained? That the disease will ultimately prove fatal no one can doubt, yet differences of opinion will arise as to the prognosis and treatment. The main fact to be determined is how long the disease can be held in abeyance. Two methods of treatment are offered: One consists in the operation of tracheotomy, which is purely palliative, and the other of laryngectomy, which is more radical in its effects, but more dangerous in its immediate results. That life may be greatly prolonged by tracheotomy there is no room for question. It enables the surgeon to remove obstructions from the larynx dependent upon the growth of the morbid tissues, permits of local application to the diseased parts, and, by affording rest to the larynx, improves the comfort of the patient and exerts a favorable influence upon the progress of the disease. Tracheotomy is not in

itself a dangerous operation, and there is much to commend it as a procedure instituted for the prolongation of life and the relief of dyspnoea. Statistics tend to show that from two to three years may be added to the average duration of life in cases of carcinoma of the larynx, after tracheotomy.

As opposed to the operation of tracheotomy, the surgeons in attendance upon the Crown Prince have to consider the more radical procedure of total extirpation of the larynx. This operation has now been performed a number of times in Europe, with results which go to show a very heavy mortality, the recoveries only ranging from 30 to 50 per. cent. Laryngectomy, is by no means a simple procedure, but where recovery has followed the operation, the life of the patient may be greatly prolonged by the total removal of the cancerous mass. A number of patients are now living who have survived the operation from three to eight years without a return of the disease.

Whether the Crown Prince will accept tracheotomy with its temporary benefits, or laryngectomy with its immediate dangers but remote prospects, we have as yet no means of determining. It seems probable that his German surgical advisers will advocate the latter method, whilst it is believed Dr. Mackenzie will advocate the former. In view of the advanced age of the Emperor and Empress, and the political situation in Europe, questions of policy may suggest the palliative rather than the more hazardous but radical method of treatment.

VACANCIES IN THE MEDICAL CORPS OF THE NAVY.—At the present time there are such a large number of vacancies in the medical corps of the navy that the efficiency of this branch of service is much impaired. The condition is apparently so urgent that Surgeon-General Gunnell, in his annual report, has found it necessary to call attention to the present state of affairs, and to urge its correction. The service is undoubtedly suffering for the sake of a sufficient number of medical officers to properly

attend the men engaged in it. In view of the large number of young men who yearly enter the profession, many of whom are in need of immediate employment, such vacancies should not be permitted. It seems, however, that the requirements for the service are very stringent, and, whilst many apply, few succeed in obtaining the coveted position.

Either the Naval Examining Board is at fault, or else the material coming before it is faulty. The Surgeon-General is brought face to face with a very vacant list, and urges that steps be taken to correct whatever errors exist. If the requirements are so exacting that applicants can not pass, these requirements demand modification. If, on the contrary, the service is so uninviting that applicants of the higher grade prefer other walks of professional life the emergency clearly demands a remedy.

Something is wrong, otherwise this condition of affairs would hardly exist. We hope to see the proper remedy applied.

PUBLIC INSTRUCTION IN SANITATION.—

One of the best means of instructing the public in sanitary matters is through popular conventions or conferences where sanitarians and the people may talk to each other, either directly or through the medium of the public press. For some years past State Boards of Health throughout the country have recognized this, and following the example of the State Board of Michigan, other Boards have called such public meetings. The Maryland Board held its first popular convention in this city in 1884; the second at the Blue Mountain House in 1885, and the third again in this city on Tuesday and Wednesday of last week.

It is no exaggeration to say that the public good accomplished at these meetings is largely in excess of all the other work accomplished by the Board during its thirteen years' existence. With few exceptions the papers read at the three conventions held were by persons not members of the Board. It is worthy

of note also that at the last conference only three out of the seven members of the Board were in attendance. This does not speak well for the interest of the remaining four members in the work of the Board.

The papers read were all of them excellent, and some were of exceptional value, containing important information conveyed in a compact manner and non-technical phrase. We may call especial attention to the memorandum on Cholera, submitted by Dr. Chancellor, Dr. Piper's reports and papers on Water Pollution and Typhoid Fever, Dr. Patterson's paper on Animal Diseases of Infectious Origin, Prof. Arnold's and Dr. Chancellor's Essays on School Hygiene, the paper on Vital Statistics by Dr. Billings, and Mayor Latrobe's address on The Influence of Parks and Squares on the Health of Towns and Cities.

In the discussion upon Dr. Billings' paper, the Health Commissioner stated that Baltimore had a good ordinance for the registration of vital statistics, but that physicians did not obey it, and it was consequently not thoroughly carried out. Inasmuch as the Commissioner, as registrar of vital statistics, is charged with the execution of the law, this was a virtual admission of negligence in the performance of a public duty, and was so characterized by Judge Slagle, of the Pittsburg Board of Health, who attended the conference as an invited guest.

The discussion upon school hygiene revealed some serious defects in the school system of this city. It seems to us the only way to get rid of these defects is to appoint a competent sanitarian as sanitary inspector of schools, to whom shall be referred all questions concerning the sanitary condition of school houses, and of the pupils compelled to pass so large a part of their time in them.

While the attendance at the sessions was not large, excellent reports of the proceedings were given through the daily press, and so were carried into many households, where it is hoped the seed thus sown may bring forth good fruit.

Miscellany.

THE AIR OF DWELLING HOUSES AND SCHOOLS.—Some interesting investigations on the carbonic acid, organic matter and micro-organisms in air, more especially of dwellings and schools, have been carried out by Professor Thomas Carnelly, D.Sc., J. S. Haldane, M.A., M.B., of University College, and A. M. Anderson, M.D., Medical Officer of Health, Dundee, and are reported by them in the *Philosophical Transactions of the Royal Society of London*.

The following are among the most important deductions drawn by the authors from the results of numerous and careful experiments.

1. "As we pass from four-roomed and upwards to three-, two-, or one-roomed houses, not only does the air become more and more impure, as indicated by the increase in the carbonic acid and organic matter, but more especially of the micro-organisms, but there is a corresponding and similar increase in the death-rate, together with a marked lowering of the mean age at death. 2. The rapid increase in the death-rate as we pass from four- to one-roomed houses is by far the most marked in children under five; the death-rate among these young children in one-roomed houses is nearly four times as great as in four-roomed houses, whereas the general death-rate is not quite twice as great; further, although there is still a marked increase in the death-rate for all above five years of age in the smaller houses, yet this increase is comparatively small, and is not evident unless the deaths in the infirmary and poorhouses be included in the one- and two-roomed houses" (page 73). The authors confess that it is difficult to know how far to attribute these results to a larger amount of aerial impurities in the one-roomed houses, and how far to the effects of insufficient and improper food, and other imperfections in the hygienic surroundings of the very poor. It is well known that children under the age of five are peculiarly liable to suffer from injudicious feeding, such as the very poor are apt to administer, either from ignorance of the proper food or from inability to obtain it.

In examining the air of schools, the authors seem to have established beyond doubt the superiority of the process of "mechanical ventilation" by "blowing air by fans over hot pipes, and thence into the several rooms by broad, shallow, upright shafts, opening at a height of five feet from the floor, the vitiated air being taken off by shafts which open two feet from the floor, and carry the air up into a chamber in the roof" over the ordinary process by windows, etc., which they distinguish as "natural ventilation." The cubic space per person being the same, under mechanical ventilation, the carbonic acid was three-fifths, the organic matter one-seventh, and the micro-organisms less than one-ninth of what they were in schools ventilated by ordinary methods. Another point of physiological interest is that the air in boys' school-rooms was found to be more impure than in rooms occupied by girls, the space for each person being the same in each case. To make this observation complete, however, not only the number of the children, but their aggregate weight should be taken into account.

A number of interesting experiments on the conditions which influence the amount of impurities in the air, and on the nature and probable *modus operandi* of the micro-organisms in the air are also to be found in this most important paper.—*British Medical Journal*, November 5th, 1887.

PROFESSOR BILLROTH.—The numerous friends of Professor Billroth all over the world will be pleased to learn that his health is thoroughly restored, and that he has resumed his clinics at the General Hospital, Vienna. On the occasion of his first lecture he received a great ovation. The theatre was crowded with professors and students for a long time before the lecture hour had arrived, and the entrance of Professor Billroth was welcomed with loud and long-continued applause. Dr. Preis then advanced and tendered in the name of his colleagues and the pupils a hearty welcome to the Professor, with an expression of joy at his recovery from so severe and dangerous an illness. In reply, Professor Billroth made some feeling re-

marks, recalling the time when, twenty years ago, he first taught in that place, with colleagues such as Rokitansky, Oppolzer, Skoda, Demme, Dittel, Hebra, and others, who had all since passed away. He warmly thanked those present for their kindness during his illness, and their reception of him that day. He had not expected to be there again, but he had been snatched from death by the self-sacrifice and devotion of his colleagues. He spoke of the kindness and love which had been bestowed upon him on all sides, and said that he would devote all his strength to the welfare of mankind, the glory of the old Vienna University, and the prosperity of Austria. He then proceeded to speak of the life work of von Langenbeck, and suggested that, in respect to his memory, the meeting should be closed. After this, Prof. Billroth took them over his wards, and operated on a case of double harelip.—*Lancet*, October 22nd, 1887.

CHOLERA IN INDIA.—Cholera has prevailed very extensively throughout India during the present hot season. It has spread northward, westward, and southward. The Northwestern Provinces and Punjab have been severely visited. The disease has broken out in Peshawur, and caused great loss of life. Several outbreaks have been reported from Central India, and seventeen districts of Bombay Presidency have been visited. The town of Bombay has suffered to a slight extent. The disease has prevailed severely in Burma and broken out in Singapore. It has also been reported from Kabul. Beyond India, the disease lingers in some parts of Italy, and a few cases appear to have occurred in Malta. This is, therefore, emphatically a year of active epidemic movement so far as cholera is concerned.—*Indian Medical Gazette*, September 1887.

ANTIPIRYN IN UTERINE COLIC.—Dr. Chouppé has published two cases of uterine colic successfully treated with antipyrin injections. The first was in the case of a woman who suffered at each menstrual period with very painful colic, which was with difficulty overcome by

opium and chloral. Antipyrin, in the dose of fifteen grains, gave rapid relief. The second was the case of a woman suffering from uterine colic after childbirth. The pains were subdued for five hours by a first injection, and disappeared completely under the influence of a second.—*Semaine Médicale*.—*Medical Record*.

AN INTERNATIONAL SPEECH.—At the visit of the Vienna Congress of Hygiene to Buda Pesth, the speech delivered by M. Sasvári was the most striking illustration of internationalism. He commenced in Magyar, and, after a few complimentary words to his Hungarian colleagues, assured the Austrian and German guests—himself speaking in good German—that the Hungarians recognized how much their civilization was due to the Germanic races. Then, speaking in French, he explained that Hungary admired the great French nation, which, marching in the vanguard of progress, had given to the world the highest and most generous ideas. Now, changing from French to Italian, he spoke of the glories of ancient Rome, to be revived at no distant date. Finally, concluding in fluent English, he greeted the brave children of Great Britain, who had borne the banner of civilization to the uttermost regions of the globe. Here the speech seemed ended, but, recognizing among the delegates the dignified features and high turban of the Mahomedan Burgo-master of Serajevo, he again rose, and in the Servian-Crotian language, hailed the presence of this Oriental functionary as typifying the union of the East and the West for the furtherance of the cause of hygiene.—*Lancet*, November 5, 1887.

SORE THROAT.—Professor Atkinson claims that for sore throat, chlorate of sodium is preferable to chlorate of potassium, for the following reasons: It dissolves more easily, acts more quickly, is more easily thrown off the system, and it does not affect the kidneys.—*Coll. and Clin. Record*.

Medical Items.

M. Pasteur's health is said to be still so feeble as to necessitate his confinement to the house.

Dr. Thomas S. K. Morton has been appointed surgeon of the out-door department of the Pennsylvania Hospital, *vice* Dr. Kirkbride, resigned.

The death is announced of the eminent Newark physician, Dr. O'Gorman, who was instrumental in sending the first patients to Pasteur.

Von Nussbaum finds peroxide of hydrogen of great value in controlling hemorrhage from the parenchyma of various organs, as well as from comparatively inaccessible vessels. The application is made with a pledget of cotton soaked in the peroxide.

"I saw at once," said a physician, who had been called in consultation, "that Dr. Pellet's diagnosis was wrong; but as he was in charge of the case, of course it would not do for me to interfere." "Did the patient die?" "Oh yes, died of professional courtesy," a very common and fatal disease.—*Harper's Bazar*.

A convention is announced to assemble in Washington on January 19th next, in which representatives from the mercantile interests and from the various sanitary associations of the country will endeavor to induce the next Congress to enact a law against food and drug adulteration.

MUTILATION OF CHILDREN FOR DEBT IN CHINA.—In the report of the Customs Inspector at Shanghai a case is reported in which a young man had lost an eye by puncture for his father's debt: the physician called in attendance was successful in saving the other eye, but the injured eye was lost. The practice is said to be common in some districts of China, and the attention of the Government has been called to it.—*Med. News*.

The *Philadelphia Ledger* states that Dr. S. Weir Mitchell, who is becoming as well known in secular as in medical literature, will shortly publish a novel called "In the Far West," the scene of which is laid in Elk and McKean counties, Pennsylvania, as they were sixty years ago. Dr. Mitchell has also just completed a volume of essays entitled "The Doctor and Patient," which is said to be intended chiefly for women, and to discuss the subjects in a popular rather than in a scientific way.—*Med. and Surg. Reporter*.

During the month of December Prof. J. Edwin Michael, of the University of Maryland, will give a course of free lectures at the John Hopkins University Hall on "Early Aid in Injuries and Accidents." These lectures will be given under the auspices of the Hospital Relief Association. Whilst intended for

a popular audience, we have no doubt they will contain much instructive information, that will benefit the profession.

Dr. H. Sahli, of Bern, proposes to utilize the cannon-ball in therapeutics. He advises that it be simply rolled upon the abdomen for five or ten minutes daily to relieve habitual constipation. The weight of the ball should be from three to five pounds. The best time to use it is in the morning, after waking. As abdominal massage is known to be a most useful means of relieving torpidity of the bowels Dr. Sahli's suggestions are not so ironical as the weight of the missile would indicate. The *Medical Record* facetiously remarks, "When universal peace comes, the orator can speak not only of turning swords into ploughshares, but also of cannon-balls into aperients."

Mrs. Annis Waddill Howard, the wife of Prof. Wm. T. Howard, of this city, died at her residence on Madison Avenue on the evening of November 23rd, after a short illness of pneumonia. Mrs. Howard was a lady of great culture and refinement, and probably was not excelled by any one of her sex in this city as a classical scholar. She took an active part in charitable and religious work and will long be remembered by many who have received the benefits of her quiet and unostentatious charities.

Prof. Howard has our profound sympathy in this his sad bereavement, and we also extend to him through this medium in behalf of his many warm friends in the profession kind assurances of respect and condolence.

The Hospital Saturday and Sunday collection will be taken on November 26th and 27th, in this city. The managers of this Association earnestly desire the co-operation of the medical profession of Baltimore in this work. Our city readers are requested to urge their patients and patrons to consider the claims of this fund upon their charity and to aid it in a substantial way. The amount realized from the Saturday and Sunday collection is divided among the various charitable hospitals in this city and used for maintaining poor patients. It is a good work and should be liberally supported.

DR. GRANT BEY, who was the only member from Egypt present at the International Medical Congress, delivered two lectures to the Medical Faculty and students of Albany College—one on Cholera, and the other on the Medicine and Surgery of Ancient Egypt. At the request of the President and Fellows of Harvard University, he also delivered a lecture on Ancient Egypt, at Boylston Hall, Cambridge, to a large gathering of professors and others. Dr. Grant is a learned Egyptologist, as well as an accomplished physician, whose services and many kindnesses to his fellow-countrymen visiting Cairo are well known and warmly remembered by a large body of friends and patients, who will hear with pleasure of the distinguished reception which he has met at the hands of his American brethren.—*British Medical Journal*.

Original Articles.

REMOVAL OF THE UTERINE APPENDAGES, WITH REPORT OF THREE CASES.*

BY L. E. NEALE, M. D.,

Demonstrator of Obstetrics, and Chief of Clinic at the University of Maryland. Visiting Physician to the Free Lying-in Hospital.

(Continued from last issue.)

CASE II—D. F., white, age 23 yrs. not married, never pregnant. Excepting occasional irregularity of menstruation, general health excellent until April, 1884. At that time, three days before her expected menstruation she accidentally fell from a dresser astride the back of a chair, striking violently upon the left side of her genitalia externa.

No apparent bruising but great local pain and slight discharge of blood from the vagina followed almost immediately. Three days subsequently proper menstruation began, accompanied from the onset by hysterio-epileptoid seizures and severe pain, especially in the left iliac region over the seat of the left ovary.

Menstruation continued for seven days but the convulsions occurred intermittently only during the first two or three days; the patient, however, remained in bed for a week or more on account of pelvic pain and nervous prostration.

The convulsive attacks recurred in like manner during the two subsequent catamenia and then occasionally inter-menstrualia, and so continued, despite of all treatment, for three years, regular and violent with the period and occasionally, although less violently, between the periods. A convulsive attack might continue but for a few moments or intermittently extend over several hours, the patient plunging from one into another with but a momentary interval. The spasms were clonic and involved the muscles of the entire body, both trunk and extremities. They were accompanied by flushed face, quick hard pulse, rapid, jerky respiration, and a semi-conscious condition. There was no distinct aura, no loss of consciousness, no relaxation of the sphincters,

no traumatism; in a word, no true epilepsy, but hysteria.

Finally the nervous system became so impressible that the convulsions could be artificially induced by startling the patient, as by clapping the hands, slamming a door, ringing a bell, etc., also by over exertion, irritant ingesta, pressing the jugulars, digitally examining the genitals, etc. Such examination revealed a uterus of about normal dimensions, inclined slightly backwards and drawn a little towards the left. The ovaries could be felt in either broad ligament (the uterus being retroverted) and pressure over them would instantly throw the patient into convulsions.

Diagnosis:—Hysterio-Epilepsy, probably resulting from ovarian irritation.

The patient had been under medical treatment for over two years before applying to me and frequently aided by the able counsel of Prof. Miltenberger, I had done all in my power to relieve her, but with little or no avail. The *treatment* was:

Constitutionally.—Tonics, anodynes, nervines various combinations of valerian, assafetida, silver, bromides, chloral, morphia, etc.

Locally.—Vaginal douche, applications to uterine mucosa, vaginal tampons, pessary (for a very short while), counter irritants, and anodyne applications over hypogastrium. Galvanic electricity (four trials with Barrett's battery, varying strength of current), and finally cervical divulsion. To speak candidly I believe this treatment did her no good whatever, and with the exception of the temporary relief afforded by hypodermics of morphia which would frequently cut short a convulsive attack, I am inclined to think that the treatment sometimes aggravated her symptoms. This is particularly true of electricity, although a very mild current was used, and also of cervical divulsion, for my patient became unquestionably worse after their employment.

Prof. F. T. Miles, of this city, being called in consultation agreed in the diagnosis of hysteria but expressed himself as positively opposed to the operation of castration and advised instead milder measures, especially removal from home influence.

The case, however, progressing more and more unfavorably, the girl's bodily and mental strength slowly but surely and perceptibly failing, she utterly miserable and wretched to herself and sympathizing friends, despairing of recovery with no better hope than indefinite suffering,—idiocy,—or death, I was

*Read before the Baltimore Academy of Medicine, November 1st, 1887.

really forced to turn my attention to some means, however dangerous, that offered even a chance of relief. The patient and her friends were naturally anxious to have something done and after being informed of the danger and uncertainty attending castration, they readily accepted the proffered operation.

Wishing, however, to protect myself as well as my patient, I personally consulted Professors Howard, of Baltimore, Mundé, of New York and Goodell of Philadelphia, all of whom advised me to operate, and by letter I communicated with Dr. Robert Battey, of Rome, Georgia, promptly receiving the following reply :

DEAR DOCTOR:—I think your case is a fit one for my operation. The case seems a typical one of oöphoro-epilepsy. I think you will find the ovaries diseased but if not I should say there is a mistaken diagnosis. If diseased they should be both removed. If the tubes are distended with pus or serum they ought to be removed also, but not otherwise. It would be an error in my opinion, in such a case to separate adhesions and close the abdomen without removing the ovaries.

Truly Yours,

ROBERT BATTEY, M.D.

ROME, GA., April 29th, 1887.

Accordingly I operated May 13th, 1887, one week after a menstrual period. Both ovaries and tubes were removed without any difficulty as there were no adhesions, and both were examined by Prof. Wm. T. Howard prior to their removal which was performed with his full concurrence and sanction. The patient recovered from the operation without an unfavorable sign or symptom and from that day to this has experienced no return of her former trouble. A bloody discharge from the uterus began soon after the operation and continued for ten days; since then there has been no discharge whatever, menstruation being completely arrested as also the old pains and convulsions.

The girl is markedly improved physically and mentally; she is perfectly able to go about as usual; she has not developed the slightest masculinity and as far as I have been able to learn, experiences the same desires and feeling as in her healthiest days.

EXAMINATION OF THE TUBES AND OVARIES.

The condition of the ovaries removed was

such as is ordinarily spoken of as "*small cystic degeneration*," the right ovary being the larger of the two; but the following report from Prof. Welch will describe their pathology more thoroughly.

"The specimens consist of two tubes with the ovaries attached, hardened in alcohol. The left ovary is $3\frac{1}{2}$ ctm. long; 2ctm. broad; and $1\frac{1}{2}$ ctm. thick. The external surface of the ovary is tolerably smooth and presents several dilated projecting Graafian follicles. Upon the cut surface can also be seen a number of dilated follicles the largest being about the size of a pea. These are all situated in the peripheral zone of the ovary. There is one old yellowish-brown corpus luteum and there are several small corpora fibrosa.

The portion of the corresponding tube removed measured $5\frac{1}{2}$ ctm. in length and near the fimbriated extremity 1 ctm. in thickness. About $1\frac{1}{2}$ ctm. from the fimbriated extremity is an aberrant fimbria, to the pedicle of which is attached a small cyst. Over the peritoneal surface of the mesovarium are numerous very minute papillary excrescences. There are no adhesions over the ovary or tube. The right ovary is 4 ctm. long, 2 ctm. broad and 2 ctm. thick. The surface is nodulated by the projection of about a dozen dilated Graafian follicles the largest being about the size of a pea. The dilated follicles with their coagulated contents can also be seen upon the cut surface which presents no other abnormality.

The portion of the corresponding tube removed is $4\frac{1}{2}$ ctm. long; the average diameter being 1 ctm. There is an aberrant fimbria similar to that belonging to the opposite tube. The microscopical examination of the ovaries reveals no abnormalities, except the dilatation of the Graafian follicles, nor can any morbid change be discovered in the Fallopian tubes.

Diagnosis.—Hydrops folliculorum of moderate degree."

June 30th, 1887.

WM. H. WELCH.

In a previous part of this report Prof. Welch says: "The condition of the ovaries and tubes is such as I have repeatedly found in similar specimens sent for my examination. The morbid changes are not such as would attract attention at an autopsy.

In answer to a subsequent letter asking Prof. Welch if he regarded hydrops folliculorum ovarii as pathological or not, I received the following reply.

"I do not regard hydrops folliculorum in the degree present in the specimens which you sent me as a morbid condition of any clinical significance.

It is not easy to distinguish between a slight degree of hydrops (the name is not a particularly good one) and the normal distension of the ripe Graafian follicles, but in your specimens some of the follicles were dilated at least two or three times beyond what could be possibly be considered normal dimensions. Nevertheless, even this degree of abnormal distension is found so constantly at autopsies, that pathologists generally pay little or no attention to it and there is no evidence that it gives rise to symptoms. It is a common error for those inexperienced to mistake ovaries containing many such dilated follicles for beginning disease of the ovaries. Genuine ovarian cystomata never develop in this way, and dilated Graafian follicles probably never attain sufficient size to be recognized clinically."

July 19th, 1887.

Now this condition of small cystic degeneration of the ovaries has been mentioned by nearly every writer upon this subject and held to be an anatomical justification for the operation. Hegar, Olshausen, Tait, Bantock, Thornton, Battey, Thomas, Lee, Mundé, Hunter, Wylie and a host of other operators have observed these changes in ovaries extirpated for the relief of various hemorrhagic, neuralgic, neurotic, psychic and other disturbances and it is especially maintained by Battey, Hegar and Tait, who may be regarded as the surgical tripod of castration of the human female, to be a most important and frequent anatomical indication for the operation.

Battey tells us (*American Journal of Medical Science*, Oct., 1886, p. 486): "In some cases these cysts appear to take on acute inflammations of the lining membrane and the contents become purulent. Another form of ovarian disease exhibits a sort of sclerosis of the investing tunic, it being thickened, blanched and generally corrugated.

The stroma also presents a sort of fibrous degeneration. In other cases the ovaries are very much shrunken in size and resemble in gross appearance

the senile conditions of these organs. Quite often the ovaries are bound down by adhesions to adjoining structures, or so buried in lymph deposits as to be with difficulty even recognizable." In the same article Battey quotes a letter from Dr. T. A. Emmet, who says: "In my early life I had the opportunity of witnessing and of making many hundreds of post-mortem examinations. I was then impressed with a fact which has its bearing on this subject. I learned from observation that what seemed to be a perfectly healthy ovary, was a condition seldom found after death in any woman over twenty-five years of age. Cystic degeneration was very common and often the ovaries were found bound down by old pelvic inflammations, when, during life, not the slightest symptom had been given to indicate any unusual local disease. In other words, I will state that every day ovaries are being removed for various nervous symptoms. and the roughened surface and cystic condition are shown as evidence of the necessity of their removal; a condition where I believe, as a rule, there exists no connection between the supposed cause and effect. The condition presented is often but a normal one, for every ovary undergoes the same cystic degeneration and becomes more and more roughened on its surface, year after year, from ovulation, until at length atrophy readily occurs as a consequence."

Battey and Hegar, the very discoverers and pioneers of the operation, together with a number of others, restrict its performance to those cases where anatomical alterations of the sexual system are discoverable and Battey has long since retracted his original term of "Normal Ovariectomy." He says: "For the misconception upon this point still existing, my own ignorance of both the histology and pathology of the ovaries is largely responsible, in that during the early history of the operation, I removed ovaries which I erroneously supposed to be healthy, and gave to the operation the unfortunate and now obsolete name of 'Normal Ovariectomy.'" In my case, however, there is no room for an errone-

ous supposition, for Prof. Welch expressly states: "I do not regard hydrops folliculorum, in the degree present in the specimens which you sent me, as a morbid condition of any clinical significance." Hence, I am driven to the conclusion that I have performed a "Normal Ovariectomy" or an unjustifiable operation, and yet post hoc, if not propter hoc, I cure my patient, at least up to the present time. Battey tells us: "In the ovaries are quite frequently found small cysts, more or less numerous, filled with a clear yellow liquid, alone or intermixed with blood, and of variable consistency. This form of cystic degeneration is to be distinguished from the early stage of ovarian cystoma, in that it is extremely slow in its growth, remaining almost stationary for one, two, or three or more years, and in that it is often accompanied by pain, by great tenderness of the ovaries, by derangements of the stomach, breaking down of the general health, and quite often serious disturbances of the nervous system." Perhaps it would be becoming in me to follow Dr. Battey's example and plead that "my own ignorance of both the histology and pathology of the ovaries is largely responsible" for my utter inability to harmonize these apparently conflicting views between such an astute clinician and such an expert pathologist.

But some one may say, may not the good result in the above case have been due altogether to the mental impression produced by the operation upon the patient? It has been advanced that a pretended operation, the mere opening and reclosing of the abdominal cavity with surgical precautions and paraphernalia, may produce such mental influence as to result in complete cure of psychic and neurotic derangements.

This I consider extremely improbable in the present or any other instance, for even the oft-vaunted case of Israel which still haunts both lay and medical literature, Hegar tells us, "is founded on a mistake, the patient in question retained her nervous vomiting, as was proven on her reappearance, on two occasions in our clinic." Such fraud,

however, is wholly unjustifiable and moreover "the trick cannot be played for a long time, in as much as those who are adapted to such treatment, soon become enlightened."

Again it might be suggested that the Wier Mitchell plan of treatment had saved many painful but fruitful ovaries. This cannot be denied, but it is equally true that the operation of castration is established upon too firm a basis to be affected by any such trivial argument, and moreover what a very small number of these can avail themselves of the advantages of Weir Mitchell's institution.

Marriage has also been suggested as a remedy for these disorders, but it is well known that this often aggravates rather than abates the trouble; and apart from the self-evident social difficulties in the way of such a union, can a conscientious physician honestly advise or even sanction matrimony under such circumstances? Oppose and fight off the operation as we may, on moral, social, ethical or any other grounds, there are cases where we are absolutely driven to accept it as a dernier resort, or sit passively by idling with a worse than useless therapy and actually watch our patient steadily drift into a condition worse than death itself.

Hence it becomes our duty to give more than a passing notice to these patients, and it is with this intention I would mention some of the interesting and more important features of this case.

Pain: (pelvic or local.) My patient experienced severe pain immediately upon the occurrence of the accident, especially intense in the left iliac region or region of the left ovary. It was particularly severe during the following and each succeeding menstrual period, being often, though not invariably, accompanied by nausea and was markedly aggravated by pressure or other irritation of the ovaries.

It was intermittent and might occur at almost any time, but invariably would occur at the menstrual period. Pains in various places and of various kinds sometimes appeared, but as a general

thing they seemed to radiate from the pelvis, being usually most severe on the left side. As far as I can learn there was never observed any marked pain in the mammary region.

In a discussion on Pyo-Salpinx before the Obstetrical Society of New York, March 7th, 1885, (see Trans. in *Amer. Jour. of Obstet.*, vol. xviii, p. 1088) Dr. J. B. Hunter quotes Doran as saying: "There can be no doubt, that some of the most intractable cases of pain in the pelvic and iliac regions, often attributable to other causes, are really due to disease of the tubes;" and adds: "The pain due to ovarian disease, uncomplicated with tubal disease, is of a more intermittent character and is generally referred not only to the affected region, but also to the breast on the same side, and is very commonly accompanied by nausea, a symptom which is not noticed when the tube alone is affected."

These words from such an eminent gynæcologist may serve as a general guide in arriving at a conclusion, yet I fear they may sometimes lead one astray for, to cite but one out of many exceptions, during the early period of pregnancy when the ovaries are generally considered to be functionally quiescent and certainly not pathological do we not frequently have an intermittent pelvic pain accompanied by nausea, sometimes vomiting and usually irritable or painful mammæ? Again, it has been asserted on good authority that even where pressure on the ovary produces pain, nausea and possibly convulsions, we are not justified in accepting this as indicating either that the ovaries are diseased or should be removed.

Pain. (general.) In these patients, intermittent pains usually of a purely neuralgic character, *i. e.*, without any anatomical changes in the part in which they occur, may be complained of, I will not say always actually experienced, in nearly every part of the body; those, however, referable to the pelvic region will especially interest us in this connection. Hegar collectively denominates all those symptoms usually referable to the sexual apparatus such as lumbo-sacral pain, pain in the iliac

regions, hips and thighs, the feeling of dragging-down, anæsthesias, hyperæsthesias of the introitus, difficulty in defecation and micturition, partial paralysis of the inferior extremities, etc., as "lumbar cord symptoms" because they radiate along nerves which centre in the lumbar cord. Goltz has shown that the lumbar cord is the centre or point of collection for the nerves coming from the genitalia, as also from the rectum and bladder, binding all the pelvic viscera together. The beautiful dissections of Savage (*Anatomy of the Female Pelvic Organs*) clearly illustrate how intimately united are all the pelvic viscera by the nervous, lymphatic and vascular systems. Now, in as much as the lumbar cord is but a part of the great central cerebro-spinal system supplying the whole body, we can readily understand, how functional or organic disturbances of the sexual apparatus may be reflected to and symptomatically manifested by any part of the entire economy.

But we hope that careful clinical observation supported by pathological examinations may ultimately enable us to go farther and positively declare such a pain to be due to functional, such to organic disease of the tube or ovary or uterus or the surrounding structures. Such knowledge would very materially aid practical medicine and would rob the question of indications for castration of much of its perplexing character. In speaking of the above mentioned lumbar cord symptoms as connected with ovarian disease Hegar says: "The presence of such phenomena is, however, no sure sign of the causal connection, since those may very well have another origin, *viz.*: independent affections of the nerve centres and of the vertebral column, anæmic conditions, irritation of distant peripheral nerves other than those of the sexual apparatus, so that we observe them decidedly, not rarely when the latter is completely intact; whilst we sometimes find them wanting, though very severe morbid changes exist (Hegar, *Amer. Jour. Med. Sciences*, Oct., 1886, p. 486). In the above case, although there were present neuralgic pains radiating over

various parts of the body, pain, especially marked in the left iliac region, pain and nausea and convulsions on pressure over the ovary I did not feel justified in subjecting my patient to the dangers and uncertainty of the operation until she had run the gauntlet of a worse than useless therapy. Indeed, in the present state of our knowledge we have no pathognomic symptom of ovarian disease nor does it seem that we can always rely upon the anatomical condition of the ovary in the detection of its diseases.

In the present instance, however, the persistent locality of the pain in the left iliac region; the displacement of the ovary; the increase of pain at the menstrual period; the fact that convulsions did not follow immediately upon the accident but only, after an interval of three days, at the next menstrual period; that they continued only during the early part of this period when we believe the ovaries to be most excited; that for a long time they recurred only with the period; they could be produced by pressure over the ovary, etc., all pointed to the ovary as the seat of the trouble, hence the natural conclusion, after milder measures had failed, was to remove the offending organ.

Dr. Dawson of New York, reports* a somewhat similar case, of hysteromania where Prof. Hammond being called in consultation advised medication; the patient, however, grew steadily worse and was finally completely cured by removal of the uterine appendages.

Such cases might be readily multiplied.

HYSTERIA.

In treating of hysteria Fritsch says:† "According to our representation in especially grave cases, it would be justifiable to remove that organ to the irritated condition of which the reflex neurosis of hysteria is due; just as epilepsy has been cured by nerve stretching or excision of a cicatrix. Therefore, removal of the ovaries, castration, would be valid as a rational treatment.

Those who interpret hysteria, not as a reflex neurosis, but as a multiple nervous affection will have to differ regarding the justification of castration.

However, the question of the permissibility of castration in hysteria requires the empirical proof of good results rather than a logical justification by scientific reasoning."

The accumulated evidence of numbers of operators has amply supplied this proof and the case herein reported is an additional item in the long list of such cases already recorded.

The nervous and mental disorders for the relief of which the operation has been performed, Battey divides into three classes; oöphoro-mania, oöphoro-epilepsy and oöphoralgia.

He chooses these terms because his clinical experience teaches him that these disorders are dependent upon a nervous irritation proceeding from the ovaries and not from the uterus. "I say that my clinical experience so teaches me because, (a) I find the disorders existing in cases where I recognize organic disease of the ovaries, and am not able to recognize any organic disease of the uterus; (b) in cases of uterine as well as ovarian disease, when the diseased ovaries are removed the nervous disturbance disappears notwithstanding the fact that a displaced or a diseased uterus may remain." In my case a retroverted uterus remained. As regards the results of castration in the class of patients now under consideration, in 1886 Battey reported 36 cases which had been under observation two or more years after the operation with the following tabulated results:

	Cured.	Im- proved.	Not im- proved.	Total.
Oöphoro-mania,	1	4	2	7
Oöphoro-epilepsy,	9	0	0	9
Oöphoralgia,	13	3	4	20
Total,	23	7	6	36

It will thus be seen that every case of oöphoro-epilepsy (in which category my case belongs) upon which Battey had operated and tested the result by an observation, in his opinion extending over an interval sufficiently long after the

*Trans. N. Y. Obstet. Soc. in Amer. Jour. Obstet. Vol. xx p. 732.

†Diseases of Women, 1886, pp. 345.

operation, had resulted in a complete cure. Dr. Battey has recently presented a table of 54 cases; cured, 33; much improved, 5; not at all improved, 8. Of the 54 cases there was complete menopause in 50; continued pseudomenstruations in 4.* Such figures and results speak for themselves without comment. It has been Battey's practice to remove the tubes when diseased and let them alone when sound. He says: "In retrospect my cases I am not able to say that the removal or non-removal of one or both tubes has in any wise seemed to effect the final results of the operation."

The cases of mania were of from three to fourteen years' standing. "Three had been inmates of asylums, one of them for nine years. Of the epileptic cases the majority were of one to three years standing and one extended to six years. The cases of oöphoralgia varied from three to twelve years in duration, but few of them less than five years." Time is of course the principal element to decide the ultimate effect of the operation. Thus in one of Battey's cases after an immediate cure of six months' duration, a relapse into the old condition occurred. In another little or no benefit occurred during the first year but at the expiration of two or three years she proved to be completely cured. He says his cases of oöphoro-epilepsy have given him the most satisfactory results. "The cures have been both prompt and complete. This may be in part due to the fact that the exigency of the cases has brought them earlier to the arbitration of the surgeon's knife.

Indeed, I am quite convinced of the fact that earlier operation of neurotic cases, before the nervous system has become too much enslaved, can alone yield results fully satisfactory."

CASE III.—M. H., white, age 23, a small, frail, and delicate woman, not married, and never pregnant. She has never enjoyed hearty and robust health. Her menstruation began at the age of 14, and recurred normally.

At the age of 17, on July 22d, 1881, the first day of a menstrual period, while washing clothes in the yard, she upset the tub of cold

water over herself and was thoroughly drenched. Menstruation stopped at once, but returned again in six weeks.

After this, however, her menstruation was never normal; at first usually delayed, then very irregular, lasting six, then five, then three days, she always suffering with dysmenorrhœa.

This state of things continued for a long time, her general health being more or less affected, but it has been only during the last three years that she has manifested convulsive attacks, which, from the first, began and recurred with the menstrual period, being entirely absent in the intervals for about eighteen months after their first appearance.

During the past eighteen months, however, she has had "spells" both between and during menstruation, being always more intense during menstruation, and accompanied by severe oöphoralgia.

These "spells" were of exactly the same character as those in Case 2; that is to say, true hysteria, not epilepsy; but they were more severe, more frequent, and left the patient in a more exhausted and pitiable condition.

Indeed, the two cases were almost identical in every respect.

It is needless to say that general, local, and hygienic treatment, under eight different physicians, afforded the patient no permanent benefit whatever, and left her in such physical and mental condition that she often preferred death.

Any attempt at a local examination threw the patient into opisthotonos and violent convulsions, accompanied by the most piercing shrieks, but no unconsciousness. Under chloroform, a retroverted uterus was found, and a prolapsed ovary on the left side, which was small and cirrhotic.

Consultation with Prof. Wm. T. Howard resulted in an unhesitating and unconditional recommendation of removal of the uterine appendages.

Accordingly, on Sept. 22d, 1887, at 10.50 A. M., in the University of Maryland Hospital (private room 27), the operation was performed without any difficulty. Duration, about thirty minutes; incision, two-and-a-quarter inches.

Both appendages were slightly adherent, especially the left. Two fingers only were introduced; there was but little sponging, and probably not more than $\frac{3}{4}$ of blood was lost during the entire operation.

*Trans. Amer. Gyn. Soc. 1887, in Amer. Jour. Obs. vol. xx No. 10, p. 1061.

Indeed, of the three operations, this was performed with far less injury to the patient or injury to the peritoneum than either of the other two.

The patient reacted well, but complained of abdominal pain and nausea, with retching and vomiting, which, with temporary abatement, continued despite all treatment.

Metrostaxis began about forty-eight hours after the operation. The highest temperature was 101° F. on the evening of the second day, the general range for both pulse and temperature being below one hundred.

There was no puffiness of the abdomen, merely exquisite pain and almost constant vomiting of greenish fluid. Vaginal examination revealed nothing abnormal, and both Professors Miltenberger and Tiffany pronounced against intestinal obstruction, and hence reopening the abdomen.

On the third day there was a lull in all unpleasant symptoms, and the patient was declared out of danger. This, however, proved to be merely the calm before the storm, for towards the close of the third day vomiting and pain returned with renewed violence, there was excessive regurgitation of green fluid (typical peritonitic vomiting), the pulse became rapid and thready, the abdomen slightly puffy, the patient rapidly sank and died on the morning of the fourth day after the operation.

POST MORTEM.

The abdomen was opened about one hour after death, and revealed the incision united throughout. Parietal peritoneum congested. Omentum adhered to parietes and to intestines. One strip of omentum dipped down into the pelvic cavity on the right side, and was adherent to the right pedicle, pus escaping on separating the two. Under this strip about eight inches of ileum was caught, constricted and matted together. Indeed all the intestines were more or less glued together by fresh peritoneal adhesions.

A coil of small intestine, twisted and contracted throughout, was adherent in the pelvic cavity in the vicinity of the left pedicle, and this pedicle was strongly adherent to a point on the rectum, pus escaping on separating the two, and the lower bowel was contracted and adherent to adjacent intestines. Uterus fixed. Both ligatures firm, and pedicles adherent to intestines. About $\frac{1}{3}$ of bloody serum in Douglas' pouch. No hemorrhage.

Stomach contained about $\frac{1}{3}$ of greenish fluid, and was adherent to parietes and diaphragm. Liver adherent to parietes. Intestines not distended but empty. No disease was found in any of the other abdominal organs.

Abdomen alone was examined.

Diagnosis: Subacute traumatic peritonitis.

Dr. William T. Councilman examined the appendages removed, and gives the following report of the examination.

MICROSCOPIC EXAMINATION.

The right ovary was slightly enlarged, nearly round, and its surface roughly lobulated from deep cicatrices. It measured 30 m.m. in its greatest diameter by 21 in its shortest.

Opposite to its attachment was a corpus luteum, measuring 15 by 10 m.m. On section the organ contained numerous cysts, the largest of which was 7 m.m. in diameter. These cysts were filled with a firm, white, opaque material, coagulation of contents from alcohol. The stroma appeared to be of normal amount and consistency.

The left ovary was considerably smaller than the right. Its greatest diameter was 25 m.m., and its shortest 13 m.m. Its surface was rough, though smoother than the right organ. On section it contained numerous small cysts, which were smaller but of the same character and contents as those of the other organ. Scattered through the stroma were numerous small firm hyaline masses.

The tubes were of normal size, and the lumen of each was free. The left tube was bound down to the ovary by some old firm adhesions.

The cysts were found to be lined by a single layer of epithelial cells, and evidently resulted from simple dilatation of the Graafian follicles. The stroma presented no abnormal features. The small clear hyaline masses in the left ovary proved to be the remains of corpora lutea (the so-called menstruation fibromata). The Fallopian tubes were normal.

The organs were received by me in good condition after the hardening in alcohol.

Diagnosis: Hydrops folliculorum ovarii.

This condition is so often found that pathologists have ceased to regard it as anything abnormal unless the cysts so formed attain such a size that they affect the functions of the pelvic organs.

The case is very much the same with the pigmentation of the lungs, which results from the inhalation of dust. Although, strictly speaking, it may be regarded as an abnormal condition, a certain amount of it is always found in the lungs of an adult, and it does not seem to produce any ill effects. Still, when it is present in an excessive amount, as in the lungs of a coal miner, it may produce the most serious consequences.

Had I found the ovaries you gave me, in the course of a post-mortem examination, I would not have regarded them as pathological.

Very respectfully yours,

WM. T. COUNCILMAN.

Oct. 10, 1887.

Remembering the teaching and practice of Mr. Lawson Tait and the rather startling results reported in the *N. Y. Medical Record* of Nov. 5, 1887, p. 589, by Dr. J. M. Baldy, some one may ask why did we not use saline aperients in this case, either as a prophylactic or curative treatment of peritonitis? I will answer: (a) Because the diagnosis of peritonitis was not made ante-mortem. (b) The patient was entirely too weak to stand such a treatment used either as prophylactic or curative. (c) This treatment is not yet generally accepted by the profession. I am waiting patiently for further publications on this subject, for I consider it a matter of extreme importance in the after treatment of these cases upon which so much often depends.

Death is an awful penalty to pay for disease, the more so when it is hastened by unnatural means; but knowing the operation to be positively indicated, as we did, I have nothing to regret in the above case, save the unfortunate result.

Probably it is well that if such a result must occur to every man, it occur in the early part of his experience with this operation.

Far be it from me to countenance the removal of the ovaries in all cases of psychic or neurotic disturbances or for slight cause.

The indiscriminate use of the operation I consider culpable and wholly unjustifiable. But when such psychic or neurotic disturbances, reasonably attributable to ovarian irritation or function

exist in such degree as to render the patient utterly miserable, seriously compromise her health, jeopardise her life, or threaten idiocy or insanity, when other rational methods of treatment have been continued for a reasonably long time, when the patient has had the benefit of advice from different parties or consultation with acknowledged experts and no good has resulted, I claim that in the light of our present experience and knowledge, whether positive disease or anatomo-pathological alteration in the sexual apparatus be detected or not, she has a perfect right to demand and her attendant has an equal right to extend that measure of relief which has so frequently followed operative procedure.

FOREIGN BODIES IN THE URETHRA AND BLADDER. REMOVAL BY LITHOLAPAXY EVACUATOR WITH LARGE, STRAIGHT, OPEN-ENDED CANULA.*

BY DEFOREST WILLARD, M.D., OF PHILA.

My object in bringing before you the subject of urethral and foreign vesical bodies is simply to emphasize the value of the evacuator (ordinarily used in rapid lithotrity to extract the calculous fragments), for removing other more or less solid substances that have found their way into the urinary tract, either by accident or design.

Foreign bodies enter by various routes. Projectiles may reach the viscus and remain in its cavity; bones may be driven in by crushing forces; foetal remains may ulcerate through from extra-uterine cavities; intestinal contents may occasionally make their way into the bladder, but all these are either rare, or are accompanied by such traumatism that death frequently ensues.

The bodies that we will especially consider are those introduced through the meatus urinarius, urinary calculi being only incidentally considered.

The strong tendency for manipula-

*Read before the Philadelphia County Medical Society, November 9th, 1887.

tion of this part of the body that exists from early childhood to decrepit old age, leads to many instances of misadventure. Think of a lad actually sliding a watch-chain down his urethra. Examples of inserted beads, pebbles, sticks, etc., are numerous in childhood. After puberty the tendency becomes more marked as the sexual desire increases. A few years later we find the morbid recluse, especially among the shepherds and monks of former centuries, resorting to intra-urethral stimulation with sticks or other hard substances to arouse the over-exhausted functions, waning from masturbation or venery. Yielding himself to his vile erotic feelings, the instrument often slipped from his fingers and was lost in the canal. Sexually insane must have been the shepherd who had used for this purpose his pocket knife, after manual friction and urethral stimulation had proved unsatisfactory, until little by little, through hundreds of these indecent acts he had laid open the entire penis along its dorsal aspect until the pubis was reached, and the penis hung in two halves, united only by the lower wall of the urethra. Then with a short stick he was able to tickle the very orifices of the ejaculatory ducts. This stick slipping into his bladder, became encrusted, and it was not until the pain became torturing, that he confessed the cause. Pipe-stems, pencils, thermometer tubes, glass-rods, straws, needles, wires, twigs, hairpins, fruit-stones, and even forks and lockets, have all been found in the urethra, after introduction for stimulative purposes, or to relieve dysuria from stricture or other causes. In one instance† a man introduced the sewing needle of the girl whom "he desired to fall in love with him."

At the present time we have fewer of these lecherous accidents, save from drunken debauchees, but the majority of instances occur from the use of old or improper catheters or bougies. Of course, these accidents are more frequently found in men than women, as the former are more subject to urethral disease, and are also more erotic, but there are instances in both sexes.

In children, small round bodies, as beads, etc., are found in the anterior part of the canal, while the longer instruments at all ages slip back to the membranous portion of the tube, or into the bladder.

Usually a long foreign body will find its way into the bladder in a few hours; rarely, two or more days may be required. In exceptional rare cases, rounded bodies remain a long time in the urethra, the urine following a tortuous course around them, and becoming encrusted a pocket ultimately forms, or suppuration ensues.

It is not strange that catheters and similar instruments are broken off in the canal when we learn of the recklessness of a man who used one gum catheter for twenty years, or of another who attached two portions of a silver tube simply with sealing wax.

A too short instrument has often eluded the grasp of the surgeon and slipped bladderward.

As to this recedence of instruments, which is strong and actual, there have been many theories. It does not seem strange to me that the compressor muscular fibres of the urethra, when stimulated to action by a body applied in front, should reverse their usual action as easily as do the muscles of the pharynx, œsophagus, intestines, etc. This act of swallowing a hard substance is aided by the erection of the penis, which in its subsidence (should the anterior end of the object become engaged), drives it further and further back with each successive engorgement. Tending to this same unfortunate end are all the manipulations of the part, in the patient's endeavor to extract the offending body.

Unfortunately for the safe extraction of these bodies, the surgeon has to meet with a large amount of deception upon the part of the patient, when the object has been self-introduced, and it is often impossible to obtain any reliable information either as to the presence of the foreign mass or as to its conformation. In broken bougies the surgeon should, if possible, have the other remaining fragment in his hand for measurement, or else secure one of similar

†Poulet: Foreign Bodies in Surgery.

size. Any object of peculiar shape should be accurately described, or duplicated. It must be remembered, that while a patient may confess to the introduction of but one body, there may be several. The position in the canal must be thoroughly fixed. In the ante-scrotal region this is easily accomplished, and with the aid of a sound and a finger introduced into the rectum even the posterior urethra can be well examined, provided inflammation be not too severe. When possible, no manipulation should be attempted for extraction without the body being firmly secured from further recedence.

Ether is of the greatest value, but cocaine injections may answer for urethral work.

Treatment.—About one-tenth of inserted foreign bodies will be spontaneously expelled, but when the *vis-a-tergo* of the urine fails to wash out either a calculus or an object inserted through the meatus, the safest and surest plan is to attach to an ordinary litholapaxy evacuator (Bigelows's or other improved pattern) a large, straight tube, which is open at both ends. It contains a movable stylet for ease of introduction. The size should be the largest that the urethra will possibly admit (after nicking the meatus, if necessary), say French No. 29 or 30; American, No. 19; English, No. 16, for adults; children in proportion. The possibility of the passage of the body through the tube should be determined, if possible, by actual trial, provided a similar piece can be obtained. Rarely will any bougie larger than the above-named size be found in the bladder or urethra.

The method has been so satisfactory in my hands, as is proven by the collection of objects before you, that I always resort to it with confidence, to the exclusion of all other primary devices.

If lodgement has occurred in the urethra, the canal must be firmly closed by finger pressure behind the object, while the metallic tube is slid down and carefully caused to engage the catheter or other mass within its calibre, when the bulb of the instrument is slowly compressed until the water has distend-

ed the urethra to its fullest limit, thus liberating the body, when suction is suddenly applied while the penis is stretched forward. Unless the mass be firmly caught and imbedded in a pocket, this manœuvre rarely fails after a few trials. The quantity of water that can be contained in the urethra is so small that the body may require two or three efforts to withdraw it the whole length of the instrument. The water should be injected very slowly, but the suction current must be made forcibly. Inspection of the rubber tube can be made through the upper opening without detachment of the catheter.

Avoid employing forceps until unsuccessful with the above method, but when necessary to be used, the superiority of the canula again asserts itself. The forceps can be manipulated through its calibre, and if the object be compressible enough to pass the bore, withdrawal can be accomplished without the slightest injury to the mucous membrane. Objects of larger size than this tube can seldom be withdrawn with safety by any method save cutting. Hairpins can be compressed though the walls of the urethra, and their points passed into the calibre, when they can be completely pushed within the bore and easily withdrawn.

Beads, peas, pebbles, etc., will easily enter the canula by suction. Catheters, wires, etc., will usually require the assistance of forceps. Barbed heads of grain can also be ensheathed and withdrawn by this device.

If the object has passed into the bladder, the evacuator becomes an even more essential aid. A straight instrument is not always easy of introduction but the security gained against subsequent urethral injury abundantly repays for the trouble. If a flexible or spirally cut obturator is used, the introduction is rendered much easier. The tube is used first as a sound to discover the offending body, when the bulb of the evacuator is first slowly compressed, so as not to disturb the fragment. Suction should always be made quickly, so as to draw the body with force. Failing, the water is next ejected with more

suction being again rapidly applied. The hard substances will not be calculus fragments, and unless consisting of broken glass will not be as angular. If the body is rounded, and of size that can pass the bore, it will in few moments be found in the bulb. If very long, like a catheter, or pencil, or wire, the chances are not so good that it can be brought into line with the calibre of the tube. As a bougie ordinarily breaks at or near the eye, however, its passage is more than probable. Failing, after ten minutes of gentle trial, a lithotrite should be introduced if the body is a bougie or pencil, and is capable of being cut or pinched in two, and the division made. A cutting lithotrite, like Caudemont's is manufactured, but I presume is seldom found among the paraphernalia of surgeons, and the fenestrated instrument of Thompson is far safer. If the bougie is old and brittle, as is presumptively the case, such division with a lithotrite is easily accomplished. The segments can then be sucked out, and their total length carefully compared with the remaining portion or lost body. Every particle must be secured, lest it form the nucleus of a future calculus. Even the broken jaw of a lithotrite might be drawn into the bore.

If the surgeon has not the straight tube with open end, which I advise, he may use the ordinary straight evacuating tube. Rounded bodies, and pieces of bougie small enough and flexible enough to enter the side opening can often be secured with ease, but long or rigid pieces can only be drawn through the open-ended tube. This tube has the disadvantage that the point must be kept just inside the neck of the bladder. If pushed too far, the posterior bladder wall flaps against it; if withdrawn too much, it is concealed in the prostatic portion, and makes no suction upon the vesical contents. Its safety from impaction of fragments in the eye, however, more than counterbalances this slight trouble; since, in the ordinary evacuating tube, a large fragment often cannot be dislodged from the eye, and lacerates the urethra during withdrawal.

Should these manipulation fail (and

if they have been carefully conducted, no injury need have been done to the bladder), I show you now two forms of forceps which I have had made of just sufficient length to be slightly protruded from the end of the tube. In the one, the jaws open by a spring, as in the old Halles' forceps; and in the other, the jaws are worked by handles, as in the Mathieu and Gross, and "alligator" patterns.

Careful attempts can now be made to seize the body and extract it through the catheter. If small enough to be brought through, it is a great satisfaction to know that no possible injury can be done to either the neck of the bladder or the urethra, as is so likely to occur when a body is extracted in the jaws of a lithotrite. Necessarily only a small proportion of introduced objects can be removed per urethram, and I should lay it down as a rule that any foreign body too large to pass the calibre of this No. 29 tube, unless it be very soft and pliable, should be removed by lithotomy, either perineal or suprapubic. Lithotomy has its dangers, but laceration is worse.

The suprapubic is at present the fashionable operation, and it certainly presents many inducements in its favor. The median perineal operation, however, is a safe one, and gives excellent results. No important structures are severed, and there is seldom troublesome hemorrhage if the raphè is closely followed. By either of the routes great care must be exercised in the search, if the object be sharp-pointed, lest a perforation be made. The inflation of the rectum in order to lift the bladder, must be dispensed with if the object is sharp-pointed. The upper route gives more room, and while there is a slight risk of wounding the peritoneum, yet we must remember also, in the extraction of objects, as well as calculi, by the perineal route, that the recto-vesical fold of the peritoneum is in close proximity to the neck of the bladder, and may not escape involvement in the subsequent inflammatory action.

If the walls of the bladder were only of sufficient strength to warrant their immediate sewing with catgut or silk, and permit primary union under strictly

antiseptic dressings, while the urine were drained off below, the suprapubic route would certainly be decidedly the better one; but as this is not the case, there is still room for honest differences of opinion in the selection of an operation. For the present, we must be content to drain the suprapubic wound.

In the absence of an evacuator, the expulsive force of the urine is often sufficient to dislodge a urethral impaction, especially if the meatus is closed for a moment, so as to obtain the full dilating power of the water. Failing in this effort, if the foreign body can be located and the urethra closed, a large injection of sweet oil may be thrown in, after a hot bath, and the largest possible bougie carried down to the body to stretch the membrane, while pressure from behind is made either by the surgeon's finger or by the expulsive efforts of the patient's bladder.

Should lodgement be made in the fossa navicularis, the spoon of the ordinary pocket case can often be hooked behind the object and assist in coaxing it forward. A hairpin, or wire doubled upon itself and slightly bent, or a blunt curette, makes also a valuable extractor. An excellent instrument also is the articulated scoop of Leroy d'Étiolles, which, being introduced past the foreign body, has a mechanism by which its tip is then bent at right angles to the shaft, and is capable of making strong but dangerous traction. The abruptly short-beaked sound which I always use for sounding the bas fond of the bladder, can sometimes also be "wormed" past the obstruction, and the effect its dislodgement. I show you here seven prostatic stones that I have thus extracted, aided by the force of the urine. Long urethral forceps are of great service, as they serve partially to protect the canal during extraction, but they do so far less effectually than does the straight tube before described, which should be placed in every evacuating set. Hunter's or Civiale's three bladed forceps are occasionally used, but I always look with abhorrence upon dragging any object forcibly thorough the canal. A dangerous instrument is the urethral lithotrite of Reliquet, as

incision is infinitely safer for all rough and large bodies.

When the substance lies posterior to the triangular ligament, gentle attempts should be made to push it into the bladder, only after the evacuator has failed to dislodge it. If necessary to operate, the raphè should be closely followed, while a large staff is held in position to indicate the location of the obstruction and of the tube.

An incision in front of the scrotum is easily made, and should be closed after the removal of the body by catgut or orquilled sutures. Treated antiseptically, and with either a retained catheter, or with frequent catheterizations, immediate union may be confidently expected. The quilled suture gives more perfect rest by its splint action.

If a stricture exists, and the foreign body is lodged behind it, dilatation or free external incision of the stricture should be practised.

In former days, the instruments for search and removal of these objects, greatly exceeded those of the present day, when operative procedures are more common. The "duplicators" of Mercier, and of Charrière, were intended to fold up any soft substance, as a very flexible bougie. Long stiff bodies were seized by "redressors" or "basculeurs," forceps with bevelled blades, constructed so as to rotate the body so that its long axis would correspond with that of the instrument. Occasionally a small lithotrite will answer for either of these purposes, but the great danger of laceration during withdrawal through an unprotected canal, must never be lost sight of.

The curved forceps of Cusco or Voillemier are, perhaps, as useful in the bladder as in the membranous urethra; but I am afraid to use them for the reasons already named, especially since I have found suction so much safer and also more effectual.

For the removal of pin, bonnet pins, or needles, from the urethra, the point can sometimes be imbedded in a wax or gum bougie, but it is easier washed out with the evacuator. If immovable, the point can be pushed through the walls of the urethra, and by sharply bending the

penis, the head after reversal drawn through the tube by suction or by forceps. It is seldom necessary to cut the pin when this method is used.

If a piece of nitrate of silver is lost from a porte-caustique, the evacuator, charged with salt water, should be at once used if the force of urination does not expel the mass.

Many ingenious devices have been practised in the absence of instruments, to rid the urethra of impacted bodies, but the knife is far safer than rough instrumentation. In the absence of the straight evacuating tube, an extra sized catheter, with open end, and a large syringe, might prove useful.

Blood-clots in the bladder are practically foreign bodies, and are best removed by gentle suction through the curved evacuator, or through the blood catheter, which I here show, the large eye of which is closed down during introduction by a spirally cut obturator.

Catheter accidents are so frequent that instruments should be often examined. Only recently I found that the distal extremity of my much-used pocket case instrument could be slipped from its screw-thread by a very small amount of traction. Old gum bougies should be thrown away as soon as they begin to lose their elasticity.

To summarize:

1. The litholapaxy evacuating tube, large, straight, and with open end, is the surest and safest instrument for the removal of foreign bodies from either urethra or bladder.

2. The fenestrated lithotrite should be employed to break up all bodies capable of division.

3. Incision of urethra or bladder is safer than a tear of the neck of the viscus or of the canal.

4. The suprapubic and median perineal are the safest routes of entrance to the bladder when suction fails.

5. Forceps should be used with the greatest care, and always through a straight tube, which insures protection both to the urethra and neck of the bladder during both exploration and extraction.

NOTHNAGEL ON THE OERTEL METHOD FOR THE TREATMENT OF HEART DISEASE.

—In a recent clinical lecture on the treatment of heart disease, Prof. Nothnagel said that he considered the method of Oertel superfluous and even inadmissible in cases of compensation of valvular affections of the heart, or in affections of the cardiac muscle, when there is no degeneracy present, as each excitation of the heart had to be avoided in that period. The different authors were of the same opinion as to the part which the reduction of liquid food played in that method, but the good results obtained by it in heart diseases were due to the methodical ascensions which were executed by the patients, and there was much reason to believe that these ascensions augmented the cardiac action and the energy of the myocardium. When a muscle was irritated twice a day for some minutes, an augmentation of the volume and the weight of the muscle was obtained after some time, a fact of which Professor Nothnagel had been able to convince himself by experiments performed for about a year and a half. The same was true of the cardiac muscle; the hypertrophy of the heart in valvular affections was produced by mechanical conditions, and owing to this hypertrophy there took place a compensation of the circulating disturbances. As, however, the hypertrophy did not exceed a certain degree, the muscle thus hypertrophied soon became degenerated and a new stimulant was necessary for hypertrophying it again. The methodical ascensions prescribed in the method of Oertel played the part of such a stimulant, but they had to be carefully watched by the attending physician.—*Medical Record*.

CORROSIVE SUBLIMATE AND QUININE.—

Powell calls attention to the fact, not generally known, that when moderately concentrated solutions of corrosive sublimate and a quinine salt are mixed, a precipitate is thrown down, immediately or after some time, consisting of a double chloride of mercury with the alkaloid. Prescribers and dispensers should make a note of the fact.—*Pharmaceutical Journal*.

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Editorial.

OUR CODE OF ETHICS.—It must have been an impressive ceremony when the young physician, of ancient times, entered the profession and received his consecration by subscribing to the Hippocratic oath. In it can be found the foundation of an ethical code too pure to be thought of in our degenerate times. The profession to-day is inclined to laugh at this oath, which ought to be held as one of our sacred things, and to sneer at the superstition of the age and the mysticism of the art of medicine. The young man who enters the profession now is apt to celebrate the occasion by purchasing a silk hat and having M.D. engraved on his cards, and it is generally a good while before he hears anything about a code of ethics. The oath of the Father of Medicine, so beautiful in its perfect simplicity, has degenerated into a set of conventional rules which are disregarded by the profession and laughed at by the laity.

We are very liable to enforce the rules of this code on the "straining at the gnat, and swallowing the camel" principle. It is not our intention to defend the homoeopath and the quack, but we would have the man who casts the first stone at these individuals, reasonably "free from sin." It is the story over again, of the small boy who recognized his father's inconsistency and told his parent that he must either stop praying or swearing, adding "I don't care which."

Some brother may raise a perfect storm about the quack who pays for his advertisement in the newspaper, yet see that his own "wonderful operation" is correctly reported. It requires a keen eye and a discriminating hand now a day to mark the distinction between the legitimate and "quack" advertising. What, for example, would be thought of the man who, after securing one of those brilliant medals that dazzled the eyes of the visitors to the International Congress at Washington, if he represented to his patients that he had been decorated on account of his eminence—and yet such things have been.

Is there any very wide difference between selling patent medicine by the bottle, and using secret formulæ?

It is really delicious to note the difference between theory and practice in regard to what is called "interference."

All of the codes come out strong on this point, and lay down the rules with great precision as to when a doctor can treat some brother practitioner's patients. Now of course we do not mean to say that the disregard of this regulation is general, but it is distressingly common. We might mention the very unsatisfactory way in which consultations are conducted in many instances. It is only too common to hear physicians say that they will not call certain men in consultation for fear of losing their patients or of being belittled in the eyes of some of their best families. The regulation of fees does not come within the code of ethics exactly, but certain abuses connected with fee taking do. If the eminent practitioner chooses to see forty patients a day for one dollar each rather than twenty at two dollars, he has a perfect right to do so, whether the younger men object or not. The latter are properly expected to practice for less money than their elders who are presumably their betters. Comparatively few people are willing to visit the young man's office and pay the same money as they do to the man of reputation, and if this latter charges but one dollar we logically arrive at the *reductio ad absurdum*. The dignity of the profession cannot be maintained on a fractional

currency basis. These facts concerning the disregard of the code of ethics have been hard worked and worn threadbare generations ago, but if one-tenth of the instances of *unprofessional conduct* which one hears at every gathering of doctors be true, then this code of ours must be broken almost as often as the moral law. It would be very unprofitable therefore to call up these very disagreeable facts, were there not a remedy for them. In the legal profession the bar is quick to take cognizance of any unprofessional conduct, and the clergy hunt up a heretic almost as keenly now as in the days of the persecution, but the medical men content themselves generally with talking about members of their profession who are a disgrace to it, and said member "smile and smile" and grow rich. Now a very feasible plan, and one which is easy of execution is this. Let there be a State medical society, having merely nominal dues, to which every reputable physician in the State is expected to belong. This society should devote its interests mainly to the general welfare of the profession. Any question relating to medical education, legislation, ethics and such matters should come up before it for approval or disapproval. Any cases of discipline should be settled by a committee selected for the purpose, with such restrictions as might be necessary. To be refused admission into or to be expelled from this society would soon be recognized as a disgrace. It would be well to restrict somewhat purely medical discussions or at least not let them overshadow the very important ground which this State society is meant to cover. At the annual meetings there might be set apart so much time for medical work as would be advisable, but the main object of such a body should be to look after the general interests of the profession. The above outline is very general and imperfect, but there seems to be a need in our State for some such body as we have indicated. The special and general societies are active in all matters pertaining to the scientific aspect of the profession, but they are not expected to go much out of that field. The Medical

and Chirurgical Faculty has done a great work, but for many reasons is not the proper medium through which the sentiments of the profession throughout the State should flow. We need another organization of which every reputable physician in the State should be a member, The Maryland State Medical Society.

THE BRIGHT'S DISEASE OF PREGNANCY.
The many affections of the kidneys which have been collectively called Bright's disease, have been so often shown and classified by different investigators that they form a very difficult chapter in pathology. Frerichs was of the opinion that the Bright's disease of pregnancy was an acute nephritis due in part to the impeded circulation in the abdominal organs by the presence of the gravid uterus, and by a changed condition of the blood, which contained less red and more white corpuscles and more fibrin. Rosenstein attributes this condition at first to the pressure of the uterus on the renal veins, but later was inclined to ascribe it to the increased abdominal pressure in the latter part of pregnancy, and particularly during the act of parturition. Leyden said that it was due to the arterial anæmia. Last of all, Dr. S. Weinbaum (*Zeitschrift, f. Klin. Med.*, Bd. XIII, p. 363) confirms the opinion of Leyden in thinking that the chronic forms of kidney trouble after pregnancy are mainly diseases of the renal vessels, and are caused by the retardation and obstruction of the circulation in the abdominal organs.

GASTROECTASIS.—That the abnormal condition known as "dyspepsia" may exist as an accompanying symptom of many affections of the stomach is probably doubted by no one; but it is very likely that the diagnosis "dyspepsia," as a disease in many cases covers a large amount of ignorance. Dr. Solomon Solis-Cohen, in a recent article (*MD. MEDICAL JOURNAL*, Nov. 26, 1887), called attention to the condition of dilatation of the stomach in which there is always weakened digestive powers. He also mentions dilatation with stenosis and car-

cinoma at the pyloric orifice. A very valuable test for the presence or absence of a carcinoma of the stomach is to test for the hydrochloric acid in the gastric juice. If much is present, a carcinoma may almost certainly be excluded.

Dr. T. C. Allbut (*London Lancet*, Nov. 5) thinks that the diagnosis of simple dilatation of the stomach is often overlooked, and, even when found, is not easily recognized. In fact, he says, that many doubt its existence; for gastroec-tasis, which in its fully established form is a prominent and unmistakable malady, enters in a degree into many modes of dyspepsia. He found it very common with phthisis and thinks also that hasty eating and the inhibition of much tea play an important part in its etiology. Many cases are also due to an abuse of the alkaline and effervescent waters and beer. The diagnosis by palpation and percussion may easily be made and probably many readers may remember having given in hospital practice two parts of a seidlitz powder at separate doses and, afterward mapping out the stomach which was distended with carbonic acid gas. The capacity of the stomach may also be increased by lavage. Such a procedure, so satisfactory in hospitals is unfortunately impracticable and not as feasible in private practice, and for this reason the condition of gastroec-tasis so often escapes detection. The best treatment is lavage using some mild alkali dissolved in warm or tepid water. Dr. Allbut has had success with the benzoate of magnesia and other use the sulphate or the bicarbonate of soda dissolved in warm water (3i to 3ii —Oij). When the patient once overcomes the repugnance to swallowing the tube they generally enjoy the treatment so great is the relief. Washing out the stomach should best be practiced fasting or early in the morning. Tonics should be also used.

Miscellany.

TREATMENT OF HECTIC FEVER.—It has been only since the careful bedside observations of Wunderlich that the

thermometer has played such an important part in fevers, and the great value of carefully recording the fluctuations of the temperature been fully realized. The treatment of fevers varies to a great extent. Quinine and salicylic acid are "stand-bys;" then later kairin and thallin came into use; then acetanilide, or the so-called *antifebrin*.

The success which attended the use of these drugs, so far as lowering the temperature was concerned, caused at first, naturally enough, their practical value to be overrated.

Our experience with hectic fevers, such as usually accompany chronic tuberculosis, is even less favorable than with fevers of the typhoid type. Indeed, but a few years ago, no other remedy was thought to be of any avail but quinine. Hydriatic treatment was seldom, if ever, resorted to, on account of the dangerous accompanying and after-symptoms.

The remedy most frequently used in such cases is antipyrin in doses of about 0.5 gramme ($7\frac{1}{2}$ grains) to 1 gramme (15 grains). Professor Alfred Pribram, in an article in the *Prag. Med. Wochenschrift* on the treatment of hectic fevers, speaks of his experience with the drug, and states that he has found smaller doses of far greater value.

He considers a long-continued use of antipyrin unadvisable. Under its use the temperature will sometimes fall to subnormal, and he calls special attention to the fact that the lower the temperature is reduced by full doses of the drug the next rise will be proportionately higher.

Some cases which the writer cites show a rise and fall of over three degrees Centigrade daily.

The author advises the following treatment, which, he contends, will yield the best results:

A tablespoonful of a one per cent. solution of antipyrin contains about 0.15 ($2\frac{1}{4}$ grains) of the drug, and the same amount of a one and one-half per cent. solution contains about 0.23 gramme ($3\frac{1}{4}$ grains). When first trying the effect of antipyrin on hectic fevers one should give about two tablespoonfuls of

the one per cent. solution (less for a child or aged person) about half an hour before the fever begins. Then carefully watch the temperature, and note if the rise is less than usual. If the rise is above 38° C., then give another table-spoonful of the solution; and this should be done every hour until the temperature falls below 38° C. Usually two doses will prove sufficient. If the one per cent. solution seems strong enough, it should be continued in the same manner for four or five days; if not, the one and one-half per cent., or even a two per cent., solution may be used in its place. On the sixth or seventh day begin to omit one dose daily, viz., the last one (that is, if you have been giving three doses daily, omit the third dose). The result will usually continue to be the same. Then continue this treatment for a few days longer, then drop another dose, and proceed again in the same manner, keeping meanwhile careful record of the temperature. Soon the remedy may be stopped entirely, without changing the temperature. Continue, however, the observations, as possible the temperature will rise again, owing to severe coughing, overloading of the stomach, or during menstruation, in which case antipyrin may be commenced again, and given in the same manner as indicated above. The appetite generally increases, and strong nourishment should be given.

Professor Pribram gives numerous cases which show the good results of his method in using the drug.

In those cases which cannot bear even small doses of antipyrin, when its use causes profuse perspiration, or where there is a tendency to hemorrhage, acetanilide (antifebrin) may be used in its place, and in the same manner, with similar results.—*Ther. Gaz.*

RELIEF OF TYMPANITES BY PUNCTURE OF THE ABDOMEN.—This operation, which is frequently performed by veterinary surgeons on the lower animals, has seldom been done on the human subject, although it seems to have usually been successful. Dr. J. W. Ogle has collected in the *Lancet* most of the literature on

the subject from the earliest times to the present, and compared the opinions of the gentlemen who have performed the operation, showing clearly its value and safety. In extreme flatulent distension the pressure upon the diaphragm and the sympathetic nerves produces the effect of paralysis of the diaphragm, limiting the expansion of the chest cavity, and the exchange of respiratory gases in the blood, while it compresses the liver and interferes with the action of the heart. The dyspnoea and interruption of the circulation thus produced will end life in a short time if not relieved. In such cases, after ordinary means of relief have failed, it is recommended to plunge a fine trocar and cannula into the most distended portion of the abdomen and allow the gas to escape. This is always followed by an immediate relief of the symptoms, sometimes temporary but often permanent. If the relief is only temporary, the operation may be repeated a number of times. At times the gas seems to exist in compartments, as if separated by sharp bends and turns of the intestine. In these cases several punctures may be needed. A number of cases of obstinate constipation, dependent probably on paresis of the muscular wall of intestine from over distension, are reported to have been cured by the removal of gas in this manner. Possibly relief may be obtained in the same way in cases of volvulus. The chief danger to be apprehended is that of peritonitis, but this appears to be very slight. In a few cases faecal matter was found in the peritoneal cavity, but upon investigation it seemed that the escape had been post-mortem rather than ante-mortem. The operation is certainly indicated in all such cases, at least as a *dernier resort*, but it must not be delayed until irreparable mischief has been effected by the prolonged pressure.—*N. Y. Med. Jour.*

NASAL TUBERCULOSIS.—Cartaz believes that though the nasal mucosa cannot escape this condition, it is rare, if one puts on one side lupoid affections, as to which great diversity of opinion exists. Cartaz has been able to find only 18

cases of this disease, of which one came under his own observation. Nasal tuberculosis occurs under two forms, one consisting of ulceration, the other neoplastic. Ulceration, which is usually unilateral, is situated on the septum, a little distant from the nasal meatus. The ulcer has a diameter of about half an inch, and a form more or less rounded. The base is pale reddish gray, and covered with muco-pus; caseous masses are seen embedded on certain anfractuositities of the ulcer, or fine gray granulations are seen in relief. The edges of the ulcer are sometimes projecting, sometimes forming, sometimes a light gray ring, sometimes sharply cut and toothed with small excavations. There is little pain, or interference with nasal respiration.

In the second form there is usually a tumor, and coincident coryza, interference with respiration, and the diagnosis will be uncertain unless pulmonary signs are present. Cartaz recommends galvano-caustic applications, lactic acid, and iodoform.—*Journal of Laryngology*, November, 1887.—*Med. News*.

COLD WATER ENEMATA IN CATARRHAL JAUNDICE.—Ten years ago Krull recommended a method of treating catarrhal jaundice which had at any rate the merit of simplicity; it was to give daily large rectal injections of cold water. The water on the first day was to have a temperature of 59° F.: on the following days the temperature was gradually raised to about 72° F. Loewenthal and Eichorst have lately reported very good results from this treatment, and E. Kraus has found it equally successful in children, the quantity used in their case being as much as one litre (1 $\frac{3}{4}$ pint). Dr. A. Chauffard, in a recent number of the *Revue de Médecine*, reports very favorably of the method. He states that the large injections are well borne, and are generally retained for five or ten minutes; they produce only slight colicky pain, and after the stool has been passed the patient feels considerably relieved. Improvement begins almost at once; pruritus and yellow vision disappear with great rapidity; the fæces resume their natural color, and the bile pigments dis-

appear from the urine in from two to eight days. The mode or action of this method of treatment is not very clearly made out, but it seems to be proved that one effect is to cause forcible contractions of the gall bladder. The bile is secreted under very low pressure, and as the experiments with toluylendiamine have shown, deep jaundice may be produced if the bile becomes concentrated and thicker than usual. It is quite possible, therefore, that active contraction of the gall bladder might overcome the slight obstacle at the aperture of the ductus choledochus; such an effect would be doubtless favoured by increased peristalsis of the duodenum.—*Br. Med. Jr.*

BIDENS BIPINNATA.—This common weed, usually known as beggar's tick, or Spanish needle, has long been used as a remedy in asthma and bronchial catarrhs by irregular practitioners in the United States, but, so far as our knowledge goes, has not attracted the attention of the regular profession, although mentioned in the United States Dispensatory. In a letter recently received by Dr. C. R. Gaul, of Jacksonwald, Pa., it is stated that he has employed the remedy (in the form of a decoction) with extraordinary success for the relief of hay-asthma. If any of our readers can give further information on the subject we would be obliged for a communication.—*Therapeutic Gazette*.

SOUND ADVICE FROM A JUDGE.—Mr. Justice Kay, in announcing judgment in a case brought by a seller of quack medicines against one of the same fraternity for the infringement of trade mark, said lest either party should be tempted to make the judgement a useful medium for advertising his article, he hoped he would add to the advertisement the following intimation, "No one should use this preparation except under medical advice."—*British Med. Jour.*

Professor Bartholow recommends a three-grain pill of iodoform three times a day, for the flushings and other morbid sensations occurring about the climacteric.

Medical Items.

Professor von Bergmann succeeds von Langenbeck as editor-in-chief of the *Archiv fuer klinische Chirurgie*.

The *Med. Record* states that there are fifteen thousand Nurses in Great Britain. Mr. Henry C. Burnett advocates the establishment of a national pension fund for their benefit and that of hospital officials.

Mr. H. Lomb, of Rochester, offers one prize of \$500 and one of \$200 for the best essays on practical, sanitary and economic cooking, adapted for persons of moderate and small means. The award is under the auspices of the American Public Health Association.

According to the French law children are responsible for parents who cannot support themselves. Under this law a physician can recover a fee for services rendered to a parent when this parent is supported by a child or children.

The Committee on Disinfection, of the American Public Health Association, at its recent meeting, advised essentially the same disinfectants recommended in 1885; the solution of chloride of lime was made 6 ounces to the gallon instead of 4 ounces as previously ordered.—*Med. News*.

AWARDS TO EXHIBITORS.—The American Exhibition, London, has awarded a gold medal to Messrs. Fairchild Bros. & Foster, of New York, for "Digestive Ferments," Extraction Pancreatis, Peptonizing Powders, Pepsin in Scales. Elegant, reliable and convenient preparations for peptonizing food.

The *Med. Record* states that application was made to the Court of Common Pleas of Philadelphia, November 1, 1887, for a charter for the Burton Medical College Association, whose purpose is "to establish a college to be known as the Burton Medical College, and subsequently, in connection therewith, a hospital for clinical advantages."

The Queen of England granted to Dr. H. R. Greene, Pasha, Director of the Egyptian Administration des Services Sanitaires, permission to accept and wear the insignia of the Order of the Medjidie of the second class, conferred upon him by H. I. H. the Sultan, in recognition of his services while employed in the service of his Highness.

Dr. C. W. Chancellor, Secretary of the Maryland State Board of Health has recently patented a Process and Apparatus for the Treatment and Disposal of Household Sewage which is applicable both to aggregations of population and to isolated buildings. The process is ingenious, practical and economic, and will undoubtedly do a most useful service in sanitation.

The total annual expenses of the 23 hospitals in this city are \$740,722. The total income from invested funds is \$143,142; from pay patient, \$163,808 69; from the city, \$56,355. This leaves a deficit of about \$300,000, to be made up by private subscriptions and by the hospital collections. There are annually treated 13,920 patients, of whom only 25 per cent. pay. In outpatient departments there were treated 119,124 patients. These figures do not include the city hospitals, Bellevue and Charity, or the large independent dispensaries. The addition of these easily doubles the number of medical paupers of the city, bringing the total up to over a quarter of a million.—*N. Y. Medical Record*.

In a recent work on diabetes Professor Ebstein claims that it is an independent disease, due to a diminished activity of the protoplasm, in consequence of which too small a proportion of carbonic acid gas takes place in the tissues. The glycogen not being fully broken up, is carried to the kidneys and eliminated. Ebstein appears to regard diabetes as a vice of the tissue protoplasm, rather than a disorder of nerve-centres. He recommends a diet of meat, fats, some bread, and Carlsbad and carbonated waters.—*Med. Record*.

For the hemorrhage of fibroids of the uterus Prof. Parvin advised, in their order, the following: Ergot, hydrastis canadensis, infusion of gossypium, hot water injections, dilatation of os uteri, astringent tampons to uterine cavity, incising endometrium over the tumor, scraping and curetting the mucous membrane, application of persulphate of iron, removal of tumor by vagina, by gastro myotomy or gastro-hysterectomy, or anticipate the menopause by oophorectomy; the last, however, is not always certain in its results.—*Coll. and Clin. Record*.

The *N. Y. Med. Jour.* states that a substantial addition to the library and building funds of the N. Y. Academy of Medicine was lately made by Mrs. John Jacob Astor who had previously contributed to the same funds. This donation was secured through Dr. Fordyce Barker whose efforts in behalf of the Academy are unceasing. Will not some of our Baltimore physicians who have access to some of the wealthy citizens of our city use their influence to a similar end? We have more than one medical society here that would thrive under generous treatment such as that bestowed by Mrs. Astor.

M. Padieu, of Amiens, describes, in the "Journal de Medicine et de Chirurgie Pratiques," the case of a woman who fractured the tibia and fibula of one leg on January 4th, 1886. The fracture was put up in a many-tailed bandage. At the end of a month, it was found that there was still movement between the fragments, and a fortnight later there was no further progress. At the end of three months and a half, M. Padieu put the patient on crutches in order to hasten consolidation. Union was still delayed; then he began to suspect pregnancy. The patient admitted that her period had not recurred since December 26th, nine days before the accident. The abdomen and pelvis were examined, and M. Padieu's suspicions were confirmed. Delivery occurred on September 28th, and a well-nourished live child was born. Ten days after delivery, the patient noticed that her leg felt much stronger than it had ever been since the accident. At the end of a month union was perfect. The "Archives de Tocologie" observes that this case was remarkably clear and authentic. The physiologist and obstetrician may advantageously consider the facts of the case. The delay in ossification of the callus must surely be due to some cause more subtle than mere debility. Indeed the amount of debility involved in an average pregnancy is often very trifling. Severe abdominal operations, even double ovariectomy, have been tolerated with impunity during gestation, the wounds healing and delivery occurring at term. The theory that lime salts are used up during pregnancy for the benefit of the fetus and to the prejudice of the callus will hardly bear strict examination, or at least it demands strong proof that local nutrition in the parent is palpably affected.

Original Articles.

A CASE OF TETANOID CONTRACTION OF THE UTERUS.*

BY H. M. WILSON, M.D., OF BALTO.

Four years since I was first consulted by Mrs. J., a lady of about 24 years of age, just married. She was of fine physique and healthy appearance. Her trouble at that time was uterine neuralgia. I learned that each catamenia was attended by distressing pains, continuing from one to two days. I suspected stenosis and advised an examination, but she declined, giving as a reason her great sensitiveness to, and nervous dread of, pain. Several years before she had had stricture of the bowel, requiring surgical assistance. Nothing of special note occurred during the two years following, except a small subcutaneous abscess in the right iliac fossa, which was lanced and soon healed. This reappeared in a smaller form—about the size of an almond—two months since. At the end of three years, she became pregnant, and having been informed of the severe accouchement of a niece in whom eclampsia had developed I was unusually attentive, as to any premonitions of albuminuria. Her gestation was accomplished without special distress, except on several occasions after moderate exercise she had slight attacks of syncope—the last, about four days prior to her confinement. Five days before labor, whilst in bed, and without any exertion on her part her water was discharged. I was called to see her on Wednesday, 19th ulto., at 6 o'clock in the morning, and found the lady bright and cheery, free of headache, with pains, described as sharp, at intervals of about ten minutes. Upon examination the soft parts were found to be in much better condition than had been feared. Bowels twice moved, kidneys acting freely. The os was entirely closed. I left her doing well. Upon my return in two hours the os had opened to the size of a dime, edges soft and thin, and

as far as could be made out, the head presented in the right occipito-anterior plane. From this time I remained with her. Quinine was ordered, to assist in relaxation. My patient now commenced to complain of nausea to the extent of emesis, which was frequently but not inordinately repeated. The further progress was slow but not requiring in my judgement either bleeding or medicine. At 5:30 in the afternoon, I deemed the os sufficiently dilatable to admit a careful application of the forceps (Simpson's) the head being within easy reach. No difficulty was encountered in their adjustment, but in the effort to deliver no advance could be made. Thinking the funis might be abnormally short or tightly wrapped about the neck, I substituted the Tarnier instrument. I could cause the caput to appear at the vulva so as to be seen, but instantly it would disengage itself from the blades and fly back to its former position. Realizing the existence of a very different obstruction to what I had supposed, I dispatched a messenger for Prof. Miltenberger, and prepared to make a trial of version. At this point, I first observed her pallor, and putting my finger on her pulse, was shocked to find it a mere thread. Instantly suspending the anæsthetic, I administered brandy freely by the mouth and at my request Dr. Pole, who was quickly at hand kindly assisted me in repeated hypodermics of the same. The lady never rallied and died within thirty minutes. Dr. Miltenberger arrived before her death, but too late for me to avail myself of his great experience. We satisfied ourselves of the death of the fœtus but, seeking for some solution of this terrible and inexplicable result the Doctor, at my request, effected the post-mortem delivery. Upon introducing his hand he found a band embracing the shoulders, which, to use his own words, "gave the impression of a band of steel." It was only after a prolonged and most persistent effort, and that coupled with the occasional fear that the trial would have to be abandoned, that version was finally accomplished. Such were the different phases of the case. Let us consider the

*Read before the Gynæcological and Obstetrical Society of Baltimore, November 8th, 1887.

remedial appliances. Chloroform was used occasionally, in small quantities, for an hour probably just at the completion of a pain, "to blunt its edge" as the lady expressed it, but not carried to its full effect; indeed more as a placebo. This was thought proper on account of the lady's highly sensitive organism, and to quiet, as far as possible, her urgent demands for relief. When instruments were used it was inhaled freely, but as I have before stated, instantly abandoned upon the appearance of dangerous symptoms. She came from under its influence speedily, asking questions, complaining of the strength of the brandy, demanding water, requesting to be fanned, etc.; her intellect remaining unclouded to the last.

The forceps were used in the absence of any indication to the contrary, as offering the speediest relief. At the time, nothing was known, nor indeed could have been known of the actual complication. A healthy patient—a slowly dilating, but dilatable os, and true pain enduring eleven or twelve hours, were the conditions confronting me. Had version been deemed the better procedure, at the first it would have been impossible of execution. The hand could not have passed the os. But supposing that accomplished the great barrier—the gravamen of the case—would have been encountered. For if after death, the tetanoid stricture of the uterus, could so entirely tax the skill and tact of such an obstetrician as my distinguished friend, what might have been anticipated from the additional resistance of living tissue? In narrating my case to an accoucheur of large experience, in a neighboring city, he wrote me of one in his own practice very similar. He had supplemented what I had done by copious blood-letting, had failed with forceps, and after so long a time, had succeeded in introducing his hand, but suffered the further complication of a ruptured uterus, losing both mother and child.

Another factor of fearful potency must be considered—the suddenness of the invasion of collapse and the rapidity of its work. From the time that every effort

of necessity was directed towards sustaining the lady, until the final issue, not more thirty minutes elapsed—probably less. During this space every effort made seemed to be utterly fruitless.

As to the immediate cause of death. Chloroform, whatever dangers may invest its use in general surgery, is singularly harmless in obstetrics. Indeed the physiological changes of labor seem to neutralize its toxic qualities. I cannot recall an absolutely certain death from its use. If such result has happened, it is an exception to the general rule. In this case the lady passed from its influence quickly, and, so far as I could observe, entirely. She asked and answered questions, and her intellect was unclouded. As for the forceps, they were applied without difficulty and used with discretion. In nothing did the manipulation differ from their constant and ordinary use.

I can see no reason why this exhibition, although ineffectual should have induced the collapse. We must look to the real cause, I think, in the tetanoid condition of the uterus as I have ventured to name it. Whether the opinion held by some be correct that this condition is induced by the early evacuation of the waters, or that the source of danger must be sought elsewhere, I cannot determine. Whatever doubt surrounds the exciting cause of this condition the effect upon the organ was perfectly apparent. It held it as in a vice, resisting all efforts to force its grasp, and even after death was barely overcome. The reflex symptoms indicated a tetanic condition of the womb. Curiously enough, the lexicographers and surgeons speak of puerperal tetanus, but little or no mention is made of such a malady by any obstetrical author within my knowledge. Dr. R. P. Harris, in a note in *Playfair*, writes of "tetanoid falciform contraction of the uterus." Dr. Thomas C. Smith, in the *American Journal of Obstetrics*, under the caption of "Antepartum hour glass contraction of the uterus," has given the fullest account I have seen of this form of dystochia. He has collated many reported cases as illustrating the general subject, referring to

Dr. Roper's paper before the London Medical Congress in 1881, Dr. Hosmer's case reported in the *Boston Medical and Surgical Journal*, 1878, in which craniotomy was done, but without success, and a case reported by Dr. McDonald before the Edinburgh Obstetrical Society, 1878-9. But the nearest approach to the case under consideration is reported in the *Philadelphia Medical Recorder*, 1821, by Dr. I. Baltzell, of Frederick, Md. After a fruitless trial of every expedient, the patient died undelivered, and upon a post-mortem examination the tetanic band was still so rigid as to require the knife in order to release the child.

How should such a case be treated? If the actual touch verifies the condition, the best procedure, in my opinion, would be version, if possible, and in the failure of this the Cæsarean section. Should collapse supervene, the free use of brandy with external heat and electricity. Should its invasion be as rapid in point of time and progress as in my case, and in which respect it differs from all other reported cases known to me, then the prospect of success by the expedients suggested, or by any other would seem to be very slight.

HYSTERICO-MELANCHOLIA FOLLOWING SUPPRESSION OF MENSTRUUM.*

BY I. R. PAGE, M.D., OF BALTIMORE.

The following case is presented to the consideration of members of this Society not on account of its uniqueness, but to provoke some discussion and elicit some enlightenment on the causes as well as proper treatment of such neurotic ailment.

The case before us is one of a girl æt. 16 years, good muscular development, well grown, of good stature, but pale countenance, and well-marked lymphatic temperament. Her family history is bad: she is the child of parents who were cousins and of a family where

their marriages of consanguinity have been common. Her mother has had *petit-mal* for several years, and her father is a high-strung, nervous, active man. Two children of this family are weak-minded.

The subject before us is bright and intelligent and last year at school was pushed up to her full bent in her studies.

Other than pronounced-pallor and headache occasionally, she reached the end of June in fair state of health. She has menstruated fairly well for two years, occasionally going for six weeks, without "seeing anything," but this irregularity has been seldom. In June of this year, at a time when she was unwell, she imprudently, after a long hot walk, bathed her whole body in cold-water, upon which her menstrual flow abruptly stopped; then for a few days followed headache and great drowsiness, but this soon wore off. The month of July she missed her sickness, and about the 10th of August it came on but again she was guilty of the same imprudence in bathing, and this time with more serious consequences (or at least sequelæ). She then had headache, constipation, insomnia for two nights, and when I called to see her she was for about twenty-four hours hysterical and constantly fretting.

In about twenty-four hours more, she began to express alarm on two accounts. 1st. That she had lost her moral character, been guilty of self-pollution, was certain she going deranged, and knew that she would finally either destroy herself or that as the easiest way to come back to paths of virtue she must starve herself to death. Secondly she professed to have the greatest fear that she would be taken to a lunatic asylum—just as she knew had been the case with two of her near relations.

This state of mind—depressed and full of fancies and delusions, a hopeless outlook from her own standpoint—continued for about five weeks. There was no distinct or pronounced mania, except for about three days. Then all nourishment and medicine had to be administered by force.

*Read before the Gynæcological and Obstetrical Society of Baltimore, Oct. 12th, 1887.

I recognized the necessity of having a skillful nurse, and having secured this I kept the patient constantly under observation.

That I might have the benefit of a large and intelligent experience in kindred cases I called in Dr. Charles G. Hill, of Arlington, who confirmed my diagnosis, viz.: Hysterico-Melancholia. The line of treatment which I adopted, and which met with Dr. Hill's approval, was ergotine and bromide of sodium in full doses, regular and forced feeding, baths, massage, and daily out-door exercise. Constipation was relieved by myrrh and aloes given occasionally, and after a time (two weeks) syrup of hypophosphites comp. with quinine, iron and manganese was thrice daily administered.

At the end of two months the mental depression, the hallucinations (or delusions), had all passed away gradually, and the pallor of countenance has given place to a bright bloom; sleeplessness has departed, and she appears in every way thoroughly restored to health. The patient is fully aware of all that transpired during the space of illness, of all her vagaries, but I confess that for several weeks I feared she would have to be sent to an asylum, and that she would follow in the steps of some of her kin.

Will the improvement in her mental condition probably be permanent?

Was it proper to treat such a patient at home?

Society Reports.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

STATED MEETING HELD OCT. 12, 1887.

The President, WM. T. HOWARD, M.D., in the chair.

Dr. I. R. Page reported a case of

HYSTERICO-MELANCHOLIA FOLLOWING SUPPRESSIO MENSIIUM.*

DISCUSSION.

Dr. Wm. P. Chunn had had ample

opportunity to see cases of suppression of the menses during his time of service in the Dispensary of the Maryland University but failed to recollect a single case which had resulted so gravely as the one just reported.

Dr. C. H. Riley said the most important question was, what effect, if any, had the suppression of menses on the production of the subsequent melancholia. Taking into consideration the family history of the patient, he inclined rather to assign to the suppression but little influence.

Dr. W. E. Moseley thought that in Dr. Page's patient the family history showed a marked tendency to extreme nervous irritation and that this accounted for the unusually severe symptoms developed. But at the same time he considered that the suppression of the menstrual flow was the immediate cause of the upsetting of the mental balance just as any other sudden shock to the system might have been. Many, and he believed most, cases of sudden menstrual suppression are followed by very appreciable bad results, their peculiar form and severity being governed to a considerable extent by the patient's predisposition. Regarding the treatment of such cases as that reported, at the patient's home, he considered that, if the patient could be completely isolated from the rest of the family, have a competent nurse and be in every way under the physician's absolute control, treatment at home was in every respect preferable to sending the patient to an insane asylum. In hospital practice melancholia cases on the road to recovery were liable, instead of stopping at a normal condition to pass beyond that line into a state of exhaliration.

Dr. H. P. C. Wilson, in answer to Dr. Page's second query, "Was it wise to treat such patient at home, rather than send them to an insane asylum?" said, he heartily approved of the home treatment. The tendency of all cases of hysterical mania is to recovery. He had treated many such at home with success, that would in some hands have been sent to an asylum.

One lady, he remembered particularly, who was under his care at St. Vincent's

*See Page 103.

Hospital. She became so violent as to require restraint and a constant watcher, but recovered entirely after proper local and constitutional treatment, thus escaping the stigma always adhering to herself and her offspring after confinement in an insane asylum. This lady has since become a mother for the first time, and is a healthy, happy woman, and but for his firmness in resisting her friends she would have been committed to an abode for the insane.

He also referred to the case of another lady who had been brought to him from an insane asylum in the West, where she had been confined for nearly two years. She had terrific dysmenorrhœa for years. Her sufferings had been so great as to completely unhinge her mind, and unsettle her whole nervous system. He found her with an acutely anteflexed uterus, the cervix elongated and indurated, stenosis at the internal os, and hypertrophy and induration of the Nabothian and utricular glands. He performed his usual operation of dividing the cervix backwards up to the vaginal junction and the internal os backwards and forwards, and when she recovered from this operation he treated the cervix and cavity of the uterus with iodine. This local treatment with constitutional nervines and tonics completely restored her to health, and she has been since earning a good living in a responsible official position.

He agreed perfectly with the remarks of Dr. Henry M. Wilson. The system of education for girls now is most pernicious, and he believed that this is the direct cause of many of the uterine ailments that fill the offices of gynecologists. Girls are now expected to learn all that boys learn, in addition to the accomplishments, which are not expected in the male sex. In the female this is expected to be accomplished by the time she is eighteen—in the male by the time he is twenty-one or twenty-two. The result is that all her nervous power is exhausted through the brain, and she has none left to supply to the uterus at a time, when it is springing into life and development—at a time when it needs a vigorous nervous supply, as it will never need again. The result is,

all sorts of sickly uteri, a sterile wife, or a miserable and sickly mother.

He believed if our girls studied household economy more, and political economy less—if they understood the rule of three better and conic sections less—if with perfection in English grammar, they relegated Greek and Hebrew grammars to the sterner sex, we would have physically stronger women, to the comfort of themselves, the blessing of mankind, and the injury of gynecologists.

Girls' nervous resources should be carefully husbanded from twelve to eighteen years. It is pitiable to see a frail girl on her way to school, staggering under a load of books that a wheelbarrow should carry.

If she is to be educated up to the learned professions—if she is to be made one of the "Strong Minded Women," give her twenty-one or twenty-two years to accomplish it, and do not stop her at eighteen.

Dr. T. A. Ashby coincided with the views expressed by Dr. Riley. He thought the suppression of the menses in Dr. Page's case a result of the depressed physical condition and a coincidence, rather than a cause of the mental trouble. He had treated recently a young girl, aged 19, whose history bore some resemblance to Dr. Page's case. The patient belonged to a family with neurotic tendency. Her development was retarded. She had never menstruated properly and was at the time she came under treatment suffering from amenorrhœa. She had melancholia and was so listless, indolent and dull in her actions that her friends attributed her mental state to uterine disturbances. The patient took permanganate of potash, which very soon brought on her periods regularly. She improved in general health and in spirits. In course of three or four months she became so changed in her mental characteristics that her friends again became alarmed in regard to her condition. She was now on the opposite extreme, elated, excited, uncontrollable and wayward. She would do acts at entire variance with her true character and much uneasiness was felt less she would become

involved in trouble from a want of prudence and self-control. The question of placing her in an Institution was discussed in her family but had not as yet been carried into effect.

During all this time her periods have been regular and normal, and her physical health is apparently good. Dr. Ashby did not think her mental states were dependent upon ovarian or uterine disturbances but were hereditary.

A NEW UTERINE CURETTE.

Dr. T. A. Ashby exhibited a new uterine curette.

The instrument is modelled after the plan of the scoop which is found on the end of the grooved director accompanying the majority of surgical instrument cases. The scoop is attached to a long shaft and handle so that it can be easily carried to the fundus of the uterus.

It is designed to occupy an intermediate position between Simon's sharp cutting curette and Thomas' blunt curette. The advantages of the instrument are shown as follows:

1. The size of the instrument admits of its ready passage through the cervix without dilatation of the organ.

2. It is made of flexible metal so that the shaft can be bent at any angle and thus admit of its application to the uterine cavity when the uterus is flexed upon itself.

3. It is severe enough in its action to cleanse the uterine mucous membrane of unhealthy granulations, or vegetations without inflicting any injury upon normal tissue.

This curette will be found to do good service in cases where Thomas' blunt curette or Simon's sharp curette have been usually employed. It is more easy of introduction into the uterus than either of these instruments and can be employed with equal advantage and greater facility.

MEETING HELD NOV. 8, 1887.

Dr. H. M. Wilson read a paper on

A CASE OF TETANOID CONSTRICTION OF THE UTERUS.*

PERINEORRHAPHY.

In reply to *Dr. H. M. Wilson*, who asked if any of the members could give data concerning the best time to do a perineorrhaphy, whether immediately after the laceration, or later,

Dr. H. P. C. Wilson said, that in his opinion the tear should be closed immediately after delivery, and if it is not done within twelve hours thereafter, it is better to defer the operation for two or three months—preferably the latter.

Several times lately he had been solicited to operate a few weeks after confinement, but he made it a rule to decline invariably. He has long since discarded the use of the catheter in perineorrhaphy, unless the woman is unable to pass her urine naturally; and he never gives the patient an opiate. Whether the laceration is down to, or through the sphincter, and up the recto-vaginal septum, he always repairs the injury at one operation, and his failures in the first attempt have been very exceptional. He has as yet failed to comprehend the technique of Emmet's new operation from papers, or descriptions from fellow-practitioners.

Dr. W. E. Moseley differed from *Dr. Wilson* in considering *Dr. Emmet's* new perineum operation such a very complicated and difficult one to perform. It is more difficult to understand than the trefoil operation, but if one would see *Dr. Emmet*, or anyone else familiar with the details of the operation, perform it and then do it for himself, many of the apparent difficulties would disappear. It required rather more skilful manipulation and more sutures than the older operations but the results justified the extra care and time used. He had performed the operation a large number of times since *Dr. Emmet* described it at the meeting of the American Gynecological Association in Philadelphia, in 1883, and had found that it accomplished just what and all its author claimed for it. Among its advantages are greater comfort to the patient after the operation, rendering the use of anodynes practically un-

*See page 102.

necessary, the discontinuance of the use of the catheter, and it gives a firm but very much more elastic perineum than the trefoil operation, a condition of the greatest importance to the patient in any subsequent confinement.

BALTIMORE ACADEMY OF MEDICINE.

REGULAR MEETING, NOV. 15, 1887.

TRACHEOTOMY AND INTUBATION.

Dr. John R. Uhler, in connection with the reversal of patients for dangerous chloroform narcosis, suggested the same procedure in tracheotomy for two reasons: (1) To allow the tongue to fall forward, and (2) to prevent the insufflation of diphtheritic products into the trachea when the trachea is just opened, for at this very period a sucking-in is apt to occur. He thought the membrane was much better expelled by this treatment—a thing which was very important for the after-recovery. He preferred, when possible, to operate slowly and use the ordinary tracheotomy tube. Sometimes a half syncope occurred when the trachea was first opened, but artificial respiration, with the head low, soon brought about recovery. A cough was invariably caused by introducing an instrument into the trachea as far as the bifurcation.

Dr. C. C. Bombaugh asked at what angle the head was inclined backward.

Dr. Uhler said the head was almost perpendicularly placed with pillows under the back of the neck; and he thought that this position would prevent pneumonia, due to the inhalation of blood, etc.

Dr. J. Edwin Michael remarked that there was nothing more variable than the amount of hæmorrhage which occurred after tracheotomy. *Dr. Uhler's* method had a mechanical advantage. The matter of doing the operation slowly was very important, and should always be done when possible, but often haste was imperative. The amount of blood lost did not always depend upon the slowness of the operation. One of the

last which he had done was on a child under four years, and the circumstances were very unfavorable. The parents were told that the child would surely die without the operation, and might die with it. They requested it. He operated slowly. He exposed the trachea well, and saw there was no bleeding and only slight oozing. He introduced the knife below, and cut upwards. He preferred cutting in this direction because there was sometimes an abnormal situation of the innominate artery, which was generally out of the way, but occasionally stood higher. He cut up in this case, and on introducing the knife there was a tremendous gush of venous blood. The circumstances were very terrifying. He thought the child would die on the table, and had almost given up hope. He could see nothing for the blood. He introduced his finger and slipped the tracheotomy tube in along the side of his nail, when hæmorrhage ceased at once, and the child went on to recovery. The child at one time showed signs of asphyxia, and on removing the tube a cast of a part of the trachea was found. He was inclined to think that intubation in this case would have been fatal. He could not say what had caused the hæmorrhage. He had introduced a hook into the upper end of the wound and his finger into the lower end, and found the space between clear, and he had made the incision exactly where he had intended, and could not say where the gush of blood came from. He was much surprised at the good result of the operation, for the child was much shocked. In the next case, a child, of less than two years, the operation was resorted to as the last resort. The child did not lose ten drops of blood. He could not understand this, as he operated as far as possible exactly as in the first case. The trachea was no larger than a goose quill. The child died in forty-eight hours. There was no hæmorrhage.

Dr. S. C. Chew asked if, in the first case related, the fibrinous cast was a primary formation.

Dr. Michael said it was, and that both during and after the operation there was plenty of it below.

The President, Dr. W. C. Van Bibber, related a case which he had just seen that day. He was called by Dr. Clagett to see a child, four years old, that had been sick for four days. He examined the throat, and found a tough horny membrane on the tonsils and epiglottis. The child was sitting up in bed playing. The respiratory murmur was audible, and the countenance good, but the breathing was unfavorable. Dr. Clagett had so well covered the treatment that he had had nothing to do. As it was disinclined to eat he advised sausage—a favorite remedy of his—because he had so often found that children would eat it when they would touch nothing else, and then its juice contained everything nourishing. This was unsuccessful, and the child steadily refused to swallow. The next day it was much worse; respiration 40, pulse weaker. Under those circumstances he suggested intubation. Dr. Donaldson, in introducing the tube, found that the trachea was stuffed full of the membrane, so that in pushing the tube in, it seemed like loading a gun. This operation was given up. Statistics of one operator showed that in 50 out of 136 cases 12 recovered, and of those who died two were like his case. He thought this was the first time intubation had been attempted in Baltimore.

Dr. S. C. Chew asked if he passed the tube down between the vocal cords. He thought it was scarcely correct to say that this was the first attempt at intubation. Dr. Donaldson had once tried it with a gum catheter in a child. Dr. Chew had used trypsin once, but that was hardly a fair test. Papoid was said to be useful in such cases, but he had had no experience with it.

Dr. J. Edwin Michael said that Dr. J. H. Chambers, of this city, had practised intubation with O'Dwyer's tube in at least a dozen cases, and a small proportion had recovered. He was probably the only one who had used it here to any extent. Dr. O'Dwyer had reported about 136 cases, and Dr. Waxham, of Chicago about 138 cases, and other cases had also been reported. Intubation had had many followers at first, but he was inclined to prefer tracheotomy. Com-

parisons between tracheotomy and intubation should be based upon an exact knowledge of the symptoms for which the operation was performed, and all the facts should be considered. Waxham reported 138 operations, but it was not probable that one man had so many cases of diphtheritic stenosis in so short a time, for which tracheotomy would have been performed. His experience in tracheotomy was small, because there was a well-known prejudice against the operation in this city, and it was done much less frequently here in proportion than in other cities. He had had six cases, with two recoveries. They were all cases with persistent stenosis, aphonia and cyanosis, and he believed they would have died without the operation, and was sure the two that recovered were decidedly saved. In one case there were all the symptoms except cyanosis; and in another case, a child of a Polish Jew, who lived in a dirty garret, the symptoms were most severe, except cyanosis. The treatment consisted of the bichloride of mercury and steam inhalations, and when dyspnoea was well marked an emetic was given. The membranes were rejected, and the child got well, much to the surprise of all, which went to show that some case of diphtheritic stenosis get well without operative treatment. He hesitated to operate because his rule was not to operate until cyanosis was well marked.

Dr. John R. Uhler said that about sixteen years ago he had intubated his own child, and kept the catheter in 12 to 14 hours at a time. This was not easy to do unless the child was very tractable. It was not successful, as the tube became gummed up. It wore the tube ten months.

In reply to Dr. A. K. Bond,

Dr. Uhler said he passed the tube to the bifurcation of the trachea, and he did it to cause spasmodic cough to expel any membrane which might be below the opening.

REMOVAL OF THE UTERINE APPENDAGES.*

*See MARYLAND MEDICAL JOURNAL, Nov. 19, 26, and December 3, 1887.

DISCUSSION.

Dr. T. A. Ashby thought that *Dr. Neale* had given a carefully prepared paper, and one full of statistical information. He could add nothing to the views expressed. He fully concurred with *Dr. Neale* in regard to the advisability of operating in a certain number of cases where objective symptoms were not present and where subjective symptoms were the only guide. Within the past week he had had occasion to do this operation upon a patient in whom there were no objective symptoms whatever. Subjectively it was indicated. It was a history of dysmenorrhœa, hysteria, total inability to do work one week out of every four; in fact it was a life almost wrecked by periodical disturbances. She had been seen by a number of physicians. *Dr. Ashby* had dilated the cervix with negative results. He persistently refused an operation until he found it absolutely necessary as a means of subduing symptoms which all other means had failed to relieve. She was a domestic, white, 31 years old, and lived entirely on her work, but it was impossible for her to keep a position longer than a few weeks at a time. On November the 10th he removed both ovaries and tubes. On cutting through the abdomen he found the left ovary atrophied, but the right one normal in size and appearance. One tube was enlarged and much inflamed. Both ovaries were bound down by adhesions, which gave much trouble in their enucleation. This encysted condition of the ovaries, was, he believed, the cause of the distressing symptoms. This was the 6th day, and the temperature was 100.2°, and pulse 100. 100.4° was the highest point reached. Her general condition was good, and the only unpleasant circumstance was some vomiting on the last day. He thought she would recover.*

He thought the operation in this case was clearly justified, but that in some cases ovaries were removed when they should have been left alone. We should be conscientious, and he had tried to be, for he had waited for over eight months

before operating, and should not have done it then if any other method of treatment had promised greater relief than oöphorectomy. He thought his case agreed with *Dr. Neale's* in that they showed the beneficial results of this operation. He showed the ovaries, and said he would report the further progress of the case at a future meeting.

Dr. B. B. Browne reported two successful cases, one of which had been a confirmed invalid for ten years, spending her life in bed or on the sofa; had had severe dysmenorrhœa and had taken much medicine. He removed the ovaries, and found no disease to account for her condition. She is now well. In another case of a colored girl with menorrhagia and a fibroid condition of the uterus, he removed the ovaries, and now she is well. He thought that the galvano-cautery would take the place of oöphorectomy, and he had used it in many cases, and with some success. The danger from the current was almost nothing.

Dr. H. P. C. Wilson regretted he had not heard *Dr. Neale's* paper. He had had some experience in this operation. He thought the operation should not be done hastily, but when everything else failed, we should, with the patient's consent to perform the operation, which converted confirmed invalids into useful women. *Dr. F. West* had done the first operation in this city, but *Dr. Wilson* had done the first one by opening the abdomen. His case was a woman who had intense sufferings, was an opium eater, had adhesions about the uterus, uterine fibroids, and was almost bloodless from hæmorrhage. He sent her to the sea shore, and she returned no better, and the case seemed hopeless. He operated. She recovered entirely and afterwards married. In the second case the woman, 16 years old, had 8, 10 and 12 hystero-epileptic attacks a day, and the uterus was bound down. Local and constitutional treatment proving useless, he finally operated. The family wished to send her to an asylum. The ovaries were normal in size, and the tubes were double; their normal size, and attached to each other and very difficult to remove. Four weeks

*This patient has made a complete recovery.

after this operation she walked about. The day for the operation was the day for her menstrual period, and he did not know this until the time of operation. He did not postpone it, and the second day after the operation the menses appeared, with no nervous symptoms. A third case was similar. Dr. Robert T. Wilson, his son, had operated about two weeks ago under the same circumstances and the case was doing well. He was a great advocate of this operation when the cases were properly selected. It did much good.

Dr. Ashby said that in the case he reported menstruation had come on three days after the operation, with no unpleasant symptoms.

Dr. Bond asked Dr. Wilson if he would select this time for operating.

Dr. Wilson said he would not select it, nor would he postpone the operation because the patient was menstruating. In one case he did not care to postpone because it was growing warm, and the woman was becoming weaker.

Dr. Neale said he had noticed this point in his paper. According to Hegar and others, it was very common to have a discharge twenty-four hours, or even several days after the operation, and such discharge was the rule, and it was not true menstruation, but probably due to a temporary venous congestion subsequent to the ligation of the vessels in the broad ligaments. In all of his cases he had observed this. He had performed unilateral ovariectomy on one woman in whom this bloody discharge occurred on the second day, and had since delivered her of three children at terms of successive pregnancies.

One of his cases of oöphorectomy proved fatal on the fourth day. The incision had been two inches long, and the operation lasted about twenty to thirty minutes. The diagnosis at the post-mortem was subacute traumatic peritonitis. He asked the society upon what symptoms of peritonitis we should make the diagnosis. The temperature was never above 101°, and the pulse was 100 to 120. There was excessive pain which came on immediately after the operation and vomiting, but she had had the same symptoms at every menstrual

period for three years. There was no abdominal distension. Profs. Miltenberger, Tiffany, and Dr. Neale, had agreed in thinking it not advisable to open the abdomen. In the *Medical Record*, of Nov. 5, a writer suggested the use of saline aperients as a prophylactic or curative treatment of peritonitis. It had the effect of draining the vascular and lymphatic system.

Dr. Chew thought the use of saline aperients for peritonitis was an old remedy re-introduced. He thought opium should be given to prevent all peristaltic action. He suggested the possibility of a peritonitis from a failure on the part of the fimbriated extremity to grasp the ovule which would fall into the abdominal cavity.

Dr. Bond thought that the purgatives were recommended in the early stages of peritonitis, and ice in the late stage.

Dr. Neale said the ovule could easily drop into the abdominal cavity without causing peritonitis, as cases of abdominal pregnancy are conclusive evidence of the ovule dropping into the abdomen.

Dr. H. P. C. Wilson thought we should do nothing to increase the peristaltic action of the bowels. Rest and quiet were necessary, and the last thing to do was to give purgatives. The best treatment was opium, and plenty of it, and minute doses of calomel, often repeated, for nausea.

Drs. Van Bibber and Uhler spoke of the use of the salines in typhoid fever and dysentery.

Dr. Chew spoke of the impossibility of diagnosing peritonitis at its onset.

—
 CYSTITIS.—Uitzmann recommends ("Internationale klin. Rundschau;" "Ctrbl. f. Chir.," 1887, No. 30) in cases of irritable bladders to wash them out with a solution in lukewarm water of tincture of opium, cocaine $\frac{1}{4}$ per cent., resorcin $\frac{1}{2}$ per cent., and carbolic acid $\frac{1}{8}$ per cent. In case of ammoniacal decomposition of the urine he uses a $\frac{1}{10}$ per cent solution of permanganate of potassium, or a solution of three drops of nitrite of amyl in 500 grammes of water. In phosphaturia a $\frac{1}{10}$ per cent. solution of salicylic acid is recommended.—*N. Y. Med. Jr.*

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BALTIMORE, DECEMBER 10TH, 1887.

Editorial.

DIABETES MELLITUS.—The obscurity of diabetes mellitus, and its importance render it a large field for observers and investigators. The Germans and French have particularly contributed a large amount of literature on this subject. The last important article in this direction is by Dr. J. Seegen, of Vienna. Without considering the normal sugar of the urine, or whether such sugar is normally present, he reviews briefly, among others, the theories of Bernard and Pavy. The former having discovered that sugar formation was a normal physiological function of the liver believed that the presence of sugar in the urine was due to an abnormally increased sugar formation, or to a hindered assimilation of the sugar already formed. Pavy then advanced the theory that the sugar formation which occurred in the liver was a post-mortem process, and that sugar during life was never formed. Seegen having given these theories a careful test by means of elaborate experiments, thus sums up the results of his investigation.

1. The sugar formation is a normal function of the liver, and goes on without interruption.

2. The amount of sugar which is formed in the liver in a day is very large.

3. The sugar which is formed in the liver is continually being converted in the body.

4. The sugar which is taken as such

with the food, or in the form of the carbo-hydrates takes no part in the formation of sugar in the liver.

5. The liver makes its sugar from albumen and fat.

6. As opposed to liver sugar, the formation of glycogen depends very closely upon the nature of the food taken, and is greatest when much sugar has been ingested.

He mentioned two forms of this disease. In the first form, the patients are often well nourished, even stout, of good color; the skin is often moist; there is no abnormal appetite; no excess of thirst or urinary secretion.

In the second form the patients become thin in a short time; the skin is dry; the face is pale or bluish; the muscular power is diminished; the hunger, thirst and excretion of urine excessive.

In the first form, the cases are generally between 40 and 50, or older, and in the second form they may be children or adults under 25.

The principal distinction between the two forms, is, that in the first the patients only pass diabetic urine when they have taken sugar or the carbo-hydrates with their food; and when they desist from such food the sugar disappears. In the second form of cases the excretion of sugar continues regardless of the food taken. Some have regarded these as different stages of the same disease, but he is inclined to regard them as different forms, although he has occasionally seen both in one patient. He also proved by experiments that an increased glycaemia did not necessarily cause glycosuria—a thing which Bernard believed.

He answers to the question: "How can we bring the causation of diabetes into harmony with the physiological facts already obtained?" by saying that we have two different forms of the same disease. In the first form, the diabetes is undoubtedly from the sugar taken with the food, and the diabetes of this form is to be considered as a sugar excretion, in consequence of the inability on the part of the liver cell to convert the carbo-hydrates in the normal way. This may be called the *hepatogenous form*.

In the second form not only the liver but the whole organism has lost the ability to convert the sugar brought by the blood.

In at least 90 per cent. of the cases recorded, the cause can be referred to some disturbance in the brain or nervous system. It is either inherited or caused by depressed spirits, great sorrow or shock from some accident.

As to treatment he finds very little satisfaction from drugs. He has used morphia and Carlsbad water with varying success. Much more satisfactory is the regulation of the diet.

In the severe cases he strictly excludes the carbo-hydrates; in the mild cases he occasionally allows them.

THE AMERICAN PHYSICIAN IN GERMANY.—In the *Medical Record*, (Dec. 3rd, 1887,) Dr. Louis Fischer has written a very clear and manly letter in regard to the status of American physicians in Germany. Every one must be impressed with the thoroughness and solidity of German medicine and probably few intelligent men have failed to appreciate all the numerous advantages offered to the student of all branches of medicine in the capitals of Germany and Austria. Many who go over to Europe to finish their studies or to do some special work are men of mature thought and ripe judgment—men who do not eagerly swallow down everything because it is foreign and not American, who calmly take what they can use and reject what does not suit them. Unfortunately, too many of our young men go over with no other thought than to praise all things foreign and to condemn all things American. Happily this stage lasts but a short time and, except those few whose little heads are permanently turned, the American returns to his native country with a strong appreciation and firm admiration for the good points in medicine of both countries.

TEREBENE IN DYSPNŒA.—Terebene belongs to the group of terebenthinates which have been recognized as having decided remedial value in the treatment

of bronchial affections and diseases of the lungs. It is prepared by the action of sulphuric acid upon the oil of turpentine. It is less irritating in its effects than the oil of turpentine and not so disagreeable to take. It has been shown by Murrell that it causes a diminution of bronchial secretion and prevents fermentation and for these reasons he proposes it as a remedy in emphysema, flatulence and winter cough.

In the *Ther. Gaz.*, (Nov. 15, 1887,) Dr. D. M. Cammann extols the use of terebene for the relief of dyspnœa and, in a report of a series of cases, shows its beneficial effects in the relief of this symptom in a number of different affections in which dyspnœa was present. The influence of the drug in relieving dyspnœa is attributed in part to a stimulating action on the heart and to a contraction of the smaller blood-vessels, in part to astringent properties and diminution of the secretion from the bronchial tubes, and in part also to the relief which it affords to the flatulence, with which so many of the patients suffering from emphysema and other forms of lung trouble are afflicted, and thus allowing full play to the diaphragm by removing pressure from below.

The dose of terebene is from x to xv gtts. in mixture, three or four times a day.

AMERICAN VERSUS FOREIGN MEDICINE.—It is a singular lack of *esprit de corps*, in the medical profession in America, that permits the very common habit of belittling any work done on this side the Atlantic.

A week rarely passes that some of our medical journals do not publish letters from Americans abroad in which we at home are made to feel very small. Now while we are willing to admit that Vienna is very important to the medical profession we are by no means prepared to believe that it is necessary.

Our own country has furnished its full quota of able physicians and contributed a firm share towards the advancement of science. The American in many respects is a better workman than

his foreign brother. He is ready to make use of any suggestion, come from where it may, if it commends itself to him. The Englishman looks with distrust upon anything emanating from the American profession, and is not anxious to learn from either French or German, while the latter nations carry politics into medicine with a vigor which is contemptible.

It would be amusing, if it were not rather disgusting, to see the jealousy which shows itself in the German papers, in connection with the case of the Crown Prince. Our profession is far more liberal, and consequently more progressive. It is a perfectly well recognized fact that the American student abroad is a more apt pupil than the German, and does a great deal more work.

It is rather pitiful that so many members of our profession seem to require the seal of Trans-Atlantic approbation upon everything new. In certain places, Vienna for example, the clinical facilities enable a man to work up a specialty more rapidly perhaps, and more thoroughly than in this country. It should not be forgotten, however, that a man goes to some such place, often with a good preliminary training and devotes a certain time exclusively to study. Now it is a question if the same man could not make the same progress, except in a few special branches, in any of our large cities.

Be this as it may, we should not allow ourselves to fall into a sort of "craze" for foreign medical education simply because we have to go across the ocean to get it, and are obliged to take it with beer and a long pipe, and in an unfamiliar language. It is rather provoking to see the annoyance of our brethren on the other side of the continent particularly. Our work is generally not received as authentic until it has been repeated by some eminent professor of a well known university, and it is by no means an uncommon thing for these same eminent men to forget to give the American the credit for the suggestion even.

POPULAR DISCUSSION OF MEDICAL MATTERS.—The medical profession should hail with delight any disease in a person of high rank, since they get such a large amount of gratuitous advice. Since the Crown Prince has been in the papers, the subject of cancer has had a great boom. Regular physicians, homœopaths, quacks and plain ordinary fools have all given their views, in the daily papers, as to the nature and cure of this disease. There is not the slightest doubt that if some distinguished person should be seized with symptoms that baffled the most skillful physicians, that the newspapers with their usual unerring certainty would arrive at the correct diagnosis. There were more wonderful surgeons in this country just after Garfield was shot than there ever were before or have been since. The number of persons who have a "natural talent" for medicine is truly astounding. We should be thankful for this topic of interest to the public, when we think of the very embarrassing medical subject which was on every tongue last winter—Bergeon's method.

Miscellany.

GLEDITSCHINE.—Dr. W. H. Morse, of Westfield, N. J. contributes a lengthy paper on the above drug to the *Med. and Surgical Reporter* (Nov. 26, 1887). Dr. Morse's conclusions here given only show up in clearer light the hoax which has been perpetrated through the agency of the clever and inoffensive honey-locust: "With the leaves of *gleditschia tricanthos*, I am unable to make such a poultice as Dr. Claiborne nominates. My horses, after wearing the poultice, are as prone to kick as ever when the part is incised. It is told of the editor of a sensational New York daily that when he has a rich, blood-and-thunder article 'written up,' he directs that it be 'located away off down South in some out-of-the-way place.' The beauty about locating that poultice in West Feliciana Parish, La., is, that it is an out-of-the-way country of large area, and that by the time its substantiation could be sought out, the bubble might burst.

With the alkaloid, I am unable to obtain any of the results recited by Claiborne, Seward, Jackson, Mitchell, Knapp, or any other. More than this, I am willing to challenge any chemist to procure such substantiation. The results can be procured by gleditschine, and by a compound solution of atropine-cocaine, with a small quantity of eserine, or of true gleditschine. *They cannot be procured by the true alkaloid.*

I assure Dr. Thompson (Vide *Medical Age*, Oct. 25) that the leaves of this tree (which I have taken so much pains to study) will actually produce an alkaloid; but it is the mountain laboring and bringing forth a mouse. This alkaloid when obtained, will show certain peculiar properties, but among them the mydriatic and anæsthetic are nil.

RED HAWTHORN IN UTERINE HÆMORRHAGE.—The root of the *Crataegus officinalis*, or red hawthorn (Russian, *Krasny boiaryshnik*) has been from time immemorial been used by the Russian peasantry as an excellent remedy for uterine hæmorrhage of all kinds. With the view of testing its value, Dr. E. M. Jdanko, of Piatsgorsk, recently gave (*Proceedings of the Russian Balneological Society of Piatsgorsk*, Aug. 29th, 1887, p. 35) a very strong decoction of the root to a lady, aged 52, who was suffering from frequent profuse floodings, caused by uterine fibro-myoma, for which most of the usual hæmostatics had been tried in vain. The use of hawthorn completely arrested the hæmorrhage. Dr. Jdanko therefore suggests that a fair trial should be given to this popular remedy.—*British Medical Journal*.

HARE-LIP.—Owen ("Lancet," Aug. 20, 1887, prefers the following operation for hare-lip:

The mucous membrane is removed from the shorter piece of lip from the apex of the cleft almost to the angle of the mouth. An incision is then made on the opposite side through the entire thickness of the lip from the apex of the cleft downward, at an angle of about 45°, to a point nearly midway between the opposite nostril and the border of the

lip, thus forming a thick, serviceable flap with which to fill the lower part of the cleft. The raw surfaces on the two portions of the lip are secured in apposition with fine silver wire, the mucous membrane is carefully adjusted with horse-hair sutures, and the integumental edges are united in the same manner. The lip is steadied by a piece of waterproof strapping, extending over it from one cheek to the other. To obviate the puckering at the inner end of the incision through the lip, which will otherwise happen, the incision is continued for a short distance in an upward and outward direction. The advantages alleged for this operation are that the line of union is thick and strong, and that the cicatrix is eventually as inconspicuous as it is possible for it to be.—*N. Y. Medical Journal*.

Dr. Osler, of Philadelphia, is quoted as saying that American physicians are much more pronounced as regards the style of their door-plate and professional cards than English physicians are. He thinks that a large card, say about five inches by three, with gilt and indented edges, and having at the top several specialities and below office hours and telephone number, stamps the man as on the border land, or already in the wastes of quackery. He is charitable enough to believe, however, that some men, particularly young graduates, err in this matter through ignorance, and thinks that medical students should receive, before graduation, a short course of lectures on medical ethics and on the business and legal relations of the doctor. This plan was adopted last year at the University of Pennsylvania.—*Medical and Surgical Reporter*.

PROGRESS OF PASTEURISM.—It was not long ago authoritatively announced in the *Diario de Noticias* that the Portuguese Government has by ministerial circular forbidden civil authorities to continue sending persons supposed to be suffering from hydrophobia to M. Pasteur's laboratory. This loss in the Old World is, however, counterbalanced by a fresh conquest in the new; for a Pas-

tuer Institute is about to be established at Rio de Janeiro, under the superintendence of Dr. Perreira dos Santos, who recently started from Paris for Brazil.—*Brit. Med. Jour.*

TREATMENT OF ACNE.—Lassar recommends, in the *Therapeutische Monatshefte*, 1887, No. 1, the application of Wilson's ointment, prepared as follows:

℞ B-naphthol, 10 parts.
Sulphur præcipitat, 50 “
Vaseline, or lanolin,
Saponis virid, ää 25 “
M.—Rub gently together to make a paste.

This ointment is to be smeared on in a layer as thick as the back of a table-knife, and carefully removed, after thirty minutes, with a soft rag. After this the part is to be powdered with talc.—*Centralblatt für Chirurgie*, Oct. 1, 1887.—*Medical and Surgical Reporter.*

TREATMENT OF INGROWING NAILS.—Dr. Patin, of Boulogne, has published in the *Gazette des Hôpitaux* a note on the treatment of ingrowing of the nail, and as it is a most painful affection, any remedy for its cure or relief without operation will always be welcomed by sufferers. The treatment consists in first giving the patient a hot foot-bath, rather prolonged, and after having thoroughly wiped and dried the part, Dr. Patin introduces into the interstices of the nail, a solution of gutta-percha in chloroform (10 parts of the former to 80 of the latter) which is known at the Hôpital Saint-Louis under the name of “traumaticine,” and employed there with success by Dr. Besnier in the treatment of psoriasis. These applications are made frequently for the first few days, and then at longer intervals. Great relief is obtained by the anæsthetic action of the chloroform. If the patient would restrict the treatment to these applications avoiding at the same time to excoriate the flesh or to injure the nail by frequent cleaning and scraping, if he has the patience to wait until the nail had sufficiently grown to enable the surgeon to cut it transversely in, taking care to blunt the angles slightly, finally, if during some

time he will avoid, as much as possible, walking, and would use shoes or boots sufficiently large, then there would be a complete and durable cure. It is easy to comprehend the rationale of this treatment, but it is sometimes necessary in order to complete this protective dressing, to cover the diseased toe with sticking plaster, which should be renewed after each application. Dr. Patin asserts that he has treated several cases by this method and with perfect success.—*Journal Amer. Med. Asso.*

MANGANESE OXIDE AS AN EMMENAGOGUE.—Professor J. N. Upshur, of Richmond, Va., read a paper on the “Emmenagogue Action of the Manganese Preparations” before the Section on Therapeutics in the Ninth International Medical Congress, in which he recommends pills of bin-oxide of manganese in amenorrhœa, or in scanty painful menstruation, especially where it is due to defective vascular or nervous supply. In membranous dysmenorrhœa it is of special value. It is given in doses of one or two grains, administered after meals, three times a day, and to get its full effects it should be given continuously for one or two months. It is to be preferred to the permanganate of potassium. When the amenorrhœa is connected with obvious deterioration of the blood, he gives iron in combination with the manganese. Where there is obesity, larger doses of manganese are given so to favor waste. In vicarious menstruation, it is also useful, and, in fine, wherever the menstrual derangement is due to functional and not mechanical or obstructive cause.—*Med. Times.*

RELATION BETWEEN THE NERVOUS SYSTEM AND NUTRITION.—M. Leven has, for several years, studied the relation between the nervous system and general nutrition. He has arrived at the following conclusions: The normal proportion of urea during twenty-four hours is 28 grammes to 1,250 grammes of urine. In persons suffering from nervous disorder it is reduced to 5, 6, or 8 grammes; the number of corpuscles in the blood is reduced by 2 or 3 millions; the increase or

diminution of adipose tissue varies considerably.—*Brit. Med. Jour.*

THE NEW MEDICAL PRACTICE ACT IN ILLINOIS.—The new law has required much labor, but the result has been satisfactory. Eleven suits have been pushed to successful conclusions. The most signal benefit has been in ridding the State of the itinerant nostrum-vendors, with their brass-band and other accompaniments. July 1st, twenty of these shows were in the State, which tendered \$1,500 per months in fees for licenses, all of which were refused.—*Medical Record.*

GASEOUS RECTAL INJECTIONS AND THE GLYCOGENIC FUNCTION OF THE LIVER.—MM. Arnoz and Ferré, of Bordeaux, communicated to the Toulouse Congress an interesting observation they had made with reference to gaseous rectal injections tending to show that sulphuretted hydrogen introduced into the animal economy in this manner arrests the glycogenic function of the liver. Three rabbits which had been subjected to these injections died, two of them in a short time, the third after a rapid and progressive emaciation. In all three the liver-tissue was found to contain no sugar whatever.—*Lancet*, Oct. 8th, 1887.

HYPODERMIC INJECTIONS OF CARBOLIC ACID IN CASES OF RHEUMATISM.—According to the Vienna correspondent of the *British Medical Journal*, October 8th, 1887, Professor Benedict has been using with extraordinary success hypodermic injections of two per cent. solution of carbolic acid in the treatment of rheumatoid affections. He asserts that in even a few months after the injection into the part the joint will be freely movable and free from pain as though narcotized, and in recent cases joints in which there was great tenderness on pressure and distinct swelling of the bones would be apparently free from disease a few days after the injections; not only would the pain disappear in the joints in whose neighborhood the injections had been practiced, but would be markedly lessened in distant joints. Prof.

Benedict believes that the carbolic acid has not only a local influence, but a general effect in causing the elimination of the rheumatic poison. He has especially obtained good results by the simultaneous use of salicylic and carbolic acids when the salicylate of sodium is administered by the mouth in small doses, and one to three subcutaneous injections of carbolic acid being given in twenty-four hours, the course of the affection was very much accelerated, and no bad consequences were observed, especially if the treatment was carried out from the very beginning of the disease. Extraordinarily good results were obtained by the method in cases of inflammation of the sheaths of tendons, especially after injury. A few injections sufficed to cut short the morbid process, and no local pain or muscular atrophy, etc., was observed, provided the disease was treated in the above mentioned way from the very outset.—*Therapeutic Gazette.*

A NEW THERAPEUSIS IN EPILEPSY.—The *Therapeutic Gazette* says: "Any person who shall discover or invent a method for treating epilepsy which shall cure even a moderate percentage of cases will be a great benefactor, not only of the human race but of the neurologist, whose sympathies are often excessively worked upon by failures to bring decided relief under circumstances most pitiable. It is, therefore, with great desire, although with much incredulity, that we approach the subject of the method of treatment of epilepsy devised by Dr. George T. Stevens, of New York. The central idea of this plan of treatment is that a large proportion of cases of epilepsy, as well as of chorea and of other forms of nervous disorder, are due to an unsuspected weakness of some of the optic muscles, which produce perpetual irritation by the excessive effort necessary to bring the ocular axes into unison. We understand that Dr. Stevens has prepared an elaborate work upon this subject, which will soon be before the medical world. Until this has appeared we do not propose to discuss the subject in detail, but simply to call attention to it. In an article in the

Medical Bulletin for September, Dr. Ambrose Ranney confirms the work of Dr. Stevens. In order to correct the small degree of insufficiency which produces these nervous irritations, it was necessary for Dr. Stevens to invent a new operation, as the older plan of entirely severing the muscle is almost always followed by an excessive result. This operation in the main consists of making a small opening through the conjunctiva, exactly over the insertion of the tendon, when the tendon is seized by extremely fine forceps, and divided in each direction, preserving the extreme outer fibres, or, at least, the reflection of the capsule of Tenon, which serves as an auxiliary attachment."

ANTI-PYRETIC PILLS.—The occasional untoward effects of antifebrin, antipyrin, and the whole catalogue of "anti-quinine" rivals, and the alleged pathological changes which have been observed to follow their administration, have made many practitioners more cautious in the use of these new remedies and more inclined to fall back upon the old and less dangerous methods. The following formulæ have been devised and used with satisfactory results by the writer before the more recent antipyretics came into general use.

These antipyretic pills, as the term indicates, are designed to reduce the fever, and may be given in any stage of the pyrexia. They act not only as an antipyretic, but at the same time prove to be our most reliable antiperiodic. The fever usually subsides, if of the periodic type, by the time the patient becomes thoroughly cinchonized, diaphoresis being established after a few doses, followed by a gradual decline of the temperature.

no. 1.

℞ Quinine, gr. ii;
Calomel, gr. i;
Antim. et pot. tart., gr. ¼;
Morphine sulph., gr. ⅓. M.
Fiat P. 1.

SIG.—One or two pills every two hours until the fever subsides, or until ten pills have been administered. Us-

ually one pill every two hours is sufficient. In urgent cases one or two pills every hour may be required.

no. 2.

℞ Quinine, gr. ii;
Ipecac, pv., gr. ½;
Camphor, pv., gr. ½;
Gelsemine, gr. ⅛. M.
Fiat P. 1.

Dose same as the preceding formula.

no. 3.

℞ Quinine, gr. ii;
Ipecac, pv., gr. ½;
Camphor, pv., gr. ½;
Pilocarpine, gr. ⅓. M.
Fiat P. 1.

Dose as first formula.

no. 4.

℞ Quinine, gr. ii;
Opium, pv., gr. ¼;
Ipecac, pv., gr. ½;
Ext. aconite, gr. ⅛. M.
Ft. P. 1.

Dose same as first formula. The drugs should be strictly pure and accurately divided.

These pills are not designed to take the place of a physician's prescription, nor are they intended to be used throughout an attack of fever when other and special treatment is obtainable. They may be conveniently used at the onset of a malarial fever, or at any time during its progress, to establish diaphoresis and hasten the apyrexia, while the treatment indicated may be prescribed. B. F. Humphreys, M.D., in *Ther. Gaz.*

THALLIN.—Thallin is employed either as a sulphate or tartrate. It is rapidly obtaining a recognized position in the materia medica, for it is a reliable and powerful antipyretic, applicable in all kinds of febrile conditions. 3 to 8 grains in pill are considered a suitable dose. It is also applied externally, especially lately, with great success for injections in cases of acute and chronic gonorrhœa, for which it is prescribed in aqueous

solutions containing one drachm of thallin salts in $\frac{3}{4}$ vi.

Salts of thallin are crystalline powders, not quite pure white in color, of a bitter and intensely aromatic taste, and of a peculiarly persistent odor, which is similar to that of cumarin; they are readily soluble in water, but far less so in alcohol.—*Ther. Gazette.*

URETHAN, ETHYL OF URETHAN—As a mild hypnotic, urethan is very useful, being administered in doses of from 15 to 40 grains, either as a powder or in solution, with a little syrup as a corrective. Thus :

Urethan, 3 ii;
Syr. simpl., $\frac{3}{4}$ i;
Aquæ, $\frac{3}{4}$ iii.

Two teaspoonfuls for a dose.

It does not produce a comatose condition like chloral hydrate, but tends to induce a healthy natural sleep in cases where this is impeded by other causes.

It is a crystalline body, of a mild ethereal odor, tastes somewhat like salt-petre, is soluble in water and alcohol, and melts at about 120° F.—*Ther. Gaz.*

A NEW THEORY IN REGARD TO THE FUNCTIONS OF THE DUODENUM.—Treves has observed that the third portion of the duodenum is firmly attached to the four lumbar vertebræ by a ligament called the musculus suspensorius duodenalis. This fact is observed pretty constantly in animals and in man, also that the duodenum forms a curve something like a siphon trap. The fixed portion always being stationary, allows the free portion to assume varying degrees of curvature. The duodenum being always more or less filled with fluid from liver and pancreas, that this curving of the duodenum performs the function of a siphon trap, and absorbs all the fetid gases that form in the bowels, that might have a tendency to regurgitate upwards.—*Weekly Medical Review.*

CONGENITAL INGUINAL HERNIA IN MONKEYS.—Mr. Bland Sutton states that, with the exception of the gorilla and

some chimpanzees, man is the only mammal in which the funicular process of the peritoneum becomes normally obliterated above the testis. If, as some surgeons held, a patent funicular pouch predisposes to hernia, it should be very frequent in monkeys. This, however, is not the case; for out of more than 800 monkeys he had examined *post-mortem*, only three presented herniæ, two were congenital epiploceles, the third an entero-epiplocele.

FÆCAL ANÆMIA.—Sir Andrew Clark read a paper before the Medical Society of London, Nov. 14, 1887, on the production and treatment of anæmia and chlorosis in girls and young women from 14 to 24 years of age. He had studied many years ago the results of retention of the excretions and the effects of their decomposition. He described the peculiar and characteristic symptoms of those forms of anæmia or chlorosis which occur in young women, which he ascribed in a large number of cases to the accumulation in the large intestines of fæcal matter, its decomposition, and the subsequent absorption of the poisonous products so formed. He pointed out that the bowels might be open daily but imperfectly, so that even where constipation was said not to exist, fæcal retention nevertheless might and did take place, with the evil results alluded to. The condition was one which was not confined to any particular class of society; it occurred in the underfed and the overfed, in the rich and the poor alike. He referred to the various theories which had been put forward with respect to the causation of anæmia by Virchow, Germain Sée, and others. Girls at puberty began to think more about their personal appearance, they ceased to take the same active exercise as before; they pinched in their waists and developed a self-consciousness in all their acts which led *inter alia*, to their being very shy about going to the closet. He quoted the researches on the subject of the formation of alkaloids in the intestines, and urged that everything pointed to a toxic absorption. In collateral proof of his assertion he instanced the almost invaria-

ble success which attended the administration of aperient iron mixtures, which unloaded the bowels and restored things to their normal condition. He discussed the dietetic and medicinal treatment of such cases in detail, and pointed out that aperients were even more essential than ferruginous preparations. In patients who had been treated without success for months a cure was rapidly effected if these principles were borne in mind. To maintain the cure, it was of course essential to prevent the recurrence of the condition of things which had given rise to it.—*Br. Med. Jour.*

ANTIFEBRIN IN THE FEBRILE DISEASES OF CHILDREN.—Hidowitz reports the use of antifebrin in fifty-three cases, including four scarlatina, eleven of measles with subsequent pneumonia, two of measles with tuberculosis, two of facial erysipelas, four of croupous pneumonia, two of lobular pneumonia, two of pleuro-pneumonia, four of bronchitis, three of tuberculosis, four of follicular tonsillitis, three of gastritis, one of acute intestinal catarrh. An interesting fact is that at the end of ten or twenty minutes after the medicine was taken the temperature began to decline, and continued steadily until it reached its lowest mark. After remaining at this point for a short time it began to rise again. The rapidity with which the temperature declined seemed to depend not so much upon the size of the dose as upon the peculiarity of the child and of the disease. Another observation was the very favorable effect upon the general condition of the children. Those who had previously been restless and fretful became quiet and soon fell asleep. In several instances the severe symptoms connected with collapse were quickly relieved after the ingestion of the medicine. Scarlatina and erysipelas were more rebellious to the antipyretic action of the drug than any of the other diseases in which it was used, the temperature falling only a few tenths of a degree. In pneumonia occurring as a complication of measles, in croupous and lobular pneumonia, in measles com-

pllicated with tuberculous affections of the stomach and intestines, the antipyretic action of the drug was prompt and energetic. The pulse became fuller, its frequency being diminished, though not always in proportion to the decline of the temperature, the respiration became deeper and more quiet. The drug was given in the form of powder, and in doses of $1\frac{1}{2}$ grains to children three or four years of age. To older children, 3 or $4\frac{1}{2}$ or even $7\frac{1}{2}$ grains were given. Small doses usually sufficed for poorly nourished children, the reaction being much more energetic than in more robust children. As much as 30 grains were given in the course of a day. The antifebrin never produced any perceptible effect upon the duration of the disease. In some cases of croupous pneumonia its use was accompanied by profuse perspiration, with cyanosis of the face and the ends of the fingers.—*Archives of Pediatrics*, October, 1887.

SUDDEN OEDEMA OF THE GLOTTIS AS A FIRST SYMPTOM OF CIRRHOTIC KIDNEY.—B. Fraenkel reported an interesting case of this kind before the Berlin Medical Society. The patient was suddenly seized with dyspnoea, and when the author saw him he was sitting on a chair and complaining of the want of breath. A laryngoscopic examination showed swelling of the epiglottis and of the aryteno-piglottidean folds. As the patient was stepping into the carriage to be taken to the clinic, where tracheotomy was to be performed, he dropped dead. At the autopsy intense oedema of the epiglottis and the aryteno-epiglottidean folds was found. There was very marked contraction of the left kidney. The right kidney was enlarged and in a condition of parenchymatous swelling. The immediate cause of death was oedema of the larynx caused by the condition of the kidneys. There was absolutely no effusion in any other part of the body. The patient had never shown during life signs of any disease of the larynx. The whole duration of the disease was not more than an hour. The patient must certainly have suffered with albuminuria for some time, as the urine removed after

death was rich in albumen. In the discussion that followed, A. Baginsky remarked that such a condition was observed also in the acute nephritis following scarlatina. De Bary, of Frankfurt, had been the first to describe acute œdema of the glottis as a first symptom in scarlatina nephritis. Since then a few cases of the kind had been recorded.—*New York Medical Journal*, Nov. 19, 1887.

CREOLIN VS. CARBOLIC ACID.—E. von Esmarch, assistant in the Royal Hygienic Institute of Berlin, has made a series of experiments with creolin, a new disinfectant, which has been highly spoken of by Professor Fröhner of the new Veterinary School of Berlin. Dr. von Esmarch made a number of comparative observations with carbolic acid on the disinfecting, deodorizing, and antiseptic properties of creolin. Amongst other observations he noted the effects of the two substances on fluids containing cholera, typhus, and anthrax bacilli. As a rule, creolin appeared to be much the more active. Similarly the offensive smell of various putrefying liquids was controlled much more readily by creolin than by carbolic acid. Creolin soap, too, showed itself more active as a disinfectant than corrosive sublimate soap.—*Lancet*.

NEW POST-GRADUATE SCHOOL.—The Dean of the Throat Hospital, Golden Square, London, has recently established a post-graduate course, the first of the kind attempted in England, which promises already to be well supported.

Medical Items.

Prof. Waugh speaks highly of calomel, gr. $\frac{1}{10}$, and powdered oyster shell, gr. ij, given every half hour, for vomiting in cholera morbus.—*Med. Times*.

Dr. Von Harlingen, of Philadelphia has been fined one hundred dollars by the Philadelphia Board of Health for failing to report two cases of leprosy now in the Municipal Hospital.

Dr. H. H. Mitchell, a former resident of this city, but since 1882 engaged in practice in Florida, died at Tampa, Florida, on Decem-

ber 5th, of yellow fever contracted in the discharge of professional duties. Dr. Mitchell was 58 years of age.

Dr. F. West, of this city, states that he has used the *Vin Mariani* in very many cases, where such a tonic is indicated, and also the other preparations of coca. He feels quite sure the Mariani Wine will keep its place at the head of the list. He will continue to use it as long as he can get it.

At the annual meeting of the Maryland Harvard Club, held at the St. James Hotel, Saturday, Dec. 3rd. Dr. C. C. Bombaugh, of this city, was elected President for the ensuing year. The annual dinner will take place in February, at which it is the duty of the President to preside. President Elliott, of Havard, and other distinguished guests are expected.

In cases of painless enlargement of the liver, in connection with malarial disease, Dr. Bruen gives from fifteen to eighteen grains of quinine, combined with iron and arsenic, during 24 hours before the remission. In a case of cirrhosis with enlargement of liver, Dr. Bruen ordered fifteen grains of potassium iodide, in a pint of water, the first thing on rising in the morning, with great benefit.—*Med. Times*.

A new medical society to be known as the Minnesota Academy of Medicine has recently been organized in St. Paul, Minn. The Academy is made up of twenty representative men from the enterprising cities of St. Paul and Minneapolis. Dr. John F. Fulton, a former resident of this State and at present one of the leading oculists of the North-West, was elected president of the Academy.

The London Daily News is authority for the following: A college of Medicine for Chinese has been opened at Hong Kong. Mr. Cantlie, late of Charing Cross Hospital, is the originator of this plan, and Dr. Patrick Manson is the Dean. The chemist and botanist of the English Government are also on the staff. The Chinese seem to appreciate the movement, and sixteen natives who speak and write English well, are already receiving their training in the College.

Dr. Thomas F. Wood, the able editor of the *North Carolina Medical Journal*, and the efficient Secretary of the State Board of Health, has been confined to his bed for over a year to favor the removal of an aneurism from which he suffered, caused by too much exertion in a botanic excursion in the mountains of North Carolina. Dr. Wood in a recent letter to Dr. J. R. Quinan, of this city, mentions the fact that he is again on his feet and has begun the process of learning to walk again. He has not the least discomfort from the aneurism and no quickening of the circulation from the effort. This is a source of congratulation to Dr. Wood's many friends. We wish him many years of renewed health and usefulness.

Original Articles.

A CASE OF NYMPHOMANIA.*

BY WM. PAWSON CHUNN, M.D. OF BALTIMORE.

In the history of the case I wish to present, my efforts were exerted without avail, and it is mainly on that account, as well as to obtain the opinion of those present, that I recite the following symptoms. A short time since a patient from a neighboring State, came under my care; she was in a deplorable condition, due to an ungovernable and continual desire for sexual intercourse. She was twenty-three years old, unmarried, and had never been pregnant. Her uterus was retroverted and hyperplastic. She complained of a numbness and pain in both ovarian regions, and had worn a pessary for a long time without relief either from the pain or the sexual desire: this last was her worst symptom. She deplored the fact that anyone, with sufficient opportunity could prevail over her scruples, as had already occurred several times. Sleep was lost at night, and rest disturbed by delusive dreams. She had never practiced any form of self-abuse. After a short course of the bromides, without effect, I suggested that marriage might give her relief. She objected to the motive; and, in addition, reminded me that she had derived no permanent benefit from illicit indulgence. Removal of the clitoris occurred to me, but only to be dismissed as inadvisable. She herself suggested the removal of the ovaries, as she felt satisfied that those organs must be diseased, thus accounting for the severe pelvic pain. This I considered to be too dangerous an experiment, as I had no certainty that she would be fully and permanently relieved by such an operation. It seemed to me that taking out the ovaries was not exactly analogous to removal of the testicles in the male. We know that castration of the male removes almost entirely all erotic desire, but the effect on the female has not been sufficiently

investigated; about 15 per cent. of all women go through life without any sexual disease whatever, the removal of whose ovaries could have no effect. Desiring to ventilate this subject as fully as possible, I sought out several women who had, to my knowledge, lost their ovaries; one, upon whom the operation had been performed about five years since, told me that at present she had no erotic desire, but, at the same time she volunteered the information that she never had experienced any such desire. Two other women whom I next questioned answered similarly, much to my surprise. On the other hand I have now under my care two sisters, aged respectively 58 and 60 years, both of whom have long since passed the menopause, but each claims now as much sexual appetite as she possessed in youth. Inasmuch as the ovaries of these women must by this time have become atrophied from age, it is apparent that the ovaries are not the only sources of sexual desire. Bearing these facts in mind I was necessarily uncertain in regard to the prognosis in the case of my patient, and having told her as much, she sought the care of another physician.

THE NATURE OF LABOR.*

BY HENRY LEAMAN, M.D., OF PHILADELPHIA.

This paper does not claim to offer a solution for all the theories and problems of labor, but is simply an attempt to throw some light on the phenomena of labor, with special reference to everyday work. In speaking of labor, we understand physiological or natural, not pathological labor.

Harvey said that the kind of birth, in which the fœtus is born enveloped in its coverings, appeared to him by far the most natural; it is like the ripe fruit which drops from the tree without scattering its seed before the appointed time. This statement is doubtless physiologically correct. But in experience the separa-

Read before the Gynæcological and Obstetrical Society of Baltimore, November 8th, 1887.

*Read before the Philadelphia County Medical Society, Nov. 23, 1887.

tion of the elements of the ovum generally occurs, the waters preceding and the placenta succeeding the foetus, the true process of labor being in no manner altered or changed thereby. Any presentation or position that can be terminated without assistance may be called natural.

There are only two stages in labor. The first embraces all the phenomena that immediately precede or occur during the dilatation of the cervix. The second embraces all the phenomena that occur during the expulsion of the contents of the uterus. This includes the so-called third stage. If labor has pursued a natural course and due time has been allowed, the placenta will be found loosened by the pains and ready to be removed immediately after the birth of the child. If the placenta is adherent or there is an irregular contraction, the hand can be passed into the cavity to remove it.

The duration of the first stage is a very indefinite period, lasting from a few hours to several days or even weeks. The duration of the second stage is a more definite period varying from a half hour to four hours.

The only positive sign that the expulsion of the uterine contents is about to take place is the dilatation of the distended cervix accompanied by regular contracting pains not relieved by opium. Dilatation is not complete until the cervix has expanded enough to allow the exit of the presenting part. Then begins the second stage of labor, and the advancing mass now comes in contact with the pelvic wall.

The nature of labor consists particularly in the manner in which the uterus expels its contents, not in the mechanism of the pelvis. The foetal contents are passive in delivery. The life of the ovum in viviparous animals is part of the mother life, connected through the uterus and placenta, and identified by a mutual growth and development. The uterus is the outer contractile layer of the ovum. When their cyclical development is complete or has been terminated in any way, differentiation or birth takes place. This is accomplished through

contractility of the uterus, which gives to the foetus a series of amœboid movements that cause it to advance through the pelvic opening.

The foetal mass moves under the persuasive action of flexion and rotation produced by the uterus alone; and in virtue of its adaptation to its surroundings, overcomes great obstacles. The overcoming of obstacles is due not to the amount of force, but to the adaptation of the foetus to the pelvis.

Dr. D. B. Hart, in the *Obstetrical Transactions*, Edinburgh, vol. v., in a paper on "The Bearings of the Shape of the Foetal Head on the Mechanism of Labor," says:

"It will be seen that the shape of the foetal head, face, and breech is, to a certain extent, a preparation for the emergencies of birth. In a normal head case in a normal pelvis, flexion and rotation are favored by it. Should the pelvis be rickety, the head, either first or last, still has the shape which favors its passage through the contracted conjugate; and even for minor deviations of face cases and badly rotated occipito-posterior cases, we have the shape of the face and head markedly fitted for the best means of delivery."

The explanation of flexion by Lahs is an advance over the previous theory of articulation of the spine to the occipital bone. Deeper than these phenomena of the mechanism of labor is the force which the uterus exerts, and the manner in which it is applied. The abdominal muscles take no part directly in the expulsion of the uterine contents. Their action is to sustain and conserve the uterine contractions. They cannot be applied in an effective manner in expulsion.

Dr. Hart concludes the paper above referred to with these words:

"Future observations are still needed as to the shape of the head after labor, as bearing on any peculiarity of mechanism, and I hope that this communication will direct the attention of obstetricians to an interesting field."

These mouldings which the head undergoes teach us not only the peculiarity of the mechanism, but also enable us to understand the manner in which the force is applied, and also something of the nature of its action. The common

succedaneum found over the parieto-occipital region, which disappears in twenty-four or forty-eight hours, is similar in its formation to the extreme elongation of the occiput in great flexion of posterior rotation or the elongation of the frontal region in frontal presentation, and shows the manner in which the foetus makes its way by elongation under moderate and gradually applied force.

This closer study of the mechanism of labor, the study of the placenta, and the changes which the uterus undergoes during gestation and immediately preceding birth, belong more particularly to the gynecological concept of labor. The progress by which our present standpoint has been reached has been gradual. The first concept was midwifery, which concerned itself with the most external phenomena of labor, such as holding the hands, making pressure on the stomach, administering drinks, comforting the mind of the patient, placing her in a certain position, endeavoring to dilate the vagina; and when nature could not complete the delivery, the surgeon was called to destroy the child and save the mother.

The second concept was the obstetrical, and had its origin with the introduction of the forceps, in the early part of the eighteenth century. This has led to the closer study of the mechanism of labor, occupying its time mostly, however, in the study of the foetal head and pelvis.

The third concept dates from the introduction of ovariotomy in the early part of this century.

LAPAROTOMY WITH REPORT OF CASES.*

BY H. P. C. WILSON, M.D., OF BALTIMORE.

I present to the Society this evening the report of my last three cases of laparotomy.

The first was for the removal of a Compound Multilocular Tumor of the ovary.

*Read before the Gynecological and Obstetrical Society of Baltimore, Nov. 8th, 1887.

The second, for the removal of a Papillomatous Tumor of the Ovary, with Abdominal Dropsy.

The third, for the Removal of Both Ovaries and Tubes, in a woman to whom all other means of treatment, for over sixteen years, had failed to give relief, and a shattered mind and body had brought her to great desperation.

Within the last few years, so much has been done, and written, in abdominal surgery, that I shall not be expected to add anything new on a subject so nearly approaching perfection, and yet there are points in every one of these cases, that will not fail to interest those who are working in this department of surgery.

There is no surgeon who does not learn something from his last operation. There is no collaborator who cannot extract something of profit from the work of others. This is my excuse for detaining you this evening. If I shall fail to weary you, and add ever so little of pleasure or profit to this meeting, I shall be amply repaid.

I shall at once proceed to,

COMPOUND UNILOCULAR OVARIAN TUMOR.

CASE I.—Mrs. H. æt. about 56, was brought to the Hospital for the Women of Maryland in February, 1887, and placed under my care by Dr. George B. Reynolds. She had a very large tumor occupying nearly the whole abdominal cavity. It was diagnosed to be a Compound Multilocular Tumor of the Ovary. She was very feeble. The tumor had been growing for several years. She was very pale, had been badly nourished, lived in a very malarious part of the city, and most of her time was spent at the wash-tub in a damp, ily-lighted cellar.

She was put on quinine, and [an attempt made to build up her health, but instead of gaining, she was seen to be rapidly losing strength and it was found necessary to operate at once or she would probably soon die of exhaustion.

On February 22d, 1887, she was chloroformed by Dr. Wm. P. Chunn, and assisted by Dr. Robert T. Wilson, in the presence of Dr. George B. Reynolds, I opened, the abdomen. My diagnosis was confirmed. The walls of the tumor were so rotten that the gentlest manipulation ruptured them, and a

dark, thick fluid was discharged into the abdominal cavity. I proceeded to separate adhesions, during which much of the rotten parts of the tumor were broken off, and fell within the abdomen. The pedicle was transfixed with a needle, and double ligature, which was cut and tied on either side, and the tumor was then cut away.

Several gallons of hot water were poured in and the abdominal cavity thoroughly washed out. The abdominal incision was closed with silk sutures, and no drainage tube was used. The patient made a good recovery for ten days, when a typho-malarial fever developed, and for five weeks afterwards she was desperately ill. She finally got perfectly well, and is now in excellent health.

This case is of interest for the great amount of hot water found necessary to thoroughly cleanse the abdominal cavity and its contents, for the near approach to death before the operation, from exhaustion, and for recovery after weeks of severe illness from a typho-malarial fever following close on such an operation.

PAPILLOMATOUS CYSTOMA OF THE OVARY.

CASE II.—Miss H., æt. 45 years, consulted me for the first time September 10th, 1887. Had always been a perfectly healthy woman till six weeks before. Never sick in her life. Has menstruated regularly until the time of seeing me when she had missed her menses for five days over her regular period.

Six weeks ago she observed her abdomen was enlarging, without appreciable ill health. This enlargement increased rapidly, until when I saw her it was so distended with ascitic fluid, as to greatly impede her respiration. I could nowhere discover a tumor in the abdomen or pelvis, so great was the abdominal distension. The pelvis was free, only a moderate thickening of the right broad ligament. Uterus movable and normal in size, as shown by the probe. The great abdominal distension prevented the discovery of anything by bi-palpation.

The heart was sound, liver healthy; examination of urine revealed no disease of kidneys, urine scanty and full of urates, lungs sound, no anasarca.

Under these circumstances I diagnosed a Papillomatous Tumor of the Ovary, and advised laparotomy, rather than tapping, for removal of the ascitic fluid, and if possible, removal of

the suspected tumor. I preferred cutting in, to tapping, because I would then know the exact condition of things, and might be able at once to proceed to the removal of any tumor, which might be the cause of the ascites, and because if I were unable to remove the tumor, or might consider it unwise so to do, the abdomen was less likely to fill up rapidly again after an exploratory incision, than after tapping. This has been my experience in such cases. Moreover, I did not consider an incision much, if any, more dangerous than tapping. I left the city two days after this interview, to attend the meeting of the American Gynæcological Society, and was absent one week.

I saw my patient again September 19th. The abdominal enlargement was increasing rapidly. Dyspnœa was greater, and strength rapidly failing. Kidneys working badly. I again urged the operation, but the patient could not get her mind up to this point. She moreover plead the absence of members of her family, and was unwilling to consent to an operation till their return. I saw her every day or two, and urged the dangers of delay. In another week, she became so exhausted as to be unable to move about, and had to rest in a semi-prone position. Her family then returned, and Dr. Wm. T. Howard was asked to see her with me, on October 3d. He confirmed my plan of procedure, and an operation was appointed for Wednesday, October 5th. The day before the operation her bowels gave way, and she had profuse diarrhœa, which was checked by liberal doses of paregoric. The night before the operation she slept soundly from the paregoric taken.

At 12 o'clock on October 5th, being etherized by Dr. Wm. B. Canfield, and assisted by Dr. Wm. T. Howard and Dr. Robert T. Wilson, I cut into the abdominal cavity—making an incision of about two inches midway between the umbilicus and pelvis. Between two and three gallons of yellowish ascitic fluid was discharged. A ragged papillomatous mass presented, and on passing two fingers into the pelvis I found a large tumor growing from the fundus of the uterus, and the right broad ligament and ovary. Masses of varied size broke away from the surface of the tumor on the most gentle manipulation, and bleeding was very free. With large compression-forceps I clamped the tumor close to the uterus and ovary and thus stopped hemorrhage, having previously enlarged the incision to four inches. I then transfixed the broad pedicle

with a needle, armed with a strong double ligature, which was cut and tied on either side, close to the uterus, and including the ovary. Each ligature was then brought entirely around the whole pedicle, and firmly tied again. The ends were cut short, and the tumor cut away.

Hot water was poured copiously into the abdominal cavity, and it was thus thoroughly washed out, much of the debris of the tumor coming away with the water. The peritoneum was in a state of sub-acute inflammation, with here and there a patch of recent lymph. A drainage tube was inserted to the bottom of the pelvis, and the abdominal opening closed with twelve silk sutures.

The abdominal wound was dusted with iodoform—a linen cloth—absorbent cotton—a rubber cloth perforated by the drainage tube, at the top of which was placed a sponge, and the rubber cloth folded over it, all secured by a flannel bandage. Hypodermics of whiskey were necessary during the operation, which lasted over an hour.

The patient was then placed in bed, wrapped in warm blankets, with hot water bottles around her. Reaction came on very slowly.

At 10 P. M., temperature was 101, and pulse 140, and very feeble. No nausea. Ten drops of brandy in two teaspoonsful of hot water were given every two hours. Ten drops of Magendie's solution of morphia were given hypodermically, and fifteen drops of tincture of digitalis were given every four hours, and continued for three days. The drainage tube was sucked every two or three hours during the afternoon and night, with a glass syringe and rubber tube attached. Much bloody, watery, fluid was withdrawn, and occasionally a small clot of blood.

October 6th, 8 A. M., temperature 102½, pulse 136, slept some, very feeble. Ordered one teaspoonsful of brandy, and three teaspoonsful of hot water every two hours. One tea spoonful of lime water and two teaspoonsful of milk every two hours. Digitalis as usual. Gave a hypodermic of 30 drops of muriate of quinia and urea. Drainage tube sucked as yesterday, and half an ounce of bloody fluid withdrawn. None in the sponge. At 10 P. M., temperature and pulse same as in the morning. Thirty drops of quinia and urea were given as in the morning; digitalis continued; ten drops of Magendie's solution, were given hypodermically at bedtime, but not repeated after to-day.

This treatment was continued for four days, except to increase the brandy to one table spoonful every two hours, and the milk to eight table spoonsful every two hours. The highest temperature was 103½; and for four days, it varied from 101 to 103½. Pulse was never under 120, and very feeble—the whole body was cool, and at times covered with a clammy sweat. Beef-tea and brandy were injected into the rectum once or twice daily. Her prostration was very great.

At the end of the tenth day, I removed the drainage tube, although I was able to suck from it three or four times daily, from two to four teaspoonsful of a bloody watery fluid. The tube was found to contain at its lower extremity a plug of solid lymph, about one inch long.

October 13th, one week after the operation. After the fourth day temperature fell below 100, and has not risen above it to this time. Pulse gradually subsided to 108, at which I found it to-day. Digitalis stopped after fourth day. Hypodermics of quinia stopped after eighth day. Her bowels were well moved by an injection of beef tea and brandy on the third day, and have been moved every day since. Passes flatus freely. Brandy and milk continued in same quantity, every two hours, night and day. Has some sero-purulent discharge from the seat of drainage tube.

October 19th, two weeks after the operation, temperature 98, pulse 100. Still some oozing of sero-purulent fluid from seat of drainage tube. Removed all sutures twelve days after the operation. Union complete, except where the drainage tube was. Tongue dry and red, complains of great weakness, bowels regular and is much troubled with wind colic. Is taking large quantities of rich milk, with brandy or old port wine.

November 2d, four weeks after the operation. Our patient has continued to improve slowly since last note. Has been eating and enjoying solid food for the past few days in addition to milk and brandy. Has been very nervous and depressed and sleepless. Opiates, bromides and paraldehyde made her worse, and it was only when I put her on large doses of extract of sumbul and assafoetida in capsules that she became calm and cheerful, and obtained plenty of refreshing sleep. She has improved rapidly under these remedies, and sat up in a chair for the first time to-day.

November 8th, convalescing rapidly. Has a good appetite, is cheerful and brightened, with no unpleasant symptom. Is sitting up

and moving about her room. Drainage tube opening healed.

Will this diseased mass, thoroughly removed from the pelvic organs of this lady, manifest its malignancy, by reappearing in the same place, or in some other part of her body? This is a question yet to be demonstrated, with grave suspicions that it will, but with earnest hope that it will not.

The tumor was sent to Prof. Wm. H. Welch, of the Johns Hopkins University, for analysis, and with his characteristic promptness and kindness, he returned to me the following report.

October 6, 1887.

MY DEAR DOCTOR WILSON:—I send you my report of the tumor which I received from you to-day. The growth is as you diagnosed, a papillomatous cystoma of the ovary. I have repeatedly found in ovarian tumors, as in this case, cancerous nodules, which apparently produce no metastases, unless they grow through the external wall of the cyst.

Thanking you for the specimens, I am,

Faithfully yours,

WILLIAM H. WELCH.

Examination of Papillomatous and Cancerous Ovarian Cystoma Removed by Dr. H. P. C. Wilson, October 5, 1887.

The specimen consists of only a part of the original tumor. The part removed measures 18 ctm. in diameter and 8 ctm. in depth.

The tumor is a large cystoma, consisting apparently of a main cyst and numerous smaller cysts. The external cyst wall is smooth and glistening in most places, but there are the remnants of many old adhesions. There are also several irregular outgrowths from the exterior of the cyst. These outgrowths are solid and covered with the external layer of the cyst-wall. The largest are about the size of a pigeon's egg.

The interior of the cyst contains many papillomatous projections and much sloughy material. In the papillomata and in the main cyst-wall are many cyst filled with thick, colloid substance.

The pedicle consists of connective tissue and blood vessels, apparently belonging to the broad ligament. The fimbria ovarica is present, but nothing else belonging to the Fallopian tube can be detected. There is a small parovarian cyst with clear contents near the attachment of the fimbria ovarica.

Microscopical Examination shows that the interior of the cysts is lined by cylindrical

epithelium. The papillomata are covered with similar epithelium and contain alveolar spaces lined with such epithelium. There are solid masses in the cyst wall with the structure of carcinoma—alveoli filled with epithelial cells.

Diagnosis:—The tumor is an ovarian cystoma of the variety known as papillomatous. In addition to the ordinary appearance of such tumors, there are in the present instance on the cyst-wall carcinomatous growths. The tumor is malignant.

W. H. WELCH.

Oct. 6, 1887.

REMOVAL OF THE OVARIES AND TUBES AT
THE PERIOD OF MENSTRUATION.

CASE III.—Miss S., æt. 38, has been a patient of mine for about 16 years. When she came under my care she had been a great sufferer for some time, confined to her bed, and having hystero-epileptiform convulsions from 5 to 10 per day, often of the most violent character. She had been unable to stand alone for months, and was brought to me on a bed from an adjoining State. She had terrible dysmenorrhœa, and her whole nervous system was in a greatly demoralized state. I never encountered a patient who was a more complete wreck.

I found her with general pelvic cellulitis. Endometritis from cervix to fundus. Uterus anti-flexed and stenosed at the internal os. Her bowels were habitually, and necessarily, constipated. I have known her to go three weeks without an evacuation. At times it was impossible to move them with purgatives. Sometimes I had to rake out the rectum, and at other times I had to assist cathartics by passing a large, and long gum tube up the bowels, and throwing in the most active enemata.

By attending to the bowels, treating the cellulitis locally, and with constitutional means, she greatly improved; the convulsions ceased. She was able to walk about the city, and after several months under my care she was able to return home a greatly changed woman.

She has returned to me several times within the past 16 years for treatment. Has as often been benefitted, but never cured.

For the last few years her health has been declining. She has been again the subject of all sorts of reflected nervous symptoms, especially at the approach of each menstrual

period, when she becomes at times melancholy, at other times, greatly excited, so that she and her friends had grave apprehensions that she would lose her mind. Convulsions have recently returned at the time of menstruation, and she was becoming addicted to the use of anodynes.

Under these circumstances she returned again, appealing to me for relief; and on Oct. 3, 1887, she was admitted to the Hospital for the Women of Maryland. A careful examination, with a knowledge of all that had been done for her in the past 16 years, brought me to the conclusion that the removal of the ovaries and tubes held out to her the only hope for relief from her present suffering and probable future dementia.

After two weeks of preparatory treatment, with laxatives, tonics, and nervines, rest and recreation, so as to brace up a shattered nervous system, the 18th of October was appointed as the day for operating.

When I called to see her the evening before, she informed me that the 18th was the day when she should commence to menstruate, though she sometimes went a week or ten days over her regular time. She had misled me as to the time of expected menstruation, but as everything was now ready, as she was up to the operating point, as she could ill afford the expense of remaining long in the Hospital, as I never consider it wise to postpone an operation when the day is once appointed, I told her that I would perform the operation on the following day, even if her menses did come on. She had been much alarmed by a meddling nurse telling her, the great danger she would be in if she were operated on during menstruation, or if it came on immediately afterwards. On the next day, (Oct. 18th), she was etherized by Dr. Wm. P. Chunn, assisted by Dr. R. T. Wilson, I made an incision of about two inches into the abdominal cavity. The ovaries and tubes were found to be enlarged and bound down by old adhesions. The former were soft and friable, the latter were inflamed and tortuous, doubled up at some points upon themselves. The gentlest manipulation caused the ovaries to tear, and I had much difficulty in raising them sufficiently, with the tubes to ligate them. A double ligature was passed beneath them, cut and tied on either side, and each ligature was again carried entirely around the pedicle, and tied again. The ovaries and tubes were then cut away.

There was some oozing from the late adhesions, but sponging was kept up till all was dry, and the abdominal opening was then closed with seven silk sutures, and the wound dressed with iodoform and a dry linen cloth secured by a bandage.

The patient did well. Her temperature rose one day to 101°. and rapidly fell below 100°. Her pulse never exceeded 110 after reaction from the operation was established.

Menstruation came on the 20th, just two days after the operation, and disappeared on the 24th; without any rise of pulse or temperature.

A few hours after menstruation began, her pulse was 98°, and her temperature was 100½.

She had less flow, and less nervous disturbance at this period than for many months before.

This is my third successful laparotomy done during menstruation followed within twenty-four or forty-eight hours. I have never lost a case operated on during this period, and I am beginning to think it is a propitious time for these operations. I never had a patient to make a better recovery than this, or to have less constitutional or local disturbance.

I herewith present to the Society the ovaries and tubes removed.

GLEDITSCHIN, SPURIOUS AND GENUINE.*

BY EDWARD JACKSON, M.D., OF PHILA.

In publishing my observations on the action of the so-called stenocarpine (in *The Medical News* of Sept. 3, 1887), I stated:

"In studying the action of this drug, one cannot but be struck with its similarity to that of cocaine. * * * This similarity of action raised in my mind the question, whether this new drug possessed any power which would not be possessed by a solution of cocaine to which had been added a portion of one the stronger mydriatics, as duboisine or hyoscyamine."

It seemed to me then, however, that the drug did "possess certain powers, in degree at least, peculiar to it. My im-

*Read before the Philadelphia County Medical Society.

pression is that the solution used, said to be a two per cent. solution, is a more powerful anæsthetic than the four per cent. solution of cocaine."

I also thought that while its influence over the accommodation was more powerful than that of homatropine, that the recovery of the accommodation from its effects was more rapid than from any previously known mydriatic, except homatrophine.

In this last respect I soon found I had been in error. A few days after that paper was published I came across the records of some experiments which I had made nearly six years ago, and some of the results of which I reported in a paper read before the Medical Society of the State of Pennsylvania in 1882; and among them some trials of weak solutions (1 to 1000 and 1 to 2000) of duboisine and hyoscyamine in my own eyes, where the recovery corresponded exactly to the recovery observed after the use of the alleged new drug. This discovery redoubled my suspicions. I then took twenty-five grains of the solution, dried it over sulphuric acid, and weighed the residue, which I gave to Dr. Henry Leffmann, who dried it still further, and weighed it again; its weight, as reported by him, was 1.62 grains. This demonstrated that the so-called two per cent. solution of "stenocarpine" was not what it purported to be.

In my paper, before referred to, I objected to the name stenocarpine as probably not indicating the real source of the drug, and pointed out that Mr. Goodman's description of the tear blanket tree corresponded with that of the *Gleditschia triacanthos*, or honey locust; and stated that "extracts made from the leaves of the honey locust growing near Philadelphia, failed to exhibit any anæsthetic or mydriatic properties." About the same time I wrote to Mr. Goodman asking for specimens of the leaves; and he promised them, but they have not yet been received. Soon after this, however, I obtained specimens of leaves from Jefferson County, Texas, which were pronounced those of the honey locust by Dr. J. T. Rothrock, Professor of Botany in the University

of Pennsylvania, who had been the first to suggest to me that the honey locust might be the tree described. These leaves proved as inert as those obtained in this vicinity.

Shortly after this Dr. J. H. Claiborne published in the *Medical Record* of Oct. 1, 1887, a detailed and illustrated account of the honey locust, stating that Mr. Goodman and Dr. Seward had fully identified it, as the source of the new local anæsthetic, and proposing, therefore, to call the "new" alkaloid Gleditschine. The publication of the above facts indicating the fraudulent character of the "stenocarpine" solution was delayed until some of the genuine Gleditschin could be studied. But simultaneously, Mr. F. A. Thompson, in the *Medical Age* of October 25th, and Dr. John Marshall, in *The Medical News* of October 29th, published analyses of the alleged stenocarpine—Gleditschin solution—by which the fraud was fully exposed. They proved that unquestionably the solution contained cocaine and a member of the atropine group. The latter is not, however, atropine itself, as might be inferred from their papers; but on account of the brevity of the paralysis of accommodation it produces, must be, I think, hyoscyamine, duboisine, or daturine.

When talking with Dr. Henry Leffmann about the *Gleditschia triacanthos*, he told me that he thought that it had been the subject of investigation by the late Dr. B. F. Lautenbach, who had published something about it in the *Philadelphia Medical Times*. On looking into the matter, I found that in the issue of that journal for November 23, 1878, just nine years ago to-day, Dr. Lautenbach had published a brief communication entitled "Gleditschin—A New Alkaloid," with the promise that "in a later publication this subject will be treated of more fully. "The promise remained unfulfilled, doubtless on account of the early death of this talented, original investigator. But the brief preliminary contribution is of that substantial character which always, sooner or later, proves its value. I make from it the following extracts:

"When, however, an alcoholic extract of the unripe seeds and the portions of the fruit immediately surrounding these (the remainder of the unripe fruit is practically inert) was used, very active poisonous effects were observed. In from five to twenty minutes the frogs were in a profound state of stupor. No reflex movements could be excited by any of the known means, though at that time the motor nerves still remained irritable. This loss of reflex activity was not due to loss of function of the sensory nerves through the direct action of the poison on these structures, as, after ligation of all the bloodvessels of a limb, irritation of that limb failed to produce reflex movements when the animal was poisoned with the extract. The heart continued to beat for hours after these symptoms appeared. If a not too large dose was given, the animal recovered after being in this state for twenty-four hours." . . . "To isolate the active principle, the portions of the fruit used were digested in absolute alcohol and ether, tannin precipitated with lime, and the alkaline filtrate neutralized with dilute sulphuric acid. The dense precipitate thus obtained was allowed to crystallize. The crystals were dissolved in water, and the alkaloid precipitated by lime." . . . "The crystals which were obtained were elongated rhombs, almost completely insoluble in water, but readily soluble in alcohol. They leave no ash when heated on platinum. The alcoholic solution is alkaline, and with dilute sulphuric acid gives a dense white precipitate, . . . composed of elongated rhombic crystals, whose angle, however, was much smaller than that of the Gleditschin crystals. Both the original crystals and the sulphate produced in frogs and toads the symptoms before described."

"Gleditschin, as I propose to call this new alkaloid, forms salts with sulphuric, nitric, hydrochloric, acetic, and tannic acids. All these salts crystallize in modifications of the rhomb." * * * "The first symptom produced in frogs is a state analogous to sleep. Following this, rapid abolition of reflex activity takes place, and respiration ceases. The

galvanic irritability of the nerves is much diminished.

After reading this account by Dr. Lautenbach of the substance clearly entitled to the name Gleditschin, I endeavored to obtain some of the unripe fruit, in which, according to Dr. Lautenbach, the drug is to be found. With some difficulty and after considerable delay, a peck of the fruit was obtained, but the pods and seeds were most of them very nearly mature. However, Mr. James A. Kyner, Demonstrator of Chemistry in the Polyclinic, following in the main the method of Dr. Lautenbach, obtained from them a very small amount of a solution of what we believe to be the sulphate of the true Gleditschin. On evaporation it deposits crystals of a narrow rhombic form. When ammonia is added it gives a precipitate, which presently crystallizes in broader rhombs. On the frog it produced the symptoms narrated by Dr. Lautenbach, though my supply of the solution gave out before the stupor was complete. The symptoms reached their height in fifteen minutes after the hypodermic injection of the solution, were passing off in an hour, and had disappeared entirely in less than three hours. *This solution freely applied to the conjunctiva produced no anaesthesia, or dilatation of the pupil, whatever.*

The analyses and tests above referred to, with several others that have since been published, have pretty well disposed of the alleged new local anæsthetic and mydriatic; and Gleditschine has lost its interest for the ophthalmic surgeon. But the incident, disagreeable as its ending may have been to some of us, is not without its useful lessons.

1st. It is shown that such a fraud cannot be carried far even with a drug as difficult of positive chemical identification as cocaine. And every such attempt at fraud can only make more brief the period, and decrease the profit of succeeding attempts.

2nd. It has been demonstrated that cocaine can produce anæsthesia through the unbroken skin; although, as I have pointed out (loc. cit.), this is extremely

superficial; and "to make a painless incision in tissues anæsthetized in this way, one must do it by repeated superficial cuts with the knife, keeping all the time the cut surface bathed with the solution."

3rd. Attention has been drawn to the *Gleditschia triacanthos*, and the genuine Gleditschin discovered and studied nine years ago by Dr. Lautenbach, but recently in a fair way to be forgotten. And in the direction of a further study of this substance lies the probable path of profitable future investigation. The leaves have been proven practically inert, and for several months it may be impossible to obtain specimens of the unripe fruit. But other parts of the plant might be tested for it. In the *Medical Age* of November 10th Dr. Crull states that he has cured gleet with a decoction of the bark of the root of the thorny honey locust (the more common variety), and that taking a tablespoonful of the decoction himself "caused nausea, giddiness, dimness of sight, cold perspiration, and a prickly or smarting sensation of the tongue and throat. These symptoms continued for nearly three hours, when they gradually abated. The evacuation of the bowels the following morning was very bilious and watery."

Society Reports.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

STATED MEETING HELD NOV. 8, 1887.

The President, WM. T. HOWARD, M.D., in the chair.

Dr. Wm. P. Chunn read a paper on

A CASE OF NYMPHOMANIA.*

DISCUSSION.

Dr. G. Lane Taneyhill remarked that in 1866, while assistant physician at the Maryland Hospital for the Insane he was in the habit of cauterizing the

clitoris with a view of preventing the patient from indulging in masturbation; for nine-tenths of his cases of nymphomania were masturbators; this habit being prevented while the organ was in a state of inflammation in consequence of the use of the caustic, he was the more able to control the nymphomania proper by the free use of elaterium and bromide of potassium and low diet. Cold lotions and cold baths did not avail in his cases of nymphomania as they did in cases of satyriasis. He was of the opinion that Dr. Jno. Fonerden was not far out of the way when he so vigorously insisted that masturbation was closely allied with many forms of insanity, but in his (Dr. T.'s) experience among the insane he had found the disgusting habit as frequently a result, as a cause of insanity, especially in cases of nymphomania.

Reviews, Books and Pamphlets.

Differential Diagnosis. By F. DE HAVILLAND HALL, M.D., Assistant Physician to the Westminster Hospital, London. Edited by Frank Woodbury, M.D., Prof. of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Third American Edition, Revised and Enlarged. Philadelphia: D. G. Brinton.

This book is already favorably known to the profession as its third American edition attests. It is essentially a work on differential diagnosis, and this feature is properly the prominent one. The author uses the compact arrangement of parallel columns in which the diseases compared are arranged in order, so that the eye is at once attracted by their similarity or divergence. The whole field of general medicine is embraced, and a very important feature of the little volume is that all the recent work published in periodicals, has been collected and incorporated. The full references to journal literature will be found to be very useful. The book is adapted to the student and the teacher rather than to the general practitioner, though the latter will find it

*See Page 121.

very valuable, when he has not time to go to the voluminous text books.

A Manual of the Physical Diagnosis of Thoracic Diseases. By E. DARWIN HUDSON, JR., A.M., M.D., Professor of General Medicine and Diseases of the Chest in the New York Poly-clinic. New York: Wm. Wood & Co.

Although such a vast number of manuals on thoracic examinations have appeared during the past half dozen years, we feel sure that the one before us will meet with favor. At all events it should be well received on account of its unusual excellence. The work is carefully and systematically done, and the general arrangement of the book is admirable. The illustrations, diagrams, cuts and descriptions of instruments, tables, etc., are excelled in few books we have seen on this subject.

After reading the volume, we regret still more deeply the early death of the author. The book has been carefully edited by Dr. Lawrence Johnson.

Practical Histology. A Course of Normal Histology for Students and Practitioners of Medicine by MAURICE N. MILLER, M.D., Director of the Department of Normal Histology in the Loomis Laboratory, University of the City of New York, pp. 217. New York: William Wood & Co., 1887.

It takes no small amount of courage to issue a new work on the above subject, as so many good works in different language, are before the public and so well covered is the ground; but a careful study of this work and its many illustrations so faithful to nature, will convince all workers that this a book eminently fitted for laboratory work. Each tissue and organ is concisely but clearly treated and illustrated by diagrams and excellent cuts. This work may be recommended as a valuable addition to the library of all histologists and especially useful as a guide book to the student who is just setting out on the difficult path of microscopical anatomy.

On the Animal Alkaloids, The Ptomaines, Leucomaines, and Extractives, in their Pathological Relations. By SIR WILLIAM AITKEN, M. D., F. R. S. Philadelphia: P. Blakiston, Son & Co.

This curious and important group of compounds, so little understood as yet, opens up a wide field for work. This little book of Dr. Aitken's introduces the subject in a pleasant way. He discusses the chemistry in a clear and satisfactory manner, and tells us all that has yet been discovered of the physiological action and pathology of this very potent class.

The subject has excited so much interest that this exposition of it is very apropos.

A Practical Treatise on Materia Medica and Therapeutics. By ROBERTS BARTHOLOW, M.A., M.D., LL.D., etc. Sixth Edition, Revised and Enlarged. New York: D. Appleton & Co., 1887, pp. 802.

A new edition of this valuable work will be welcomed by all students of medicine. The careful study of the physiological action of drugs together with their synergist and antagonists has always made this book useful to the student. Now, however that the new remedies, the number of which has increased so rapidly in the past year or two, have been carefully classed according to their virtue and the book has been enlarged by the addition of about one hundred pages of reading matter and an exceedingly well worked-up clinical index, the busiest practitioner can glance over any remedy and its action with loss of little time. The number of new authorities referred to shows untiring energy on the part of the writer. The book, like the last editions is well printed on good paper.

Practical Notes on Urinary Analysis. By WILLIAM B. CANFIELD, A.M., M.D., Chief of Throat and Chest Clinic and Lecturer on Normal Histology, University of Maryland, pp. 38. Baltimore: Journal Publishing Co., 1887.

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BALTIMORE, DECEMBER 17TH, 1887.

Editorial.

REGISTRATION OF BIRTHS.—The City Board of Health has several times recently sent out an appeal to physicians and midwives to report all births which occur in their practice. That such a request is reasonable is very evident, but the notice on the birth certificate stating that births must be reported within six days does not seem to have the required effect. It is perhaps not too much to say that a great many physicians in the city either wilfully or through neglect fail to report births to the health office. But this is obviously wrong. In the first place how can statistics of a city be kept if there is no coöperation on the part of those interested. Statistics, to be sure, are often false and more often misleading, but they do form a groundwork for comparison and reference. Let anyone read the weekly mortality list and notice that the mortality among the colored is about twice that among the white race. In fact the last report of the City Board of Health shows the following:

Birth-rate per 1,000, white population 18.20.

Birth-rate per 1,000, colored population 19.88.

Annual death-rate per 1,000, white population 18.19.

Annual death-rate per 1,000, colored population 30.52.

The inference would be from this

statement that the colored race is dying out in Baltimore—a thing which will hardly be admitted by even the most unobserving. It is increasing here both by immigration and through the prolificness of the race. A law which could effectively compel all births to be reported would soon change these figures. This is very important both on account of the statistics and also for the individual's sake who may at any time find his name, correct age, etc., a thing which would be very useful as a means of identification. The paternal government, which not only records the births, but all future movements of its people, has its advantages as well as disadvantages.

THE FAMILY PHYSICIAN OF THE FUTURE.—Dr. Andrew H. Smith uses twelve columns of the *New York Medical Record* of December 3d, 1887, to describe what the family physician of the future will or should be. He says it is no ideal sketch, but a prophecy which he thinks will yet be fulfilled. He thinks the physicians of the present day do not occupy their proper position, and have too hard a struggle against ignorance, superstition and quackery. He proposes as the first step a remodeling of the relation of the family physician to the families under his charge. In his plan there is much that should be considered and could be followed, but much of it also seems too impracticable for the present age. In fact a part of this prophecy would be an excellent description of the family physician of the last century, and perhaps it was his intention to revive "ye goode olde tymes" dear to the heart of so many.

In taking up the life of a young married pair, he suggests that their family physician should be selected with the greatest care in every respect. He should not be too old, and young enough to continue in his position for the greater part of their lives. They should give him a medical history of their lives, and those of their ancestors, which information he should carefully record together with results of physical examinations which should be carefully made

from time to time. Sudden death from unsuspected causes should be a thing impossible. At the birth of each child its development should be carefully watched, and each year the height and weight of each member of the family should be taken and recorded. The school life of the children should be supervised, and particularly in the case of the girls. The domestic habits and social life of the family should be considered proper subjects of the doctor's criticism.

All this and other omitted points are given as the duties of the family physician. Poor physician! His lot would indeed be hard.

Imagine the library of such a medical man. Instead of the standard medical works on his shelf, there would be "Records of the Smith Family" in probably six volumes, and other family histories equally profuse. The life of such a man could be easily pictured. He would probably visit each family once or twice a day, take a meal uninvited in order to test the quality of food the children have; stroll about the house and examine into the sanitary condition of the rooms; see that a thermometer hangs in every room, and that the proper temperature is maintained; look over the childrens' school-books to limit their work. The writer of this article seems very sanguine as to the probable future of the family physician.

The plea of the specialist is too well-known and has been too well taken by others to need criticism here. As long as large communities of people exist, as long as physicians show an especial aptitude or liking for a certain part of medicine, as long as the public demands specialties in medicine, so long will specialism last. Every man is sure to excel sooner or later in some part of his business or profession, and the general practitioner who remains a general practitioner all his professional life, treating all diseases equally well, is a very mediocre man, if not a dullard. The proper specialists are not those who from date of graduation limit themselves to one branch of medicine, but those whom their patients make special-

ists; and by gradually eliminating the different branches arrive at their specialty by a process of exclusion. In this latter class the general practitioner must always take rank as one capable of practicing all branches, but excelling in one. Why he should not make such a statement to the public no one knows; that he should not do so is distinctly stated in the Code of Ethics.

Dr. Smith's ideal family physician would probably only be found in Utopia. If he could exist here, it could furnish a new field for "reducing the surplus" of unwillingly idle young physicians, if it did not seriously degrade the profession.

CONTRIBUTORS TO LITERARY MEDICINE.—"By their fruits ye shall know them." It is a too common thing to hear physicians remark with a contemptuous intonation, that they "don't belong to any of the societies" or that they "never write for the journals." These same men, very naturally, have just a little feeling of spite against their brethren who do these things that they hold of little account. Now it is the obvious duty of every man who enters the profession, to advance it in any way that lies in his power, to give his brethren the benefit of his experience or experiments, and there is little danger, as Falstaff says, of making "a good thing too common."

It is gratifying and surprising to what an extent the great discoveries in medicine have come from obscure physicians, working often in the country far away from any center; surprising that the great city professor with everything at his hand has not thought of the discovery of his unpretentious brother, and yet natural that the man who has to depend on himself should hit upon some valuable principle. There is a striking contrast between the foreign journals, especially English, and our own, in this respect, that in the former so much good work is reported from physicians in the country or in small towns, while in the latter, our own medical publications, the work is so largely confined to city men, and pro-

fessors in medical schools. Now there are hundreds of good men scattered through our State, doing excellent work, work that would be of service to the profession to hear about, and in many instances it dies with them, or lives merely as a local tradition. The excuse, or rather pretext, of most of these men, is that they cannot write, that they are not accustomed to speaking, and that no one would be interested in anything they have to say. The next moment this same individual disproves the statement he has just made by button-holing you for an hour to listen to his latest operation. Now it is for the purpose of collecting and utilizing all the work done in the State by our physicians, that the JOURNAL advocated in one of its recent numbers the formation of a State Medical Society. There is no doubt that such an association would accomplish much good.

Another, and a personal feature of this question is that of professional reputation. A physician's reputation from the very necessity of the case, must be established by his professional brothers, by a jury of his peers. A man may gain a certain fame and a good deal of money without this kind of reputation. He may stand in with the *femmes sages*, and yet be very popular with his patients, and be a very inferior physician. The profession is a hard judge, and bestows favors with no very lavish hand, and on this account its approbation is worth working for. It follows then as a matter of course, that the only way to make a reputation that is worth anything, is first to do good work, and then to tell the profession all about it.

PAROXYSMAL HÆMOGLOBINURIA.—Paroxysmal or periodic hæmoglobinuria is not to be confused with that form which occurs after burns and from poisoning with the mineral acids, arsenic, potassium chlorate, carbolic acids, &c. The former is observed from the effect of low temperature, and more rarely after exertion such as long and tiresome marching. There is fever, a chill, and generally some dyspnoea, and in one or two hours dark red urine is passed, urine in

which no red blood corpuscles can be found. In a few hours this passes off and the patient's urine is normal. Men at the middle period of life are most liable. The etiology is very obscure. The question is: "Is it an affection of the kidney or a morbid condition of the blood?" Silbermann, after some experiments on rabbits, concluded that the effect of the above causes was to set free the hæmoglobin in the blood corpuscles. As yet no positive explanation has been given. The urine responds to the chemical tests for blood, but the microscope in this case is useless.

Miscellany.

SUPRAPUBIC PROSTATECTOMY.—At a recent meeting of the Clinical Society of London, Mr. McGill read a paper on suprapubic prostatectomy, and related three cases where the operation had been successfully performed. The operation consists in opening the bladder above the pubes in the usual manner, and removing with scissors and forceps that portion of an enlarged prostate which prevents the outflow of urine. Case 1 had suffered from urinary symptoms for seven years, and had not been able to pass urine without a catheter for seven months. Six calculi, weighing 174 grains, and a portion of the prostate as large as a walnut, were removed by suprapubic incision. The patient made a speedy recovery, and did not require to use a catheter. Case 2: Symptoms of prostatic enlargement for two years, acute symptoms for a fortnight, fetid urine, and frequent micturition. The patient was treated for three weeks by ordinary methods without benefit. The middle lobe of the prostate, the size of a bean, was removed with immediate benefit. He left the hospital on the twenty-seventh day with the wound healed, and passing urine without difficulty. Case 3: Prostatic symptoms for six years. Acute symptoms of greater or less severity for three years. On admission into hospital, the patient was found to be extremely ill. He vomited all his food, had constant diar

rhœa, and passed putrid urine, which deposited one-third of its bulk of pus. On opening the bladder, the ureters were felt to be much dilated. The projecting portion—the enlarged prostate—was removed. He made a quick and satisfactory recovery, and was able to micturate without difficulty. The benefits derived from the operation are of two kinds: first, acute symptoms are relieved by the drainage of the bladder; and, second, the cause of these symptoms is removed by excision of a portion of the enlarged prostate. As yet the operation has only been practised in acute and urgent cases; it is not improbable that in the future it may be resorted to before any acute symptoms intervene.

Mr. Christopher Heath spoke of the great advantage of the suprapubic drainage in cases of long-standing prostatic enlargement with its consequences. He considered Mr. McGill's action as a new departure. Some years ago Sir William Ferguson tried the removal of enlargements of the prostate by the perineal incision as in lithotomy, but the hopes raised by this method did not appear to have been fulfilled. Mr. McGill's mode of treatment may be said to have opened up a great field for enterprising surgery.—*Lancet*, November 19, 188.

THE TREATMENT OF CHRONIC LEG ULCERS WITHOUT REST.—Baum, in the *Deutsche medicinische Wochenschrift*, No. 27, 1887, affirms that by adopting the following mode of treatment, ulcers of the leg may be cured while the patient follows his usual employment. First, the whole leg is most carefully washed with soap, shaved, and brushed with sulphuric ether. Then the ulcer is carefully disinfected with a three per cent. carbolic solution, applied by cloths dipped in it, which are kept on for half a day. The leg is then carefully dried and strapped, the strips crossing in front and overlapping at the edges. The plaster must be spread thickly on the linen; breadth of each strip, four to five centimetres (1½ to 2 inches). Above the strapping eight layers of carbolic gauze are laid, and fastened with a calico bandage.

Every second day the bandage is taken

off, and the carbolic gauze, especially over the situation of the ulcer, is thoroughly sprayed with a twenty per cent. carbolic spirit, then a fresh bandage is applied.

This treatment is continued for four weeks. On removing the whole dressing, the ulcer is found, in most cases, completely healed up. If a small spot should still be open, a small similar dressing is put on for a fortnight.—*Medical News*.

IS CANCER CONTAGIOUS? — Dr. E. Hooper May, of Tottenham, England, writes to the *London Lancet*: In 1883 a patient of mine, aged fifty-three, died with cancer of the uterus, and I have since been informed that in 1886 her husband, aged fifty-seven, had to submit to amputation of the penis for cancer, of which complaint he died a few months ago.

Prof. Garretson's (of Philadelphia), favorite prescription for erysipelas is:

R̄—Quinæ sulphatis . . .	ʒj
Tinct. Ferri chlor. . . .	ʒj
Tinct. cinchonæ comp.	ʒiij

M. Sig.—Apply locally.

—*Practice*.

THE THERAPEUTIC VALUE OF CURRENTS OF GREAT INTENSITY ("Franklinization"). — Eulenburg ("*Neurologisches Centralblatt*") has employed the static current in seventy-four selected cases, including different neuroses. Six of these were permanently cured, thirty-three much improved, while in thirty-five cases other varieties of treatment were called into requisition. The most favorable effects were observed in neurasthenic conditions, complicated with cerebral symptoms (insomnia), as well as in various forms of headache. Neuralgias of the trigeminus and occipital nerves were also benefited. In sciatica and intercostal neuralgia the application of the static current was found not only of a certain amount of benefit, but specially convenient for the operator, as the removal of the patient's clothes is unnecessary. Eulenburg is

inclined to doubt the statements regarding the effectiveness of the static current in hysterical and hystero-epileptic cases, feeling confident that the favorable phenomena observed are largely due to psychical causes. Finally, Eulenburg expresses the opinion that static electricity as a factor in neuro-therapeutics is destined to maintain itself. To be sure, its field is somewhat narrow, but, when employed by those experienced in its manipulation, results may be obtained with reasonable precision.—*N. Y. Med. Jour.*

OLD PRIMIPARÆ.—The *Centralblatt für Gynäkologie* has recently reviewed a thesis by Dr. A. Eckhardt on the subject of elderly primiparæ. This thesis is based upon five hundred and forty-three first labors in women over thirty years of age, observed in Schroeder's wards. Cases thus relatively old formed but two and a half per cent. of all the labors in the same clinic. They depended upon one or two conditions—lateness of the first coitus, or disease in the woman or her consort. The idea, so prevalent, that the soft parts are very rigid in old primiparæ was authenticated by Dr. Eckhardt's researches, and this condition accounted for the greater frequency, in the same class of women, of lacerations and fistulæ. Disorders associated with pregnancy were found to be more marked and frequent in old primiparæ than in the total of first pregnancies. Placenta prævia and prolapse of the cord were "possibly" more frequent. The statistics proved that contracted pelvis, breech presentations, face presentations, and twin births were also more often seen in old than in younger primiparæ; it is not noted how the greater frequency of contracted pelvis could be explained. Retained placenta appeared more common; atony of the uterus was decidedly often observed in these cases. In primiparæ between thirty and forty years of age the excess of male births was greater than in others, while in primiparæ over forty, on the other hand, there was excess of female births. Relatively, cases of advanced ossification of the fetal cranium were rare. The editor of the article in the *Centralblatt de-*

clared that Dr. Eckhardt had exercised great care in guarding against sources of fallacy in his statistics.—*British Medical Journal.*

THE FREQUENCY OF STERILITY IN THE MALE.—The following *résumé* of F. A. Kehrer's investigations is given by A. Martin, in the *Centralblatt f. d. med. Wissensch.*, September 10, 1887.

The cause of childlessness in many marriages is to be sought much oftener on the side of the man than has heretofore been the custom. This statement is based upon an investigation of the semen. Kehrer has up to the present time instituted this investigation in ninety-six cases. In 3.12 per cent. there existed inability to copulate; in such cases there had always been preceding masturbation. The men suffered from frequent pollutions, or the ejaculations were premature, so that the penis was not inserted into the vagina. In these cases impregnation may result, if before the attempt at coitus a speculum be introduced into the vagina. In several cases conception was obtained by this manœuvre. In 31.21 per cent. azoöpermia existed. In most of these cases gonorrhœa with unilateral or bilateral orchitis had preceded. The author lays particular stress upon occlusion of the ejaculatory duct through gonorrhœal prostatitis. But azoöpermia was also found where no disease of the sexual organs had occurred, and where nothing abnormal in the genital organs could be demonstrated. Oligospermia was demonstrated in 11.45 per cent. Several times masturbation was confessed, or else gonorrhœa with orchitis, or syphilis, had preceded.

But, in addition, the author thinks that the disease of the female sexual apparatus, which may condition sterility, are considered too numerous. Principally, catarrhs under certain circumstances lead to sterility, and Kehrer also thinks that bacteria may exert a destructive influence upon the ovules. It is a question whether these bacteria produce inflammation of the mucous membrane, or only find in the latter suitable conditions for further development.—*Medical and Surgical Reporter.*

ILLEGITIMATE PRACTICE IN GERMANY.

—Before the year 1868 the Prussian law prohibited irregular practice by unqualified men. In that year, however, the law was repealed under the feeling that it was impossible to put down such practice, and that there was a sort of unfairness in having a law of such a nature that a wholesale breach of it was inevitable. Since then efforts have been repeatedly made by the profession for a return to a former condition, to prohibition, but even in the profession itself a wide difference of opinion prevails as to the advisability of such a step. For the purpose of arriving at some kind of concerted action a joint meeting of members of the Berlin Medical Society and the Central Committee of the eight Medical District Unions was called for the 8th inst. Two speakers were selected, one on each side, to discuss the subject. Prof. Mendel, as the advocate of those who were opposed to a renewal of the law, opened the discussion in a lengthened address. The champion of the opposing party was Dr. Becker, President of the Central Committee of the Berlin Medical Unions. It is scarcely necessary to follow the discussion; suffice it to say that at the close the following resolution was proposed and put to the vote: "That the renewal of the prohibition of irregular medical practice, by the introduction of a decision to that effect in the German Strafgesetzbuch, is necessary in the interests of the common weal." The resolution was passed by 168 votes against 164, not a very brilliant triumph for coercionists, or, as Professor Virchow, who is opposed to a renewal of the law, put it, "Das ist nur ein Pyrrhus Sieg!" It is scarcely likely that any action will be taken by the Government when even professional opinion is so evenly divided on the subject.—*Medical Press.*

COPPER AND CONSUMPTION.—Professor Luton, of Rheims, is a long article, concludes that a cure of tuberculosis can always be effected by means of the phosphate of copper, which, however, must be in the nascent state and soluble in an alkaline body. He thinks he has found

a specific in the following formula: Neutral acetate of copper, gr. .15; crystallized phosphate of sodium, gr. .75; glycerine and powdered licorice, each, a sufficient quantity. This for one pill.—*Medical Record.*

THE AMERICAN PHYSIQUE.—Mr. Edward Atkinson has a letter in *Science*, November 11, 1887, in which he says: Last spring I received a letter from an English gentleman who is interested in anthropology and biology, asking me if there were any facts to sustain the impression abroad that the white man is deteriorating in size, weight and condition in the United States. I had no positive information of my own to give, and I could only refer my correspondent to the data of the measurement of soldiers, and to some other investigations of less importance.

It occurred to me, however, that, since by far the greater part of the men of this country are clad in ready-made clothing, the experience of the clothiers might be valuable, and that, from their figures of the average sizes of the garments prepared by them for men's use, very clear deductions could be made as to the average size of the American man.

I therefore sent a letter to two clothiers in Boston who have been long in the business, one in Chicago, one in New York, one in Baltimore, one in Detroit, one in Texas, and one in Montreal. The information received in return is to this effect:

In any given thousand of garments the average of all the returns is as follows: chest measure, 38 inches; waist, 33½ inches; length of leg inside, 32½ inches; average height ranging from 5 feet 8½ inches to 5 feet 9 in New England, up to 5 feet 10 for the average at the South and West. A few deductions of weight are given from which one can infer that the average man weighs between 154 and 160 pounds.

My correspondent in Chicago states "that, so far as relates to the assertion that the race in this country deteriorates, our experience teaches us the contrary is the case. We are now, and have for

several years past, been obliged to adopt a larger scale of sizes, and many more extra sizes in width as well as in length, than were required ten years ago. Different sections vary very much in those requirements. For instance, an experienced stock-clerk will pick out for South and Southwestern trade, coats and vests, breast-measure 35 to 40, pants always one or two sizes smaller around the belly than the length of leg inside; for Western and Northern trade coats and vests, breast-measure, 37 to 42, pants 33 to 40 around the belly, 30 to 34 length of leg inside."

My correspondent in Texas gives the average 38 inches chest, 33 to 34 inches waist, 32½ leg-measure, 5 feet 10 inches height, adding, "We find that waist measure has increased from an average of 32 to 33 inches during the past five years, and we think our people are becoming stouter built."

My correspondent in Baltimore had previously made the same statement: to wit, "Since the late war we have noticed that the averaged-sized suits for our Southern trade has increased fully one inch around the chest and waist, while there has been no apparent change in the length of pants."

I asked this firm if the change could be due to the fact that the colored people had become buyers of ready-made clothing, but have for reply that the fact that the negroes are buying more ready-made clothing now than previous to the war, accounts in only a small degree for the increase of the size, but is due almost entirely to the increased physical activity on the part of the whites. The experience of this firm covers thirty-five years.

My correspondent in New York states that "for the last thirty years our clothing, numbering at least 750,000 garments yearly, has been exclusively sold in the Southern States. We find the average man to measure 37 inches around the chest, 32 to 33 around the waist, 33 to 34 inches length of leg inside, average height 5 feet 10 inches. The Southerner measures more in the leg than around the waist,—a peculiarity in direct contrast to the Western

man, who measures more around the waist than in the leg."

Possibly the average size for a woman could be deduced from the data of manufacturers of knit goods. From what I know of the business of the clothiers to whom I made application, I should infer that the figures which I have submitted above would cover more than one hundred million garments; and I know of no better method of coming at a rough-and-ready conclusion regarding the size of men, than the one which I have adopted. — *Scientific American*.

KNOCK-KNEE.—Mr. Ruston Parker speaks of the tendency that slight degrees of knock-knees show toward recovery if the body weight be taken off the leg even for a short while. He would advocate this as the first and mildest means of treatment in beginning cases, simply that the erect position should be avoided for awhile and the child should creep. Next flat-foot is so commonly associated with knock-knee, and withal so much more common than knock-knee, that it seemed reasonable to attribute the knee deformity to it, and the supposition is verified, Parker says, by the success of the following method of treatment; the simple device of raising the inner side of the boot sole and heel and sloping it off toward the outer side, a contrivance adopted from Mr. Thomas.

If mechanical treatment is made necessary, he finds Thomas's knee and splint of the calliper variety the most useful, and there are few cases, he asserts, where the deformity cannot be so corrected without laying up, unless the bend is excessive.

In very hard cases he at once uses osteotomy and applies a long Thomas knee-splint and treats the case as he would treat an ordinary fracture of the leg.—*Boston Med. and Surg Jour.*

BUCKWHEAT RASHES.—Dr. Wm. B. Atkinson, of Philadelphia, writes to the *Medical Times*: "As this is the season for buckwheat cakes, it is probable that a very large number of our people, es-

pecially the younger members, are indulging in this staff of life. I desire to obtain your aid in an investigation which I am about to make. There seems to be belief, more or less common that buckwheat when eaten will occasionally be productive of eruptive diseases, as urticaria and the like. My opinion has often been asked whether young children should be allowed to eat freely, or at all, of buckwheat cakes. From my own experience, I have always replied in the affirmative, of course guarding this advice by caution as to over-indulgence.

I desire now to bring the subject before the brethren, and request that any who may have records of cases where eruptive or any other form of disease has followed and been supposed to result from the use of buckwheat, will kindly furnish me the data. I will also be obliged for information as to the existence of any literature of this subject."

THE NEED OF A MORGUE.—Another illustration of the great necessity for a morgue in this city was given on Wednesday, of this week. The body of an unknown white man was found floating in the water at the foot of Spear's wharf. The body was taken at once to the dead-house at the Eastern Public Cemetery, more appropriately known as the "Potter's Field." Here it was held for identification for a few hours. The wife of the dead man seeing a description of the body in the morning papers called at the dead-house to identify the same. She arrived in time to find that the remains of her husband had been transferred to some dissecting room. It is in this manner that a well-grounded prejudice against the right to dissect the human body is fostered in every intelligent community. A morgue properly conducted would do away with such accidents and consequent violation of the feelings and rights of the living.

A RARE FORM OF ENLARGEMENT OF THE TESTICLE.—At a recent meeting of

the Paris *Société de chirurgie*, a report of which we find in the "Union médicale," M. Le Dentu spoke of cases of elephantiasis of the scrotum preceded by enlargement of the testicular affections of an allied nature without implication of the scrotum. In view of the frequency of malarial orchitis in hot countries—which he regarded as a lymphangitis—it had occurred to him that these cases of enlargement of the testicles might be of malarial origin, the process being the result of repeated attacks of lymphangitis. A practical point which he emphasized was the great efficiency of scarifications in the treatment, but he added the caution that they should not be numerous enough or often enough repeated to weaken the patient.—*New York Med. Journal.*

IODOFORM, DEODORIZED.—Cantrelle, pharmacist at Paris, has found, of all ways devised for hiding the odor of iodoform the following combination is the best:

Iodoform	gr. 15.
Menthol	gr. $\frac{1}{2}$.
Ess. of lavender (of best quality)	gtt. 1.

In addition, the hands may be washed in water containing a little lavender brandy or essence. Cocaine may be added, when instant anæsthesia is required, as follows:

Iodoform	gr. 15.
Cocaine	gr. $\frac{1}{2}$.

—*Bulletin Général de Thérapeutique*, Nov. 15, 1887.—*Med. News.*

Mrs. John Jacob Astor, of New York City, a lady widely known for her numerous and munificent donations to charitable institutions and other philanthropic works, died during the present week in that city. Among Mrs. Astor's latest gifts was a donation of \$225,000 to the New York Cancer Hospital and \$1000 to the New York Academy of Medicine.

Medical Items.

A Gynæcological Society, of which Professor Makejew is the President, has been founded at Moscow.

A French edition of Mundé's work on the Use of Electricity has been received. It is translated by Ménièr, editor of the *Gazette de Gynecologie*.

The Medical Department of Darmouth College conferred the degree of Doctor of Medicine upon 26 graduates at its recent commencement on November 22d.

There is a mind cure medical college in Rutland, Vt., which issues diplomas. Its graduates can use the letters M.D. after their names, and say that they mean Mind Doctor.

M. Choupe has begun a series of researches upon the toxic action of cocaine. He suggests that all the observations on this subject, made by different practitioners, should be published.

At a meeting of the Board of Delegates of the London Hospital Saturday Fund it was resolved to distribute £10,000 among the London medical charities. This is the largest sum yet divided.

A congress of physicians and veterinaries having for its object the scientific study of tuberculosis in man and in the other animals, will meet at Paris in July, 1888. under the presidency of Professor Chauveau.

Two new books of popular nature are announced from Dr. S. Weir Mitchell: one a volume of essays entitled "Doctor and Patient," and intended especially for women; the other a novel, "In the Far West."

Stadelmann, of Heidelberg, regards diabetic coma as a poisoning by acid, and again recommends intravenous injections of a three per cent. solution of carbonate of sodium in a half per cent. solution of chloride of sodium.

Dr. B. A. Turner, who has served for some three or four years as assistant physician to the Maryland Hospital for the Insane, has resigned that position. Dr. D. B. Evans, of Millington, Kent County, Md., succeeds Dr. Turner.

Dr. de Sinéty recommends the following anodyne draught in dysmenorrhœa: Tincture of cannabis indica, 1 gr. 50 per cent.; distilled water of prunus laurocerasus, 10 gr.; distilled water of tilia, 100 gr.; syrup of opium, 20 gr.; syrup of ether, 20 gr. This mixture is administered every hour, provided that none of the orifices are contracted. When the pain is very violent, hypodermic injections of hydro-

chlorate of morphine are given. Chloroform douches applied to the vagina are very efficacious.—*Brit. Med. Journal*.

The doctor is a generous man,
But people cheat him when they can;
They have their health restored on trust,
And pay him something when they must,
And swear no bill is bigger than
The doctor's.—*National Druggist*.

Professor Windle has examined the arteries forming the circle of Willis in two hundred cases; abnormalities were found in eighty-one.—Professor Macalister says the evidence goes to show that all median arteries are formed by fushion.

An Imperial decree has been issued in Brazil, rendering cremation compulsory in cases of death from yellow fever. The expenses of the construction and maintenance of the crematoria, together with all other expenses relating thereto, are to be paid out of the rates.

The authorities of Queen's College, Birmingham, have considered it advisable to make the teaching of gynæcology independent of the teaching of midwifery, and have consequently established a chair of gynæcology, to which Mr. Lawson Tait has been appointed.

The prescription of theine recommended by Dr. East, of Mayo, for hypodermic use in the treatment of neuralgia, is as follows: \mathcal{R} . Theine, sodium benzoate, aa ʒj.; sodium chloride, gr. viij.; distilled water, fʒj. M. Sig.: For hypodermic use. Six minims equal one-half grain of theine.—*Philadelphia Polyclinic*.

Fire in the laboratory of L'École Pratique de Médecine at Paris, recently caused damages estimated at \$20,000. Its source was a burning gas jet. Inflammable chemicals aided the spread of the flames until the Physiological Laboratory was set on fire, where much valuable apparatus was destroyed.—*Med. News*.

The Boston Medical Library Association has authorized its Executive Committee to purchase land on St. Botolph St., on which at some time in the future to erect a library building. In order to secure the new lot it has been necessary to place a mortgage upon the newly purchased land, and also upon the present library building.—*Boston Med. and Surg. Journal*.

An army surgeon of France is said to have proposed in the Academy of Medicine that the course of the arteries should be tattooed on each soldier's body, so that in case of his receiving wounds in war he would, when surgical aid was not at once available, know where to apply the needed pressure for preventing loss of blood and probable consequent death.—*Brit. Med. Jour.*

Original Articles.

PLACENTA PRÆVIA.*

BY JOHN MORRIS, M.D., OF BALTIMORE.

The literature on the subject of placenta prævia, during the last two years, has been very abundant; indeed no single trouble connected with medicine has received greater or more painstaking attention.

With the exception of the presentation of the merits of the bi-manual method of version, very little that is new or suggestive can be gleaned from a perusal of the papers and discussions that have been published in the journals. What was wanting heretofore was some well-defined rules to guide the young practitioner of midwifery in his course when called on to treat so grave a complication.

Three fatal cases of placenta prævia that have recently come to my notice, all of which I saw in consultation, convince me that some more positive and radical views of treatment should be adopted in this grave trouble than those suggested in the text-books of the day.

For purposes of discussion I submit the following propositions:

1. No expectant plan is justifiable in cases of placenta prævia. The uterus must be emptied as soon as possible after the discovery of the trouble, no matter what the stage of pregnancy may be. A halting, hesitating practice means danger both to mother and child.

2. That the life of the child must not be considered in the treatment of the case.

3. That the manner of emptying the uterus must be left to the individual judgment of the medical man in attendance.

4. That in cases of central adherence of placenta the safest and best practice is to separate the placenta entirely.

5. That in cases where the placenta is adherent in the latero-cervical zone of the uterus partial detachment may be sufficient, but if the hæmorrhage is not arrested, the whole mass should be re-

moved and means of delivery at once instituted.

6. That the colpeurynter is the only tampon that can be safely used in these cases—that sponges, silk handkerchiefs and other forms of tampon are nasty, filthy and septic, and should never be employed.

7. That the bimanual treatment, whenever possible, is the best and speediest form of delivery.

8. That chloroform must be administered in all cases in which manual interference is necessary.

In my judgment there is no emergency in obstetrics so dangerous, and in which skill, judgment and energy are so necessary, as hæmorrhage resulting from placenta prævia. Statistics show that the maternal mortality in these cases is from twenty-five to forty per cent. Of the four last cases that had come under my notice, all in consultation, three proved fatal—two from septicæmia, on the fourth day, and the third from sudden and uncontrollable hæmorrhage. The fourth case, which recovered, was treated by a pupil of mine who had lived in the Maternity Hospital, Vienna, for two years and was thoroughly acquainted with the procedures of that school. Dr. Parvin could not have had much experience in these cases, or he would not have recommended delay or palliative measures as he has done in his recent book. Patients die from two causes, anæmia and septicæmia. Septicæmia becomes essentially fatal in the presence of anæmia. The anæmia is the result of the repeated hæmorrhage permitted to take place under the expectant plan of treatment.

Statistics show that in cases of placenta prævia two-thirds of the children perish before the full term and of those that are born alive one-half perish soon after birth, therefore, considerations of humanity would lead us to think only of the safety of the mother; indeed, in adopting measures for her speedy delivery, without regard to the safety of the child, more children would be saved in the end.

The manner of emptying the uterus must be left, as before stated, to the in-

*Read before the Harford County Medical Society, November 15, 1887.

dividual judgment of the practitioner.

The colpeurynter is the only tampon that can be safely used. It answers many purposes; it softens the cervix and leads to gentle and gradual dilatation of the os; it relaxes the vagina and soft parts and thus prepares the way for the use of dilators such as Molesworth's or Barnes' bags, or even the fingers if practicable. The fingers are the best dilators and in a majority of cases prove the most efficient agent. The colpeurynter should be filled with hot water, hot as the patient can bear; this should be renewed every hour. Cotton and sponge tampons are a nuisance and should be discarded.

Colpeurynter is, I am sorry to say, little known to the general profession. It is only those gentlemen who have been educated in Germany, particularly Vienna, who are acquainted with its remarkable usefulness. There is no other means so valuable in the induction of premature labor.

The safest and best mode in cases where the placenta is centrally adherent is to separate it entirely. This arrests hemorrhage and clears the way for further procedures looking to rapid delivery. It is claimed, it is true that the hemorrhage does not proceed from the placental surface supplied by the tortuous uterine arteries, but from the uterine veins. This may be true to some extent, but when the placenta is removed pressure can be brought to bear on these bleeding vessels and the hemorrhage thus be arrested. Separation of the placenta itself furnishes a source of irritation which excites the uterus to action, but we cannot trust to the mere hæmostatic resources of nature. The cases in which there is no uterine action are the most dangerous and require the promptest measures. The manipulation necessary in this condition will generally induce contractions. Astringents and ergot are useless. They only serve to encourage delay when delay means death.

When the head presents and labor pains are active no manual interference is necessary. In cases of this character the hemorrhage is absolutely arrested by the pressure of the head.

The bi-manual plan of delivery, recently brought into use, is no doubt the best and speediest form of delivery; but it is not always practical. The young gentlemen who have recently returned from Vienna describe it as a very easy procedure; but I am quite sure that gentlemen educated in the old school of midwifery will not so quickly recognize its great facility. Of course, if bi-manual version is not effected turning by the ordinary method is the only alternative.

Since this paper was written, I was called to a case in which I had a fair opportunity to test the bi-manual plan. Mrs. M., a patient of Dr. George B. Reynolds, had had slight hemorrhages for two weeks. On Sunday, November 13th, after riding in a car, she had a sudden and very profuse discharge of blood and immediately sent for Dr. Reynolds. The doctor suspecting the nature of the trouble invoked my assistance. I found the patient very much alarmed. She had no pains. On examination the os was discovered slightly dilated, sufficiently so to admit two fingers. The placenta, which was partially detached, was found in the left lateral cervical zone of the uterus. The head of the child presented, but it had not entered the pelvis. Pushing it up gently with two fingers and employing the external manipulation suggested by Dr. Braxton Hicks, I succeeded without any effort in securing a foot and bringing down the leg. Great violence was afterwards necessary to deliver the child, but notwithstanding this it was born alive and is now thriving very well. The mother had not a single unpleasant symptom. The result of this case convinces me that the Braxton Hicks' method is in many instances feasible and should always be attempted.

RECTAL INJECTIONS IN CYSTITIS AND ENLARGED PROSTATE.—Dr. Vercoe calls attention to the value of rectal injections of hot water in cases of enlarged prostate and cystitis. He irrigates the prostate and base of the bladder with hot water, applied directly to the parts through a large, double-eyed catheter passed per anum.—*The Medical Age.*

PLACENTA PRÆVIA WITH REPORT OF CASE.*

BY L. E. NEALE, M.D., OF BALTIMORE, MD.

Demonstrator of Obstetrics in the University of Maryland; Junior Obstetrician to the Free Lying-in Hospital.

Mrs. K., white, 35 years of age. III para, good health and physique. The third and last pregnancy was apparently perfectly normal and advanced to full term.

October 3rd, 1887, 4 A. M. she arose from bed to use the chamber, and whilst sitting upon the same she experienced a sudden and alarming uterine hæmorrhage, probably to the amount of one pint. This was the first intimation of labor, and slight uterine pains and hæmorrhage followed. I arrived within two hours and found the vagina full of blood clots, a slight oozing from the uterus, the os about one inch and a half in diameter, membranes felt over one-third of the os to the left side intact, thin placental tissue covering the remainder.

Vertex freely movable above the pelvic brim presenting L. O. I. A., general condition of child and mother excellent.

Diagnosis:—Placenta prævia partialis.

Prof. G. W. Miltenberger, being called in consultation, confirmed the diagnosis and administered chloroform.

Treatment:—External pelvic version and extraction.

Without the slightest difficulty I turned down the breech from the fundus to the os by external manœuvres, merely making inverse pressure on opposite extremities of the fetal ovoid until the breech came down to the superior straight. Then holding the breech down with my left hand over the abdomen, I passed my antiseptic right hand into the vagina and two fingers of the same through an os about the size of a trade-dollar. A hand was first felt through the membranes and then upon pressing down the breech more firmly

from without, a foot came within the grasp of my two fingers, index and middle, and was at once drawn through the os.

Of course, as both membranes and placenta were torn by this procedure, there was a gush of bloody fluid that was, however, instantly checked by the tamponing leg of the unborn child. My active measures now ceased and I felt the happy confidence of being master of the situation. Gentle but firm and steady traction on the foot gradually brought down the leg and thigh through the tightly encircling but yielding os, and everything seemed favorable until the breech was brought down together with a mass of pulsating cord into the upper part of the vagina.

The traction was now increased, pulling always on the left leg; the breech, trunk and arms were rapidly delivered, and the after-coming head extracted by the Smellie-Veit grip.

The patient was thus delivered within 30 minutes from the beginning of the anæsthesia; she sustained no injury whatever, and I am sure did not loose $\frac{1}{2}$ ij of blood during the entire operation. The placenta was readily expressed (Credé), the uterus contracted and retracted well, a 1-4000 bichloride intra-uterine douche was given and $\frac{1}{2}$ i of ergot per os completed this very simple, rapid and highly effective treatment.

A fine male child was born asphyxiated (probably on account of the compressed prolapsed cord), but was revived by Schultze's method of artificial respiration. The puerperium was perfectly normal and both mother and child are now in excellent condition. I consider the interesting points of this case to be:

- (1.) The entire absence of premonitory hæmorrhage:
- (2.) The treatment.

Before the State Society in May, 1885, and our own little circle on Feb. 8th, 1887, I directed the attention of our local profession to Lomer's excellent and most eminently practical "*Original Communications on Combined Turning in the Treatment of Placenta Prævia.*" (*Amer. Jour. of Obstetrics*, vol. xvii, No. 12.). I accept this oppor-

*Read before the Gynæcological and Obstetrical Society of Baltimore, November 8th, 1887.

tunity of again mentioning the brilliant results attending this method of treatment. Think of 93 cases of placenta prævia with but one maternal death, or a mortality of about one per cent. Consider 178 cases with 8 deaths or 4.5 per cent., or "placing the statistics in the most unfavorable light possible, and including every single case, even such as had been treated according to other methods, previous to the employment of the bimanual method of turning" we have a total of 236 cases with 21 deaths, or about 10 per cent. maternal mortality. Contrast with this King's 240 cases with 54 deaths, or 22.50 per cent. maternal mortality, (*Amer. Jour. of Obstetrics*, vol. xiii, No. 4, p. 750.) which is the best showing next to Lomer's ever made, and tell me, do these figures direct us to the proper treatment of placenta prævia?

Text-books place the maternal mortality in cases of placenta prævia from 24 to 40 per cent. under various methods of treatment, while here we have even under the most unfavorable conditions only 10 per cent., with a possible 1 per cent. in those cases not previously mal-treated.

To my mind this places the matter beyond argument; if we pin our faith on facts, we have them here. Had I any doubts on the simplicity and efficacy of this treatment the case herein reported would certainly tend to remove them.

But I will not be enthusiastic for, unfortunately, this plan of treatment is not practicable in all cases of placenta prævia when first seen by the accoucheur; yet to be brief, I am of the opinion that it is the best treatment whenever practicable. Even when we investigate the results of the treatment upon the children this conclusion is not in the least invalidated.

We know that if placenta prævia cases are left to nature about two-thirds of the children die anyhow, and one-half of those born alive die within the first 10 days of extra-uterine existence.

Compared with this we have 50 per cent. of the children in Lomer's 101 cases and 60 per cent. of the entire 178

cases collected that died and these figures are certainly as creditable as those from various other plans of treatment where the infantile mortality ranges from 50 per cent. under Braun to 75 per cent. under Schwarz. Moreover, in such a dangerous condition, although the life of both child and mother should be saved if possible, there should never be any question between the two, for it is the universally accepted opinion that the safety of the mother should always hold precedence over that of her unborn offspring. Therefore I would briefly summarize the following practical conclusions regarding this subject. First of all let us bear in mind that an early diagnosis by touch, the only positive method, should be made as soon as possible and is of the utmost practical importance in cases of placenta prævia.

2. That placenta prævia is an exceedingly dangerous pathological condition that should be removed as early as practicable, and therefore temporizing treatment, by which the pregnancy is allowed to continue, is certainly not justifiable after the 32d or 34th week or period of possible and probable extra-uterine foetal viability.

3. Inasmuch as the mother is never safe until completely delivered, that should her life be endangered by hæmorrhage or the child be dead before this period, the evacuation of the uterus should follow as soon as practicable after the diagnosis.

4. That the woman is never safe from hæmorrhage until the uterus is completely and thoroughly contracted and retracted upon itself.

As regards the treatment during labor:

1. In cases of head or trunk presentation, pelvic version by the external or combined method of Braxton Hicks and the extraction of a foot through the os, then leaving the subsequent delivery to nature or completing it as soon as possible according to the urgency of the case, is the best treatment, because it can be applied as early as the os will admit two fingers and because its efficacy is amply demonstrated by its excellent results.

2. "When the placenta is only felt marginally, when the head has entered the pelvis, when pains are strong and hæmorrhage not very profuse, then rupture of the membranes seems to be the right thing."

3. The tampon is only a temporary make-shift or entering wedge to a more radical treatment. It should only be used when the os is so undilated and undilatable that the finger can not enter to perform bi-polar version or grasp a foot. It should be applied under antiseptic precautions; it should remain *in situ* not more than 4 hours; it should be removed earlier if deemed advisable; the patient should be under the constant personal observation of the physician during this time.

4. When the os is partly dilated, the pains good, the head in the pelvic cavity and hence version is impracticable, Barnes' method of separating the placenta from the lower uterine segment might possibly be permissible. We should be always ready however to deliver instrumentally whenever necessary.

In cases of placenta prævia, as elsewhere, instrumental delivery may be required according to the peculiar conditions of the individual case, ex. gr., with head immovably fixed in the brim or pelvic cavity forceps or possibly craniotomy might ultimately become necessary. With trunk presentations where version by any or all methods external, combined or internal had failed or were impracticable, decapitation would be required.

In breech presentation where extraction by the hand failed or was impracticable the forceps if applicable, (frank breech: Tarnier forceps) might possibly become necessary and should be preferred to the fillet or hook, etc.

But these general rules apply to all cases alike and need no special mention here.

I would merely say in conclusion that the external method of performing podalic or breech version practiced in the above case being the simplest, easiest and least dangerous (less shock: more antiseptic) of all other methods should in my opinion, whenever practicable, be

given the preference; next bi-polar or combined, and lastly internal podalic version in the order mentioned. The case I consider well-illustrates the plan of treatment herein advocated and although it is possible that the same result might have been obtained by other methods of treatment I must believe that what has served me best, is as far as I am concerned, *the best*.

Society Reports.

BALTIMORE ACADEMY OF MEDICINE.

REGULAR MEETING HELD DEC. 6TH, 1887.

A CASE OF UNCONTROLLABLE EPISTAXIS.

Dr. J. J. Chisolm reported the case of a lad 16 years old who from his first year had had nose-bleeding. His mother said the nurse was throwing him about and struck his nose, and that from that time the hemorrhages had been abundant and fearful. When brought to Dr. Chisolm, the boy had a hyperæmic state of the nasal mucous membrane and some discharge, and on using a douche to remove this discharge a hemorrhage was started which nearly exsanguined the boy. The mother said this was the usual condition; that he lost color, became pallid, dull and stupid, but recuperated quickly, and by the time he recovered another attack would come on and the blood would flow in an actual stream for three or four hours at a time, the left nostril bleeding more than the right. As he was the son of a physician (now dead) nothing had been left undone to help him. Ergot and iron would stop the hemorrhage, but so would time.

Nothing was of use. If he did not bleed for three or four weeks, he became lethargic and sleepy, and after losing about twenty ounces of blood he felt bright and well the next day. The bleeding happened on an average of twice a month, sometimes occurring again after a lapse of three or four days and sometimes with the intervals of a month. He very often bled to fainting. Dr. Chisolm had tried every known

remedy to prevent these attacks but without avail, and even went so far as to use the old-fashioned treatment of putting a blister over the hepatic region.

DISCUSSION.

Dr. G. Lane Taneyhill said he had had three cases resembling in some respects that of *Dr. Chisolm's*. The trouble was not so much to stop the bleeding as to prevent it, and treat the patient in the interim. He had tried many things and found that five drops of the oil of turpentine in milk three times a day, together with keeping the head cool, the bowels open, not allowing too active exercise and avoiding overloading the stomach had accomplished good results. These three cases were now in the eighth month of treatment and were doing well. He had previously used ergotin with little benefit.

Dr. F. T. Miles asked if the galvano-cautery had been used. He thought that a thorough cicatrization of the mucous membrane was a good and not too severe treatment, and in this way the large venous sinuses could be easily destroyed. The turbinated bones were also now often extirpated as a remedy.

Dr. J. J. Chisolm replied that he had been removing turbinated bones for many years back, and did not consider it an operation to fear. This was not the ordinary nasal hemorrhage of youth, and it was no hereditary diathesis. He had had another case not long since of hemorrhagic diathesis in which a slight scratch on the finger with a pin had caused bleeding for an hour. In the first case there was no special rhinoscopic appearance.

Dr. F. T. Miles remarked that no constituent (except the hair and nails) of the body was re-formed so rapidly as the blood, and again under some circumstances it seemed impossible for the blood to be renewed.

Dr. S. C. Chew was recently called to see a young lady whom he had known all her life. She had had an upper molar tooth extracted that morning and when he arrived the blood was flowing

in a stream. Alum and cotton soaked with the persulphate of iron had been used and it was still oozing. She had probably lost as much as a half of gallon of blood. He took off everything and applied cotton compresses soaked with the persulphate of iron, when the bleeding stopped. She was extremely blanched, but the next day he saw her and she was as well as ever.

He then reported a case of

HYDROPHOBIC TETANUS.

The case occurred in the practice of *Dr. William Green* and was exceedingly rare. When he saw it there was great difficulty in swallowing and an aversion to attempt to swallow. The reflex irritation of the vessel to the lips brought on spasmodic action. The nozzle of a teapot was wrapped with cotton and introduced behind the molar tooth and nourishment was given. The treatment had been chloral, bromide and morphia hypodermically. The etiology was obscure. There was no history of traumatism unless a German sand soap which he used could have been the cause. The patient died.

Dr. William Green said he was much at sea about this case. He was sent for one Sunday and found the patient up and about. Did not think much was the matter, left a prescription and said he would return soon. On Tuesday he called to see his wife and was informed that he had gone to business. On Wednesday thought he was bilious and prescribed quinine. On the following Sunday he was sent for again but his patient did not seem very sick. The dose of quinine was increased. On Wednesday the patient complained of feeling very tired and in the afternoon he showed some incoördination in the arm on attempting to shake hands. There was no fever, the pulse was 72, tongue clean and digestion good and only a feeling of general malaise. *Dr. Chew* was called in and by that time it was necessary to give chloroform to keep the patient quiet. He had opisthotonos and an aversion to liquid but at no time did he have trismus to any

extent and he could open his mouth partially at all times except just before his death. The was no specific history.

Dr. F. T. Miles thought it was a wonderful case. The incoördination was out of the range of tetanus, and the want of trismus was remarkable. The difficulty of swallowing was sometimes caused by an occlusion of the glottis and did not always indicate an unwillingness to swallow.

Dr. J. J. Chisolm spoke of the profuse sweating which *Dr. Green* said came on at the last.

Dr. S. C. Chew said there was no history of traumatism about the face as is usually the case. In reply to *Dr. H. P. C. Wilson* he said that the incoördination came on five days before death. He referred to a case which he had seen with *Dr. Miles*. It was a case of acute bulbar paralysis developing with great rapidity. Anti-syphilitic treatment cured it.

Dr. Christopher Johnston had used conine in half-drop doses.

Dr. H. P. C. Wilson had seen many cases of tetanus but had never seen a case of idiopathic tetanus, and had had ample opportunities in a large hospital dispensary and private practice of observing many cases. He thought chloroform was the best treatment.

Dr. T. A. Ashby reported a complete recovery of his case of removal of the uterine appendages described at the last meeting.

Dr. J. J. Chisolm then read a paper entitled

A VERY VALUABLE LESSON FOR THOSE
WHO USE CHLOROFORM.

In the discussion which followed

Dr. F. T. Miles spoke of the stimulating centres of the heart. He said the centre in the medulla was inhibitory and if stimulated the respiration would be inhibited. The cardiac centres were stimulated by the venous blood. *Brown-Séguard* recommended that the nose and mouth be stopped to stimulate the cardiac centres. In reversing patients in chloroform narcosis he thought

that the effect of the large amount of blood below the thorax was stimulating. The liver contained one-fourth of the blood of the body and the hepatic veins could not collapse and thus the blood was carried directly into the cardiac cavities from auricles to ventricles.

Dr. S. C. Chew congratulated *Dr. Chisolm* on his boldness of action. He saw a case not long ago in which inversion was of no avail. *Fleurbaey* as well as *Nélaton* had made observations in this direction. When the heart ceased to act at once this method was of no use.

Dr. H. P. C. Wilson had used chloroform many thousand times and fortunately never had a fatal case. Had had patients very near death but inversion with other remedies had been successful. Time was often lost in giving remedies. He had seen an unpleasant case in Liverpool in the service of *Dr. Alexander*. The patient would have died but *Dr. Wilson* suggested inversion and restoration was complete. Chloroform was almost universally used in England.

Dr. Hiram Woods, in speaking of the modes of death from chloroform as described by *Dr. Richardson*, said that when the heart stopped suddenly all was at end, and reversion then was without avail. It was important to know when to invert and it was also important to direct more attention to the countenance of the patient. In the case just reported *Dr. Belt* gave the chloroform and *Dr. Randolph* held the pulse, and yet both *Dr. Belt* and *Dr. Woods* observed a change in the face before anything was perceptible at the pulse. The capillaries might indicate a change more quickly to the sight than the radial pulse to the finger. The method of inversion was good in slow heart failure in which if let alone the patient would surely die. In this case the man had a strong regurgitant murmur. What would have been safer than chloroform?

ST. GEORGE'S HOSPITAL, London, has received a bequest of \$500,000.

THE CLINICAL SOCIETY OF
MARYLAND.

STATED MEETING HELD DEC. 4, 1887.

The 198th meeting of the Clinical Society was called to order by the President, Dr. N. G. Keirle in the chair.

Dr. I. E. Atkinson read a very interesting and instructive paper entitled

THE PHARYNGITIS OF SCARLATINA.

Dr. Samuel Theobald spoke of the middle ear complications. He said that in his experience he had gotten very little effect from the use of tinct. iodine, or the oleate of mercury locally—but had found that atropia sulphate grains 4 to 3i would give great relief. He usually drops 5 or 6 drops in the ear and keeps the child quiet for several minutes. He thinks he has seen cases of such inflammation cut short by this method of treatment. In addition to atropia he will now use cocaine. He does not think that external applications accomplish much. Atropia gives almost instant relief from pain and if used early enough will often prevent destruction of the drum membrane.

Dr. Randolph Winslow said that he once saw a case that died from strangulation by the complication of scarlet fever. He thinks that tracheotomy ought to be done in such cases.

Dr. W. Rickert said that if the operation of tracheotomy is done for the purpose of relieving the larynx, it ought to be done in all such cases.

Dr. A. K. Bond referred to a paper he had read where he reported a number of cases of scarlet fever. Exudation was found in the throat of seven cases, when this was removed it left a bleeding surface. He did not consider it diphtheria, because there was no paralysis in any of them, nor did any other cases occur at the time. There is another form of inflammation described where there is a whitish infiltration with the surface smooth and shiny. Iodine is objectionable locally, so is iron, because, he thinks, they destroy the mucous membrane and exudation

results. Strong agents of any kind will complicate matters.

Dr. Hiram Woods said that cases of purulent otitis from scarlet fever are attended with more complete deafness than otitis from other causes and they are very hard to cure. The cavity of the middle-ear is usually filled with granulations. Atropia does give almost instant relief if the drum is not ruptured—when this condition does exist and the drum membrane is still intact, the next treatment is to puncture it and let the inflammatory material out.

Dr. I. E. Atkinson said the frequency with which the hearing may be saved depends upon the time of interference and if the drum is punctured when bulging takes place, many cases of hearing may be restored. Objections to the idea of not performing tracheotomy in these cases, do not have the slightest force. If any lives were shown to have been saved by it, then practice tracheotomy, but 100 per cent. die. Why then perform the operation? In diphtheria it is a good thing to do because a certain number of lives are saved by it.

HERNIA.

Dr. L. McLane Tiffany related five cases of hernia upon whom he had operated during the present year. One of the cases, he said, was too recent to include in the full report. He spoke in some detail about four of them.

CASE I.—Female, æt. 66 years, on whom he operated March 24th last. She had a double femoral hernia and had never worn a truss. On March 23d, he saw the case. The rupture in the left femoral region was strangulated and had been in this condition for twenty-seven hours. He gave an anæsthetic and tried to reduce it, but failed. The sac was then opened and it was found to contain about two inches of gut, and a certain amount of fluid. The gut was returned and the sac was tied with a cat-gut ligature and cut off. This ligated end was then stitched to the walls of the ring and the wound was united with cat-gut sutures and dressed with iodofom gauze.

CASE II.—Patient was a child æt. 15 months who had a right oblique inguinal hernia. The gut descended on July 4th and he saw him the next day at 6 o'clock P. M.; when seen the vomiting was not marked. An anæsthetic was given, the sac opened and the gut was reduced. The sac was ligated and cut as in the previous case, and the wound was treated in the same manner. There was no descent of the hernia when patient was last seen.

CASE III.—Patient was a female, æt. 56 years. On October 25th he was called to see her and found a right femoral hernia which had been strangulated for about forty hours. Bad smelling vomiting had been present for 26 hours. He did not try much taxis. When the sac was opened, a red, mottled gut was found; this was reduced and the sac was ligated and cut off as in the previous cases and what remained was firmly stitched to the walls of the ring, iodoform gauze was the dressing used, recovery followed.

CASE IV.—Patient male, æt 48 years, was seen on October 2d suffering from a right oblique inguinal hernia. This same patient had been operated on once before by himself (Dr. Tiffany), but he did not operate then as he does now. The hernia had been irreducible for two years and a large mass of omentum was found in the sac to which it was adherent. In all cases of omental hernia, if not reducible, the best treatment is to open the sac, ligate the omentum and cut it off; then twist up the sac and stitch it firmly to the walls of the ring. The dressing in this case was changed in about 15 days and in the other cases in about twelve days. The manner of treating the sac is very important. He does the radical operation in every case where he has to operate for strangulation. The patient should be relieved as far as possible from the necessity of ever having to undergo an operation again for the same cause.

CASE V.—Patient male, æt 68 years. He had a left oblique inguinal hernia which contained about half the small intestine in the sac, no truss could keep it in. Patient was put on his back for

several days and well purged. He was fed on slop diet and under this treatment the bowels would stay in the belly, but in no other way could they be kept there. He was anæsthetized and an incision made over the tumor. The gut was reduced and the sac was rolled up and stitched in the internal ring as in the other cases. Patient so far has had no temperature and no bad symptoms of any kind. He does not believe that mortality is increased by radical operations. He then showed the omentum taken from case IV.

DISCUSSION.

Dr. Robert Johnson thought that since the advent of antiseptics, these operations do not give as much concern as leaving the sac unopened. The advantage of opening the sac enables us to get at the omentum. Laparotomy should not be performed except in those cases where the trouble extends into the belly.

Dr. Randolph Winslow spoke of the case of a man upon whom he did a radical operation for hernia about three years ago, and up to the present time there is no recurrence. Last year he operated on another case and there is no recurrence in him.

Dr. Johnson thought that all cases should be followed up with a truss even if we do feel certain of a cure.

Dr. J. W. Chambers said the case of the child reported by Dr. Tiffany was the most interesting one of them all—strangulated hernia, if acquired, is rare in children. He thinks the radical operation is what should be done in all cases of strangulated hernia. It is as safe at the time of the operation as prolonged taxis, and more so later on. Too much stress has been laid on taxis. He related a case where the patient tried to reduce a rupture himself; he failed and finally an operation became necessary. When the sac was opened an amount of blood was found. If we operate without much interference it is better for the patient.

Dr. J. E. Michael spoke of a case of strangulated hernia he had seen in a patient aged eleven months. He be-

believes that there are extremes at both ends of the subject of taxis. When it is too little practiced, we may often fail to accomplish much good. We should reduce the gut without opening the skin if possible to do so, but we should use judgment. When an operation is indicated we should perform it, but not until we have used other means of relief. It is very hard to say exactly how much force we may use. There is a tendency in femoral hernia for the extruded gut to turn upwards and it is hard sometimes to distinguish this condition from inguinal hernia. He stated a case illustrating this point. Firm pressure well directed will often effect a favorable result. He cordially approved of Dr. Tiffany's rule in ordinary cases and performs the radical operation when it is indicated.

Dr. J. H. Branham spoke of the cases reported by Dr. Rickert. In the first case a large amount of omentum was present. It was adherent and dark in color, but not gangrenous. These adhesions were divided. A small rent was made in the gut itself which was stitched together with cat-gut. The omentum was returned and the ring brought firmly together with cat-gut sutures. He does not see the necessity of taking out the sac. This case shows that it has become obliterated, and the result is just as radical as if it had been dissected out. The second case was operated on in the same way and there are no indications of any recurrence in either of them. The abscess referred to was possibly the result of taxis. If this method of reduction is too long continued it will do harm. Delayed operations are the cause of many fatal terminations. Try taxis thoroughly and if it fails, operate at once.

STATED MEETING, NOVEMBER 18, 1887.

The 199th meeting of the Clinical Society of Maryland was called to order by the President DR. N. G. KEIRLE, in the chair.

COLOBOMA.

Dr. W. B. Platt exhibited a patient

showing a well marked condition of coloboma.

Dr. A. Friedenwald said that coloboma is not a frequent occurrence. Sometimes it extends well into the choroid. He knew of a case of a physician in this city who had coloboma, and in addition to it a cataract.

Dr. R. B. Warfield then read a very interesting paper

ON THE FURTHER RESEARCHES IN THE BLOOD OF MALARIA.

Dr. I. E. Atkinson said that the Society ought to be congratulated on having such a valuable paper read before it. He had nothing to say in regard to it, except from a clinical standpoint. He believes firmly in the germ as an advantage in aiding diagnosis and he would like to see the investigations carried on in chronic cases; for the organisms here must be present all the time. Then there are cases of dysentery, pneumonia, etc., which undoubtedly show a malarial influence. So the splenic blood would be good to examine here and see if the organisms are not lurking there. One point is very interesting, and that is the dose of quinine required to influence these organisms. Forty grains are required it is said, to destroy them. Cases often need much larger doses than we are in the habit of giving. He also referred to brow ague and asked Dr. Councilman the result of his investigations in such cases.

Dr. W. T. Councilman said that none of the cases examined at Bay View were of that character. At the Maryland University Hospital a number of cases of brow ague were examined, but no germ was found. In the pneumonia, dysentery, etc., referred to, we have no evidence that they have anything to do with malaria. Many of the cases of so-called remittent fever are very probably typhoid.

Dr. I. E. Atkinson said that he had not seen one case of remittent fever this year. The condition seen in brow ague is characteristically malarial and the patients have no temperature.

Dr. W. T. Councilman said we had

no such cases as these; there was more or less rise of temperature in all the cases examined at Bay View. The cases of cachexia examined would probably be classed as bilious. A number of the cases examined at the Maryland University Hospital gave symptoms of headache, etc., but no pains in the bones or other symptoms characteristic of malaria.

Dr. William E. Moseley then read a very instructive paper entitled

NOTES ON THE CLINICAL SIGNIFICANCE OF
CICATRICAL TISSUE IN THE ANGLES
OF OLD LACERATED CERVICES.

Dr. B. B. Browne said that he had listened with a great deal of pleasure to the paper of *Dr. Moseley* and agreed with him that all cicatricial tissue should be removed from the cervix. Very often in these cases we have subinvolution, and all of these conditions must be taken into consideration. In a good many cases where he had operated, there was history of bladder trouble without disease of that organ, and he thinks this is caused by the existence of ulcerations and cicatricial tissue.

Dr. A. K. Bond said that the formation of cicatricial tissue in the cervix was the same as elsewhere, and it is well known that it can exist without doing harm. If the scar is sensitive we ought to cut it out.

Dr. Wm. P. Chunn said that *Dr. Moseley* deserved credit for the cure of his cases. Many times cicatricial tissue may be present and it is hard to say whether it is the cause of the trouble or not. Where ectropion of the cervix is present we ought to close it anyhow.

Dr. Wm. E. Moseley said that where subinvolution existed it brought in pathological results that could not be excluded from scar tissue. These cases were selected because there was absolute absence of these conditions. Bladder troubles he has found to be present more frequently where there is subinvolution. In removing the scar tissue from the cervix, the sensitiveness of it is the one local sign upon which he acts and this sensitiveness often extends well up

in the scar. Pressure will often cause reflex neuralgic pains in the head and abdomen. In ectropion, scar tissue has very little to do, as the exposed mucous membrane will cause all of the symptoms.

RUPTURE OF THE KIDNEY.

Dr. G. J. Preston then reported a case of rupture of the kidney. On Oct. 15th he was called to see a strong healthy lad who had fallen from a ladder. When seen he was suffering from a considerable amount of pain in the region of the right kidney with vomiting and some collapse. There was no injury to the bony structure found. He was put to bed and morphia administered. The day following there was much pain and he passed about one pint of bloody urine. This was examined microscopically and no casts were found, though the blood was arranged in the shape of casts. On the third day the urine cleared up somewhat. The fourth day he had some elevation of temperature and continued in this condition for several days. Oct. 22d he had another discharge of bloody urine in which was found some pus, blood casts and renal epithelium. After this he continued to improve and was nearly well in two weeks. The treatment was rest and anodyne. The symptoms in this case were almost typical and when they are not so severe the treatment is medical, but when they are very severe, of course, surgical interference becomes necessary. Of twenty-seven cases reported by *Otis*, eleven recovered and the remainder died. In some of these cases there was injury to other viscera. It is said that injury to the kidney is more easily recovered from than other viscera. The treatment in such cases is rest, opiates and astringents.

DISCUSSION.

Dr. N. G. Keirle said that he had performed an autopsy to-day where the patient had died from empyema the result of a stab wound, and on the convex surface of the right lobe of the liver an area of coagulated blood was found.

Dr. A. Friedenwald said that he had once seen a case about twenty years ago, which ran a similar course to the one reported by *Dr. Preston*. He made a rapid recovery. Since then he has known the patient intimately and he enjoys perfect health up to the present time.

Dr. G. J. Preston thinks that this is a very interesting point. From injury to the kidney a certain amount of nephritis occurs, but all of the cases he had seen got on well.

Dr. A. K. Bond said that it would be interesting to watch the urine in this case and see if scar tissue will produce albuminuria without nephritis.

Dr. N. G. Keirle said this is a most interesting point and in the future might be gone into with advantage.

MYXO-SARCOMA.

Dr. J. H. Branham next exhibited a tumor taken from a mulatto child, aged 7 years. It was situated on the shoulder and covered that joint pretty thoroughly. At first it grew slowly, but six months ago it began to grow rapidly. It is lobulated, soft and elastic. He considered it to be a myxo-sarcoma. So far the patient is doing well.

Dr. W. H. Welch said that real myxomata are by no means common. The clinical significance of pure myxomata are classed as benign growths.

Dr. J. H. Branham said the tumor had a thick capsule which was closely adherent to the spine of the scapula and it had to be dissected down to the bone.

W. J. JONES,
Recording Secretary.

THE PHILOSOPHY OF A COLD.—*Dr. Frank Woodbury*, Professor of *Materia Medica* at the *Medico-Chirurgical College*, lectured recently at a social meeting of the *Alumni Association* of the *Philadelphia College of Pharmacy*. His subject was: "The Philosophy of a Common Cold," and the practical result of his remarks may be summed up thus: The way to cure a cold, he said, is to cure the patient, and the time to cure the patient is before he gets the cold. In other words, the proper way is to abolish

the "catarrhal state," and the catarrhal state of the system is that in which it is favorable for the catching of a cold. There is a susceptibility by some to take cold, while there is resistance by others. Of a large audience leaving a heated hall and entering cold air outside, some take cold, while others do not. The reason why all do not take cold is because they are not susceptible. Susceptibility to cold, he said, is probably due to impairment of nutrition. Physicians find that, after a period of exhausted work, they are liable to an attack of cold; but, if they be in good health, they pass through the same conditions with impunity. A celebrated physician, he said, attributed this catarrhal state to indolence and luxury. "In the sweat of thy face shalt thou eat bread." There is no royal road, said the lecturer, to the ploughboy's appetite, and to have the ploughboy's appetite you must do ploughboy's work.

The state of the skin is, he said, an important part of the catarrhal state. Some people sleep in the same under-clothing that they have worn during working hours. The tendency of this is to convert the skin into something like mucous membrane; it ceases to be a protective covering. With such people the clothes are a part of the body. *Benjamin Franklin* advocated the air-bath. The speaker said that, when people came to him suffering with a cold in the upper air-passages and bronchial tubes, his care is to harden the skin, and for this purpose he recommends the use of the flesh brush, exposure to the air, the cold douche, frequent change of under-clothing, and last, but not least, physical exercise.—*Medical Register*

LEPROSY INCREASING.—According to *Bésnier*, leprosy is spreading rapidly. Since the extension of the French colonial possessions, soldiers, sailors, traders, and missionaries have fallen victims to it in large numbers. *Bésnier* therefore exhorts physicians in all countries to study the fell disease, in order to find means of counter-acting its ravages, for it has active focuses of infection in every part of the globe.—*Med. Record*.

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BALTIMORE, DECEMBER 24TH, 1887.

Editorial.

THE ANTIQUITY OF MEDICAL SCIENCE.—Few students of medicine in their endeavor to comprehend disease and its treatment ever give a thought to the history of medicine, and comparatively few schools of medicine give an opportunity for this study. Certain parts of the body, certain diseases, symptoms, signs, etc., are named after men who have given these subjects particular attention, but how many know the history and time of activity of such men? In Ancient Greece two men were renowned, Hippocrates and Galen, and in Ancient Rome Celsus, and many are inclined to date the beginning of medicine from the time of these men, the oldest of whom, Hippocrates, flourished about 500 B. C.

Dr. Grant-Bey in the *New York Med. Record* for November 26th, 1887, asserts that we have a more or less continuous history of medicine for nearly six thousand years, which would place the beginning of medicine at about 4000 B. C., and as this is about the date that Bible commentators have agreed in assigning to the creation of the earth, it at once shows that medicine has a very respectable age.

The Egyptian god Thoth, who corresponds to Hermes or Mercury, is credited with having written six medical books which served as a guide in embal-

ing—a process much better understood then than now. King Teta, the second king of the First Dynasty, B. C., wrote treatises on anatomy and surgery, and performed surgical operations with flint flakes. A medical work was found in a temple as early as 3600 B. C., and was probably written about this time. The oldest medical papyrus now extant does not go back beyond the eighteenth Dynasty, 1600 B. C. In the second century of our era, medicine was more carefully studied by Galen and the various diseases known were carefully classified. Prescriptions were made out in exactly the same way as now. Draught, blisters, powders and clysters composed the four kinds of preparations used; and particular attention seems to have been paid to eye troubles, as more than twenty different kinds are mentioned.

A peculiar rule, which put a check to the progress of medical knowledge in the time of the middle Empire, was that new medicines and treatment were adopted by the doctor at the risk of being put to death if the patient died. The priests in the time of Moses (1500 B. C.) were physicians who practised mainly preventive medicine by promoting cleanliness and preventing contagion. The midwives in the time of Pharaoh were very important personages as frequent mention in the Bible will show, and they probably received their instruction originally from the Egyptian midwives, thus laying, as Dr. Grant-Bey thinks, the foundation for modern gynæcology. In the latter days of Egyptian history diseases were referred to evil spirits and the priest and sorcerer superseded the physician, using magical formulæ, exorcisms, love-philters etc. This was probably the origin of the faith-cure or mind-cure. Massage was used at this time.

The Greek historical period dates from about 900 B. C., embracing many well-known writers, but the most important one was Hippocrates, the father of medicine. He recommended trephining the skull, and shaking the patient to detect fluid in the thorax (Succussio Hippocratis). Besides the Greeks the

Romans and Arabs took up medicine, meanwhile the Egyptians went to specialties so that Cyrus and Darius, kings of Persia, about 500 B. C., sent to Egypt for specialists, the former for a rhinologist to treat or remove his nasal polypus, and the latter for an oculist for his ophthalmia. The most common surgical operation among all nations at all times was circumcision.

ANOTHER REMEDY FOR PHTHISIS.—Every one grasps eagerly after any remedy which seems to be of use in pulmonary consumption. The French more than any other nation are the ones most easily carried away by a "grand discovery," and most eager to announce it. Often such a heralding of a specific or effective remedy is followed by good results, but very often the whole thing ends in smoke or "gas." Besides introducing remedies by the œsophagus and rectum, much reliance is placed on inhalations, so that the drug highly diluted or finely divided may act locally on the diseased part. It seems very doubtful if a powerful spray can force a finely divided liquid very far along the bronchi, but as there are no very exact means of finding out just how far such remedies reach, and as this method of application is certainly convenient, and at times beneficial, it will probably always be used.

At the Paris Academy of Medicine M. Hérard commented on the inhalations of hydrofluoric acid in pulmonary tuberculosis, as suggested by MM. Garcin and Seiler, and referred to the observations of Sir William Thompson, MM. Hayem, Dujardin-Beaumetz, Chevy, Hippolyte, Martin and others, who had demonstrated the antiseptic as well as antibacillary action of this acid.

After having himself verified the parasitic action of this medicament and recognized that sufficiently diluted it was inoffensive, M. Hérard examined with scrupulous care into the observations of MM. Garcin and Seiler and concluded that the inhalation of hydrofluoric acid possessed incontestable therapeutic action when the phthisis was not too far advanced; that the inhala-

tions were free from inconvenience, their application was easy and could be combined with internal and external medications, and above all with hygienic treatment, the essential basis of all therapeutics. The Academy concluded that M. Hérard's great experience and his learning especially in physiology, rendered him a decided authority, and thought that his conclusions should be taken into consideration by all practitioners, and that not one of them should be unwilling to make a test of this new remedy when it became more accessible.

THE TREATMENT OF EPISTAXIS.—Sometimes such an apparently trifling accident as bleeding at the nose, may baffle the skill of the most experienced surgeon. Dr. J. J. Chisolm recently reported at the Baltimore Academy of Medicine, a case of a boy about 16 years old whose nose bled on an average of twice a month to such an extent that the patient fainted from exhaustion. In this case thorough irrigation of the nostrils and an application of the persulphate of iron on small pieces of cotton and the use of ergotin internally subsequently controlled the hemorrhage for the time. Of course such cases and such treatment are not uncommon.

Dr. Geneuil, in a letter to the *Bulletin Général de Therapeutique* for Nov. 30, 1887, writes that after having tried various means to check epistaxis in children, he came upon lemon juice, and for twelve years has had from its use the best results with no failures. His method is first to wash out the nostrils with an ordinary urethral syringe and then after having removed all clots, he injects with a syringe the juice of the freshly-squeezed lemon. He finds that in almost all cases one injection is sufficient to stop the bleeding in about two minutes. He does not seem to understand why citric acid fails, while lemon juice, which contains among other things a large amount of citric acid as well as mallic acid is so successful. The remedy is so simple that it merits a test. Other phenomenal remedies have been suggested, such as the oil of turpentine,

which Dr. G. Lane Taneyhill has found very operative in five drop doses for children, and especially as a preventive treatment in the interim between the attacks.

A HIGHLY CULTURED LADY: THE WIFE OF A PHYSICIAN.—We abstract from *The Churchman* (Dec. 10th, 1887) the following obituary notice of Mrs. Annis Waddill Howard, the wife of Prof. Wm. T. Howard, of this city, who died on November 22, 1887, in her sixty-first year. Mrs. Howard was noted for her great piety, religious zeal and unostentatious charity. In addition to these virtues she was a most refined and cultivated lady, and was possessed of social and intellectual qualities of the highest order. Being debarred by infirm health from performing many social and domestic duties she found constant pleasure in intellectual work, and became one of the most accomplished scholars in this city. *The Churchman* in this wise refers to her intellectual gifts after a full resumé of her exemplary christian character:

“Compelled to live in much seclusion she was never idle, but passed her time in planning for the good of others and in continual study and the acquisition of knowledge. Some years ago she took up the study of Hebrew, and with some occasional assistance from the Rev. Professor Richey of the General Theological Seminary, but mainly by her own unaided exertions she acquired such a knowledge of that language that she had read the whole of the Old Testament in the original tongue. She made herself also familiar with Greek, and had many times read her Greek Testament through. She read Latin fluently, and her knowledge of the French and German languages and literatures was very considerable. She frequently found an interest and an amusement in rendering German poetry into graceful English verse. As in her early years one of her teachers had written of her that he had never had among his pupils any one of intellect superior to hers, so in fulfilment of the promise thus given, she was in her maturer life described by more than

one competent judge as the most accomplished woman they had ever known. And yet her rare attainments were ‘worn lightly like a flower,’ for she was as modest and diffident as she was accomplished, and few besides her husband, whose pride she was, and those who had the privilege of belonging to the innermost circle of her friends, could know how highly gifted and charming a mind hers was. Had her health been such as to allow her to take her due place in society in which she lived, she would have exercised a refining and enlightening influence over a wider sphere, and in an age of frivolity and folly she would have afforded an example to many of the good and gracious power that may be wielded by a noble woman endowed with rich mental gifts and with richer gifts of grace. In her intellectual faculties she was cultivated to a degree among women, but she was gifted yet more in the possession of that ‘meek and quiet spirit which is in the sight of God of great price.’ Her mortal part reposes in Hollywood Cemetery at Richmond, Virginia, the native State of her husband and her father, where surrounded by multitudes of the best and bravest of the Southern dead she awaits the resurrection of the righteous.”

Miscellany.

THE USE OF WATER AT MEALS.—Opinions differ as to the effect of the free ingestion of water at meal times, but the view most generally received is probably that it dilutes the gastric juice and so retards digestion. Apart from the fact that a moderate delay in the process is by do means a disadvantage, as Sir William Roberts has shown in his explanation of the popularity of tea and coffee, it is more than doubtful whether any such effect is in reality produced. When ingested during meals, water may do good by washing out the digested food and by exposing the undigested part more thoroughly to the action of the digestive ferments. Pepsin is a catalytic body, and a given quantity will work almost indefinitely provided

the peptones are removed as they are formed. The good effects of water drunk freely before meals, has, however, another beneficial result—it washes away the mucus which is secreted by the mucous membrane during the intervals of repose, and favours peristalsis of the whole alimentary tract. The membrane thus cleansed is in a much better condition to receive food and convert it into soluble compounds. The accumulation of mucus is specially well marked in the morning, when the gastric walls are covered with a thick, tenacious layer. Food entering the stomach at this time will become covered with this tenacious coating, which for a time protects it from the action of the gastric ferments, and so retards digestion. The tubular contracted stomach, with its puckered mucous lining and viscid contents, a normal condition in the morning before breakfast, is not suitable to receive food. Exercise before partaking of a meal stimulates the circulation of the blood and facilitates the flow of blood through the vessels. A glass of water washes out the mucus, partially distends the stomach, wakes up peristalsis, and prepares the alimentary canal for the morning meal. Observation has shown that non-irritating liquids pass directly through the "tubular" stomach, and even if food be present they only mix with it to a slight extent. According to Dr. Leuf, who has made this subject a special study, cold water should be given to persons who have sufficient vitality to react and hot water to the others. In chronic gastric catarrh it is extremely beneficial to drink warm or hot water before meals, and salt is said in most cases to add to the good effect produced.—*British Medical Journal*, December 8th, 1887.

ANTIDOTES TO STRYCHNINE, RESORCINE AND PICROTOXINE.—Professor Anrep has proven experimentally that urethane possesses properties antagonistic to the convulsive drugs, such as strychnine, etc., and believes that urethane may be employed in cases of poisoning by these substances. It is superior for these purposes to hydrate of chloral; it is less

dangerous, and may be administered in large doses with perfect safety. The author concludes that, in the case of man, it is necessary to administer it in doses of 4 to 6 grams as an antidote to the poisons above mentioned.

E. Koch states that butylchloral hydrate is useless as an antidote in cases of strychnine-poisoning; in picrotoxine-poisoning, it fails to overcome three times the minimum fatal dose, behaving in this respect like chloral hydrate. Picrotoxine may be successfully used as an antidote to the narcotic effects of butylchloral hydrate and chloral hydrate. According to A. Bockal paraldehyde is a powerful antidote to strychnine. Ten times the fatal dose of strychnine may be safely administered to dogs that have previously received paraldehyde. Strychnine is not, however, an antidote to paraldehyde.—*Boston Medical and Surgical Journal*, November 10, 1887.

FOR CONTRACTION OF THE CERVIX, WITH RETROFLEXION OF THE FUNDUS UTERI.—Dr. Deaver, at the German Hospital, performed dilatation of the cervix. After the operation he used a five per cent. solution of carbolic acid as a wash, then inserted into the cervix a suppository of iodoform, five grains, and one grain of opium in the rectum. For deformity of the femur he performed osteotomy by the subcutaneous method; he made an incision down to the bone, inserted the osteotome, and used the hammer. After the operation he sutured the wound and applied an iodoform dressing.—*Medical Times*.

THE TREATMENT OF FLATULENT DYSPEPSIA.—Dr. Huchard warmly recommends: ℞. Salicylate of bismuth, parts, ij.; calcined magnesia, parts ij.; powdered willow-charcoal, parts iij.; oil of anise, part j. Of this powder a small teaspoonful may be taken an hour or a half-hour before a meal. When gastralgia is present he recommends the following: ℞. Syrup of peppermint, parts ccl.; hydrochloric acid, part j.; hydrochlorate of cocaine, parts, j.-x.; of which a small glass may be taken after a meal.—*Revue Générale de Thérapeutique*.

DUODENAL ULCER.—In a recent monograph, Bucquoy says that the diagnosis depends upon: (1) intestinal hemorrhages, with tar-like feces, occurring suddenly and abundantly, shortly after meals, causing extreme anæmia; (2) pain at the close of stomach digestion in the right hypochondrium, sometimes with reflex nervous phenomena; (3) vomiting, icterus exceptionally, and a remarkable preservation of the appetite. The duodenal ulcer occurs most frequently in men.

The treatment is nearly the same as that of gastric ulcer, but the exclusive milk diet need not be persisted with for so long a period.

HOW TO MAKE ANTISEPTIC GAUZE.—

In a paper on *Antiseptics Medical News*, December 17, 1887, Dr. R. F. Weir gives the following formulæ:

“The formula for making the sublimate gauze is this: One part of sublimate and two parts of common salt are dissolved in five hundred parts of water; the gauze is soaked in this for an hour, wrung out, and partially dried in a clean room. That is to say, it should not be made or handled in a hospital ward or sick room, and it should be kept in a moist condition in glass jars. The chloride of sodium is intended to prevent the conversion of the sublimate into calomel. Chloride of ammonium will also accomplish this. A small quantity of glycerin is of service in like manner, especially when the gauze is likely to be kept some little time. Here, however, gauze is used so rapidly that this precaution is not followed. This gauze has been made of this increased strength by experience which is supported by the recent test of Schlange, to be presented in a few moments.

For making iodoform gauze I find the following gives the best results, and it can be made very rapidly, as you will see, for the nurse will make some while I describe the process: 3 drachms of powdered iodoform are mixed up with 6 ounces of ordinary Castile soap-suds, using a 1 to 5000 solution instead of ordinary water; this makes a temporary emulsion, which is poured over 3

parts by weight of absorbent gauze, which is equal to 2½ yards, and evenly distributed through it by a short rubbing process. This will make a 10 per cent. gauze and the soap will hold the iodoform satisfactorily in the meshes of the gauze. For a 25 per cent. gauze the iodoform needs to be increased to 7 drachms, the other proportions remaining the same.

When we wish to use iodoform in deep cavities, where frequent redressing is not desirable, as, for instance after extirpation of the rectum or of the tongue, an iodoform gauze of a more adherent nature is often employed. This is prepared by pouring over 5 yards of absorbent gauze a mixture of

Iodoform . . .	ʒiiss.
Resin . . .	ʒiss.
Alcohol . . .	ʒiv.
Glycerin . . .	ʒvj.

IODIDE OF POTASH IN THE BRONCHOPNEUMONIA OF CHILDREN.—Professor A. Zini was induced by remarkable effects of iodide of potassium in relieving the attack of dyspnoea in pulmonary emphysema with bronchial catarrh to try this remedy in infantile broncho-pneumonia. He found it most efficient in primary broncho-pneumonia, especially when administered at the outset of this affection. In broncho-pneumonia during measles or small-pox it did not seem to have much effect, and it was rarely useful in the case of weak or cachectic children. Its action is more rapid and certain in sub-acute than in acute broncho-pneumonia. Ten to twenty-five grammes (50 centigr. 1 gr. 25), according to the age of the child, diluted in 3 ounces of distilled water are administered in 24 hours. In this proportion iodide of potassium reduces the temperature by one or two degrees in two or three days; it quiets the respiration, softens the cough, and facilitates expectoration. The physical signs are also modified. The effects are invariably observed within the first three days; if they are not produced within this time, the treatment should be suspended. M. Zini has employed iodide of potassium during the last ten years

for broncho-pneumonia in children from six months to five years old. In certain cases he used dry cupping and blisters with the iodide of potassium, but these remedies have merely a secondary action. Without regarding it as a specific, M. Zini considers iodide of potassium superior to the remedies usually employed in infantile broncho-pneumonia. — *Brit. Med. Journal*.

ANTISEPSIS OF THE BLADDER AND URETHRA.—At a recent meeting of the French Academy of Medicine, Lavaux read an account of his method of treatment of the bladder and urethra, with the following conclusions: Continued lavage of the anterior portion of the urethra and intravesical injections without a sound are the most simple and harmless method of genito-urinary antiseptics which can be employed in all diseases of the urethra. The use of antiseptics and hot injections by this method greatly lessens the danger of accidents in rapid dilatation of the urethra. Rapid dilatation, for simple strictures, is greatly to be preferred, with these precautions, to slow dilatation. Intravesical injections, made without the use of a sound, are quite sufficient to maintain the calibre of the dilated urethra. By these methods the indications for urethrotomy are much less frequent. Divulsion of obstinate strictures is rendered much less dangerous by the method. — *L'Union Médicale*, November 3rd, 1887. — *Medical News*.

LOCAL MASSAGE FOR NEURALGIA.—In a paper having the above title (*Boston Med. and Surgical Journal*, Dec. 16th, 1887,) Dr. Douglas Graham offers the following conclusions:

- (1) That massage induces sleep.
- (2) That even when massage is applied in the forenoon its soporific effects may not disappear before bedtime; though in general the later in the day massage is used for promoting sleep the better.
- (3) Disagreeable feelings of drowsiness and languor do not necessarily intervene between massage in the forenoon and sound sleep at bed-time. Apti-

tude for rest or work generally follows massage.

(4) When people are wakeful after massage they may not be restless nor feel the loss on the following day.

(5) Spinal irritation is relieved or disappears under massage.

(6) For local neurasthenia there is no need for general massage, unless the whole system be secondarily influenced.

(7) When affections have come to a stand-still under massage, improvement may yet go on after massage has been discontinued.

(8) For improving the nutrition of nerves and muscles, restoring natural sensation and motion, massage may succeed when other means have failed.

(9) Deep massage without friction has proved of more value in my hands than all other forms of massage put together, in the cases herein considered.

(10) Massage can be overdone, producing opposite effects from a moderate application.

(11) Besides massage, carefully-graduated exercises at regular times, are valuable accessories in the restoration of motion.

(12) Massage is not the only means of treatment for neurasthenia. Its selection is usually decided upon after the failure or exhaustion of every other means; in the same manner that the shrewd old divine decided that it was not wise to let the devil have all the good times to himself.

STATISTICS OF TRACHEOTOMY.—At the recent meeting of the Italian Surgical Society, in Genoa, Dr. Gabelli presented some statistics of tracheotomy which he had collected. In the first series of 132 cases there were 50 deaths and 82 recoveries. In a second series of 18 cases there were 5 deaths and 13 recoveries. In the first series, therefore, the recoveries numbered 62.2 per cent., and in the second 72.3 per cent. — *Medical Record*.

CHLORAL HYDRATE IN RABIES.—Brown-Séguard reported a series of experiments on rabbits and birds, in which he produced a kind of rabies by injecting oil of tansy. This rabies he was able to

control by the vapor and subcutaneous injections of chloral. Brown-Séquad thinks that, from analogy, chloral is a preventive of true rabies. He refers to his previous writings on this subject, and to cases in man in which he exemplified his theory.—*L'Union Médicale*, Nov. 5, 1887.

SOURCES OF SYPHILIS IN THE FEMALE.—Professor Fournier, the French syphilographer, has compiled some statistics relating to the sources of syphilis in the woman. During twenty-seven years, he has made notes, in his private practice, of 887 cases, of which 842 were of sexual, and 45 of non-sexual origin. In the second group, which constitutes a series of cases deserving, according to him, the qualification of “unmerited syphilis” (“the syphilis of innocents,”) there were 7 cases in which the disease was inherited; 4 in which the disease was accidentally contracted in infancy; 8 cases of infection transmitted to wet-nurses by infants hereditarily tainted; 5 cases of midwives, who had contracted syphilis in their fingers or hands in the practice of their profession; 12 cases of “domestic contagion,” derived from nursing infants belonging to nurses or servant girls that were syphilitic (these twelve cases were all observed in married women or young girls); 2 cases of syphilis transmitted by vaccine; 2 of syphilis communicated by catheterization of the Eustachian tube; 1 case consecutive to rape; and 4 of unknown derivation, but certainly not of venereal origin.

Of the 842 cases in which the disease was clearly of sexual origin, 336 were women of known dissolute habits, “women of the town”; 220 were married women; and 256 were persons whose social condition remained unknown.

Passing by the first group, that of the abandoned women, 65 of whom (17.7 per cent. were play-girls (*filles du théâtre*), and analyzing the 220 cases of syphilis in married women, it appeared that of these there were 164 “that had been honestly and conjugally infected with syphilis”; that is, these women had contracted the disease from their husbands, and without

any fault of their own. Of the 220 married woman, 56 were doubtful cases; these latter had contracted syphilis from “lovers,” for their husbands, when examined, were found exempt from syphilis; a few of them had been syphilitic before their marriage.

With regard to the 256 patients whose social position could not be satisfactorily ascertained, it seems probable that a certain proportion of them had become infected through no fault of their own; but, on account of the obscurity investing their history, Professor Fournier thought it best to include them all with the 366, making a total of 622 believed to be syphilitic from voluntary indulgence in vice. This left, out of the whole number of syphilitic cases, a percentage of 19, representing a certain number of persons who were suffering from all the horrors of this dire disease solely through the misdeeds of others, without having personally been guilty of any moral delinquency.

These statistics, says Professor Fournier, plead powerfully in favor of more energetic measure for protecting the public, and especially the innocent, against the ravages of this great social scourge.—*Boston Medical and Surgical Journal*.

FOR INFANT DIARRHŒA.—

℞.—Oxide of zinc . . . grs. viij.
 Subnitrate bismuth ʒj.
 Fl. ext. dewberry root ʒij.
 Syr. acaciæ . . . ad ʒij.—M,

Sig.—A teaspoonful every three hours.
 —*Medical Register*.

VOMITING OF PREGNANCY.—Dujardin-Beaumetz gives (*Jour. de Phar.*) the following for the uncontrollable vomiting of pregnancy:

℞.—Cocaine hydrochlor. grs. viij.
 Aq. destil. . . ʒx.—M.

MAN CONSUMES, in his threescore years and ten, eighty tons of liquid and solid food. This calculation is based on an average consumption of one hundred ounces a day.—*Medical Record*.

Medical Items.

Toronto is to have a new hospital costing \$150,000.

The Record states that there are 170 female physicians practicing medicine in New York City.

TIGHT LACING AND BRIGHT'S DISEASE.—Dr. Neftel claims that tight lacing predisposes to renal disease and phthisis, but renal disease is more common in males than in females.—*Med. Rec.*

The experiment has been tried in India, during last year, of vaccinating from a young buffalo, instead of from a calf, and the results are said by an Indian contemporary to have been "in every way satisfactory."

Dr. Frank S. Billings has been placed in charge of a patho-biological laboratory for original research into the nature and causes of the contagious and infectious diseases of animal life established by the State University of Nebraska, at Lincoln.

Dr. H. C. Yarrow, of Washington, D. C., has found the fluid extract of jaborandi an antidote for serpent venom. He gave hypodermatically to rabbits four-fold lethal doses of crotalus venom and then by the administration of 35 minims of fluid extract of jaborandi prevented serious results.

Oil of turpentine is said to be a powerful deodorizer for iodoform. A little rubbed on the hands will completely remove the smell from them. The hands should be afterwards washed in soap and water. In the same manner spoons and any utensil may be freed from the smell of iodoform.

At the sitting of the Red Cross Conference, a resolution was adopted requesting the States and Associations which have adhered to the Geneva Convention to carry out the antiseptic treatment of the wounded as soon as they have been removed from the line of battle.—*London Letter, Jour. Amer. Med. Assoc.*

The following epitaph is "said to" have recently been placed on the grave of a dentist in London:

"View this gravestone with all gravity
J—is filling his last cavity."

—*Boston Med. and Surg. Jour.*

The *Virginia Med. Monthly* says "Randolph Macon College, Va., deserves the credit, we believe, of being the first Academic College of distinction in the South that has established a special department for the physical development of its students as a part of its curriculum. This department was formally opened November 8th, 1887, and a very excellent introductory address on the subject of culturing the physical *pari passu* with the mental faculties of the student was delivered

by that gifted speaker and writer and distinguished practitioner of medicine, Dr. John Herbert Claiborne, of Petersburg."

CANTHARIDES IN HYDROPHOBIA.—M. Kartchewsky has tried cantharides in three persons who were bitten by a rabid wolf. The arms and nose were both bitten. A cantharidine poultice was applied to the wounds, and one gramme of cantharidine powder was administered in twenty-four hours. The internal treatment was continued during seven days, at the end of which the patients experienced a burning sensation in the urethra during micturition. It is seven months since the bites were inflicted, and the three patients are still in good health.

M. Cazeneuve has made a thorough study of artificial coloring matters, and their toxic properties. Among the substances formerly used to color wine, elderberry, marsh mallow and cochineal were chiefly employed. In the present day artificial substances extracted from coal, such as fuschine, sulphoconjugate of fuschine and azoic derivatives, are almost exclusively resorted to. In the second part of his work M. Cazeneuve describes a general method for the chemical investigation of coloring matters.—*Brit. Med. Jour.*

Dr. Middleton Goldsmith, once a prominent citizen of Louisville, a professor in the Kentucky School of Medicine, and during the war a leading surgeon, having been at one time on the staff of General Grant, died on the 26th ultimo, at Rutland, Vermont to which place he removed from Louisville soon after the war. Dr. Goldsmith inaugurated the pavillion hospital service during the war, and gained a large share of credit by the introduction of the use of bromine in the treatment of hospital gangrene.—*Amer. Prac. and News.*

THIRTY-FIVE NEW DISPENSARIES FOR NEW YORK.—An effort is on foot to organize a new system of dispensaries throughout the city on the provident basis. We have already referred to the opening of one establishment. But it is proposed to start thirty-four others. We trust the managers of this enterprise will investigate the subject of the medical charities of this city carefully before undertaking their proposed scheme. The so-called provident-dispensary system has not gained unqualified approval in England; and in this city it has been used as a shield for quackery.—*Med. Rec.*

Dr. Moses Gunn, who died recently in Chicago is said to have left a fortune of \$50,000 as the result of "a long and laborious professional career." As Dr. Gunn was one of the leading surgeons of the North-West his pecuniary success was not so remarkable after all. The possession of wealth is not a safe standard, however, by which to measure the results of a great man's work. Dr. Gunn left an honorable name behind him in the annals of science which is a more durable monument to his professional zeal and labor.

Original Articles.

SYPHILIS OF THE ENDOMETRIUM.*

BY T. A. ASHBY, M.D., OF BALTIMORE.

There are few, if any, of the organs or tissues of the body which are not involved in one way or another in the various manifestations of syphilis, when once the virus of this malady becomes a constitutional infection.

That the syphilitic poison has predilections for certain organs and tissues is a well-known fact. The manifestations of this disease are largely influenced by bodily conditions and constitutional states. Thus anæmia, chlorosis and general debility favor the outbreak of syphilitic lesions which might have pursued a milder course, or been kept in total abeyance, by a condition of health. Pregnancy is supposed to exercise the same influence upon the syphilitic woman. The character of this influence is modified largely by the age of the syphilis. Thus a woman who contracts syphilis during pregnancy is affected differently from one who contracts the disease prior to conception. In the first case the predisposition to premature delivery is far less potent than in the second.

Secondary syphilis is almost sure to manifest itself in the syphilitic woman when the disease is contracted prior to conception or during the act of conception. Ohlshausen mentions that among 657 syphilitic women, 231 miscarried, while 426 were delivered at term of living and dead children. Parvin states that at Lourcine 260 aborted out of 416 pregnant syphilitic women.

Abortions induced through syphilitic influence may be brought about either through maternal or foetal infection. A woman previously inoculated with syphilis will abort more readily than one who contracts the disease during pregnancy, and the danger of abortion seems to be in ratio to the period of infection. Thus

contagion communicated at the time of fecundation is more likely to lead to a separation than where the poison has been introduced after the fourth month. Syphilis may be communicated through the father to the foetus, which may or may not result in its death and separation, and the mother may escape infection. On the other hand mothers have become infected through the foetus. A woman may have secondary syphilis and pass through the entire term of pregnancy without any manifestation of the disease in connection with the reproductive organs, but this condition of exemption may be regarded as an exception to the general rule that syphilitic women are almost sure to abort.

When pregnancy becomes established in the syphilitic subject it invites a manifestation of the disease at the point of contact of the foetal and maternal tissues. The decidua may become involved in a condition known as *sypphiloma of the decidua* and the placenta may be so modified in its structure and mode of development as to constitute a condition recognized as placental syphilis. The extent of these changes which take place in the decidua and placenta indicates the result of the syphilitic involvement. Separation may or may not occur according to the extent and influence of the poison upon the maternal and foetal tissues. The placenta may be affected throughout its entire thickness, or only either the maternal or the foetal portion. When the infection occurs through the mother, the maternal portion is that which is chiefly involved and *vice versa* when the disease approaches through the foetus.

The local manifestation of the syphilitic virus in the decidua, as a general rule, to which I know of only two exceptions, ceases as soon as separation takes place, whether by miscarriage or labor at full term. The degenerative changes which follow the termination of gestation seem sufficient to remove the involved endometrium. This process must almost invariably take place. I have been unable to find any references in the literature of this subject to a continuation of the syphilitic manifesta-

*Read before the Baltimore Gynecological and Obstetrical Society, December 13, 1887.

tion upon the endometrium after labor or miscarriage. If observers have noted this condition they have been singularly remiss in calling attention to it. That a condition of continued involvement of the mucous membrane at the placental site does occur, my experience with two cases herein related fully confirms.

The condition observed is one of continued proliferation of epithelial tissue—a highly luxuriant granulation, if I may so term it—which returns again and again after removal, resembling in this respect the proliferative exfoliations of an epithelial cancer. The sole origin of this condition I have referred to secondary manifestations of syphilis in the endometrium at the placental site or in this neighborhood. The disease under consideration has followed, in the two cases under my own observation, a miscarriage which was referred to the influence of the syphilitic poison. In case two there was a return of the endometrial trouble, after an interval of three years, from date of former treatment, which could have no reference to any other known causative influence. In my opinion syphilis was the entire cause of an inflammatory condition of the endometrium which was followed by hyperplasia of the elements of the decidua, a condition which has been described by De Sinéty as a fibroid degeneration of the villi of maternal syphilitic origin. Why the latent influence of the syphilitic virus should have manifested itself in endometrial involvement I am unable to explain any more than the various other singular anomalies of this disease, which do not seem susceptible of rational solution. We can the more readily understand the primary outbreak of secondary syphilis in the decidua and placenta during gestation and the continuation of the syphilitic influence upon the endometrium after miscarriage, since here we have the possible retention of placental tissue as a probable nidus for the subsequent outgrowth of granulations. In this instance the influence of the poison is simply continued until overcome by local and constitutional treatment.

The subsequent development of syphilitic lesions upon the endometrium I can only account for upon the general assumption of a local dyscrasia in connection with the lining membrane of the uterus inviting a concentration of the specific influence upon this membrane which resulted in hypertrophy of the glandular elements and a degenerative change in the epithelial lining of the uterine cavity.

In case one, in which the local influence was continued after the separation of the fœtus, the lesions were localized, that is, in seeming relation with the placental site. In case two, the entire lining membrane of the cavity seemed involved though the process in this case was more tractable to treatment than in case one.

I present the histories of these cases.

Mrs. A., aged 24 years, primipara, miscarried between the fifth and sixth months of pregnancy. Prior to this event she had been treated by her attending physician for an indurated chancre and subsequent mucous patches on her vulva and labia minora. This disease she had contracted from her husband during the early weeks of married life. She was not informed as to the nature of the affection and has been kept in ignorance of the specific character of her trouble out of deference to her domestic relations. Following the miscarriage, a portion of the afterbirth was retained, but this was speedily removed with the curette. Hæmorrhage, however, continued for some five or six weeks, and during this time the curette had been employed two or three times, each time removing lumps of degenerated mucous membrane and vegetations. The uterus remained large, subinvolved, and in a very relaxed condition, and as a result of frequent intra-uterine applications and curetting, a mild metritis was induced, which was followed by elevation of temperature, violent pain and profuse muco-purulent discharge more or less tinged with blood. Recognizing the specific history of this patient the family physician made use of anti-syphilitic treatment with almost negative results. Mrs. A. continued to

run down and by copious losses of blood was greatly reduced in flesh and strength. Her physician losing confidence in his own intelligent treatment of the case requested me to see the patient in consultation, and then insisted upon my taking entire charge of the case. The diagnosis, already established, was confirmed and an effort was made to relieve the distressing symptoms, which at this time were referable to the constant and profuse hæmorrhage, subinvolution, uterine colic and general debility. Ergot, which had previously been administered, was again employed. The uterine cavity was carefully curettered and large masses of epithelial tissue and vegetating fungosities were removed. Astringent applications, iodoform, tannin and other agents designed to influence the tissues through local effect, were employed. The result of this method was temporary in its effect. Hæmorrhage would cease for a few days, but the least bodily exercise would cause its reappearance. The granular condition of the endometrium would again and again reappear after constant curetting, employed at intervals of one or two weeks. The tendency to a re-formation or outgrowth of fungous neoplasms was so constant that it was next to impossible to suppress them for a longer time than a few days. In addition to the local treatment, which was heroic enough to answer every temporary purpose, ergot and iodide of potash and general tonics were administered thrice daily, in large doses. Mercury had been employed by my predecessor and I simply gave the iodide of potash. This condition of the endometrium continued off and on for over three months during which time I employed the curette frequently and made constant applications to the endometrial surface. Finally the tendency to proliferation of fungous tissue began to diminish and I had the pleasure of witnessing a gradual shrinkage in the size of the uterus, a contraction of its walls and returning healthy condition of the endometrium. The menorrhagia, which continued off and on for over four months, finally ceased and menstruation became normal. It

has continued so up to the present time now five months since recovery. The involution of the uterus is not as yet complete but the uterine cavity is contracted and more in keeping with the normal shape and size. During the early progress of the case the cavity was so large that it would have contained easily a medium-sized orange.

In this case the tendency to reformation of granular tissue was more marked than I ever witnessed. In some of its aspects the proliferation of neoplasms resembled a malignant degeneration, but this idea was dismissed and the theory of syphilitic influence was accepted as in full accord with the history of the case.

The explanation seems to be this, Under the influence of specific disease the placenta and decidua were primarily involved and separation took place, which resulted in the miscarriage of pregnancy and the removal of the fœtus and secundines. The decidual membrane remained behind involved in syphilitic disease and, in its exfoliation, continued to develop neoplastic tissue. The process of degeneration thus established was continued under the influence of the syphilitic virus. As fast as one set of neoplasms was removed a new set came on to take its place, thus continuing the pathological state of the endometrium. I am convinced the influence of iodide of potash was a potent factor in the treatment of this case. This was shown on several occasions. It became necessary several times to discontinue the use of the drug in consequence of its effect upon digestion. During these intervals, whether from a bias in my own mind or actual fact, I was led to believe that hæmorrhage was more severe and the recurrence of the neoplasms was more marked. I had never before witnessed a condition of the endometrium at all similar to that present in this case and I have associated the influence of syphilis with the causation of the condition herein described. In my opinion a non-syphilitic endometrium would not behave in this manner. In cancerous disease a similar condition might be observed, but the

recovery of my patient disproves this assumption, whilst her history gives strength to the syphilitic theory. Whilst this case was fresh in my mind a second case came under my care which confirmed the view expressed above in regard to the influence of syphilis upon the endometrium. The extent of the involvement was neither so great nor so intractable as in the case of Mrs. A., but the history of the patient clearly points to a syphilitic influence extending through a series of years and secondarily involving the endometrium after a lapse of some three years.

Mrs. B., aged 27, primipara, was married six years ago. Some six months after marriage she became pregnant and about the sixth month of utero-gestation she miscarried without any assignable cause referable to objective conditions. Subinvolution, menorrhagia and metrorrhagia followed in the wake of the mishap, and for many months the health of this lady was greatly depreciated.

She was treated both locally and constitutionally by several physicians with the result that hæmorrhage ceased, but subinvolution remained. Her husband, a gentleman of considerable intelligence, had contracted syphilis some time prior to marriage, for which he had been treated with what he presumed to be entire success. Believing himself cured he entered into matrimony only to find the germs of the disease aroused into new activity by the new state. He almost immediately inoculated Mrs. B. with the posion, which became manifest in constitutional disturbance as well as in the local influence upon gestation. Following the miscarriage, which was the first explosive effect of the syphilitic poison upon the part of latter, both husband and wife were placed under syphilitic treatment by a physician in New York City, to whom they both applied. The wife was kept in ignorance of the nature of her disease, and, of course, that of her husband, and this ignorance now holds. The successive years of struggle with syphilitic manifestations by husband and wife I shall not discuss here, but the history is not

an uninstrusive one. Outward manifestations were so successfully combatted with anti-specific remedies that a complete check was placed on these. With the exception of sore throat, slight loss of hair and rheumatic pains, the husband has escaped. The wife continued to bear the legacy of an interrupted gestation in the shape of an entailed uterine disease. With the exception of back-ache, pelvic pain, leucorrhœa and general debility, no symptoms had occurred during the past three years referable to the uterus until six months ago. She had never conceived during this time. About May last, without any exciting cause, uterine hæmorrhage became profuse at the period, and during the intermenstrual period there was a free loss of blood lasting over two or three days. Menorrhagia and metrorrhagia were both established. This condition continuing, in spite of the use of ergot and other ecbolic agents, the husband became alarmed, brought his wife to this city and placed her under my care. Upon examination the uterus was found to be unusually large, flabby and relaxed. The probe easily entered three and a half inches. The cavity was open and distensible, readily admitting of the free rotation of the sound. The cervix was patulous and eroded, the edges gaping from an old bilateral laceration. The mucous membrane of the cervix and body was highly granular, and bled profusely the moment it was touched. The introduction of the curette brought away large masses of epithelium and fungous vegetations, which clearly accounted for the free flow of blood. Hæmorrhage stopped the moment the curetting ceased; in fact before it was complete, for the uterus contracted so firmly under this stimulus that the blood supply was immediately cut off. Within less than a week's time there was a return of hæmorrhage and the highly vascular condition of the endometrium re-appeared. The curette was again introduced and again a mass of epithelial tissue and vegetations was removed. Under this second curetting hæmorrhage again ceased and notwithstanding the fact

that daily applications of tannin and glycerine, and iodoform were made to the entire endometrium, the tendency to reformation of the vegetations went on, and curetting again became necessary. These neoplasms were again removed in less quantity than in the first instance. Local applications were made to the uterine cavity during the three subsequent weeks before the mucous membrane assumed an approximate normal condition. Iodide of potash was given in 15 grain doses *ter die* during the entire period and I have reason to believe its influence was direct.

I am unable to account for the condition of the endometrium observed in this case save on the ground of a syphilitic influence. Would a non-specific endometritis behave in this way? I confess my own experience has never presented a case at all similar. Whilst I have frequently met with granular conditions of the endometrium following miscarriages, and in the non-gravid state, they have almost invariably responded to treatment when first instituted and have shown no such tendency to continued reformation of neoplasms as in the two instances cited. The knowledge of a syphilitic history in these cases induces me to refer the influence to the disease in question, and leads me to formulate the law that in all cases of obstinate and persistent endometrial involvement the condition of a syphilitic influence should be questioned.

I cannot but believe that the assumption of a specific influence as an etiological factor in obstinate conditions of endometrial disease may lead to the employment of constitutional treatment, *pari passu* with the local, which may secure results at variance with our expectations. It is well-known that many women have specific disease of which they are wholly ignorant, and we may readily suppose that in a certain number of this class the influence of the specific poison may manifest itself in an impression upon the endometrium either through repeated miscarriages, through catarrhal states inducing, it may be, sterility, or in conditions allied to those described in the cases herein related. I

have no desire to exaggerate the importance of a syphilitic influence as an etiological factor in uterine disease, but I deem the facts presented of sufficient interest and value to arrest attention and to invite a more careful consideration of this subject than it seems to me to have received. If others have noted this condition and will throw greater light upon the same than has been attempted in this brief communication the author will be deeply interested in their contributions.

THE VALUATION OF VEGETABLE GLYCERINE.

BY WILLARD H. MORSE, M.D., OF
WESTFIELD, N. J.

Although Scheele in discovering glycerine ninety-years ago employed a special process of preparation, and although the U. S. Pharmacopœia of 1850 gave a minute process, the sweet principle of oils is almost exclusively a product of two branches of wholesale manufacturing. It is produced both by the saponification of the fats and oils by oxide of zinc in forming lead plaster, and also during the same process, when effected by potassa and soda in the manufacture of soap. In either case there is a union of the alkalies with the oily acids, resulting in setting the glycerine free. This is especially the fact with the soap-makers' waste, which is an abundant source of the oil. Obviously the oil thus originating is apt to have more or less odor; and though its quality is graduated by distillation, it actually depends upon the original condition of the material used in the manufacture of the soap.

In England the purest form of the article is that of Price & Co., London, who are celebrated candle manufacturers, and in their work largely use palm oil. In this country the purest glycerine is that of Procter & Gamble, of Cincinnati, who manufacture a chemically pure soap, and in doing so use vegetable oils. Both the English and American manufacturers employ

the Tilghmann distillation altogether on a modified form; but it is worthy of notice that the oils used are vegetable, without which there cannot be pure glycerine. The ordinary cheap glycerine is prepared from the animal fats, such as lard, tallow, or objectionable grease. It is rarely purified; but if distilled with steam under pressure, it is partially decomposed, giving out pungent vapors of acrolein, and gaining only questionable purity. It may be said therefore, that there are two varieties of glycerine,—the pure or vegetable, and the impure or animal.

Vegetable glycerine will dissolve bromine, iodine, certain chlorides, the fixed alkalis, neutral salts and vegetable acids. Animal glycerine has not the same extensive powers as a solvent, and while it may perform dissolution, it is more disposed to simply suspend the articles given it for solution. This discrepancy of property explains a fault in the therapeutical value of pepsin. It is generally known that glycerine is a good solvent of pepsin, and is used for the extraction of this principle from the mucus of the stomach. Vegetable glycerine alone performs this agency perfectly; animal glycerine failing wholly or in part, nominates poor pepsine. Pure vegetable glycerine will not ferment spontaneously or become rancid, while animal glycerine will. Vegetable glycerine is antiseptic, but animal glycerine is prone to lack preservative properties, and shows reaction with nitrate of silver.

If we discuss the therapy of glycerine we can explain any failures of which it is guilty, by the circumstances of primary derivation.

It will be well to remember that a few years ago Dr. J. L. Crawcour, of New Orleans, published an account of his excellent success in the treatment of pulmonary phthisis with glycerine as a substitute for cod-liver oil. There were none to dispute the confidence of this foremost Southern therapist, but the experiences of others were not substantiated. Dr. R. P. Cotton tried it in the Consumption Hospital at Brompton, and concluded that generally it had

but little if any influence. Dr. Franklin Bache pronounced it as "sometimes acting beneficially and forming a useful succedaneum for cod-liver oil, when the latter cannot be borne by the stomach." Bartholow,—than whom few are more careful,—says, "Glycerine has been proposed and used as a substitute for cod-liver oil in the various cachectic states in which the latter is prescribed. It has been conclusively shown that it is inferior in every respect." Why this discrepancy? Simply and solely because Crawcour and those who support him employed the true vegetable glycerine, which has a certain nutritive quality which animal glycerine has not. It may be prescribed without any reference to the condition of the patient's digestive organs, and is really in some measure the nominated substitute. As much cannot be said of the fictitious glycerine, which is not even as valuable as so much lard. Smith and Parry found glycerine of use in diabetes, but this claim cannot be corroborated other than with vegetable glycerine. The same may be said of its administration in the treatment of acne. Guble, of Paris, and L. Duncan Bulkley, of New York, speak well of it in tablespoonful doses, twice a day. Duhring, of Philadelphia, combines it with citrate of iron.

Of the topical use of glycerine, I do not find much real difference attaching to derivation; but manifestly, though animal glycerine may possess the same emollient properties as the vegetable article, it dries sooner. In the London Hospital for Skin Diseases, the Price glycerine is used with success in lepra, pityriasis, herpes, eczema, psoriasis, prurigo, and lichen. In this country the use of glycerine in these and other cutaneous diseases is disappointing when the ordinary glycerine of the shops is employed.

Almost religiously eschewing animal glycerine, I can bear testimony to the value of vegetable glycerine as a dressing for wounds, erosions and ulcers; as an unguent; as a vehicle for and in collyria; for hospital gangrene; and to the mucous membrane whenever and wherever inflamed.

There is also an item of pharmacy meriting a word of reference. Instead of sugar or alcohol, glycerine is adopted in the pharmacopœia to prevent deposition or decomposition in fluid extracts, and as more economical. It is needless to say that an animal fat has not the same preservative influence as the derivative of the vegetable oil, and where animal glycerine is made use of, it is no wonder that there is a "fault" in the fluid extracts, and a disposition to revert to alcohol and the British standard. From similar reasons comes the lack of faith in the officinal glycerita,—a lack which need not grow.

PRACTICAL NOTES ON THE TREATMENT OF SKIN DISEASES.

HYPERTROPHIES OF CONNECTIVE TISSUE.

(Continued from issue of October 15.)

BY GEORGE H. ROHÉ, M.D.,

Professor of Dermatology and Hygiene, in the College of Physicians and Surgeons.

ELEPHANTIASIS ARABUM.—*Elephant's Leg.*

Elephantiasis Arabum is endemic in tropical countries, but is found sporadically in all parts of the world. It consists essentially of an obstruction and dilatation of lymph-ducts with consequent hyperplasia of connective tissue. The disease is sometimes congenital, but in the great majority of cases is acquired. It is neither hereditary nor contagious.

The congenital form of elephantiasis has been well described in an exhaustive monograph by Dr. Samuel C. Busey, published under the title: *Congenital Occlusion and Dilatation of Lymph Channels*.* In this form there is great enlargement and grotesque deformity of one or more limbs. The skin is thickened, but not hard or discolored, although sometimes studded with irregular soft elevations which represent dilated lymphatic vessels. In a case which I had the opportunity of seeing through the courtesy of Dr. T. B. Evans, of this

city, the part affected was the left arm. The patient was a white child, otherwise well developed, but with great thickening and distortion of form of the affected limb.

In the acquired form the disease is usually limited to one leg, although sometimes both limbs are affected. It also not infrequently attacks the genital organs, involving scrotum, penis, labia or clitoris. The mammary gland in the female, the lips, ears, or eyelids may also be the seat of the disease. I have seen one case affecting the lower lids in a middle-aged colored woman. The elephantiasis had followed an attack of erysipelas. I have also seen it affect the skin surrounding the anus, as a consequence of extensive neglected hemorrhoids.

Elephantiasis as seen in temperate latitudes is usually preceded by repeated attacks of erysipelatous inflammation. The inflammatory condition seems to leave an obstruction of lymph channels, which results in an accumulation of lymphatic fluid and consequent overproduction of connective tissue having as effect thickening of the skin alone; or the subcutaneous structures including nerves, muscles, and bones may be involved. The part affected becomes very much enlarged, firm, but in the early stages, pitting on pressure, and is generally more or less deformed, the normal shape of the limb or organ being lost as the malady progresses.

The surface of the skin may be smooth, or rough, scaly and uneven. It is often covered by shallow, indolent ulcerations.

When the scrotum is affected it often grows to enormous size. Cases have been reported where the scrotal tumor has weighed over one hundred pounds. The labia and clitoris are also much enlarged in some cases. Pruner, who saw many cases of this disease in the East, says that scrotal elephantiasis is never preceded by erysipelas, and that the affection begins in a small hard lump in the lower portion of the scrotal sac, but Manson's observations seems to contradict this. The testicles are not affected.

*New York: Wm. Wood & Co., 1878.

The labia and clitoris are also very much enlarged in some cases. In many of the cases of elephantiasis pudendi in temperate climates there seems a close connexion between syphilis and this disease.

In Egypt, India, China and South America elephantiasis is very frequent. Dr. Patrick Manson, of China, has expressed the opinion, endorsed by Fayrer, Lewis and Cunningham, and others in India, that elephantiasis is due to an animal parasite,—the *filaria sanguinis hominis*, which produces either embolism or inflammatory obstruction of the lymphatic vessels and glands.* Dr. Manson thinks he has shown that elephantiasis arabum, lymph scrotum and chyluria are all related diseases, and produced by the presence of the organism mentioned in the blood and lymphatic vessels.

Outside of the endemic elephantiasis districts, the disease is not produced by the filaria, but the essential pathological condition: occlusion of lymph-vessels and glands, and consequent new formation of connective tissue is the same. It is not improbable that the occlusion is the result of irritative inflammation in the lymphatics, and not of parasitic embolism as supposed by Manson. This would explain those cases following erysipelatosus and syphilitic inflammations. Dr. Mapother† believes that a dependent position of the part attacked is the principal condition pre-requisite to the development of elephantiasis, as the lymph is obliged to rise against gravity and any cause which produces inactivity of the muscles promotes lymph-stasis and exudation with consequent hyperplasia of connective tissue.

Elephantiasis arabum should not be confounded with the disease called by the same name by the old Greek writers, (elephantiasis Græcorum). The latter disease is true leprosy. As they do not resemble each other except in name, no difficulty is likely to arise in the differential diagnosis.

In the early stages, before the pro-

*Manson: The *Filaria Sanguinis Hominis*, London, 1883.

†Philadelphia Medical Times, Nov. 15, 1887.

liferation of solid elements, appropriate treatment is often followed by much improvement. The inflammation is to be combated by ordinary antiphlogistic measures, and absorption of the effused lymph promoted by bandaging, the application of mercurial ointments and the administration of iodide of potassium.

The constant galvanic current has been used with success by Brazilian physicians. From what is now known of the absorptive powers of the cathodic current, this seems a rationally indicated mode of treatment.

Compression or ligation of the vascular supply of the affected part has been resorted to, but except in recent cases, with little benefit. Amputation of the affected limb was first done by the late Dr. J. M. Carnochan of New York. It is of course a radical measure. When the scrotum or pudendum are involved, amputation is the only mode of treatment indicated. Morton excised a portion of the sciatic nerve with asserted benefit in one case. Internal remedies are of no avail, except to relieve symptoms, or in the early stages as above mentioned.

(To be continued.)

Correspondence.

BALTIMORE, DECEMBER 19TH, 1887.

Editors Maryland Medical Journal,

GENTLEMEN:—The editorial in your issue (Dec. 17) endorsing the letter of Dr. Louis Fischer, published in the *Medical Record* (December 3rd,) is very gratifying to many practitioners of medicine who are so unfortunate(?) as to have been born and educated in this country. As stated in another article in the same issue, the medical journals for sometime past have contained numerous articles written by Americans abroad, disparaging the ability of American doctors, and the time has come when those so slandered should write to disprove the false statements. "Silence gives assent," if we defend not ourselves, who will do it for us? A well-known author has truly

said that all who had failed in literature and art became critics. This might properly be applied to these correspondents, most of whom have never been in positions to comprehend what our medical men do or are capable of. Then again many of these writers are unable to see anything commendable in any person or article that is not European, a condition of mental deficiency arousing commiseration on our part rather than censure. From personal experience I can heartily endorse Dr. Fischer's statement that the average young American doctor is as well fitted to begin the practice of medicine as his European brother, and equally heartily can I refute the statement of Dr. Frank Donaldson, Jr., (published in MARYLAND MEDICAL JOURNAL, Nov. 12th, 1887,) in which he says that students completing their education abroad "as a rule are uneducated men or boys as the case may be." Instead of the "rule" Dr. Donaldson, Jr., surely must have encountered the "exception;" meeting such men as Cushing and Dearing, of Boston, Dr. Coe, of New York, Drs. Winslow, Platt, Shippen and Mitchell, of Baltimore, and others of the same class following a post-graduate course abroad, must prove that Dr. Donaldson, Jr's., experience and my own differ radically, and I would venture to assert if Dr. Donaldson, Jr. remains abroad a *few weeks* longer, and visits other cities besides Berlin, he will miss coming in contact with the "exceptional" American doctor, and only find a class of eager and earnest men who are a credit to our country and to our schools of medicine. In conclusion permit me to state that while the course in American schools is not so long as in European institutions, nevertheless the time and labor devoted to acquirement of knowledge that will make a competent physician is fully equal to that given by the students of the Old World, and from close personal observation I can indorse Dr. Fischer's assertion when he says, "It is true we may not be able to cope with them in Latin and Greek,

but, all in all, I would prefer having an American attend my family in case of need than a European."

Respectfully yours,
WILMER BRINTON, M.D.

CLINICAL NOTES.

A RECIPE FOR SORE NIPPLES.

Dr. J. H. Scarff, of Baltimore, writes: I enclose you a recipe that I have been using for a long time for sore nipples in nursing mothers. I cannot report a single case of failure when it has been used as directed. I would like my professional brethren to know of it, not that I consider it a specific but that it has done me service in many cases when other means had failed. The nipple should be cleaned with a little warm water, to which has been added a small amount of borax, before applying.

Ry	Balsam Peru.	3 ss.	
	Tr. arnicæ	3 ss.	
	Oleum amygdæ	} āā	3 ss.
	Dulcis		
	Aq. calcis		
			M.

Sig.—Shake well and apply to nipples with Camel's hair brush.

ACTION OF CHLORINE WATER ON ULCERS ON THE THROAT.

Dr. C. J. Wise, of Waverly, Md., writes: I wish to give you a description of cases of ulcerated throats which came under my observation for treatment a few days ago. A family residing near Govanstown, consisting of a mother, two children and a boarder were similarly affected and at the same time. The tonsils, uvula and pharyngeal space were covered with yellowish-white ulcers. The mother was apparently suffering the most; her tonsils were literally covered with ulcers, scarcely any normal gland tissue visible, while the pharynx and uvula were dotted with ulcers of various sizes from the palate to surface opposite the trachea—very offensive

breath and swollen cervical glands, headache and severe pain upon deglutition.

Children and boarder were not suffering as acutely, ulcers being more divergent; tonsils not covered entirely.

After a gargle of permanganate of potash, insufflated calomel and chlorate of potash 1-3, I prescribed the following solution :

R	Potassii chloratis,	$\frac{7}{8}$ ss.
	Acidi hydroch.,	3 i.
M	When gas formed ad.	
	Aquæ,	$\frac{3}{4}$ iv.
	Securing chlorine water.	
	Quiniæ sulph.,	3 ss.

Sig.—A tablespoonful every four hours in a half glass of cold water, and dose proportionate to ages of children. Also, Tr. ferri chloridi, gttss. xx, every four hours.

In 48 hours the throat was perfectly clear—mucous membrane normal color with a healthy granulating surface at base of ulcers and almost healed.

Pain entirely diminished from head and throat.

What I wish to ask is : Was it not the *rapid action of chlorine water* that changed and thoroughly destroyed the ulcers in that time ?

With the change of the solution by adding the iron thereto, I have found its action in *diphtheria* equally satisfactory.

A CASE ILLUSTRATING THE TOXIC EFFECTS OF THE COMMON CASTOR OIL BEAN OR THE SEED OF THE RICINUS COMMUNIS.

Dr. A. L. Hodgdon, of Farmwell, Va., writes: I was sent for in haste to see N. D., a colored woman, who had been suffering terribly for some hours from violent gastritis and enteritis which, I found upon questioning the patient, was caused by her having ingested, some hours before, about one-fourth of a castor oil bean which she had swallowed among some parched corn which she had been eating. The ingestion of the bean was followed by violent vomiting and purging. I immediately administered tinct. opii per rectum by means of

those excellent little devices, gelatine suppositories, the administration of which was followed by the cessation of the gastritis and enteritis. Many persons, I think, are acquainted with the toxic properties of some of the ordinary poisonous plants, but few, I believe (outside of the medical profession), are cognizant of the *very* toxic effects of the castor oil bean when eaten.* "Three of the beans have sufficed to destroy the life of a man;" and I could imagine that half of a bean might, in some instances, be followed by the same result.

Society Reports.

BALTIMORE ACADEMY OF MEDICINE.

REGULAR MEETING HELD DEC. 20TH, 1887.

A CASE OF ANEURISM OF THE TERMINAL BRANCHES OF THE AURICULAR ARTERY.

Dr. Hiram Woods presented a case of a colored boy, 17 years old, with an aneurism of the terminal branches of the auricular artery. When he was 7 years old his mother noticed a little lump on the front of the ear and another small lump about as big as a pea on his neck. These lumps gave no pain and did not seem to grow for a long time. About three years ago they began to get larger and gave pain. The mother pricked the one on the ear with a pin when it bled and became empty, but filled up again soon. She repeated this operation several times with the same result. The lump on the neck was scraped open and bled for a long time. When Dr. Woods examined the patient he found that the tumor on the ear pulsated, collapsed on pressure and filled up again when pressure was removed. Pressure on the carotid artery stopped it. It was seen that three or four branches supplied this aneurism, and when compression was exercised on both the anterior and posterior auricular arteries, pulsation in the aneurism

*Materia Medica and Therapeutics, by H. C. Woods, M.D.

ceased entirely, but when only one of the above-named branches was compressed the pulsation was lessened but not entirely stopped. In looking into the literature of the subject he found that Buck had never seen a case himself but recorded several others. One was a circoid aneurism in which the persulphate of iron had been used. In another case the tumor was large and the hemorrhage profuse. Ligation of the external carotid was performed. A third case reported by Kipp, of Newark, was attributed to a blow. It was the only case he could find which had followed an injury. Roosa mentions a case of Gruenings which was almost a duplicate of the case presented by Dr. Woods. In this case a subcutaneous ligature of the arteries was done. Politzer and others have reported cases which were treated in various ways.

1. By passing through the tumor threads saturated with iron. He considered injections of iron dangerous. 2. Ligation of the arteries and scraping the sac. 3. By using thermo-puncture. In his case he had passed a needle armed with a thread under the arterial branches and found that the pulsation had almost disappeared, although the threads had not been tied. The subsequent treatment was to ligate the vessel and scrape out the sac.

Dr. J. J. Chisolm thought it was very curious to see that the pressure of the thread had almost arrested pulsation before it was tied.

A CASE OF INTUSSUSCEPTION.

The President, Dr. W. C. Van Bibber, then presented an interesting specimen of intussusception of the ileum with the following history. The patient, a woman, who lived in the country, was taken with pains in the right iliac region, and at times these pains were violent. She was for five days under a local physician who gave purgatives, enemas and anodynes with only temporary relief. On the sixth day after a hot rough ride from the country, she came under *Dr. Van Bibber's* care. He found her in violent

pain, and felt a large hard tumor in the right iliac region. There was also sensitiveness over the whole abdomen. She said there was no hemorrhage from the bowels and no evacuation from the bowels for several days. He had 12 leeches applied and gave purgatives, and later found that the tumor had almost disappeared. He thought this was singular and made an examination by the rectum and vagina, and found the tumor deeper down. She had pains after this and soon vomiting, which was, however, not stercoraceous. She grew alternately better and worse, and finally sank into a collapse and died. The autopsy 36 hours after death showed nothing abnormal in the abdominal cavity, except in the portion involving the parts contiguous to the ileo-cæcal valve. There was also a slight general peritonitis, most intense near the point of lesion. The condition of intussusception had been recognized some time before death, but after consultation with *Dr. L. McLane Tiffany* and *Dr. Claude Van Bibber* he considered an operation not advisable.

Dr. Wm. H. Welch, at the request of *Dr. Van Bibber*, demonstrated the specimen. He said that the most common situation for intussusception in the adult is the lower part of the ileum. In this case the intussusception, which is descending, extends to within 5 inches of the ileo-cæcal valve, the whole part intussuscepted being 10 inches in length. The specimen shows well the anatomical relations of intestinal intussusception, viz.: the entering or internal layer, the returning or middle layer (the two constituting the intussusceptum) and the receiving or external layer or sheath, this being the intussusciens. In consequence of the disturbance of circulation due to the displacement of the mesentery there are œdema and hemorrhagic infiltration of the intussuscepted intestine, particularly of the lower 7 inches. The entering intestine is much contracted and filled with blood; between the entering and the returning layers (serous surfaces in contact) there is a mass of clotted blood and between the returning and the receiving layers (mu-

cus surfaces in contact) there is bloody mucous. The intestinal walls are hemorrhagic, in fact the condition is that of a genuine hemorrhagic infarction of the lower two thirds of the intussusception.

The most interesting feature of the case is its causation. In the entering layer about three inches from the top of the intussusception is a polypus, somewhat larger than a pigeon's egg, which on microscopical examination is found to be composed of dense fibrous tissue, infiltrated with blood. It is attached by a broad pedicle. The curious thing is that the polypus is not situated at the lower extremity of the intussusception.

According to Leichtenstern's statistics, which are the most complete we possess, a polypus has been found in 30 out of about 600 cases of intussusception. Brinton reached the same result by the analysis of his statistics (a polypus in 5 per cent. of the cases). Medical literature is full of reports of intussusception depending upon polypus. It can hardly be doubted, therefore, that a connection exists between polypus and the production of intussusception, and it has generally been considered that the mechanism by which the intussusception is produced is more readily understood in the cases with polypus than in other cases. The accepted and apparently correct explanation is that the polypus by its weight draws down the part of the intestine to which it is attached and invaginates it. One would naturally expect in such a case the polypus to be at the lower extremity of the intussusception, but in the present case the polypus is found not at the lower end but near the top of the entering layer of intestine. How is this to be explained? If we regard the polypus as in any way concerned in the production of the intussusception, and one would certainly be unwilling to reject a causative factor so manifest, an explanation of the manner in which the intussusception was produced in the present case may be deduced from the interesting results obtained by Nothnagel in his experimental work on intussusception. Nothnagel aims first to test the two prevalent

theories concerning the causation of intussusception; one theory being that the intussusception is due to a spasmodic contraction of a part of the intestine, the contracted part becoming invaginated into the adjacent intestine, either above or below; the other theory being that intussusception is referable to paralysis of a part of the intestine. Nothnagel's experiments were made upon rabbits placed in a bath of warmed physiological salt solution, the intestines being allowed to float out into this solution, in which it has been shown that the conditions of normal peristalsis are not much disturbed. Nothnagel was unable to obtain any experimental support for the paralytic theory of intussusception, but he was able to produce intussusception by causing spasmodic contraction of a part of the intestine. By applying the electrodes of a Faradic battery to the intestinal wall he was able to cause a firm circular contraction of the intestine at the seat of application. If the electric current was strong, this contraction extended a considerable distance upward but only a short distance downward. In a large number of cases Nothnagel observed that a descending intussusception was produced beginning just below the point of application of the electrodes. Within one or two minutes as much as four inches of intestine might become invaginated. The intussusception grew in length, however, not at the expense of the intestine above the entering layer, but at the expense of the receiving layer. By marking a point on the entering layer at the neck of the intussusception Nothnagel found that this did not descend or change its relations. On the other hand by marking a point on the receiving layer he observed that this was gradually drawn upward, apparently by a contraction of the longitudinal muscular coat, and after passing over the bend joining the returning and receiving layers this point descended into the returning layer. In this way the intussusception grew by the receiving layer being gradually drawn over into the returning layer, and the latter in turn being transformed into the entering layer.

This explanation of the possible production of intestinal intussusception is contrary to the generally accepted views, but it is supported by the relations of the polypus present in Dr. Van Bibber's case; in fact this case may be regarded as a most important contribution to our knowledge of the manner in which intussusception may be produced.

It is apparent from the examination of this specimen that if laparotomy had been performed and the intestine in its present condition had been replaced that it would certainly have undergone necrosis. The only practicable operation when the intestine is the seat of an intense hemorrhagic infarction, as in the present instance, would be the resection of the entire intussuscepted intestine.

DISCUSSION.

Dr. James Carey Thomas, on observing the thickness of the intestinal walls, in the specimen exhibited, asked if this hypertrophy was not very great for the short time.

Dr. Wm. H. Welch thought that the history of this case showed that this condition of intussusception had been going on for some time.

Dr. Christopher Johnston mentioned a case of his own of a lady with violent pains and frequent vomiting and from whom thirty inches of the small intestine were passed by the bowel and the patient recovered.

Dr. Wm. H. Welch said such cases had been observed. Peaslee reported a patient who passed five feet of intestine and Cruveilhier reported a similar case in which over nine feet of intestine had been passed.

Dr. A. K. Bond thought that the manner of invagination and the relation of the different layers could be partially explained by the difference of friction between the serous and mucous surfaces.

Dr. Wm. H. Welch thought that the matter of friction could be entirely left out as the difference was scarcely appreciable in the causation of intussusception. He said that it was very common to find a condition of intussusception at the autopsy when there had been no

suspicion of it in life, but the absence of inflammation showed that the invagination had occurred at the time of death probably during the death agony.

Dr. W. C. Van Bibber, in closing the discussion, spoke of the repeated attacks of colic in his case and of the diagnosis of intussusception before death. He also spoke of Dr. Warren's (of Boston) experiments of taking out part of the intestine of a dog and allowing the animal to recover.

Dr. James Carey Thomas then reported a case of

PNEUMONIA PRESENTING UNUSUAL SYMPTOMS.

A man, age 47, was worried and anxious on account of his business and had been complaining for some time. He fainted once in a Russian bath and struck his shoulder bruising it. He went on ailing and feeling badly. His wife noticed that he had fever, and the week following he showed symptoms of typhoid fever. He had no diarrhoea, no pain over his lungs, no expectoration and little or no cough. All his uneasiness was situated at the pit of the stomach. He had had typhoid fever ten years before and this was probably not a second attack, although his previous attack had commenced in the same way. On the second or third day some crepitation was discovered in the right lung and the whole lung became solid. Eight days after, there was defervescence and the patient was very faint. The temperature was normal. Three days later a pneumonic trouble was found in the left lung. Later he did well, had no fever, pulse was normal and respiration 20, and he had a good appetite. On Sunday he took a cold bath which brought on a pleurisy. The interesting points about the case were consolidation with crepitation and absence of pain, cough and expectoration. In reply to Dr. William B. Canfield he said that in both lungs the normal vesicular murmur could be now heard.

Dr. J. J. Chisolm then reported

A young man about 17 had had his eyelid torn by the horn of a cow when he was one year old. Dr. Chisolm restored the lid and thought the curious part was that a cow's horn could have torn the lid without injuring the eye.

In the second case a boy was brought to him with a large protrusion from the front of the eyelid. The history was that he had been struck in the eye by a boy who used a sling and buck shot. Dr. Chisolm simply everted the lid and a large buck shot dropped out leaving the eye entirely intact. The accident had just happened.

WILLIAM B. CANFIELD, M.D.
Recording Secretary.

PHYSICIAN HELP THYSELF.—The frequent repetition of urgent special claims on the benevolence of the profession, beyond the large and valuable aids afforded by the medical benevolent societies, emphasises from week to week the uncertain chances of life and health, and the hazards of sickness and accident, which baffle the projects of the ablest and the most vigorous and the most favoured practitioners especially early in life. Not infrequently a sudden mischance brings on or develops permanent disablement. It is no doubt these considerations which have mainly induced so large a number of medical men to avail themselves of the safe means afforded by the Medical Sickness Annuity and Insurance Society, for providing against the distressing poverty which such disablement often brings, or against the unexpected losses and expenditure incurred during such periods of disabling sickness. We publish the report in another page of the year's progress. It is a remarkable and cheering record. In this, the fourth year of its existence, it is distributing £1,600 a year in sickness claims alone. It has already its annuitants, permanently stricken with physical incapacity for life by sudden strokes of disease and accident; it meets promptly each week every legal claim upon its funds. It has in less than four years accumulated a reserve fund of upwards of £20,000, a fund which will

continue rapidly to grow in a rate of arithmetical progression. Its tables, tested by time, have proved to be in every respect sound. Its management is economical and efficient beyond any known precedent in the history of insurance funds. It should be remembered, too, that it has successfully achieved a great object, long declared by high authorities to be an impossible dream. It is the only sickness assurance society for the professional classes which has ever attained considerable development and assured stability. This is no small triumph of the powers of organisation and administration in which medical men are sometimes supposed to be deficient. When Mr. Ernest Hart took the first steps towards founding it, as the sequence of a correspondence in the Journal, and published his scheme at a public meeting which he called for the purpose, he was overwhelmed with prophecies of failure drawn from past precedents, and with dismal forebodings. The managers of the Society work without fee or reward. It numbers already upwards of 800 members, and while needing no accession of members to secure its own stability, it desires and secures continual applications for membership, in the anticipation that this independent method of self-help, which has already proved itself of such vast utility, may so extend throughout the profession as to secure all the members of the profession from some of the most wounding of "the slings and arrows of outrageous fortune."—*Brit. Med. Jour.*

A USEFUL APPLICATION DURING TEETHING.—Quincerat prescribes

Tannin . . .	32.
Tinct. iodin. . .	gtt. 75.
Potass. iodid. . .	gr. 15.
Tinc. myrrh. . .	ʒ 75.
Aquæ rosæ. . .	ʒ 6½.

A teaspoonful or tablespoonful should be used in a glass of water applied to the gums every morning, and after the mouth is cleansed after feeding.—*Revue de Thérapeutique*, November 1, 1887.

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BALTIMORE, DECEMBER 31st, 1887.

Editorial.

HYSTERECTOMY FOR UTERINE FIBROIDS.

—The operation of hysterectomy for the removal of uterine fibroids is one of the gravest of surgical procedures, and, except in the hands of one or two skilful operators, has been attended by a mortality which is far from encouraging. It may be regarded as a denier resort, if admissible at all, in the treatment of this condition. In the hands of so skilful a surgeon as Dr. Thos. Keith, of Edinburgh, hysterectomy has probably reached the highest degree of perfection as well as of success. In his private cases Dr. Keith has operated 26 times with but one death (3.8 per cent) whilst of 38 hospital patients six have died (15.7 per cent). Such results as those obtained by Dr. Keith would be sufficient to embolden many less experienced surgeons. Yet this remarkable man is so overwhelmed by the gravity of his results that he gives expression to the following condemnation of the operation:

"I say it deliberately, hysterectomy is an operation that has done more harm than good, and its mortality is out of all proportion to the benefits received by the few" (*Brit. Med. Jour.*, Dec. 10th, 1887). Dr. Keith can scarcely refer to his own experience as the ground for the foregoing statement. He takes a

stronger hold on statistics than his own results affirm and very properly asks, "what is the mortality of this operation, now so often and so unnecessarily performed? We shall never know, I put it at 25 per cent., though it is probably much higher, I may be wrong; others can correct me by giving their total results. In other words, one out of every four women operated on by hysterectomy has till now died after an operation for the removal of a tumor that has, as a rule, a limited active existence, and that of itself rarely shortens life. We have no right to rush our patients into such a fearful risk, yet this is done every day." This is strong language from one who sums up results with a magic hand; yet Dr. Keith betrays no self-laudation in plainly pointing out facts which are not of his own making. His own success has not induced him to lead others into a surgical procedure which he is assured has done more harm than good even in his own hands. We may be led to inquire how this can be. Dr. Keith gives an answer to the inquiry in the following language: "Fortunately for those afflicted with uterine tumors, it now matters little which of the old ways of operation is the best; whether the ovaries can be removed or not, whether the extra- or intra-peritoneal method be the better way of performing hysterectomy, or whether the convalescence lasts in the one case six weeks, or in the other twenty days, the treatment introduced by Dr. Apostoli must take precedence of all others. The success of this treatment is a great fact, and in saying that I accept *toto animo* his teachings, I do not speak without some experience of his practice." This is a remarkable admission and coming from a surgeon with a record in private cases of less than four per cent. from hysterectomy is a triumph of an electro-therapeutic agent over the knife the like of which has not been witnessed. Dr. Keith's honesty and noble scientific spirit have never been more beautifully illustrated than in this unstinted recognition of Apostoli's work and methods. Can the science of medicine turn its back against such evidence as

has been offered by the greatest of all abdominal surgeons? Dr. Keith goes further and says "Should these improvements be permanent" (referring to cases in his own practice treated by electricity) "(and we have Dr. Apostoli's word for it that if the treatment be carried out long enough such is generally the case, and, so far I am able to endorse almost every statement that he has made) it follows that the field for hysterectomy for the removal of fibroid is narrowed down to the smallest limits. I have never been in favor of hysterectomy, simply because its death-rate is so high, and because it is performed for the removal of a tumor that rarely kills. So strongly do I now feel on this subject, that I would consider myself guilty of a criminal act were I to advise any patient to run the risk of her life—and such a risk—before having given a fair trial to this treatment, even were I sure that the mortality would not be greater than that which hysterectomy has given me in my private cases—under 4 per cent."

Further comment on this frank statement of the operation of hysterectomy in comparison with the Apostoli method is unnecessary. Dr. Keith has plainly and decidedly indicated his own position, and who will venture to assail its correctness or humanity?

THE MALADY OF THE CROWN PRINCE has made the subject of cancer of the larynx and its operative treatment a theme of discussion not only for the laity, but also for physicians and surgeons of the different countries.

At a recent meeting of the Paris Academy of Medicine, MM. Verneuil, Richet and Labbé expressed the opinion that in the ordinary conditions of cancer of the larynx one was almost always called on to operate. The extirpation of the larynx was a dangerous operation, often exposing the patient to a speedy return of the disease, while tracheotomy a palliative means, soothed the patient and might even prolong life, just as in the operation for artificial anus, in the case of cancer of the rectum. If the cancer had extended and invaded the neighboring glands, the

total extirpation of the larynx should never be attempted, but if an exact diagnosis could be made of the nature of the malady, it was better to act at once. Without waiting to extract a portion of the malignant tumor by the glottis it would be more beneficial to do at once a partial extirpation of the larynx—an operation which in the hands of M. Labbé and Dr. Hahn (of Berlin) had been so successful. The conditions for the operation should of course be favorable, and the surgeon should be an expert in the modern technique of the operation.

COMMUNICATION OF SYPHILIS THROUGH THE SALIVA.—A correspondent to the *British Medical Journal* cites a very interesting case to prove the affirmative of the question. A sailor who had syphilis tattooed the arm of a man who was undoubtedly free from syphilis. In the operation of tattooing the former had occasion to spit on his finger and rub it on the fresh marks of the latter's arms. As a consequence the latter began soon to develop some of the signs and symptoms of syphilis, and the writer of the above letter feels no hesitation in saying that the sailor was the means of carrying the contagion. As doubts are often expressed on this point, the above case is a valuable addition to the history of syphilis.

This suggests another question: "Do cigarette smokers run a risk of contracting this disease?" They undoubtedly do. Anyone who sees a large number of patient in a year has his percentage of syphilitics to treat, and consequently the presence of the mucous patch on the tongue and lips is an every day observation. Unfortunately it too often happens that the individual with this mucous patch, is a young girl engaged in the manufacture of cigarette. More than one case has been seen in which the girl with the mucous patch on her lips and tongue, confessed that her occupation was to stick the cigarette together by applying her tongue to the paper. Of course the large factories do much of this work by machinery, but the number of cigarettes made by

small factories, is no small one and the risk of contagion is one which many would not care to take.

BOOKS AND PAMPHLETS RECEIVED.

The Medical New's Visiting List for 1888. Philadelphia: Lea Brothers & Co., 1887. Price \$1.25.

Wounds, Their Aseptic and Antiseptic Management, by David Prima, M.D., Jacksonville, Ill.

The Radical Treatment of Trachoma, by A. E. Prince, M.D., Oculist to Wabash Hospital and State Institutions for Deaf, Dumb and Blind. Reprinted from *St. Louis Courier of Medicine*.

A Complete Handbook of Treatment. Arranged as an Alphabetical Index of Diseases to Facilitate Reference and Containing One Thousand Formulæ. By William Aitken, M.D., (Edin.) F.R.S. Edited with Notes and Additions, by A. D. Rockwell, A.M., M.D. New York: E. B. Treat, 771 Broadway, 1887, pp. 444.

The Rectum and Anus. Their Diseases and Treatment. By Charles B. Ball, M. Ch. Univ. Dub., F.R.C.S.I. Philadelphia: Lea Brothers & Co., 1887, pp. 400.

The Practice of Medicine and Surgery Applied to the Diseases and Accidents Incident to Women. By W. H. Byford, A.M., M.D., and Henry T. Byford, M.D., of Chicago. Fourth Edition, Thoroughly Revised, Rewritten and Enlarged. Illustrated, pp. 832. Price, cloth \$5.00; Leather, \$6.00. P. Blakiston, Son & Co., Philadelphia, 1887.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S. A New American from the Eleventh English Edition. Thoroughly Revised and Re-Edited with Additions by W. W. Keen, M.D., of Philadelphia. Philadelphia: Lea Brothers & Co., 1887.

Diseases of the Ovaries. By R. Olshausen, Professor of Obstetrics and Gynecology at the University of Halle. Cyclopædia of Obstetrics and Gynecology, Volume Eight. New York City: Wm. Wood & Co., 1887.

Diseases of the Tubes, Ligaments, Pelvic Peritoneum and Pelvic Cellular Tissue; Extra-Uterine Pregnancy. By L. Bandl, M.D. and *Diseases of the External Female Genitals; Lacerations of the Perineum.* By P. Zwiefel, M.D. Edited by E. H. Grandin, M.D. Cyclopædia of Obstetrics and Gynecology, Volume Twelve. New York: Wm. Wood & Co., 1887.

Sterility: Developmental Anomalies of the Uterus. By P. Müller, M.D., and *The Menopause.* By E. Börner, M.D. Edited by E. H. Grandin, M.D. Cyclopædia of Obstetrics and Gynecology, Volume Eleven. New York: Wm. Wood & Co., 1887.

Miscellany.

TREATMENT OF DIABETES, WITH THREATENED COMA.—Stadelmann has employed, with good results:

Acid. citric,	ʒ 2.
Sodii carbonat,	ʒ 4½.
Glycerin;	ʒ 5.
Aquæ destillat,	ʒ 37½.
Spirit. menth. piper.	gtt. 3.

To be taken two or three times during twenty-four hours.

By this combination the acids produced in the disease are neutralized, and the dangers of acetonæmia lessened.

Saccharin may be used advantageously in the following combinations:

Sodii acet.	ʒ 2½.
Aquæ carbonat.	ʒ 22½.
Saccharini	gr. 1½.
Essent. citri	ʒ 40.

Which may be taken three or four times daily. Also

Sodii tartrat.	ʒ 7½.
Aquæ carbonat.	ʒ 50 to 75.
Saccharini	gr. 5.
Essent. citri.	ʒ 75.

To be taken several times daily, as occasion demands.—*Therapeutische Monatshefte*, November, 1887.—*Med. News*.

THE SURGICAL TREATMENT OF PERITONITIS.—The propriety and value of surgical intervention in the treatment of certain forms of peritonitis formed the main subject discussed at a late meeting of the London Clinical Society. The case which gave rise to the debate belonged to two different categories, and perhaps for that reason the discussion was rather involved. It may therefore be convenient to analyze it on each head. In his successful case of acute suppurative peritonitis, Mr. Barwell was pursu-

ing the practice which was brought before the notice of the Royal and Chirurgical Society by Mr. Treves and Mr. Marsh two years ago, giving rise to an interesting debate on the occasion. For although, as Mr. Barwell said the priority in conception of this procedure rests with the late Mr. Hancock, the operation itself, with the deliberate intent of treating the peritoneal condition, was first performed by Mr. Treves. It may now be considered not only a legitimate but a very valuable means of treatment, and one which is sure to become more widely practised. Mr. Barwell's case was also instructive, as the President pointed out, on account of the large accumulation of gas present within the abdominal cavity; which makes it more than likely that the peritonitis had been excited by a perforation of the bowel, perhaps of the vermiform appendix. General peritonitis due to perforation is almost invariably fatal, so that physicians may be justified in having early recourse to aid of the surgeon, who by incision and drainage can promise a more favorable issue. As to the *technique* of the operation, nothing can be simpler, and it was clearly shown that no better medium for washing out the cavity could be employed than pure water, provided this were supplied in sufficient amount, and the irrigation were as thorough as possible. At the Clinical Society more attention was bestowed upon the subject of tubercular peritonitis, the two cases furnished by Dr. Knaggs and Mr. Clarke, of Huddersfield, forming the chief topic of the debate. Here we may remark how deep-rooted is the notion that tubercular disease of a serous membrane like the peritoneum is necessarily fatal, and the impression conveyed by Dr. Burney Yeo's question was certainly to that effect. We may refer all those who still hold to this opinion to a clinical lecture on "Tubercular Peritonitis in Children," by Dr. Gee, published six years ago (*The Lancet*, January 1, 1881), and his statement that "recovery from tubercular peritonitis is common" will be endorsed by physicians who practise in children's diseases. In adults cases of

recovery from this disease are less common, but Sir Spencer Wells's celebrated case is a standing refutation of the prevalent pessimistic views which would regard tubercular peritonitis as being as hopeless as cancerous. The debate, however, did good service not only in correcting this impression, but in showing how materially recovery is aided by draining the cavity of its contained fluid. Here, again, a lesson may be learned from the practice often adopted in the case of children with considerable success,—viz., simple paracentesis. Whether irrigation and continuous drainage is superior to paracentesis, which may have to be repeated, experience alone will show; but that the essential thing is to withdraw the fluid so as to allow the affected serous surfaces to come into contact was strikingly brought out in the report which Mr. Treves gave of the recently recorded experience of German surgeons. The measure of success obtained did not seem influenced by the adoption of various methods; the essential point was that the peritoneal sac should be laid open. It would thus appear (as was suggested in the debate) as if the effused fluid were itself a source of danger; but that it is absolutely necessary to "alter the character of the inflammation" by the injection of iodine, carbolic acid, or other irritants is still an open question. Dr. Knaggs and Mr. Clarke are to be congratulated on the result of their bold treatment, which may well be adopted in similar cases uncomplicated by active tubercular disease of the lung or ulceration of intestines. Such cases in the adult are not so very common, and their diagnosis is not always simple; but that the local tubercular process may be quite arrested and the general condition of the patient vastly improved by local drainage (aided, of course, as Mr. Parker pointed out, by general treatment) has been amply shown.—*The Lancet*, November 5, 1887.

ANTISEPTIC PROPERTIES OF "LANOLIN"
AS AN OINTMENT-BASIS.—Dr. Gottstein,
in an article to be found in the *Berliner*

Klinische Wochenschrift of November 28th, 1887, sums up the above subject by the statement that lanolin is absolutely inimical to the growth of micro-organisms, of whatever kind they may be. C. Fränkel had already stated that lanolin is free from germs, not only when prepared, but also in the raw condition of wool fat. It is well known that this substance does not undergo decomposition under the influence of the air, even when water or an alkaline solution is present, whereas all ordinary fats (glycerine fats) spontaneously decompose and become rancid from the separation of their appropriate fatty acids. Now, such decomposition of a body depends upon whether it is a fit material for the growth of bacteria or not, and it might, therefore, be asserted beforehand that lanolin is inimical to bacterial life. But Dr. Gottstein has submitted the question to direct experiment, and has found that no bacteria of any kind can be grown upon or in lanolin. Certain kinds of bacteria connected with putrefaction perish also in glycerine fats; and this is owing to two causes: first, because the fatty acids set free are hostile to bacteria; and secondly, because most germs found in the air are aërobic, that is, they require a fitting nutrition basis, the oxygen of the air, for their development. The air, however, contains also anaërobic germs, and it can be shown by experiment that sterilized (ordinary) fat, after it has been exposed for a few days, and has undergone the usual changes (a yellowish appearance and rancid odor), contains anaërobic germs in its interior. This is one of the chief distinctions between lanolin and ordinary fats, for such germs are not found and cannot develop in lanolin. But a second series of experiments showed in a still more striking manner the difference in this respect between lanolin and ordinary fats. When bacteria develop in a certain nutriment, even though the latter undergo no visible alteration, they will penetrate into any underlying nutriment of fit character, and develop in it also. But if the layer into which they are first introduced be adverse to their growth, it will prevent their

penetration into the adjacent layer of nutriment. This layer of different kinds of fats, including lanolin, was poured over the gelatine surface in various test tubes respectively, and each tube, with its gelatine-covered fat, was thoroughly sterilized. After a few days anaërobic bacteria—or, rather, solid substances known to contain such bacteria, for example, garden mould and old cheese,—were dropped upon the fat. The constant result was that bacteria rapidly developed in fat pork, and extended to the gelatine, while in the lanolin glasses the gelatine remained perfectly clear. The contrast was very striking. The results of the experiments taken together are as follows; 1. The bacteria which take part in the spontaneous decomposition of glycerine fats are presumably anaërobic. Of aërobic germs, several kinds (some of which are connected with ordinary putrefaction) perish upon a fatty nutrient basis, the rapidity with which they die being in direct proportion to the amount of fat present. 2. Exposed ordinary fat is found to contain anaërobic germs after a few days; lanolin similarly exposed contains no germs of any kind. 3. Glycerine fats can be penetrated by bacteria; lanolin, on the contrary, forms an impermeable layer. The above facts are of interest therapeutically and biologically. As regards biology, Liebreich has shown that cholesterine fats, which are chemically the same as lanolin, are a normal constituent of the epidermis in man and the lower animals, thus constituting the most powerful protection against infection from without.

Furuncles may appear, it is true, and may be shown to contain pus-cocci; but no connection in point of time exists between this development in superficial or deeper layers of the skin. And furuncles are always a sign of deficient vitality of the skin, for example, in the stage of convalescence after typhoid, and in marasmic children. There must be a causal connection between these facts. Therapeutically speaking, lanolin has a great future before it. Its miscibility with water in any proportion, its ready absorbability by the skin, its freedom

from any tendency to rancidity, as confirmed and explained by the above experiments, constitute it the vehicle *par excellence* for cutaneous medicaments. Its preservative properties ought also to find practical application in other ways.—*Brit. Med. Jour.*

Medical Items.

The Red Cross Society has offered a prize of \$1,400 for the best design for a portable hospital.

The Marine Hospital Service during the last fiscal year treated 45,317 patients at an expense of \$471,336-17.

LONGEVITY IN IRELAND.—During the September quarter, among the deaths registered in Ireland were eleven centenarians. Of those latter four were at 100, two at 102, one at 103, two at 105, one each at 108 and 109 years respectively.

A Legacy of the value of eight thousand dollars has been left to the Académie des Sciences by Mme. Foehr, who died recently in Paris. The interest on this sum is to constitute a prize to be awarded annually for the best essay on some subject connected with the healing art.

Professor and Mrs. Julian J. Chisolm, of this city, will receive the Medical Students of the University of Maryland at their residence 114 W. Franklin Street, on Monday, January 2d, from two to four o'clock. A few members of the profession have been invited to meet these young men.

Dr. William J. Jones has just been appointed by the Faculty of the University of Maryland Lecturer on Clinical Medicine in the place of Dr. S. T. Earle, who has resigned. The University is fortunate in obtaining a man so well fitted for the position.

ENORMOUS PRACTICE.—First Lady.—Does Dr. W. own much real estate?

Second Lady.—Yes. He has just purchased an acre lot in the new Chicago cemetery.

First Lady.—He must have an enormous practice.—*Exchange.*

A young Texas physician, called to his first case of labor, found the bag of waters presenting, which, mistaking for the bladder, he tried to replace, with the result of rupturing it, allowing the fluid to escape. Rushing frantically from the room to a neighboring physician, he cried: "By Jove! she's busted! Get your instruments; she won't live an hour."—*Lancet and Clinic.*

Prof. Robert B. Morison, of the Baltimore Polyclinic, will give a course of six lectures on Diseases of the Skin at the Woman's Medical College of Baltimore, commencing Thursday, January 5th and continuing every Thursday thereafter until the course is completed. The course will be supplemented by clinical instruction at the Polyclinic. The lectures will be held at 2 P. M., and are free to students of the College and other lady students or physicians residing in this city.

BRAIN SURGERY.—We learn from the *Medical News* that Dr. W. W. Keen removed a tumor from the left side of the brain of a man aged 26 years, on December 15th. The tumor measured $2\frac{1}{2}$ by $2\frac{1}{4}$ inches, and was $1\frac{1}{2}$ inches thick. It weighed three ounces and forty-nine grains. The patient was doing well at time of this report. A brain tumor was also removed recently by Dr. Weir at the New York Hospital and the patient has since recovered.

THE DOCTOR AS A SUBSTITUTE FOR PRISONS.—Prince Krapotkine recently delivered a lecture in Paris on "The Moral Influence of Prisons." He argued that prisons were of no use as safeguards to society; that criminals were persons who were suffering from some disease of the brain, heart or stomach. The only way to deal with such classes was to put them under medical care in order to cure their physical disease. Krapotkine's views contain a germ of truth. A considerable proportion of criminals have congenital brain-defects, and many more have bodily deformities, phthisis, syphilis, and other diseases.—*Med. Rec.*

The Australian Government having offered a reward of \$125,000 for a ready and quick means of exterminating the many rabbits on that continent Pasteur proposes once more to make a practical use of bacteriology by inoculating the micrococcus of chicken cholera into a few rabbits and then letting the disease spread. In the fowl death takes place with great rapidity, the micrococci absorbing the oxygen from the blood and thus causing one of the most prominent symptoms—*asphyxia*. Whether rabbits will be as susceptible and if so whether the disease may not spread to the domestic animals is a question which Pasteur will probably settle.

THE SOLUBILITY OF SACCHARIN.—Some disappointment seems to have been experienced in various quarters as to the sweetening qualities of saccharin. This is probably due to its insolubility, under ordinary circumstances, in water and watery solutions, to overcome which it must be mixed with a small quantity of a suitable alkali, such as bicarbonate of sodium. For practical purposes, it is probably best to obtain saccharin, duly mixed with the soda, in the form of tablets, which are convenient for dosage, and readily soluble. Half a grain in this form will generally be found sufficient to sweeten an ordinary breakfast cup of fluid.—*Brit. Med. Journal.*

Original Articles.

ELECTROLYSIS FOR FIBROID TUMORS AND PELVIC EXUDATIONS.*

BY B. B. BROWNE, M.D.,

Professor of Diseases of Women in the Woman's Medical College of Baltimore.

For the past twelve years I have used the galvanic and faradic currents in the treatment of gynecological cases, many times obtaining the most satisfactory results after the failure of other means.

The greatest objection to the use of electricity in these cases is the difficulty of keeping the batteries, especially the galvanic, in working order.

In 1877 I used the galvanic current with decided success in the treatment of a large sub-peritoneal fibroid tumor which filled the whole pelvis, and extended above the umbilicus. The tumor was nodulated and seemed to be everywhere adherent; the woman had persistent metrorrhagia, for which she had been previously treated with hypodermic injections of ergot as well as its internal use. Galvanism was applied by introducing the positive pole into the cavity of the uterus and placing the negative sponge electrode over the abdomen. The current was made as strong as the patient could bear without producing decided pain. The application was continued for about 15 minutes at each sitting and was used twice a week for three weeks; the metrorrhagia was arrested after the third application, and the tumor also diminished in size after the first week. The pains and discomfort accompanying it were relieved at the end of the treatment, and the tumor then was less than one-half its original size.

The treatment I pursue at present is more of a radical measure than that above described. I now place the patient under an anæsthetic, introduce the two needle electrodes through the abdominal walls into the substance of the

tumor and gradually turn on the cells until 24 are brought into use. I keep on the 24 cells for 45 minutes, then gradually reduce them and turn off the battery and remove the needles. The patient is then put to bed and kept under the influence of opium for 24 hours or longer if there is any tenderness or pain over the abdomen. She is kept in bed from 3 to 7 days.

If there be menorrhagia I use as the positive pole an intra-uterine electrode introduced into the cavity of the uterus, continuing this for a few short sittings until the tendency to hæmorrhage ceases, then I use the needle electrodes as above described. If we wish to cause the absorption of a fibroid tumor or of an exudation we must place the needles so that the whole of the current shall be localized in the tumor and not diffused by passing through other resisting tissues.

Before using the needles I dip them in a strong solution of carbolic acid. After the needles have been *in situ* for 10 or 15 minutes a yellowish-white foam collects around the negative needle; at the positive pole a whiter fluid sometimes collects. Where the tumor can be readily reached through the vagina it is preferable to insert the needles from this direction.

It is very frequently the case that the positive needle becomes fixed in the tissues and sometimes it is quite difficult to remove it. We then find it roughened and corroded by the action of the acids which accumulate around the positive pole.

The method used by Apostoli, who has done so much to revive the use of electrolysis, consists in short and frequent applications of quite a strong current but without anæsthesia.

By applying moist clay over the abdomen the current from the positive electrode is diffused by passing through this medium and the current can be increased in proportion to the surface of the clay without giving pain.

Where he wishes to apply a very strong current with the positive pole within the cavity of the uterus he wraps the metal point of the uterine

*Read before the Baltimore Gynecological and Obstetrical Society, December 13, 1887.

electrode with moist absorbent cotton; this diffuses the current and prevents its caustic action upon the tissues.

In regard to the kind of galvanic battery that gives the best results in electrolysis, I think the liquid batteries are the best, although the chloride of silver or dry battery is much more convenient to manipulate, and keeps in better condition than the former.

In this paper I will not refer to the use of electrolysis in chronic hyperplasia and sub-involution of the uterus, for which diseases it is probably the most efficient agent that we have at our command.

I will, however, relate two cases from many similar ones showing the effect of electrolysis on fibroid tumors and pelvic exudations.

Case I was referred to me by Dr. H., of Prince George's County, Md., March 3rd, 1887.

CASE I.—M. H., colored, age 33 years, married 10 years, sterile, has not had her menses for three years, abdomen as large as at full term of pregnancy. Suffers great pain in walking and is unable to work, uterine cavity measures 4 inches; the whole pelvis is filled with a large fibroid tumor that reaches above the umbilicus.

March 5th, put her under ether and used the needles through the abdominal walls into the tumor, gradually increased the current to 24 cells and kept them on for 30 minutes, then gradually reduced the current, removed the negative needle and attached the uterine electrode to the negative pole, inserted it into the cavity of the uterus and kept it there 15 minutes with 24 cells in the circuit. The current was then gradually turned off, the patient put to bed and kept under opium for two days; on the fifth day she got up, and as there was no pain or tenderness over the abdomen she was allowed to walk around her room; on the seventh day she returned to her home in the country, with instructions to return at the end of 6 weeks for another treatment. She returned at the stated time, the tumor had diminished very much in size, the pains in the abdomen were gone and she was able to walk with

comfort, and could do more work than she had been able to do for the past 3 years. As she had improved so much and as the tumor was continuing to diminish in size no treatment was made.

About two months after this she returned to the city again, but as she was feeling well and the tumor getting smaller electrolysis was not used.

In this case we could expect no benefit from removal of the uterine appendages as the menses had been suppressed during the growth of the tumor. Hysterectomy would have been attended with great danger to life.

CASE II.—March 13, 1887, was called in consultation by Dr. W., of this city, to see Mrs. R., age 22 years, married 2 years, was confined October 5th, 1886, instrumental delivery (not by Dr. W.).

Had gathered breast which confined her to bed for 4 weeks. Seven weeks from date of confinement Dr. W. was called to see her at night and found her suffering with acute pain in the right inguinal region radiating up to the umbilicus; the pain was very intense, and required constant hypodermics and large doses of opium to give relief. Ten weeks after confinement Dr. W. found upon vaginal examination a large hard tender mass posterior and to the right of the uterus which was immovable and fixed by the exudation.

Pain continued for more than four months, during which the usual treatment for such cases was faithfully persevered with.

On April 7th she was put under chloroform, the two needles were inserted into the mass of exudation through the vagina, and 24 cells of the battery were gradually turned on and continued for 45 minutes, the pains throughout the pelvis were somewhat increased for the first two days after the electrolysis, then a profuse discharge continued for two or three weeks, it was free from smell, was not pus but looked somewhat like the lochial discharge. The pains now left her and she commenced to gain strength. Six weeks after the operation she went North and remained during the summer. Upon her return in

September, Dr. W. made a vaginal examination and found only the slightest remains of the exudation in some thickening of the tissues at its former site; there was not the slightest pain or tenderness in the parts.

I have brought this subject before the Society to-night for the purpose of getting an expression of opinion from its members in regard to their experience with this agent, and also their views in regard to the relative advantages of electrolysis and removal of the uterine appendages for sub-peritoneal fibroid, or of hysterectomy.

REMARKS ON THE USE OF THE MANGANESE COMPOUNDS IN MENSTRUAL DIS- ORDERS.*

BY C. O'DONOVAN, JR., OF BALTIMORE.

The members of this Society will remember a very instructive paper, read by Dr. T. A. Ashby, at the meeting held May 10th, 1887, on the Treatment of Amenorrhœa with Permanganate of Potash; in the discussion which followed, I stated that my experience with that drug had been unsatisfactory, because of the stomach troubles which it had invariably caused. This statement I wish now to retract, acknowledging, at the same time, that the cause of the trouble lay with me rather than with the drug, or the patient; for I had failed to order with sufficient strictness that at least a cupful of water or other fluid be taken immediately after the permanganate. I was astonished at the time to hear Dr. Ashby state that he had "as yet had no serious complaint from any of my (his) patients of any unpleasant effects following its use," for my own had complained bitterly of it. In looking up the literature of the subject, I was so struck by the universal commendation of the manganese compounds, in selected cases, that I easily persuaded myself to write a short paper presenting to you the experience of the various users of

the drugs, the manner in which they are most readily used, and the results that may reasonably be expected from their exhibition.

Although the attention of the medical profession had been called to the use of manganese in menstrual disorders as long ago as 1869, by Dr. Broadbent, of London,† no special results seem to have followed until after the publication of a paper by Drs. Sidney Ringer and Wm. Murrell‡ early in 1883, on "Manganese in the Treatment of Amenorrhœa," based on the records of 69 cases, mostly from hospital, but some private, which had been very thoroughly and carefully treated; in some of whom the menstrual history was complete for more than a year. To show how exacting these gentlemen were in this analysis, and how completely they depended upon medicinal means in their investigation it is only necessary to state that they have rejected from their records all in whom they thought operative procedure necessary; indeed, they state that they, "as a rule refrained from making vaginal examination," so that whatever benefit may have been derived, came only from the therapeutic treatment of the cases. In order too to avoid any conflicting claims of drugs when they were using permanganate of potash, they used no other drug at the same time, but gave it alone, in pill form, beginning with one grain three times a day, and increasing to two grains four times a day. This treatment is commenced three or four days before the time when the catamenia should appear; if it fails to produce the desired effect, they continue their effort, and state that they have so produced a normal flow after three months of constant use of the drug. This was an exceptional case, for they usually succeeded in re-establishing menstruation after two or three days, especially in those cases in which the trouble had followed exposure to cold, for which the remedy is almost a sure cure. Nor does the beneficial effect of the permanganate cease with the re-establishment of the

*Read before the Baltimore Gynæcology and Obstetrical Society December 13, 1887.

†Clinical Society Reports, 1869.

‡Lancet, January 6th, 1883.

flow, but, in cases where more or less of dysmenorrhœa is constantly present, it also facilitates menstruation, many patients expressing themselves as more comfortable than at any previous menstrual epoch. Nor has this remedy been the only one tried, but, as a proof of its value, it has succeeded in cases that have been treated severally with iron, aloes, nux-vomica, strychnia, pulsatilla, nitroglycerine and hot mustard baths without benefit. One word of caution the authors speak, and that is to advise those who try the remedy not to be too easily discouraged, nor afraid to give it in larger quantities than usually advised, for their best results were obtained from just those cases from which these lessons were learned. Whatever may be the specific action of the drug, the authors are not prepared to say, but they seem to consider it a direct and powerful tonic to the reproductive organs, but whether through the medium of nerve supply, or otherwise, they are unable to decide; nor has anyone of the other users of it, whose report I have read, been able to formulate even a theory that would indicate its mode of action. Though the investigation of Drs. Ringer and Murrell was directed principally toward the treatment of amenorrhœa they mention also that all conditions of intra-pelvic atonic relaxation or engorgement, not due to obstructive causes, are greatly benefited by the permanganate; thus, in several instances, a longstanding leucorrhœa has disappeared while the patient was under treatment. Another point; the treatment succeeded as well in plethoric women, as it did in their anæmic sisters; and in several cases of amenorrhœa in chlorotic girls, while the catamenia reappeared promptly and satisfactorily, yet the state of chlorosis remained as marked as before; these results seem to effectually decide that the beneficial effects of the manganese compounds are produced otherwise than through the blood improvement, as some of the opponents of these drugs have maintained. The next to report his experience with manganese was Dr. Franklin H. Martin, § of Chicago, who may be called the

chief advocate in America for its use: his experience with it, both in private and dispensary practice has been large and satisfactory; his own words are: "I have been more than gratified with the result," to which, in a subsequent article,* he is able to "add much confirmatory evidence of what he had already advanced." He considers manganese to be a direct stimulant to the uterus and appendages, and finds that its action is brought on direct. "He uses it in doses of two grains, ordinarily, in dry gelatine capsules, and has had the usual experience with irritability of stomach and sub-sternal pain; when they became intolerable, or in those patients in whom the anti-manganese idiosyncrasy was markedly developed, he has sometimes succeeded by dissolving two grains of the permanganate of potash in a pint of hot water, and giving this at bedtime; even this, however, did not always succeed in allaying the trouble, so he experimented with manganese ointments by inunction, and gives the results of such treatment† in four cases, all which were satisfactory. His ointment is made by dissolving oleate of manganese in oleic acid, in proportion 1 to 5, and rubbing ʒss on the abdomen, or back, or inside of the thighs; this ointment, if properly made, forms a good substitute for the internal administration of the drug, and its use may be compared to the use of mercury in the same way. Dr. Martin believes that the action of manganese is exerted through the nervous supply of the pelvic organs. but his ideas upon this subject are vague; his results though are surprising. Whether it is due to intense nervous irritability of the Chicago women, engendered by the rush and hurry of life in that great city, producing conditions of exhaustion from which English women are free, or whether Dr. Martin's investigations have been directed to a larger field than those of the original workers in this line of research, I cannot say, but certainly he has achieved results that throw into the shade the conclu-

§The Medical Record, Sep. 29th, 1883.

*New York Medical Journal, Jan. 24th, 1885.

†Chicago Medical Journal and Ex. September 1885.

sions of Drs. Ringer and Murrell. He uses it with great benefit not only in amenorrhœa, but in those forms of menorrhagia and metrorrhagia also, in which no local cause could be detected; in menorrhagia, it promptly arrested the flow after the failure of ergot, gallic acid, and various mineral and vegetable astringents, not in one case only, but repeatedly; the best results, however, were obtained in the various forms of menorrhœa, especially in young girls, in whom, from one cause or another, the establishment of menstruation seems to be too great a strain upon the nervous system, causing various distressing symptoms at irregular epochs, connected with repeated menstrual failures; and also in those numerous cases of suppression caused by exposure to cold or wet, when the remedy has always proven a success; the author's words are, "no failure, provided the trouble was due to the effects of cold alone," strong words, truly, and conveying an inestimable boon to suffering women. In the discussion of Dr. Martin's second communication, † Drs. Paoli and J. Havens stated that they had used manganese with success in menstrual troubles, the latter in more than 50 cases.

Dr. Edmund J. Doering, of Chicago, gives § a tabulated record of fourteen cases, in eight of which he records successes, and in six, failure; not a very good result, at first sight, but a little study of his table leads one to suppose that he included in it all the patients to whom he has prescribed the drug, and that some have not been well selected, for of the six failures we find it noted that in four the menses reappeared after a course of iron preparations, showing that anæmia, or hydræmia, had so reduced them that the stimulating effect of manganese was utterly wasted. The largest doses that he used was four grains three times a day, in two cases; all but two complained of severe epigastric pain. Dr. Doering is rather faint in his praise of the drug, and concludes that its full effects are not produced unless it has been given for two weeks.

Dr. Fordyce Barker* is one of the most enthusiastic supporters of manganese as an emmenagogue, and speaks confidently after a wide and varied experience with such medicines; he says that for fifteen years he used apiol by preference, after trial of iron, aloes, myrrh, savine and rue, but that for the past four years he has used permanganate of potash exclusively, whenever he thought an emmenagogue required, and, except in a few cases, has never known it to fail. He qualifies this by reminding us that many of his cases drift away after consulting him once or twice perhaps, but this strong commendation is based upon what he knows to be true. He mentions three well defined states of women in which the happiest results may be expected:

1. In young ladies who come to New York to finish their education, leaving a comfortable home for a boarding school with more or less uncongenial surroundings, and consequent homesickness, with various neurotic ailments, one of which is apt to be suppression of menses.

2. In women, whether young or old, who have just returned from Europe, in whom the sea sickness and other discomforts of the ocean voyage have produced suppression. These he cures invariably.

3. In those woman who develop a decided tendency towards obesity when they became thirty, or thereabouts, and who suffer from various disorders, both physical and psychical, as a consequence, in whom catamenia usually disappear, or become very scanty, causing thereby an aggravation of their other troubles. To these, and to his other patients requiring the remedy, it is administered in doses of two grains three times a day, followed immediately by half a tumbler of water.

Dr. C. E. Billington, of New York, reports † four cases, appropriately chosen for the remedy, three of which were cured perfectly, and the fourth much benefitted after other drugs had failed. All, however, complained of the usual stomach troubles. This paper is quite full and interesting, and is made

†New York Medical Journal, Jan. 24th, 1885.
§Chicago Medical Journal and Ex. April, 1885.

*New York Medical Journal, July 27th, 1886.
†The Medical Record, March 6th, 1886.

especially valuable because it embodies in it a communication from Dr. T. G. Thomas and Dr. Fordyce Barker, the former of whom uses McKesson and Robbins' pills of manganese binocide, two grains three times a day, and of its effect as an emmenagogue he writes "the best I have met with;" to which he adds, "while I recognize that it is, like all other medicines, very uncertain in such cases as I have mentioned, I look upon it as a very valuable addition to the pharmacopœa."

Dr. A. F. Kerr, of Williamsville, Va., reports‡ three cases treated successfully, in two of which peculiar symptoms were encountered; one being an epileptic, with amenorrhœa, in whom menstruation appeared promptly, causing a great improvement at the same time in the epilepsy; the other was a negro who had been subject to vicarious menstruation, by the nose, and whose epistaxis ceased upon the re-appearance of the menses. He uses permanganate of potash in two, or three grain doses dissolved in half a glass of water and administered immediately after eating; this is continued until menstruation is established, it is then omitted until within three or four days of the next period, when it is repeated. Each of his patients complained of the disgusting taste of the drug, and of nausea. This writer considers it a direct genital stimulant.

Dr. H. J. Boldt, of New York, reports§ a case of suppression, in which permanganate of potash failed in a married nullipara, aged 30, very stout and plethoric, who was relieved by galvanism, but in selected cases, especially after sea-sickness he prefers permanganate to any other emmenagogue.

Dr. Thomas J. Kearney,* of New York, prefers the binocide of manganese, in two grain doses, on account of the great irritability of stomach that the permanganate caused. He reports seven successful cases, one of which became regular after suppression had existed for two and a half years, but he fears the

drug might produce abortion, unless used with care, so powerful has its action been in some of his cases.

Dr. Wm. T. Ellis, of Livermore, Ky., reports|| his experience with the permanganate in fifteen cases, all being complete successes, only three of whom complained of gastric disturbance, and they were entirely relieved of it by increasing the quantity of fluid taken after the medicine. He uses the one grain pill of Park, Davis & Co., and follows its administration by a full tumbler of water or milk. His words of praise are decided. He calls it a "safe and efficient emmenagogue, acting almost equally well in anæmia from any cause, and deserving of a more extended use by the profession everywhere."

Mr. T. Maury Deas,* of Exeter, England, is the only foreign user of permanganate whose opinion I can quote directly; but his experience coincides with that of his American confrères. He mixes the drug into pills with kaoline ointment, and gives it rather more freely than usual, having given three to six grains three times a day for weeks, and relates one instance in which the catamenia reappeared six months after the commencement of the treatment. He concludes that,

1. Permanganate of potash is a useful and safe emmenagogue, and free from the disadvantages which attend some other remedies of the class.

2. Its use may be continued for months without any bad effects, and success need not be despaired of even after many months.

3. Even when it fails as an emmenagogue, it acts beneficially as a general and nerve tonic.

Dr. Bartholow,† of Philadelphia, quotes from two continental authorities its good qualities in amenorrhœa and "dysmenorrhœa characterized by scanty menstruation and anæmia." This is in an exhaustive article on "Permanganate of Potash, its Action and Uses," in which he takes the ground that the pro-

||The American Practitioner and News, (Louisville) Jan. 8, 1887.

*The British Medical Journal, April 18, 1887.

†The Medical News (Phila.) Nov. 22, 1884.

‡St. Louis Courier of Medicine, April, 1886.

§The Medical Record, May 26th, 1886.

perties of the salt are due entirely to the nascent oxygen set free in the stomach, and likens it to the effects produced by ozone used therapeutically. From this conclusion, after a thoughtful consideration of the views and experience of the various observers from whom I have quoted, I feel obliged to dissent, especially after remembering that similar results were obtained from other compounds of manganese; the chloride (Broadbent), the binoxide, and the inunction of the oleate; which latter must effectually dispose the nascent oxygen theory, leaving us no doubt of the fact that the benefit is derived from the manganese alone. Nor need we be at all surprised at this when we remember that in the same elemental group with manganese are included iron and nickel, the multitudinous uses of the former being known to every practitioner, and the latter an almost untried remedy, believed by some to possess powers that must be eventually recognized. I am myself prepared to accept Dr. Martin's idea, that manganese is somehow a powerful stimulant of the nerve supply of the genital system; but whether in its direct effect upon the trophic nerves of those organs, or through the centres in the brain or cord which regulate their functions, I must wait, until physiologists may have investigated, before reaching any conclusion, using, meanwhile, what knowledge has been derived from clinical experience for the benefit of my patients.

THE TECHNIQUE OF OOPHORECTOMY.*

BY CHARLES MEIGS WILSON, M.D.

Although so much has been written on the subject of oöphorectomy, that it seems hardly possible to add anything new to our present knowledge on the subject, yet success depends so much on the manner and the details of operation that it is not perhaps a waste of time to call attention to those methods which

have received the stamp of approval of the surgeons who have thus far had the best results in abdominal surgery. The methods detailed below are the *common* property of the medical profession, evolved by the experience of many operators. Some the author first saw used in England and Germany, others are the result of American ingenuity, and all are of great importance in the production of good results after operating. If to any one man belongs a large share of credit than to the rest in popularizing these methods in this section of the country, certainly Dr. Howard A. Kelly, of Philadelphia, deserves it.

Preparation of the patient.—Let us first consider the preparation of the patient. In all cases, it is advisable for the operator to have his patient under observation some little time before the operation. This has the double advantage of giving the operator and the patient time to become acquainted with each other, and for the patient to acquire confidence in the operator, and gives the surgeon opportunity to study carefully the case. Too much condemnation cannot be given to hasty and ill-considered operations. The urine should be carefully examined, in order to see that it is free from albumen. Neglect of this rule has doubtless oftentimes been the cause of the patient's death. The gastro-intestinal canal should be in a state of healthy function, and the day preceding the operation all portions of the intestine should be thoroughly emptied. This is best secured by the administration of some gentle laxative, such as the compound licquorice powder, in one or two drachm doses; or if there be some torpidity of the liver, by the administration of one-twelfth of a grain of calomel every hour until the bowels are opened; care, however, being taken in both cases not to purge the patient, and not to set up any excessive peristalsis. On the morning of the operation, the rectum should be emptied by an enema, and in order to prevent the accumulation of gas in the intestines, and to avoid gaseous distention of the intestines, it is generally best to put into the laxative enema administered a

*Read before the Philadelphia County Medical Society, December 23th, 1887.

little turpentine emulsified with the white of an egg. This, as a rule, relieves the intestines of any accumulation of gas present in them, and at the same time is not irritating.

The patient should have, on the morning of the operation, a hot bath, which will add to her comfort and remove any sebaceous matter on her abdomen; it is best to have the patient sponged with alcohol after the bath. Also, on the morning of the operation, the patient should abstain from taking any food, unless it be a cup of strong coffee or a little milk and lime-water. The administration of this food should always precede the time of operation by three or four hours. Above all, it is necessary that the patient have a chance to recuperate her strength and prepare for the mental and physical ordeal of the operation by having a rest in bed of at least three days before the operation, and this is especially important if the patient has come on a long journey and is fatigued with travelling.

The surroundings of the patient.—By election, it is always best to operate upon the patient in a hospital, particularly if one have a hospital ward especially devoted to this class of work, in preference to operating upon the patient at her own home. The reasons for this are obvious. In the hospital there are trained assistants and trained nurses, and if the operator be busy with this kind of work, the nurses have no other cases to manage are especially trained and especially adapted to this work. Again, too, in the hospital the operator always has his own assistants, who are accustomed to his methods, who understand his wants and who know exactly what to do at the right moment. In a hospital the operator, as a rule, has an assistant whose especial duty it is to administer the anæsthetic and where there is an anæsthetizer properly trained for his work and competent, the operator's mind is entirely relieved of the responsibility of the administration of the anæsthetic. He does not have to look at the patient to see how she is doing under the influence of the anæsthetic; he does not have to be interrupted in his

work by the patient getting too much ether or chloroform, nor is he bothered with rigidity and stiffening of the abdominal parietes because the patient is not sufficiently under the influence of the anæsthetic.

At the patient's home, especially if it be far distant from the home of the operator, it is not always possible to have either good nurses or good assistants, and the lack of these contributes largely to the difference in the mortality rate in operations done at the patient's home and those done in hospitals especially adapted to this work. Again, in the hospital the operator has time to investigate thoroughly the patient's case, and to weigh all the points pro and con, whereas at the patient's home he is often obliged to operate hastily, and with a diagnosis formed after a hasty inspection of the patient and study of her case, which is oftentimes not confirmatory of the diagnosis of the regular medical attendant. Prior to the operation, it is better that the patient should have a room remote from the operating-room with all its appalling armamentarium and paraphernalia, in order that she may not become frightened or worried by seeing the preparations for the operation. It is best on the morning of the operation to bring the patient to a room adjacent to the operating room, where she may rest until the anæsthetic is administered. The room should be bright, cheerful, airy, and spacious, and should have pictures on the walls, or something in the room to divert the patient's attention. The patient should also be constantly attended by a nurse during the hours preceding the operation, in order that she may not become lonely and allow her mind to dwell upon the operation. It is best, both before and after the operation, to exclude rigorously the friends and relatives from access to the patient, and to have the patient give herself up entirely to the operator, in order that he may control her movements without the interference of relatives and friends.

The operation.—The room for the operation should, when possible, have walls and floors which can be thoroughly

cleaned and disinfected, in order that the operation may be conducted in an aseptic atmosphere. For this purpose, the operator's own operating-room has tile floors and glazed tile walls, so that the whole place can be flooded out with water, and placed in a thoroughly clean condition. An operating-table of plain wood, painted, resembling in size and shape the ordinary kitchen table, is all that is really necessary. One or two stands of light construction, and upon large castors, in order that they may be readily wheeled from one portion of the room to another, and a chair for the assistant who holds the patient's limbs, are all the furniture required. A large can containing distilled water and an alcohol lamp or gas burner under it so as to maintain the heat of the water at a fixed temperature, and a tube running from the can to the table, so that at any time during the operation the whole operative field can be flooded, is also in the room. The sponges are used over and over again until the sponge fibre commences to show evidences of disintegration. These are always of the finest quality and for the most part those which are known as potter's sponges, or thin, flat sponges. For the first time, they are prepared as follows:

All of the dust is first beaten out of them. They are then immersed in a fifteen per cent. solution of hydro-chloric acid for forty-eight hours. They are next thoroughly washed until all the acid is removed from their interstices. Then they are placed for half an hour in a solution of permanganate of potassium, 180 grains to five pints of water. This is done in order to bleach them. The hydro-chloric acid solution is, of course, for the purpose of removing any mineral matter that may be in their meshes. They are again washed in running water and placed in a solution consisting of ten ounces of the hyposulphite of sodium, five ounces of hydro-chloric acid and sixty-eight ounces of water. They are allowed to remain in this solution for a period of from two to four hours until thoroughly bleached. They are next thrown into troughs of running water where they are allowed to remain

for several hours. Afterward they are placed in jars containing solution of bi-chloride of mercury (1: 1000) and hermetically sealed until the time of operation. After an operation they are washed out in warm water, then soaked in a solution of sodium carbonate half ounce to a pint of water for three or four hours, then rewashed in warm water and put back in the 1: 1000 bi-chloride solution ready for use again. The instruments are all nickel-plated, with the exception of the cutting edges. They are prepared by being first scrubbed with glycerine soap and then immersed for several minutes in boiling hot water. They are then laid upon towels which have previously been immersed in the solution of the bichloride of mercury (1: 1000) and thoroughly dried by superheated steam. They are then ready for use. The needles are kept in a five per cent. solution of carbolyzed oil. The ligatures and sutures are kept immersed in a solution of bi-chloride of mercury (1: 5000). They are always washed in distilled water immediately before being used. For suturing the abdominal wall silkworm-gut has been found most satisfactory, clamped and held in position by perforated shot. For ligatures the twisted Chinese silk, imported by Mr. Snowden of No. 7 South Eleventh Street, Philadelphia, has been found to be the best. For anæsthesia, chloroform has been used instead of ether, unless the operation is likely to prove a long one. The reason that chloroform is preferred to ether is the author's belief that chloroform when properly and carefully administered is nearly as safe as ether, and because with chloroform, as a rule, there is none of the bronchorrhœa and gastric disturbance which usually follow the administration of ether. Where ether is given, it is found that a less amount is required and that the anæsthesia is more satisfactorily induced and maintained by administering the ether upon the Allis inhaler rather than with the ordinary cone. Where chloroform is employed, it is usually administered by means of the shield devised by Professor Billroth and used in his clinic.

The temperature of the operating-

room should be about 75°. It is best to cover all portions of the patient's body with light blankets, with the exception of that portion of the abdomen involved in the seat of operation. An assistant sits at the foot of the operating table, and receives and holds the patient's limbs, passes the catheter just before the operation, and, when necessary, with the finger in the vagina, lifts ovary, tube, or pedicle up into the abdominal wound, as the operator may desire. A trusted assistant takes charge of the anæsthetic, and does nothing else. The chief assistant stands on the left side of the patient, ready to give immediate aid to the operator.

Immediately preceding the operation, the patient's abdomen is wiped off with a little ether, in order to remove any greasy matter that may be present upon the abdominal wall, and it is then washed with the bi-chloride solution (1:1000), and carefully dried, especial care being taken to see that all the little folds about the umbilicus are perfectly clean. If there be an abundance of suprapubic hair, sufficient is removed to give a chance for extending the incision downward if necessary. The operator having satisfied himself that the patient is sufficiently anæsthetized—and by sufficient is meant that she is anæsthetized to the surgical degree—the abdomen is opened with a few rapid strokes of the knife, without the use of the director.

The operator can readily judge of the depth of the abdominal wall, and really no care is required until the subperitoneal fat is reached. The abdomen is opened in the median line, care being taken to strike the linea alba if possible, so as not to open the sheath of the recti muscles. If we fail to strike the linea alba, no time is lost in dissection in order to reach it; but if we miss it, the abdomen is opened if need be, through the rectus muscle. The rule with reference to the incision best to be followed is to make it as small as is compatible with the removal of the ovary or of the growth. Where oöphorectomy is performed, an incision one and one-half or two inches in length is amply sufficient. On the contrary, where an ovarian cyst-

toma is to be removed, and the tumor is a large one, or, perchance, semi-solid, or where the adhesions are numerous, it is a great deal better to enlarge the incision in order that the growth can be readily gotten at, rather than to attempt its removal without knowing exactly what we are doing, and without having room enough to raise it up through the abdominal wound. No care is taken to prevent the blood from the wound in the abdominal wall escaping into the peritoneal cavity, and although it is always best to avoid allowing the contents of a cyst getting into the abdominal cavity, it is thought best to complete the operation rapidly, rather than to avoid the escape of the cyst contents into the abdominal cavity. If, however, we are dealing with a pus tube then, of course, the greatest care must be used to avoid the escape of the pus into the peritoneal cavity, owing to rupture of the tube wall. The pedicle is transfixed with an aneurism needle, the penetrating arm of which is at right angles to the handle, and tied with stout twisted Chinese silk. The loop of the ligature carried through the pedicle is held as the needle is withdrawn, and divided; each half of the pedicle is tied, and then the whole pedicle is tied with the remaining parts of one of the ligatures. The pedicle is severed close to the ligature, care being taken, however, to leave sufficient of the pedicle to prevent the ligature from slipping. An important precaution to take to avoid secondary hemorrhage, is to hold the pedicle with the Martin forceps for a few moments and then, if there be no evidence of hemorrhage, it is dropped back into the peritoneal cavity. Where there is any tendency to hemorrhage from the pedicle, it is lightly touched with the flat button of the Paquelin cautery. Where the ovary is bound down by adhesions, and there is oozing from those which have been torn asunder, they are lightly touched with the finger, which has been rubbed against a piece of the perchloride of iron. The abdominal cavity is then invariably flooded for about five minutes with a stream of distilled water at a temperature of 100° F. It is sur-

prising to see how, when a patient is profoundly shocked, this intra-peritoneal irrigation with hot-water will immediately restore the equilibrium of the pulse and rally the patient from the shock. In operating, care should always be taken not to handle the ovary or the meso-salpinx any more than is absolutely necessary, because, as has been frequently noted, the patient's respiration becomes embarrassed, and oftentimes temporarily ceases during the time that the ovary is in the grasp of the operator's fingers. Where there is a cyst of any size, its contents are aspirated with Mear's trocar; but where the cyst is small, we prefer to enlarge the abdominal wound, rather than to delay the operation by evacuating the contents of the cyst with the aspirator.

The toilet of the peritoneum.—First, as noted above, the peritoneal cavity is thoroughly irrigated with distilled water at a temperature of 100° F. The patient is then turned on her side and all the water allowed to drain out that will. She is then again turned upon the back and the peritoneal cavity carefully sponged, the intestines and mesentery being held out of the way with one hand while with the other the operator carries the sponge attached to a bayoneted sponge-holder, first into the retro-vaginal portion of the peritoneal cavity and then into both iliac fossa. The sponging is continued until all shreds of coagulated blood are removed and until when the sponge is brought up only a pale pinkish fluid escapes when the sponge is squeezed.

When we are sure that all hemorrhage has ceased within the peritoneal cavity, the intestines, if any have been left out of the abdominal cavity, are carefully replaced and the mesentery is folded over them. If necessary to lift loops of intestines out of the abdominal cavity, they should be carefully wrapped in soft towels kept moist and at a temperature of 100° F. Upon the mesentery is placed a thin, flat potter's sponge which extends half an inch or more around all portions of the wound. This is placed there in order to absorb any blood which may escape from the needle

punctures. Its centre is grasped by a hæmostatic forcep in order to facilitate its removal after the sutures have all been introduced.

A strong, stout needle threaded with a loop of cat-gut or Chinese silk, in order to snare the silk-worm-gut, is used in the introduction of the sutures. The sutures are all introduced from within outward in order to avoid wounding the intestines with the point of the needle, and the free ends of each suture are held in the bite of the hæmostatic forceps. When the sutures are all introduced, the flat sponge is removed and the central suture is first tightened. It is found that, as a rule, this makes a neater approximation of the edges of the wound. The sutures are fastened with perforated shot. The abdomen is carefully washed off with the solution of the bi-chloride of mercury (1 : 1000), immediately the wound is closed. There is then poured over the surface of the wound a liberal quantity of Keith's dressing (twelve per cent. solution of carbolic acid in glycerine). Over this are laid five or six thicknesses of Lister's gauze and over the first thickness of the Lister's gauze (the one nearest the wound surface) is dusted a liberal quantity of pulverized iodoform or equal portions of iodoform and boracic acid. Over the Lister's gauze is then placed a thick wad of bi-chloride wool—that is, wool that has been wet with a solution of bi-chloride of mercury (1 : 1000) and thoroughly dried. Over this dressing is applied a bandage of opera flannel fastened with safety pin.

After-treatment.—For the first twelve hours after operation, the patient eats absolutely nothing. If, at the end of that time, the patient has rallied from her shock, and there is no hyperpyrexia or other symptoms of evil import, we commence to feed the patient with weak tea, ice-cold, giving two or three drachms every hour. This we have found by experience to be the best way of quenching the thirst and furnishing gentle stimulation without overtaxing the stomach or producing nausea or emesis. At the end of twenty-four hours we commence the administration

of food. This is preferably milk if the patient will take it and the stomach retain it. If the stomach be irritable, we give Koumiss or Matzoon in place of milk. Unless the stomach rebel, the use of the milk is continued in half-ounce doses with a little lime water, and after a few hours it is alternated with beef or chicken tea; on the fourth day, if the patient is doing well we commence the administration of animal broths and soft-food.

The dressing is never changed unless symptoms arise leading us to suppose there is something wrong with the wound, or trouble within the peritoneal cavity. The sutures are removed on the seventh or eighth day. Drainage is never employed, unless we have reason to fear tissue necrosis as the result of the operation, or unless we fear hemorrhage into the peritoneal cavity. If symptoms arise which indicate drainage it is a very easy thing to open the lower angle of the wound, and insert a drainage tube; where a drainage tube is used, glass is the preferable form. Great care must be taken to see that the mouth of the tube is thoroughly closed by a little tuft of the bi-chloride wool. When it is necessary to remove any fluid contained in the drainage tube, it is best done with the long uterine syringe, and after the removal of any fluid it is well to pour along the sides of the drainage tube a few drops of Keith's solution of carbolic acid and glycerine. As a rule, the patient is kept in the hospital for a week after the sutures are removed, and is enjoined from travelling any distance until a month has elapsed from the date of the operation. The bowels are moved, as a rule, upon the sixth day, preferably by a gentle saline. Recently we have found Rubinant water the best for this purpose, giving a third of a tumblerful as a dose.

Great care should be taken by the operator to know exactly how many hæmostatic forceps, instruments, and sponges are present in the room prior to the operation. It is the duty of the nurse to count over the instruments and have the count verified by an assistant both before and after the operation in

order that the operator may avoid the distressing accident which has happened now many times of leaving a hæmostatic forceps or sponge within the abdominal cavity.

The operation may be performed at any time, with the exception of the menstrual period, and five days before and five days after it.

Complications arising in the after-treatment.—A majority of the cases that die after oöphorectomy perish from sepsis. Where proper care is taken in the preparation and management of the operation to have everything about the patient, including the atmosphere of the operating-room, the patient's body and clothing, the instruments, the dressings, and above all, the conduct of the operation in aseptic condition experience has shown that an extremely small percent. of patients die from this cause. Careful attention to the rules described in this paper will do a great deal to prevent trouble of a septic nature after the operation. Cleanliness is the desideratum, and this is not by any means attained by the use of antiseptic agents. Indeed, the best results have been obtained, not with the use of carbolic acid or corrosive sublimate, but by the use of distilled or plain boiled water. Personally, I take it that the use of carbolic acid is never justifiable, for it can never be used in solutions sufficiently strong to possess aseptic properties without subjecting the patient to the danger of carbolic acid poisoning. Where, however, septicæmia does present itself it is best combated by reopening the abdominal wound and irrigating the peritoneal cavity with hot water. The septic hyperpyrexia is best reduced by the administration of anti-pyryn, and when once the temperature is gotten within the safety line it is best kept there by the administration of quinia. In desperate cases good results in the reduction of high temperature may be hoped for from the ice cap. Stimulents must be freely given, and opium or chloral in sufficient doses to control the nervous disturbance which is nearly always present. Where it is necessary to give opium or chloral it is best to give by the rectum, saving the

stomach for the administration of food and stimulus.

Peritonitis following the operation is, I believe, generally septic in character; it is best subjugated by the use of salines. Shock after the operation requires the same plan of treatment employed in treating shock after any other operation. The usual means employed are external warmth and the hypodermic administration of coadiac stimulants, as soon as the patient can swallow a few spoonfuls of hot coffee will generally be found the best means to counteract the shock.

The limitations of the operation.—As this subject was the one which I had purposed bringing before the attention of the Society for discussion to-night, permit me to give the conclusions I have come to in the matter. I believe the operation is justifiable for the relief of ovarian pain, otherwise uncontrollable; for the artificial establishment of the menopause in cases of uterine fibroma characterized by rapidity of growth and exhaustive hemorrhage and in which all other means have been tried unsuccessfully; for the cure of those cases of hysterio-epilepsy which have well-defined menstrual exacerbations and which have failed to yield to all other plans of treatment; and finally for those cases (which abound in every hospital for the insane) in which the mania or mental aberration is evidently dependent upon, or caused by, the act of ovulation. Indiscriminate, or what may be called hit or miss spaying, cannot receive too severe condemnation, and I doubt not but what the same obloquy and censure will overtake in the future the enthusiastic surgeons who resort to this procedure upon the slightest pretext as overtook in the past those gentlemen who undertook to cure all the ills of suffering womankind by following the example of Baker Brown in performing clitoridectomy.

Many of the methods herein described are already adopted by the mass of operators, but not a few of them are due to the ingenuity of Dr. Kelly, as I have before stated. The method of preparing the sponges originated, or at least

was adopted, in the Pennsylvania Hospital some three years ago, and was brought to the attention of the profession in an article written by Dr. Thomas G. Morton, and published in the Philadelphia *Medical Times* of November 1886. Also the general subject of the technique of oöphorectomy has lately been well described by Dr. J. Craig Smith, in his work on *Abdominal Surgery*, published by Blakiston in 1887, and likewise also in Hega's *Hand-book of General Operative Gynecology*, translated by Grandin, and published by William Wood Co.

Society Reports.

THE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD DEC. 13TH, 1887.

The President, H. P. C. WILSON, M.D., in the chair.

Dr. T. A. Ashby read a paper on

SYPHILIS OF THE ENDOMETRIUM.*

DISCUSSION.

Dr. T. F. Murdoch asked Dr. Ashby why he had not used mercurials also, as the lesions described were evidently secondary, and mentioned a case where he had commenced with small doses of iodide of potash, gradually increasing until he gave 103 grains three times a day, always giving $\frac{1}{16}$ of a grain hydrg. bichl. with each dose, with good effect, although small doses of the iodide without the mercurial disordered his stomach.

Dr. H. P. C. Wilson said: He had no doubt that secondary syphilis manifested itself much more frequently on the endometrium, than a superficial observer might be prepared to admit, and was the fundamental cause of many of the intractable cases of intra-uterine disease. Its effects upon the mucous membrane of the mouth and throat are patent

*See MARYLAND MEDICAL JOURNAL December 13 1887.

to all, and with the same cause a similar effect may be looked for in the vagina and uterus.

An obstinate endometritis, recurrent fungus granulations, ulcerations, menorrhagia, metrorrhagia, abortions, etc., may be the result of an endometrium diseased in a syphilitic patient, and without the constitutional treatment for this disease, local treatment will be of little avail.

"One's eyes should always be wide open for the possibility of a syphilitic taint in such unmanageable cases; nor must we allow ourselves to think that any patient is above suspicion. Many women are innocently affected with syphilis, in ways that I need not stop to enumerate.

In an experience of thirty-six years I have had to cure secondary syphilis *pari passu* with a diseased endometrium, concealing the cause of his trouble from the innocent victim. I have a case of this kind under my care at this time.

I recall the case of a lady who married a syphilitic husband, after he erroneously supposed himself cured. I was called to attend her for metrorrhagia, and the facts in the case were concealed from me for sometime. I treated the endometrium with Churchill's iodine. The patient improved and in a few months her great desire for offspring was gratified with conception. I delivered her at term of an apparently healthy child. A few months afterwards a characteristic syphilitic eruption appeared, and in spite of all treatment the child died of hydrocephalus. In due time she conceived again. I delivered her of a splendid child—apparently healthy. After some months secondary syphilis manifested itself, and the child died.

Up to this time no indications of syphilis were seen in the mother, but some months after the death of her last child a copper-colored syphilitic eruption appeared over her whole body, and it was necessary to subject her to a prolonged course of anti-syphilitic treatment. She has never conceived since. I have no doubt that her uterine trouble was due to her specific disease.

Severe and recurrent metrorrhagia and menorrhagia do result from other causes, such as non-syphilitic fungus granulations, polypi, fibroma, etc., in the uterine cavity, and old displacements; but they are much more amenable to treatment than those of syphilitic origin."

Dr. B. B. Browne recalled a patient whose husband had had syphilis several years before marriage, but all evidences of the disease had disappeared; the wife without showing any manifestations of the disease gave premature birth to several syphilitic children, and had several abortions at the third and sixth month. Her uterus was large and flabby, with a tendency to bleed. She was put upon specific treatment and she gradually improved, and has since borne healthy children.

Dr. T. A. Ashby said, in answer to the enquiry raised by *Dr. Browne*, that the diagnosis of syphilis was correct in both of the cases he had reported. In case one the primary lesion had been observed by the patient's attending physician, and secondary symptoms were subsequently recognized and treated. In case two there were no symptoms of syphilis present, but the history of the case, as communicated by the husband, left no doubt of a well-marked syphilitic trouble. This lady had had syphilitic sore-throat, loss of hair, rheumatic pains, and, at the time of abortion, a well-recognized syphilitic manifestation which had led to this result.

He was aware that cases were now and then observed of the frequent and persistent recurrence of fungous growths upon the endometrium which required repeated curretting, but such cases had never come within his personal experience. In such cases where no causative influence could be assigned for this condition he thought a syphilitic diathesis should be inquired into. This influence might be at the root of the trouble even where the suspicion of syphilis was not present. In case two he was well satisfied the causative influence of syphilis would not have been even suggested had not the lady's husband communicated the facts of his wife's prior condition.

This lady was totally ignorant of the fact that she had a specific disease and her present condition, minus the endometrial involvement, would not have suggested this assumption. Dr. Ashby thinks that syphilis is more frequent among married woman than is commonly supposed, and he suggests that this fact should be considered in the treatment of obstinate forms of endometrial disease which fail to respond to local treatment. A test may be applied in such cases by the use of anti-specific remedies. Iodide of potash had been of undoubted service in the two cases reported. Mercury had been employed in the first outbreak of secondary symptoms in both cases, and in the present manifestations of the disease he had relied upon the iodide of potash in view of the cachexia, and for other prudential reasons. He had pushed this drug to the limit in which it could be comfortably borne by the stomach and without producing the characteristic rash.

Dr. B. B. Browne read a paper on

ELECTROLYSIS FOR FIBROID TUMORS AND PELVIC EXUDATIONS.*

DISCUSSION.

Dr. T. A. Ashby said he was very much interested in *Dr. Browne's* paper. He knew of no subject in gynæcology which was attracting more attention at the present time than the use of electricity in the treatment of uterine fibroids. The discussion now going on in Europe between *Apostoli*, *Playfair*, *Skene Keith* and *Woodham Webb* on one side, and *Mr. Lawson Tait* and *Dr. Althaus* on the other, was full of scientific interest. The differences of opinion between these observers were pregnant with practical results, for the outcome of such discussions was likely to lead to a happy and conservative conclusion as to the value of this method of treatment. *Apostoli* only claims to have cleared a soil grown upon with tares which smothered the grain. He has simply gathered together the scatter-

ed elements of a method which had no form, but which he has systematized by way of working. The main feature of the *Apostoli* method consists in the utilization of an electro-medical therapeutics. He employs electricity in a systematic way, uses a properly measured dose and applies a current of such strength as will overcome all exterior resistance.

By the use of the clay electrode, which is applied over the patient's abdomen, the strength of the current in the opposite electrode is so increased that a dose of 250 milliampères is possible of administration. Before the introduction of his method *Apostoli* asserts that a powerful current, such as he uses, could not be employed without serious danger to the patient, and the electrolytic treatment of fibroids was consequently conducted in the most empirical manner. He claims to have changed all this by bringing the agent into use in a definite form and in properly regulated dosage.

Briefly stated the *Apostoli* method is thus employed: The large clay electrode is placed over the abdomen whilst the pole to be employed for its electrolytic effect is inserted either into the substance of the fibroid growth by way of the vagina, or into the uterine cavity. The positive pole is hæmostatic, constringing and alterative its action. This pole is invariably passed into the uterine cavity in cases of hæmorrhagic trouble. The negative pole is cauterizing in its influence and is invariably inserted into the substance of the tumor when the shrinkage or removal of the tumor mass is sought. Antiseptic precautions are rigidly observed. *Apostoli* begins with a current of 20 milliampères and gradually increases at different sittings until 100, 150 or 250 milliampères are reached, according to indications. In support of his work *Apostoli* has adduced a number of facts and statistics which have been accepted as conclusive evidence of the value of his work by such men as *Webb*, *Playfair*, *Skene Keith* and *Sir Spencer Wells*.

Dr. Ashby thinks this work of *Apostoli's* has much to commend it to profes-

*See page 181

sional consideration; whilst he is not as yet wholly prepared to assert that it will prove superior to other methods of treating uterine fibroids, it is, he believes, entitled to careful trial in properly selected cases.

Dr. B. B. Browne said that he had never used electricity in acute inflammatory conditions, but he had never seen it give rise to inflammation.

The method of *Apostoli* differed from his own in that *Apostoli* diffused the current from the positive pole by passing it through wet clay applied over the abdomen while the negative electrode was placed either in the vagina or cavity of the uterus. *Dr. Browne's* method was to pass the two needles directly into the tumor (the needles being insulated to about one inch of their points).

He thought that the danger from shock necessarily less in his own manner of applying the electrodes for the entire strength of the current was thus exerted only on the substance of the tumor, and caused its disintegration.

He considered that this treatment for large sub-peritoneal fibroids of the uterus would to a great extent take the place of hysterectomy or removal of the ovaries, the latter being often impossible if the tumor was of large size.

Electrolysis also breaks up adhesions and thus relieves pain, so that although the tumor may not be entirely removed, the condition of the patient is greatly improved.

He always puts the patient under an anæsthetic, turns on the current gradually and keeps it on 45 minutes. He does not think that exact dosage can be used in all patients indiscriminately, as some can bear a much stronger current than others.

Dr. C. O'Donovan, Jr., read a paper entitled:

REMARKS ON THE USE OF THE MANGANESE COMPOUNDS IN MENSTRUAL DISORDERS.*

DISCUSSION.

Dr. T. A. Ashby said he was much

interested in *Dr. O'Donovan's* paper, which was an admirable resumé of the subject. He had had occasion to employ the permanganate of potash a number of times since the preparation of a paper on this subject some months ago. His opinion as to the value of this drug in properly selected cases had not changed. He still believes it is one of our most reliable emmenagogues, and that it will give more universal satisfaction than any single agent employed.

He had had occasion to notice the value of this drug in a case now under treatment, which shows its decided emmenagogue effect. A healthy, well-nourished young lady, age 23 years, has suffered all of her menstrual life with amenorrhœa. She menstruates scantily about once in from six to eight months. Three weeks ago he placed this lady on two grain doses of permanganate of potash, thrice daily. When she had taken her 49th pill menstruation came on. Various other remedies had been employed by other physicians without producing this result. The inference drawn from the present observation is in favor of the influence of the manganese. This patient has a very small uterus, and the relationship between ovulation and menstruation has been in some manner interrupted by the feebly developed condition of the uterus. Whether manganese will be sufficient to establish the function of menstruation on a more permanent basis could not be affirmed at this time, but its present influence was worthy of note. *Dr. Ashby* called attention to the difficulty of getting the drug in pure form. He had found many of the pills unreliable. By changing from one manufacturer's to another he often obtained the remedy in a satisfactory form, as was shown by its influence.

The Rotunda Lying-in-Hospital of Dublin, one of the largest hospitals of its kind in Europe, has been left without funds by the action of the town council. It seems that the Board of Governors of the hospital is largely Protestant, and the council desire to have some representatives of their own religious persuasion on the board.

*See page 188.

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BALTIMORE, JANUARY 7TH, 1888.

Editorial.

A RETROSPECT OF THE YEAR, 1887.—

A retrospective view of the year which has just past presents no startling facts in medicine. We are unable to point to a single discovery in scientific medicine which will mark an era in the annals of professional work. Whilst this is true, it would be incorrect to assume that the year has been barren in results. The amount of industry and activity in professional work has been sufficiently marked to prove that, both in this country and in Europe, the professional mind has been stimulated to unusual endeavor, and, as a result, the entire field of scientific research, as well as of clinical observation, has been faithfully and carefully cultivated. If the crop is not within sight, the seed have been sown which in subsequent years may produce profitable results. Attention during the year has been largely directed towards the consideration of cholera and yellow-fever, and the means of combatting them. The continuation of cholera along the shores of the Mediterranean and in India, and its introduction into South America, have occasioned some anxiety, whilst the appearance of the disease in New York harbor, in Sept., has aroused well-grounded fear for the approaching summer.

Yellow-fever appeared in Florida during the summer season, but has apparently yielded to the influence of cold weather.

There is no question of greater importance at this time than the management of our maritime quarantine. An effort, inaugurated by the College of Physicians of Philadelphia, to pass the management of American ports into the hands of the General Government is worthy of professional support, and one of the things we may look forward to during the coming year as deserving of special attention.

The beginning of the year 1887 witnessed quite a rage over the Bergeon method of treating phthisis. The method, like many other useful things, was, upon the whole, disappointing, and the end of the year marks a collapse in the sulphuretted-hydrogen gas apparatus. Clinical testimony has shown that it has its advantages, and we may hope to see a rise in the fortunes of this agent.

The year 1886 was noticeable for the large attention given to antipyretics, and for the introduction of several agents of this class, which have proven useful additions to professional work. It has been shown during the past year that several of these agents, notably antifebrine and antipyrine, have marked analgesic properties and may be extended in their application to a number of conditions.

Among new remedies, saccharin has assumed a promising position. It is scarcely necessary to refer to the gleditschine fraud, except as a warning to too credulous minds.

Perhaps the chief interest of the year has centered upon the case of the German Crown Prince. Why this distinguished personage should have entered so largely into scientific discussion and controversy we are unable to affirm unless the nativity of his physician has opened up the question from a partisan standpoint. By one cablegram we learn that the Crown Prince has an epithelioma of the larynx and by the next the statement is contradicted. It is probable a correct diagnosis is not possible to reach at this time, but that we shall learn be-

fore the end of the present year the true character of the disease. When doctors disagree who will settle the difference? We suggest "Old Father Time," at least in the present instance.

The work of medical organizations during the year has prospered. We have had with us the International Medical Congress and the usual number of special and State organizations to arouse professional zeal and interest in literary work. If any physician in this country has failed to write a medical paper during the year it has been his own fault. The door has been open and all have been invited to enlighten their professional brethren through the agencies of the medical press and medical bodies. Those who failed to take advantage of the opportunity extended during 1887 are reminded that the same avenues are opened for 1888. We shall have a Congress of American Medicine meeting in Washington during the month of September which offers an admirable opportunity for those who have original work to present.

The hand of death has seized upon a large number of representative men. In this country we have lost Alonzo Clark, W. L. Little, Middleton Goldsmith, T. R. Varick, Moses Gunn, A. B. Palmer, J. C. Hutchinson, E. Darwin Hudson and a number of other well-known men.

In Europe, Carl Schroeder, T. Gailard, Wilson Fox, Alfred Meadows, Richard Quain, Prof. Vulpian, Karl Friedländer have been among those best known to scientific fame.

THE INTERNAL USE OF TURPENTINE IN DIPHTHERIA.—In general it may be stated that the curability of a disease is in inverse proportion to the number of remedies proposed for its treatment. Probably diphtheria is as good an illustration of this rule as any other disease. Every now and then some one comes forward with another remedy or an old remedy, which, in his practice, has been successful. Thus it is with Dr. Simon Baruch in the *Medical Record* for Dec. 24, 1887. Having used calomel, the tincture of iron, and the bichloride of

mercury, and also several local applications with various results, he gives some very interesting facts in regard to the use of the oil of turpentine internally. He has treated thirty cases with this drug and contrary to the prevalent belief in this country, the effect of large doses was not even unpleasant, and in only one of these cases did it produce a temporary hæmaturia, and in none strangury. He quotes from several authors in order to show that fallacious ideas have generally been entertained regarding the danger of large doses of oil of turpentine.

It ranks high as a parasiticide, destroying germs in many respects, according to Grawitz and De Bary, as well as, if not better than, corrosive sublimate and carbolic acid. His method is as follows: He administers the oil of turpentine in doses of one drachm to half an ounce to children from six to fourteen years of age, once a day, and oftener in cases demanding it. It is given pure, in milk, or in an emulsion. Vomiting occurs sometime after the first dose, and in about one-half of the cases it produces a laxative effect, and stimulates the secretions of the kidneys and skin. The statistics of several investigators, principally foreigners, are quoted to show that a very much larger percentage of those treated with turpentine recovers from diphtheria than those treated in other ways. Dr. Turner, of St. Petersburg, pursued six different methods of treatment in hospital, and obtained by far the best results from turpentine, both in the fibrinous and the phlegmonous form of the disease. In Dr. Baruch's own 39 cases reported, from which all mild and doubtful cases are excluded, there were two deaths, both in hospital practice. Although too much enthusiasm may be misleading, still the horror of such a dread disease and its high mortality, together with the simplicity of the treatment proposed, and the clear statement of facts stated in this paper presented, make it worth while to give this method a thorough test.

According to C. E. Dodsley, oil of sassafras is the best deodorant for iodoform, 4 drops sufficing for an ounce of the iodoform.—*Ex.*

Miscellany.

THE TREATMENT OF DIPHTHERIA.—Having had extensive familiarity with this disease in its various phases, I am induced to offer a few remarks on the treatment which I have found most beneficial.

I abstain from occupying your columns with any description of its varied appearances and locality in the human subject although features of considerable interest occasionally present themselves.

Like you correspondent, Dr. Smith, in the *Journal*, I attach great importance to keeping the throat as much at rest as possible. I am satisfied that the employment of gargles is useless on the diseased surface, and is pernicious in its influence in exciting violent muscular action on the affected parts.

I have been accustomed to employ with considerable success as a local application, a combination of carbolic acid, sulphurous acid, tincture of perchloride of iron, with glycerine to be applied by means of the brush or spray three or four times a day. The former method is, I think, preferable, as it is immediately adapted to the diseased parts, and is less likely to excite coughing. A mixture is also given consisting of carbolic acid, tincture of perchloride of iron, sulphurous acid, with chlorate of potash and glycerine. A tablespoonful every three or four hours. This with a view of its antiseptic influence, and to combat the tendency to prostration in a disease of pronounced asthenic type.

Nutritious diet in whatever form it can be best taken is desirable, and occasionally the cautious use of wine.

I do not claim originality in this plan of treatment, which was suggested several years ago by Dr. Bell, but I am glad to add my testimony to its efficiency. For those cases where hæmorrhage from the nose or throat occurs, I have found the exhibition of turpentine in the form of emulsion to be of use. G. Parker May, M.D., Edin., in *British Journal*.

CHRONIC MYOCARDITIS.—Dr. Neishtab, of Ekaterinoslav, in some articles in recent numbers of the *Russkaia Meditsina*, details some cases of cardiac diseases he has met with, which show that chronic disease of the heart muscle, myocarditis chronica, or amyotrophia cordis, may exist quite independently of endocarditis or pericarditis. The myocarditis scarcely ever effects the whole of the heart's muscular wall, but confines itself to the right or the left side. When the diseased condition is advanced, it gives rise to definite physical signs, by which it is easily diagnosed. These are want of rhythm and a remarkable diminution in the secretion of the urine, which, however, is of a normal character. The subjective sensations which accompany this condition are similar to those due to stenocardia.—*British Medical Journal*, November 12th, 1887.

THE MEDICAL EXAMINING BOARD OF VIRGINIA.—The subject of repeal of that section of the law allowing applicants to appear before three individual examiners is now being pressed in the Legislature. This change of the law was unanimously asked for by the Board at its last session, and seconded by a majority of the Medical Society of Virginia. Those composing the Board are prepared to judge of the necessity for a more perfect law, and their opinions are entitled to great weight. Surely the Legislature will correct at once this imperfection in the existing law.—*Practice*, Dec. 15, 1887.

A MEANS OF PROTECTION AGAINST MOSQUITOES.—The *Union Medicale* publishes the following recipe for getting rid of gnats and mosquitoes: Pour a small quantity of a two per cent. carbolic acid solution into a saucer. Dip the fingers into the liquid, and sprinkle sheets, coverlet, pillow and bolster, on both sides, the edges of bed curtains, and the wall next the bed. The face and neck may also be slightly wetted with the solution. Not a single gnat or mosquito will come near, and a comfortable night's rest may be looked forward to.

Medical Items.

The late Dr. Alonzo Clark bequeathed the sum of \$5,000 to Williams College.

Albert B. Strong, A.M., M.D., for twelve years Demonstrator of Anatomy in Rush Medical College, and Lecturer in Anatomy in the spring course, has resigned.

The following letter was recently written by a member of the Baltimore City Council to a physician of this city who wished the position of vaccine physician for his ward.

DEAR SIR

"i recevd your Letter of the 22sed and ame very Soray to in forme you thate i have pomiste to due all that i can fore. a friend of mine."

This letter was sent to the JOURNAL not only as a curiosity, but also to show what men (?) had power to appoint vaccine and station house physicians for the city. Further comment is unnecessary.

Dr. M. R. Griswold, an old and widely known physician of Dinwiddie County, Va., died at his residence in that County on January 1st, 1888. Dr. Griswold had been an active practitioner for more than fifty years.

In the Excessive Vomiting of Pregnancy Credé recommends the administration, every five minutes, of teaspoonful doses of nourishment, preferably iced milk, the patient lying absolutely quiet and taking it through a glass tube.—*Weekly Medical Review.*

The Cleveland Medical Society expelled a doctor for agreeing to take no pay if he did not affect a cure. The unanimous opinion expressed was that the establishment of such a practice would fill the almshouse with physicians.—*Exchange.*

The People's Medical Service Society of New York city has been recently incorporated. The capital stock is \$12,000. The incorporators propose to furnish medical aid to laborers and people of moderate means.—*Med. and Surg. Rep.*

Dr. Frank West, formerly Resident Physician to the Maryland University Hospital and now a successful practitioner in this city, was married to Miss Tillie Smith, daughter of the late Col. Benj. Smith, of Washington, on January 2nd. Dr. West received the congratulations of a large number of friends in his profession.

Once it was the rage to propound a theory to account for the differentiation of the sexes at the time of fecundation; later to discover a new hypnotic; the last is to find a deodorizer for iodoform. So far on the list we have noticed, turpentine, a watery solution of tannin, oil of sassafras, tincture of iris, and es-

sence of lavender. More will undoubtedly follow.—*Weekly Med. Review.*

Buffalo, N. Y., is a large city with some two hundred regular physicians. But these exponents of a presumed learned profession refuse to support a medical library whose annual expenditures are only one hundred and fifty dollars a year. The Buffalo Medical Library Association is about to collapse, after five years' existence, from want of sufficient funds. Yet Buffalo has two medical colleges, two medical journals, and asks to be regarded as something of a medical centre.—*Medical Record.*

Science, which has been investigating into the subject of distillery milk and its effects on the lower animals and man when used as food, has taken for its next subject scarlet fever. With this object in view it has addressed a series of questions to prominent sanitarians in order to find out whether this disease is not amenable to control by sanitation; or whether sanitarians have not suggested any practical method by which it may be controlled; or whether parents, teachers, health authorities, and others neglect to carry out the recommendations which sanitary science has made. The results will probably be interesting.

Dr. Rabow, in *Therap. Monatshefte*, No. 8, 1887, recommends the following formulæ for the use of turpentine and terpinol in diseases of the respiratory and genito-urinary organs:

℞ Turpin. hydrat . . .	gr. cl
Alcoholis . . .	f̄ivss
Aq. destill.	f̄ijij

M. S.—Teaspoonful dose.

℞ Terpinol	aa gr. xv
Sodii benzoat.	aa gr. xv
Sacch. alb. q.s. ut fiant pil. no. x.	

Sig.—One pill every three or four hours.

—*Med. and Surg. Repor.*

Dr. Ashhurst performed tracheotomy in his Clinic held at University Hospital, Nov. 12th, 1887, for dyspnea and partial aphonia from impairment of the glottis following diphtheria. He stated that the first incision, through the skin, produces anaesthesia of the surrounding tissues, and quoted Brown-Sequard's experiments on animals as corroborating his views. Therefore it is his custom to give no anaesthetic in tracheotomy, and he claims, with good results; but this patient proved to be an exception and struggled violently.—*Med. Times.*

EFFERVESCENT CITRATE OF LITHIUM.—

Citrate of lithium	10 parts
Bicarbonate of sodium	30 "
Tartaric acid	20 "
Sugar	20 "
Sugar of milk	20 "
Alcohol	40 "

Mix the solids, in fine powder; dampen and knead the mixture with the alcohol, run through a coarse sieve, and dry.—*American Druggist.*

Original Articles.

THE KNOWLEDGE OF RIGHT AND WRONG AS A TEST OF INSANITY. A MEDICO-LEGAL PAPER.

BY J. S. CONRAD, M.D.,
ST. DENNIS MD.

Resident Physician Matley Hill Sanitarium.

To any one at all familiar with the medico-legal literature of mental responsibility, it will at once appear impossible to do more than briefly consider the principal points at issue between the law on the one side and medical science on the other.

Ignorance as to the true nature and effects of insanity has heretofore, and even at the present day, greatly interfered with a correct understanding of the question at issue. The jurist cannot be supposed to possess a knowledge of the physiological and pathological action of health and disease affecting the human organism: hence the great difficulty underlying the issue between the law and medical science.

From the early part of the eighteenth century, and continuing throughout that period, the English common law recognized but two kinds of insanity—"idiotcy and lunacy." The idiot was considered "from nativity non compos."—"the lunatic had sometimes his understanding, and other times none at all." (1723).

Toward the latter part of the century jurists began to recognize a "partial insanity" as distinct from "total insanity," yet the former ("partial insanity") did not absolve a person from criminal responsibility, but did avoid testamentary capacity.

The Knowledge Test of Right and Wrong, enunciated by Lord Hale, became the law of the English courts in all cases of criminal responsibility, and was acted upon in the case of Arnold, an alleged (and undoubted) lunatic, for shooting at Lord Onslow in 1723. In this case Justice Tracy instructing the jury said: "It must be a man that is

totally deprived of his understanding and doth not know what he is doing, no more than an infant, than a brute, or a *wild beast*: such a one is never the subject of punishment." From this date and case we have announced what has since been known as the "*wild beast*" knowledge test of insanity.

Notwithstanding this absurd test of mental unsoundness, as applied to criminal cases, it must be remembered, that the same ruling was not applied in cases of testamentary capacity, or the management of one's business affairs.

In the latter class of cases, "partial insanity" was ingeniously introduced to cover the civil acts, which bore the taint of non compos.

So that the law practically stood thus, in accordance with rulings of the courts—a man might not be able to conduct his business affairs, or *devise his property*, yet it held the same person responsible in criminal acts. In the one case the man was insane in the other, the same man was sane. In his testamentary capacity he was insane: in his criminal acts—sane. Here we have the paradoxical position of the law as enunciated by Lord Hale, who was the author of the "wild beast" knowledge test, which was the law, and constituted the instructions of judges to the jury, until the beginning of the nineteenth century. The "wild beast" doctrine of insanity, created by Lord Hale, is in keeping with his Lordship's knowledge of witchcraft.

In the last trial for witchcraft in England, of which we have record, this same justice said—"that there are such creatures as witches he made no doubt at all—for the Scriptures had affirmed so much; secondly, the wisdom of all nations had provided laws against such persons, which is an argument of their confidence of such crimes." The innocent witch was accordingly executed—just as many of Lord Hale's insane victims were hanged—whilst the witchcraft executions ceased, with Lord Hale's last case, yet his "wild beast" doctrine of insanity continued in force up to the time of the trial of Hadfield (1800) for shooting at the King in Drury Lane theatre. This important

case, was the occasion of a different ruling of the court, or at least a different verdict by the jury, than had hitherto been the case under the dominion of Lord Hale's wild beast doctrine. Notwithstanding the Attorney General affirmed the doctrine of Lord Hale in his appeal to the jury, the jury rendered a verdict of not guilty by reason of insanity. Mr. Erskine, counsel for the defence argued, "that if such doctrine was taken in its literal sense, no such madman ever existed in the world,"—and he further argued in defence, "that *delusion* of which the criminal act was the unqualified offspring was the kind of insanity which should exempt from punishment." There was no doubt that Hadfield was entirely conscious of the nature of the act, and had a perfect knowledge of right and wrong—Maudsley says, "it was a triumph of Erskine's eloquence over legal dogma." However, it may have been, the case of Hadfield was the overthrow of the "wild beast" test of insanity, but dates the establishment of the next equally fallacious knowledge test, adopted by the English Court, the delusion test.

In the case of Bellingham, who was tried for the murder of Hon. Spencer Percival, in 1812, a conviction was the result, and the prisoner was accordingly executed, notwithstanding the crime was clearly the act of delusion. Chief Justice Mansfield, instructing the jury said—"that although a man might be incapable of conducting his own affairs he may still be answerable for criminal acts, if he possessed a mind capable of distinguishing right from wrong."

In this case it is especially worthy of note :

1st. That the "wild beast" test of Lord Hale had been abandoned.

2nd. That in the charge of the Chief Justice to the jury—that the power of distinguishing "right from wrong" was insisted upon, as a test of responsibility.

3rd. That it was a knowledge of "right from wrong" in the *abstract*, and not in the *particular* case.

4th. That such distinction is not defined, so that we may judge whether it

was a *moral* or *intellectual* knowledge of right from wrong, which was meant to be drawn.

Taking Lord Hale's doctrine, as it stands, and constituting the rulings of the court; no other distinction is to be inferred than that the *intellectual* knowledge test was meant. This inference leaves open the question of the moral knowledge test.

The man Bellingham felt himself pursued by persons, and preyed upon by them; acting upon this delusion he killed Percival whom he met in the street. In this case the defendant was convicted, notwithstanding he had acted upon his delusion. He was convicted and executed—in accordance with the knowledge test of right and wrong, in the abstract and not as applied to the individual case.

In other subsequent trials the reverse ruling was maintained in special cases, where the lunacy was perhaps more *apparent to the court*, to the abandonment of the test in the abstract.

In 1843, the murder of Mr. Drummond by M'naughton, who, acting under the delusion that the deceased was one of many persons who pursued him and defamed his character etc., shot and killed him. M'Naughton had a short time before transacted his business affairs as usual, and shown no signs of insanity. His acquittal was the occasion of public alarm.

Here were two cases almost, if not identically alike—both the defendants acting in accordance with a particular delusion—commit a homicide, the one, Bellingham, was convicted, whilst the other, M'Naughton, was acquitted. The acquittal of M'Naughton was the occasion of much public alarm. In consequence of the state of public opinion, and the acquittal of the defendant, the house of Lords took cognizance of the matter, and propounded certain questions to the judges (15) as to the law in criminal responsibility. The answer of the judges indicates a departure in some respects from the rules heretofore acted upon. They answer, "to establish a defence on grounds of insanity, it must be clearly proved, that

at the time of committing the act, the party accused was laboring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing, or if he did know it, that he did not know he was doing what was wrong." In this reply of the judges it is plain that the knowledge test of right and wrong *in the abstract* was abandoned, and the particular act substituted at the time of committing it, whilst they cannot emancipate themselves altogether from the knowledge test. In reply to another interrogatory: "If a person under an insane delusion as to existing facts, commits an offence in consequence thereof, is he thereby excused?" The judges declared, "that on the assumption that he labors under *partial delusion* only (?) and is not in other respects insane, he must be considered in the same situation as to responsibility, as if the facts with respect to which the delusion existed was real." For example, if under the influence of delusion he supposes another man to be in the act of attempting to take his life, and he kills that man, as he supposes, in self defence, he would be exempt from punishment. If his delusion was that the deceased had inflicted a severe injury to his character and fortune, and he kills him in revenge for such supposed injury he would be liable to punishment." Even granting delusion as a test of insanity, this is a refinement of the delusion test quite equal to the knowledge test. It is the most absurd of all doctrines as to responsibility for crime even from a judicial standpoint when we remember the testamentary capacity test.

It supposes beside, reasonable control from unreasonable premises; that an insane mind has the power to set aside his diseased brain, and act reasonably—that he must be reasonable in his unreason. The premises of the judges (in their reply) in enunciating the doctrine as laid down by them is as absurd, as the action of the criminal himself. The judges themselves are reasoning from false premises. They are also arguing a question from the old standpoint of reasonable introspection, instead of

clinical and pathological data. They are reasoning a conclusion from reasonable data, instead of placing themselves in the place of the criminally insane who reason from false data, plus uncontrollable emotional morbid impulse.

The position taken by the judges is further shown to be paradoxical, when it affirms that a man acting upon a delusion commits a criminal act, he is responsible; and on the other hand, in a case of testamentary capacity he may write a valid will, if the instrument does not partake of the nature of his delusion.

In the criminal acts he is responsible, notwithstanding he acts upon the delusion, but in the civil act, he is not responsible if he does, and thus voids his testament. Can any position be more paradoxical? And yet such is the ruling of the courts even at the present day, and has been more or less the case, since the decision of the fifteen judges appointed by the house of Lords, to erect a standard of law regulating the jurisprudence of insanity.

The courts of law in this country have, with few intelligent exceptions, followed the same rule of the common and statute law of England.

The experience of all alienists goes to prove that the vast majority of insane persons know right from wrong. Their testimony also goes to prove that they know right from wrong as to the particular act involved, as well as in the abstract. Their cunning and ingenious designs to accomplish their purpose is evidence of the *intellectual* fact, whilst the act itself attests the *moral* knowledge of right and wrong. A practical truth in illustration may here be mentioned as the result of my own observations, and one, which I consider of great clinical importance, as well as important in a medico-legal relation. It is, *that the insane do not recognize an invisible, and contingent power inhibiting their actions.* The law is not to them a visible, tangible power, and thus its inhibiting control has no place or force in their reasoning. This fact I have repeatedly seen illustrated in asylum life—one attendant attempting to restrain

a patient will surely meet with resistance if not injury to one or the other; but two or three attendants may do so without objection. This fact occurs in the experience of every asylum officer, and attendant. The difference of the visible power is at once recognized by the patient, whilst the invisible and imperceptible power of the law, has no restraining influence.

Fortunately we have one or two notable trials in America, in which the judge has intelligently ignored the knowledge test of right and wrong, and substituted other and more correct views in their instructions to the jury. One of these is the noted New Hampshire case, *State vs. Jones* (1870). In this trial Judge Ladd denounced the knowledge test, and in his comments, says—"it is shocking by its exquisite inhumanity." Also the case of *State vs. Wier* (Grafton 60 1864) Chief Justice Bell charged the jury: "the evidence must satisfy the jury, that the party at the time of committing the act in question was insane, and that the disease is of such severity, that the person is incapable of distinguishing right from wrong in that particular case, or of controlling the sudden impulse of his own disordered mind, or * * * must have sufficient memory, intelligence and will, to enable him to distinguish between right and wrong * * * to which I must add, sufficient mental power to control the sudden impulse of his disordered mind. * * *

He further adds: "I have been accustomed to regard as the distinguishing test of insanity, the inability to control the action of a man's mind." * *

The third important case tried in this country *Stevens vs. State of Indiana*—the judge held the doctrine of right and wrong to be erroneous.

The fourth case of like character, is *Boardman vs. Woodman*, in New Hampshire.

Notwithstanding the decisions of the courts just cited, many other important cases have occurred in which the ruling of the judges have maintained the knowledge test of right and wrong as tests of mental responsibility in criminal

cases whilst many others have dissented.

Thus it will be seen how vacillating* has been the course of medico-legal jurisprudence in cases of insanity as tried in the different courts both of England and America. Each judge taking it upon himself, to instruct the jury in accordance with his own notions (however crude or advanced) of insanity, and its effects and consequences. No strict or legal rule of action in similar cases, have determined the particular instructions to the jury, upon which has depended the fate of the prisoner. The rulings of the judges have not only been at variance with each other, in similar cases, but have also exhibited the peculiar views of insanity possessed by the Judge himself.

These rulings in the majority of cases, exhibit also, an important fact brought out in the case of *State vs. Pike*—in which Chief Justice Perley says, "if the killing was the offspring of mental disease in the defendant, that neither *delusion* nor knowledge of right from wrong, nor design, or cunning in planning and executing the killing, and in escaping or avoiding detection, nor ability to recognize acquaintances, or to labor or transact affairs, is as a *matter of law, a test of mental disease, but all symptoms, and also tests of mental disease are purely matters of fact to be determined by the jury.*" Chief Justice Perley as well as Justice Doe in commenting on this case and that of *Boardman vs. Woodman*, affirm, indicate, and positively point out the difficulties which embarrass the issue of such cases. They both affirm that *all symptoms and all tests of mental disease are purely matters of fact to be determined by the jury.*" Judge Doe says, "if the tests of

*See case of Lawrence 1835, for shooting at President Jackson in Washington, D. C.

2d. Case of Theodore Wilson in York, Maine, 1836, for killing his wife.

3d. Case of Cory, New Hampshire, 1829, for murdering Miss Nash.

4th. Case, State of Connecticut, v.s. Rogers, 1843.

5th. Case, People vs. Klein, New York, 1846.

6th. Case, State vs. Spencer, New Jersey, 1846.

7th. Case, People vs. Freeman, New York, 1847.

8th. Case, State vs. Bender, Pennsylvania, 1850.

9th. " " Winder, " 1851.

10th. " " Smith, " 1858.

11th. " " Mosler, " 1846.

12th. Case, United States, vs. McGlue, Massachusetts, 1851.

insanity are matters of law, the practice of allowing experts to testify what they are, should be discontinued, if they are matters of fact, the judge should no longer testify without being sworn as a witness and showing himself qualified to testify as an expert." The tests of insanity are no more matters of law than are the tests of poison, or the symptoms of disease." Judge Doe, says, in commenting on the law in cases of insanity: "That cannot be a fact in law, which is not a fact in science, that cannot be health in law which is disease in fact (Judge Doe, Boardman vs. Woodman)

In France, the penal code is, "there can be no crime, nor offence if the accused was in a state of madness at the time of the act." The German penal code is, "an act is not punishable when the person at the time of doing it was in a state of unconsciousness, or disease of mind by which a free determination of the *will* was included." The revised statutes of New York enact that "no act done by a person in a state of insanity can be punished as an offence."

In searching into the history of the foregoing cases and examining the rulings of the different courts in cases of insanity from 1723 to 1883, we are painfully reminded of the vacillating course of medico-legal jurisprudence as practiced by the courts of England and America, and still more so, in the last and most recent case which has occurred in this country. The case of Guiteau in which the ruling of Judge Cox affirmed the ancient doctrine of the knowledge test, as one of criminal responsibility.* This case is one of sorrowful interest, when we consider that the crime committed was the act of an insane delusion, the offspring of mental disease, in the defendant. Judge Cox might not have "set the clock of the century back a hundred years" or more, if he had carefully read the words of Chief Justice Perley in the case of *State vs. Pike*, or Justice Doe, in the

case of *Boardman vs. Woodman*, in which it is said "that neither delusion, nor knowledge of right and wrong, nor design, or cunning in planning, executing the killig, and in escaping or avoiding detection, nor ability to recognize acquaintance, or to labor or transact business, or manage affairs, is as a matter of law symptoms of mental disease, but that *all symptoms and all tests of mental disease are purely matters of fact to be determined by the jury*," or if he had read the words of Justice Doe, "If the tests of insanity are matters of law, the practice of allowing experts to testify what they are, should be discontinued; if they are matters of fact the judge should no longer testify without being sworn as a witness and showing himself qualified to testify as an expert" * * * "if a jury were instructed that certain manifestations were symptoms or tests of consumption, cholera, congestion or poison, a verdict rendered in accordance with such instruction, would be set aside, not because they were correct (or not) but because the question of their correctness was *one of fact* to be determined by the jury upon the evidence."

Judge Cox, in the great case of Guiteau, has done a serious damage to advancing justice in medico-legal jurisprudence and should not have been influenced by public clamor, notwithstanding the fact that the victim of the defendant was the Chief Magistrate of the Republic. If Guiteau had killed a less important person the verdict would doubtless have been different, and medico-legal jurisprudence not have received a shocking damage to substantial justice. The post-mortem which was held upon the brain of the defendant was a silent protest, but speaks in thunder tones, condemning the fallacy of the knowledge tests of insanity, and affirms the substantial facts of clinical and pathological demonstration instead. It is the more unfortunate that our Nation's Capitol, and our Chief Magistrate should have been the scene and victim of so great an injustice to the laws of science and humanity.

A legislative body has the sovereign

*The trial of Lawrence, indicted at Washington in 1835 for shooting at President Jackson, is in striking contrast. In this case the District Attorney entered a *nol pros.* on grounds of insanity.

right and power to enact laws, proscribing a standard in all cases of criminal acts, as well as in civil cases, involving mental responsibility. Yet it can readily be seen how absurd it has been, and may be, to enact a law fixing certain tests, and no others in cases of poisoning as well as in cases of mental responsibility. To do so would proscribe the advance of science, as well as bring in contempt the legislation of any country. The knowledge tests stands in exactly the same relation to insanity, as the proscribed poison tests would to its allied criminal legislation. Beside, as the law and the ruling of the courts now stand, it is inconsistent with itself, when the same rule is applied to cases of testamentary capacity.

Judge Doe (Boardman vs. Woodman) says: "If it is necessary that the law should entertain a single medical opinion concerning a single disease, it is not necessary that that opinion should be a cast-off theory of a former generation."

Whilst the knowledge test, holds the accused responsible, even though he commits the act in accordance with the delusion, and of which it is the off-spring, it makes null and void a *will*, which at all partakes of the delusion with which the testator is possessed. How inconsistent it appears upon the face of the facts is not necessary to point out.

Judge Swinburne says * * * "if there be any mixture of folly, it is to be presumed that the same (the will) was made during the testators phrenzy, even if there be but one word sounding, of folly."

In the noted case of Dew vs. Clark—Sir John Nicholl says, * * "the true criterion, the true test of absence, or presence of insanity I take to be the absence or presence of what used in a certain sense of it, is comprehended in a single term—namely *delusion*." The will in this case being the off-spring of the delusion was set aside.

I have not at all considered in the discussion, the question of delusion as a necessary judicial proof of insanity. Neither the equally important question closely connected therewith, viz: the question of moral insanity, which im-

plies insanity sine delerio—or insanity without delusion. From the times of Erskine's eloquent defence of Hadfield, the doctrine of delusion as a test of insanity, and the criminal act in accordance therewith as a just defence, the courts of law have seized upon that doctrine, as a standard test of insanity. Time does not permit of the discussion of delusion as a test of insanity at this time—I can only say therefore that delusion as a test of insanity is as delusive, now, as the "wild beast" theory was in Lord Hale's time. The highest medical authorities of Great Britain, Germany, France, and America, do not regard delusion as necessary to the proof of insanity.

Mr. Erskine's great eloquence in the defence of Hadfield was the occasion of the overthrow of the "wild beast" test of insanity, and thus did a great service to medico-legal jurisprudence, whilst at the same time his establishment of *delusion* as a test in its place, was an advance on the existing test, yet this test also fails to comprehend the nature and scope of criminal responsibility.

The great defect of all definition, and all standards, and tests, lies in the failure to recognize the moral and emotional faculties of mind. These are subject to derangement, as often, indeed more frequently, than the ideational faculty, and also independant of the intellectual or reasoning faculty. Maudsley makes but two great classes of insanity, viz: affective or emotional, and ideational or intellectual. All authorities recognize a like distinction. Moral insanity, is an unfortunate name, yet its substantial meaning in psychiatrie is recognized under other names by all systematic writers on insanity. Is not all insanity more or less moral insanity? Is not all insanity more or less moral insanity? And are not all the insane more or less immoral? That is to say, insanity affects the *emotions and feelings*, primarily, and in the initial stage of all forms of insanity these are always the *first affected*, before the intellect gives positive evidence of ideational derangement.

The question occurs that if the knowledge test be the test of insanity who may

be called sane? How many of us know right from wrong, either in the abstract, or in many particular acts of our lives? And if the doctrine of Lord Hale modified by the fifteen judges appointed by Parliament, be the standard of the courts of law, why is it that the people shall be taxed for higher courts of final adjudication, a court of appeals, a supreme court, in which the wrongs of lower courts may be corrected and righted in those of higher resort?

It may be said that cases of reversal of decisions of lower court, by those of higher resort, bear no resemblance to the knowledge test as applied to insanity, since one is a difference of opinion as to matters of fact or law, whilst the other is one of moral and intellectual knowledge. Yet I cannot altogether draw the line between the two, as differing in their *essential nature*—except possibly it be that the weight of excuse in error lies on the side of the *insane* morbid emotional *impulse* or *intellectual* impairment, whilst in the other neither of these are supposed to be at all impaired.

Judge Doe, in the case before cited (States *vs.* Pike Oct. 1870) says "the legal profession, in profound ignorance of mental disease, assailed the Superintendent of Asylums, who knew all that was known on the subject and to whom the world owes an incalculable debt, as visionary theorists and sentimental philosophers, attempting to overturn settled principles of law; whereas in fact, the legal profession was invading the province of medicine, and attempting to instil old exploded medical theorists in the place of facts established in the progress of scientific knowledge.

Finally I quote from Dr. Isaac Ray's great work on "Medical Jurisprudence of Insanity." (5th. Ed. page 67, Sec. 45). "The frequency with which insanity is pleaded in defence of crime, the magnitude of its consequences to the parties concerned, and the perplexity in which the discussions it occasions, involve the minds of Judges and jurors, are ample reasons why the law relative to insanity should be simple and easily understood—a result that can only be obtained by direct legislative enact-

ments.—It is time for legislatures to determine what amid the mass of *conflicting opinions* on this subject, shall be the law of the land, and thus no longer permit the lives and liberties of people to be suspended on the dicta of men whose knowledge of insanity was exceedingly imperfect, and which have not even the merit of uniformity and consistency.

A SUCCESSFUL CYSTOTOMY AFTER FAILURE OF SUCTION TO REMOVE A PIECE OF A CATHETER FROM THE BLADDER.*

BY W. W. KEEN, M.D., OF PHILADELPHIA.

The recent suggestion of Dr. De Forrest Willard (*The Medical News*, November 26, 1887) and Reginald Harrison (*Lancet*, October 29, 1887), to extract foreign bodies from the bladder by the rubber bulb and evacuator of Bigelow's litholapaxy instrument, makes a valuable addition to our surgical resources in these troublesome cases, and is my especial reason for bringing to your attention to-night the following case. The failure of the method in this particular instance was due to special reasons.

J. W., a healthy man, aged seventy-five years, living in Elkton, Md., had suffered for a considerable time with recurring retention of urine, and cystitis following an enlarged prostate. Dr. Charles M. Ellis, his attending surgeon, very wisely taught him the use of the catheter, which he has employed daily for some months. The Nélaton catheter (No. 22 French), which he has employed having lost its rigidity, he whittled a pine stick to the necessary size, and sought, by means of this, to introduce it into the bladder, November 7, 1887. In the attempt the catheter broke, and a piece, subsequently ascertained to be 4½ inches long, broke off and passed into the bladder. Severe pain and retention followed immediately, and persisted until after I operated upon him.

*Read before the Philadelphia County Medical Society, December 23th, 1887.

Dr. Ellis, having failed in his efforts to extract the fragment, sent him to me, as the surroundings at his home were most unfavorable for any operation.

Three days after the accident I made similar and repeated unsuccessful efforts at extraction with forceps and lithotrites. I was not even able to detect the fragment.

On November 11th and 13th I attempted to remove it by suction with Bigelow's evacuator. On the last occasion Dr. Willard kindly helped me personally. We repeatedly filled the bladder with warm boiled water, being careful to keep the extremity of the evacuating tube just at the vesical extremity of the urethra, but suction had no effect in engaging the fragment. This was amply explained later by finding that it lay crosswise, and was so long that both ends were held fixed by the walls of the bladder, while the relative rigidity of the short fragment prevented any possibility of its being brought to the opening of the evacuating tube, though we sought for it through the tube by Dr. Willard's forceps. An evacuating tube with a lateral eye gave no better results than one with an opening at the end. I also used a rectal bulb filled with seven ounces of warm water, but all to no purpose.

After debating between suprapubic and lateral cystotomy, I decided upon the latter, in consequence of the observation of Harrison and others, that the prostate sometimes shrinks after perineal cystotomy, when a tube is retained in place for some time. Accordingly Dr. Wm. J. Taylor etherized him, and I did left lateral cystotomy with a staff. The operation presented nothing unusual. The prostate was markedly enlarged in its lateral lobes, so that I was barely able to get my finger into the bladder. With the ordinary lithotomy forceps I easily seized the fragment by the middle, removed it, and introduced a rubber drainage tube with a flange by which it was easily retained in place by tapes. His temperature never rose above 99°, and in six days he went home, with my instructions to retain the tube in place for two months, and then to re-

move it and allow the opening to heal. By this means I hoped to be able to avoid the necessity for the subsequent daily use of the catheter.

December 5th, after nearly five weeks retention of the drainage tube in the bladder I found that, owing to his feebleness, want of care and cleanliness, the tube was proving a source of irritation and slight suppuration. Accordingly, December 10th, I removed the tube. In three days the wound closed sufficiently to cause him to void his urine by the urethra, and he was no longer obliged to rise at night to relieve the bladder. The prostate has shrunk to some extent, so that he no longer needs to use a catheter. Whether this will be permanent, or is only temporary, time alone will determine.

DISCUSSION.

Dr. J. H. Packard said: I have listened to Dr. Keen's account with much interest, and merely wish to call the attention of the Society to the value, in some of these cases, of suprapubic operation. This is not taught in the schools, and is scarcely mentioned in text-books, except, perhaps, in the way of condemnation. While not an advocate of this procedure to the exclusion of others, I feel that it has been greatly undervalued, and allowed to fall into undeserved neglect.

Especially in cases of foreign bodies, and when a long article is placed crosswise, there may be difficulty in extraction through a perineal opening. Sometimes, either in these cases or in those of stone, such violence is inflicted upon the vesical wall as to increase materially the risk to the patient. I have seen instances in which I could not but think that a fatal result was largely due to this cause.

As a rule (to which I know of but one recorded exception), the injection of seven or eight ounces of water causes the bladder to bulge up, the peritoneum being lifted away from it so as to afford abundant space for direct entry into the vesical cavity. Through the opening thus made, the finger can be intro-

duced and the cavity explored. After the removal of the offending body, the wound can be sutured, except just were the drainage tube—which I have always employed—is passed in. Through this tube the urine flows away freely.

When infiltration of urine occurs, it is, in my opinion, almost if not quite always due to the fact that the incision being made at a point too low down, the contraction of the emptied bladder brings the opening just behind the symphysis; the urine is thus obstructed, and finds its way through the meshes of the areolar tissue.

Diminution in the volume of the prostate occurs after the suprapubic section, just as Dr. Keen states it takes place after the perineal operation. I could cite four or five cases in which I have noted this; it would seem to be due to the relief of pressure and the cessation of straining.

Dr. Keen said; In this case I had to deal with a known flexible body, and so there was no trouble in the case. But had it been a rigid body, I would have done a suprapubic operation.

SOME FURTHER INVESTIGATIONS ON THE MALARIAL GERM OF LAVERAN.*

BY W. T. COUNCILMAN, M.D., OF BALTO.

This organism first described by Laveran, has been met with in every case of malarial fever which the writer has met with. The organism is in high degree polymorphous, and ten tolerably distinct forms may be found in the blood. Some of these evidently represent different stages of development, and the connection between them is obvious. Others present such marked differences in form that no connection between them can be made out. Some of the forms are only found outside of the red corpuscles, and others are found free in the blood. The forms described are:

1. Non-pigmented, small amœba-like bodies inside the red corpuscles.

2. Pigmented bodies larger than No. 1, also in red corpuscles.

3. Pigmented bodies about the size of red corpuscles.

4. Segmenting forms of the No. 3 body.

5. Small hyaline bodies which are formed by this segmentation.

6. A crescent-shaped body with pigment in the centre, the horns of the crescent being often connected by a fine line.

7. Round or oval bodies which differ from No. 6 in shape only.

8. A pigmented body provided with numerous long actively moving flagellæ.

9. Actively moving free flagellæ, which are evidently derived from No. 8.

10. A pigmented body with an active undulatory movement of its periphery.

The first five forms are found only in intermittent fever. No. 4 only being seen in the blood during the chill period, and its presence is invariably connected with the chill. Nos. 6 and 7 are found in cases of malarial cachexia. The most interesting forms, and about whose parasitic nature there can be no doubt, are the bodies Nos. 8 and 9. These are generally absent in blood taken from the finger, but they may be found in any type of the disease. They are the only forms of the organism whose presence in the blood is not associated with a special type of the disease. They were found, however, in fifteen out of the twenty cases in which the blood of the spleen was examined. Of these twenty cases twelve were cases of malarial cachexia, and eight of intermittent fever. In the twelve they were found ten times, and in the eight cases of intermittent five times. From this it seems probable that Laveran was right in considering the flagellate organism the most important form of the parasite. The influence of quinine on the intracorpuseular forms of the parasite is most marked. Doses of 15 grains *t.i.d.* for two days in succession were found sufficient to cause them to disappear. The effects of the quinine were not so apparent in the other forms. The crescents were apparently not diminished in number in one individual after he had

*Abstract of an address delivered before the Pathological Society of Philadelphia.

taken 45 grains of quinine daily for seven days and sixty grains daily for four days.

DISCUSSION.

Dr. Wm Osler said the thought which had struck him most forcibly in looking over this subject was the almost perfect unanimity which has prevailed among the different observers as to the appearance of these organisms. With the sole exception of the segmented form (No. 4). Laveran and the early observers had described them all. His own observations, since the communication he had presented to the Society last year, had been somewhat limited. He had, however, made a series of observations upon the blood of fishes and birds, since it had been stated that bodies resembling Nos. 1, 2 and 3 had been found in the blood of carp and some water-fowl. Prof. Baird had offered him facilities for this work at Wood's Hall and had kindly furnished him with forty-five carp. He had failed to detect any such organisms in the blood of these. In the blood of a goose sent him from Ontario he had found 1 or 2 pigmented bodies. It had been stated by Dr. McCallum, who sent him the goose, that the bird had malaria. However the bodies were not numerous nor was the temperature of the goose elevated nor so far as he could make out had it chills. Dr. Councilman had not figured one body which is very peculiar indeed, namely a solid body in the centre of a clear space. It stains like a microorganism, varies in size, and although the body itself does not change in form, yet there are sometimes changes in outline in the clear space surrounding it—they were somewhat abundant in one case only. One other point with regard to the clear bodies (No 1), in five or six instances he had seen such bodies pass out from the corpuscle remaining out and undergoing no further change of form. He was not altogether prepared to say what the relationship of these bodies to the other bodies described. It has been claimed that similar changes can be obtained by special methods of treating the blood. The most important question is first to

determine the relationship of the hyaline to the pigmented bodies and the possibility that the hyaline may not be directly associated with them. He was convinced that the pigmented and segmented bodies were merely different stages. He could fully confirm what Dr. Councilman said with regard to the crescents. They are most peculiar and interesting bodies occurring in it—chronic cases and in those in which there had been no chills. Three weeks ago he had lectured on a case as one of mild typhoid fever; it had lasted eight or ten days with constant fever, up in the evening, down in the morning, slight enlargement of the spleen, no spots. His Resident examined the blood and found what he thought were crescents. The case got rapidly better, left the hospital, and returned in a few days with a distinct chill, with crescents in the blood and a well marked remittent fever. The mobile form he had not seen nearly so frequently as Dr. Councilman; though he had not examined the blood from the spleen they had been present in eight or ten cases. Nor had he seen free filaments nearly so often; when he wrote his paper he had not seen them at all. Since then he had watched the process of separation. It was out of the question to suppose that the crescents or mobile forms could come from degenerations in the stroma of the corpuscle, but that the hyaline forms resulted from such changes was not altogether improbable, and further investigations were necessary to determine this point.

Dr. J. P. C. Griffith called attention to the diagnostic value of these organisms, and instanced a case, when from the indefinite history and symptoms he was unable to make a diagnosis until after an examination of the blood, when a short course of treatment results in a cure.

Dr. H. C. Wood said that no one seemed to have made any connection between the crescents and the amœboid forms, they seem to differ in that these are destroyed by quinine, those are not affected. We know that malarial cachexia is cured by quinine, arsenic and iron, if these remedies have no ef-

fect on the crescents, what connection have these bodies with malaria? And what becomes of them? Do they eventually disappear?

Dr. Formad asked whether these organisms are the same as those bodies described by Hütter some twenty years ago.

Dr. W. T. Councilman said in concluding that Hütter described moving bodies attacking the red corpuscles, existing in all fevers and apparently almost everywhere else. These observations had never been confirmed. The point raised by *Dr. Wood* had always puzzled him, and for a long time he had tried to reconcile himself to a belief in two distinct diseases, but this he could not do, as always as the other forms disappear the crescents appear. He had never seen the crescents unless with a history of previous chills. He was not altogether prepared to say that quinine had no effect on the crescents, though in several cases he had given it in large doses with no results. Still in some cases they do seem to disappear. He thought with *Dr. Osler* that the crescents could not be possibly produced by changes in the stroma of the corpuscles, though some of the other forms might.

W. E. HUGHES, M.D., Recorder.

Society Reports.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD DEC. 8TH, 1887.

THOMAS M. DRYSDALE, M.D., in the chair.

Dr. W. Goodell read a paper on

INTRA-LIGAMENTARY CYSTS.

In it he stated that the three abdominal cysts most commonly met with are the true ovarian, the common parovarian and the intra-ligamentary cysts.

The ovarian is typically multilocular, has a pedicle, and starts from the stroma of the ovary, when the ovary is found. It always grows into the peritoneal

cavity and is probably due to a follicular degeneration of the ovisacs—which explains its multilocular feature.

The common variety of so-called parovarian cyst is typically unilocular, usually unadherent and thin walled. It does not bear inside papillary growths, but it contains a clear limpid fluid. It is wholly extra-ovarian, the corresponding ovary being found either pendant apart from it or else plastered upon its walls, but yet wholly distinct. The lining membrane of this cyst being identical with that of the tubes of the parovarium, its origin is referred by the pathologists to this fetal relic. To account for its single chamber, it is supposed to originate from some detached loop of the tubes, or, especially from a little cyst always found at the outer end of the horizontal tube of the parovarium.

The third variety of cyst is called the intra-ligamentary, sessile or encapsulated cyst. From its site between the folds of the broad-ligament, from its papillary ingrowths and its quasi-malignant nature and also from the difficulties attending its extirpation it deserves special description and needs a special treatment.

There are two kinds of cysts encapsulated by broad ligament. The one is a unilocular, papillomatous cyst; the other a multilocular papillomatous cyst. Both contain clear fluid. The former is probably a cystic degeneration of one of the imbedded vertical tubes of parovarium—which represents the rudimentary sexual remnants of the Wolffian body. It is usually more encapsulated by the broad-ligament than the multilocular variety, but the connective tissue is looser and less vascular.

The multilocular intra-ligamentary cyst has but a few daughter cysts, each cyst distended by a clear limpid fluid and containing exuberant firm papillomatous growths. Its proneness to ingraft itself upon migratory organs and its firm and vascular union to its capsule of broad-ligament, make its removal far more difficult than that of the unilocular variety. Its origin is questionable although the presence of papillary in-

growths would point to tubular relics as the source. Some attribute it to cystic degeneration of supplemental ovarian tissue often found imbedded in the broad ligament at a distance from the ovary. Others refer it to the tubular relics in the narcoöphoron. Lastly, Doron attributes it to stray fetal relics in the hilum of the ovary. As this theory met every characteristic of this tumor—viz.: the papillary ingrowth, its multilocular character and its investment by broad-ligament—Dr. Goodell was inclined to accept it. The tumor did not develop into the peritoneal cavity but growing inwards and into the broad ligament it parted asunder the true peritoneal folds of the latter. As it burrowed upward it stripped off the peritoneal coat of the womb and bladder, fusing itself to these, now naked organs by continuity of structure and not by mere contiguity. Hence in the operation for its removal the womb was liable to be badly wounded and the bladder torn open. Burrowing downwards it uncovered and soldered itself to the uterus, the great pelvic vessels and the rectum, making its separation here very dangerous and sometimes impossible. Mounting upward from this region, the sac goes in between the two folds of the mesentery, meso-colon, and meso-cæcum, and prying them, ingrafts itself upon these viscera. In these cases a portion of the cyst must be left behind, as the union is too integral to be severed. Another characteristic is the proneness of the cyst wall to burst and to infect the whole peritoneal cavity with papillomatous poison. Whether this is always malignant is doubtful, for he had seen patients wholly recover whose entire peritoneal cavity was studded with papillary growths. On the other hand he had had them die in a few months after the operation.

The signs of an intra-ligamentary cyst were immobility and low descent of the sac, vertical elongation of womb and bladder, embarrassment in micturition and in defecation, pelvic pains, unsymmetrical abdominal development, and resonance on percussion from bowels carried up in front.

The operation for the removal of an intra-ligamentary cyst demands great experience on the part of the physician and taxes all his pluck. These are cases that are liable to die either on the table or a few hours afterwards from shock. Formerly when a cyst was found to be intra-ligamentary, the incision was closed and the case abandoned. Now, thanks to Miner, of Buffalo, the surgeon needs rarely to be foiled.

Since the bladder is often dragged upward and then lies directly under the line of incision, great care must be taken not to wound it. The cyst should then be emptied but it must not be lessened in size by the introduction of the hand and the breaking up of daughter-cysts, because the flow of blood would be too great, and papillomatous material might escape into the abdominal cavity. For the latter reason the opening made by the trocar should be securely closed. The collapsed sac is now drawn out of the abdomen and the capsule is divided little by little in a circle on a level with the edge of the abdominal incision. The sac wall is then enucleated so as to leave an uninjured cup-like cavity. To do this with the least amount of hemorrhage, the incision should begin at the lateral border of the sac where the spermatic vessels lie. After these are secured, the incision is extended to the site of the womb, where will be found the uterine arteries, which will be cut and secured either by ligature or by pressure forceps. As the surgeon advances he will have to tie or clamp many blood vessels. The attachment to the womb is left for the last, and it can then usually be brought outside of the abdomen, when it may be often converted into a sort of pedunculated attachment which can be ligated *en masse*. Often the whole sac is shelled out of its capsular nest, without any approach to a pedicle. In the deep portion of the enucleation great care must be taken not to injure the ureters, rectum or the large pelvic vessels. When firm adhesions to important viscera are met with the adherent portion of the sac must be cut off and left behind but its secreting layer should be peeled off.

The vast cavity of the empty capsule is treated in one of the following ways, each aiming to exclude it from the peritoneal cavity: (a) The edges of the capsular cup are attached to the border of the abdominal incision and a drainage tube is put in. (b) Though the floor of the intra-ligamentary wound a catch forceps is thrust through into the vagina. There it is made to seize a winged rubber drainage tube, which is drawn up into the capsular cavity. The edges of the capsule are now trimmed and sewn with gut, the one to the other so as to exclude its cavity from that of the peritoneum.

Whenever neither of these modes can be adopted a large drainage tube or even two of them should be introduced into the pelvic cavity.

Dr. Drysdale remarked that the paper of *Dr. Goodell* covers the ground so thoroughly that he could add but little to what had been said. One important point is the extreme thinness of the cyst wall, often met with in these cases, which in his experience, had made it almost impossible to get the cyst away without tearing. Another difficulty peculiar to this form of tumor was the risk of wounding the great blood vessels of the pelvis when the cyst had burrowed under or become incorporated with them.

Dr. Drysdale understood *Dr. Goodell* to say that he believed that all operators in removing these tumors had met with the accident of opening the bladder. He was glad to say that in an experience of twenty-six years he had never been so unfortunate as to open that organ.

Dr. Drysdale believed that true papillomata always proved fatal. The faith of some writers, in the occasional curability of these growths, is founded upon the error of mistaking a benign growth which resembles them for true malignant papillomata. These innocent masses of papillary granulations, in fact, so closely resemble the malignant that the microscope alone can distinguish one from the other.

Dr. J. Price has not had experience in the removal of this form of ab-

dominal growth. He is pleased with the free use *Dr. Goodell* makes of drainage tubes; he himself, has used three at one we time in complicated operations. He is wishing for some form of perfected continuous irrigation applicable to the after-treatment of abdominal section. He has had his greatest experience in removal of the pustules and has met with a mixed ovarian and par-ovarian growth in many of his patients. *Mr. Tait* had described two varieties of pallamatus cysts, one having verulent characters and the other benign.

Dr. B. F. Baer has had some experience with this class of tumor. He has operated on at least four cases so far as he can recall at this moment, but they had not been quite so severe nor the tumors so large as the typical case described by *Dr. Goodell*, probably because they had been removed earlier.

The first case was one of a double tumor of very rapid growth, sent to him by *Dr. Gabel*, of York, Pa. The patient had been perfectly well so far as she knew eight months previously, but at that time she suffered from an attack of acute urethritis and vaginitis, followed by a burning pain in both ovarian regions. Soon she found that the abdomen was enlarging, especially on the right side. Seven months after this date, when he first saw the patient, she was much emaciated and the abdomen was greatly distended by an irregular, fluctuating tumor. There was a deep sulcus extending from the lower border of the tumor diagonally upwards. The uterus was soft, high up and drawn to the left. When the abdomen was opened two large tumors were revealed. The left was tapped and removed first, because it was uppermost. It had a short, thick pedicle which was transfixed, ligated and dropped. The large tumor was next emptied and it was now found that it had a deep pelvic attachment. Further examination showed that the tumor was subperitoneal and closely adherent to the uterus as well as to all the pelvic viscera. Enucleation was begun, and after a laborious effort during which considerable bleeding oc-

curred, the tumor was separated, leaving a large open wound in the broad ligament. This was transfixed and tied on masse as a pedical, making a very thick stump. Just as he was about to close the abdominal wound the ligature slipped off. Great hemorrhage followed this and it was feared the patient would succumb before it could be checked; but by the rapid application of catch forceps one after another it was controlled until ligatures could be placed. The wound in the broad ligament was finally united by placing ten or twelve interrupted silk sutures. After carefully cleansing the abdominal cavity of all clots the incision was closed—without drainage—and the patient put to bed more dead than alive. It was thought that she could not react from the shock, but she rallied and made an excellent recovery, going home on the twenty-third day, in charge of Dr. Gabel. She remains well three years after the operation.

The second case was also a double tumor of rapid growth. One or both of the cysts had burst and probably discharged in the bowel on two occasions before he saw the patient. She presented an appearance of great pallor and emaciation. The abdominal surface was rather symmetrical and fluctuation was very marked. The uterus was drawn high up and it was not freely mobile.

When the cyst was exposed it presented a deeper color than that common to the ordinary ovarian cystoma. The cyst wall was thin. After tapping, it was found to have a deep pelvic connection. Enucleation was necessary and a thick pedicle was ligated. It was now found that another smaller tumor existed on the left side. This had a peculiar shape, being elongated and deeply seated in the pelvis. It was entirely sub-pertoneal. The peritoneum extended out from the uterus, spreading over the tumor and approaching the abdominal wall as is sometimes seen in a fibroid tumor of the uterus which has pushed that membrane upwards in its growth. The cyst extended along the line of the colon, and at first he was

not sure that it was not that organ greatly distended by gas. He soon determined that it contained fluid and that its general appearance was similar to that just removed. The fluid was evacuated, when the cyst collapsed. He hesitated as to the proper course now because of the broad base and deep attachment of the tumor and its close adhesion to the sigmoid flexure. He first thought of stitching it to the abdominal incision and draining, but he did not, and was sorry soon after that he had not carried out his first idea, for his attempt at enucleation of the tumor was attended by so much hemorrhage, although ligatures were applied freely, that he felt compelled to cease his efforts. He had separated at least six inches of the descending colon from the cyst wall when he found that the latter dipped down so deeply into the pelvic excavation that he concluded it would be too hazardous to finish the enucleation. He next tried to strip off the lining membrane but could not do so safely because of its intimate relation with the large blood vessels and ureter. He finally drew out all that was separated and tied the entire mass. The stump was dropped and a drainage tube inserted. The patient recovered, but she still has an occasional fistulous opening at the site of the drainage tube. He does not think that this cyst was papillomatous, but it was certainly intraligamentous.

In another case he performed secondary ovariectomy for a small tumor of this character in a case of hystero-epilepsy and metrorrhagia. The upper surface of the tumor looked not unlike the pregnant uterus in color and vascularity. Its outer wall was interlaced with a network of veins, some of them as large as a quill. Exploration with the fingers showed it to be so deep in the pelvis and so closely attached to the uterus, Fallopian tube and broad ligament that they seemed to be one mass, the whole attached by a broad surface to the pelvic floor. The cyst was almost filled with papillary material and it was difficult on account of adhesions and the deep location of the tumor to remove it without the escape of some of this ma-

terial into the peritoneal cavity. Irrigation was not used, nor was drainage, as they did not seem necessary. The patient made an excellent recovery from the operation. The after history of the case is of value. A year or two subsequent to Dr. Baer's operation she consulted Dr. Kelly, who performed a third laparotomy, for what purpose and with what result it would be interesting to learn from him.

A fourth case had been diagnosed fibroid of the uterus and it presented some of the features of that disease. The womb seemed to be one with a hard tumor the size of a child's head which occupied the right iliac region, and the patient suffered from severe metrorrhagia. The left side was somewhat similarly affected, but not to the same extent. Under ether diagnosis of cystic tumor of the ovaries or broad ligaments was made. Laparotomy confirmed the diagnosis and showed the tumors, broad ligaments and uterus to be one mass. Profiting by his former experience he began by ligating the Fallopian tube and larger blood vessels, before beginning the enucleation and had no trouble from hemorrhage. By this means the larger tumor on the right side was safely removed. But the one on the left side was so firmly fixed to the womb that to remove it would have required hysterectomy as well. Even this could not be done because of the pelvic attachments of the tumor. It could not be drawn up. He then tore a small opening through the posterior surface of the broad ligament and shelled out the lining membrane of the enclosed sac. Free hemorrhage occurred but was controlled by sponge packing. Drainage was used; the patient recovered.

In still another case operated upon recently he was compelled to remove the right cornu of the womb with the tumor because of the close connection of the small tumor to that organ and the tube. A similar condition existed on the left side. The tumors were papillary and the patient had suffered from great hemorrhage at intervals, during two years. Drainage was used and the

patient has recovered from the operation.

Dr. Baer did not consider these papillary cases malignant in the sense that they will return after operation; they were certainly not epitheliomata.

COMMUNICABILITY OF SYPHILIS THROUGH THE SALIVA.—LANCE CORPORAL B., 1st Battalion Middlesex Regiment, was admitted into the station hospital, Dover, in 1886, ruffering from two ulcers on the left forearm.

A week prior to admission his forearm, at the cite of the ulcers, was tattoood by a comrade named Private W., who had been discharged from hospital about a fortnight previously, where he had been a patient, suffering from a well marked attack of syphilis. The ulcers, two in number, were somewhat crescentic in shape, has each a diameter about the size of a florin, and were slightly blue in colour from the staining of the Indian ink. They did not show any tendency to heal, and looked like chancres. The glands in the axilla became indurated and enlarged. Eight weeks after his admission a copious rash of a specific character appeared over his body.

On questioning the patient closely, I found that during the process of being tattooted, the operator, Private W., spat on the patient's arm and then rubbed it, in order to remove the blood which flowed at each puncture of the needle. As the operator, Private W., had recently suffered from an attack of syphilis, the presumption is that the virus was conveyed to Lance-Corporal B.'s arm through the saliva of Private W., the tattooper. There was no evidence to show that Lance-Corporal B. ever had a primary sore prior to this.

The usual treatment for syphilis was adopted; the eruption soon disappeared, but the ulcers were long in healing.—R. Porter, in *British Medical Journal*.

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Editorial.

SOCIETY REPORTS.—In every business and profession there seems to be a universal tendency for men working in the same direction to unite and form societies, organizations, etc. In medicine probably the most interesting and valuable work has been first made public to the profession before such societies. Naturally the importance of recording such communications, and the discussions and remarks became evident to all so that now in all well organized medical societies the office of recording or reporting secretary is by no means unimportant. To do his work properly, however, a good secretary should not only be a physician but should be able to record all remarks as they are made. To do this satisfactorily requires a knowledge of stenography, or an almost infallible memory. A combined knowledge of medicine and stenography is not often met with in the same person. At a recent meeting of stenographic association in Great Britain only one medical man was present. In New York a few men connected with the best journals write short-hand.

In Baltimore, however, a medical stenographer is difficult to find. Law

stenographers are common enough but such an entirely different vocabulary is necessary to report medical transactions that a law reporter, without assistance, could do nothing. The problem of reporting has never been satisfactorily solved. If a stenographer does the work, many men are deterred from speaking for fear their imperfectly prepared remarks will stare them in the face in the next issue of a journal. If, however, each speaker must write his own remarks many are prevented from speaking from lack of time, memory or desire to write out what they said; while only a few gladly seize the opportunity to put on paper what they never dreamed of saying on the floor. The subject is an important one and needs attention.

THE MALARIAL GERM OF LAVERAN.

—It is always refreshing and encouraging to see practical results come from what many consider a useless theory—namely bacteriology. Everyone knows what a change the important discovery of the bacillus tuberculosis made in a study of tuberculosis. More recently typhoid fever has been investigated with good results by Eberth, Gaffky and numerous others.

Some investigators claim that the rose-colored spots on the abdomen of those sick with typhoid fever contain the specific bacilli and that a careful examination of the blood from these spots will confirm a doubtful diagnosis.

The clearness with which the different forms of the micro-organisms of malaria have been studied and described by Councilman render this method of investigation very important in doubtful cases between malaria and typhoid. Klebs, Tommasi-Crudeli, Marchiafava, Celli, Ziehl, Marchand and Laveran have all described different forms of the malarial germ, but the repeated tests and the further investigations of Councilman as communicated before the Pathological Society of Philadelphia made it very evident that he is much nearer the cause of this disease than previous investiga-

tors. Such a discovery is of particular practical value for this section of the country where so many favorable and doubtful cases present themselves. If clear and simple methods for the detection of these micro-organisms are laid down, it will give all physicians who are microscopists an opportunity to test its practicability.

IS SMOKING INJURIOUS?—Smoking is condemned by all, but especially by smokers themselves, as a vice. This wholesale damning of a very pleasant habit is probably done to deter budding manhood from indulging in this sinful (sic) habit. The evils are not often sufficiently considered by the opponents of smoking. Excessive indulgence in this, as in everything else, tends to do harm. Dr. A. E. Adams, of Danbury, Connecticut, is bold enough to come forward as a champion of tobacco. In the first place he thinks the amount of nicotine taken in and absorbed by the smoker is very small, almost unappreciable, and to prove that it is not the smoking which injures, he says that good Havana tobacco contains less than two per cent. of nicotine, while our own domestic tobacco contains between seven and eight per cent. In those factors, which, in his opinion, contribute to the bad effects of smoking, are: 1st. Of Absorbing carbonic acid, marsh gas, etc., instead of air, with a proper proportion of oxygen. 2nd. A small amount of nicotine; and 3d, by hyperæmia of the stomach. The whole purpose of his remarks tend to show that smoking in moderation acts as a sedative and equalizer of the temper, assists digestion, and is a medium of sociability among men which should not be discarded. Smoking in excess is, of course, as harmful as any other good thing carried too far. All physicians have had opportunities of studying the so-called "tobacco heart." This condition, when not too far advanced, is certainly amenable to treatment. Tobacco is blamed with more sins than it deserves.

Miscellany.

LAPAROTOMY FOR GUNSHOT WOUNDS.—Thanks to the inability of the authorities to regulate the sale and carrying of revolvers, English surgeons are likely to obtain an unusually extensive experience in the treatment of gunshot wounds. Two cases have been admitted to University College Hospital this week, for the details of which we are indebted to the courtesy of Mr. Barker, under whose care they are. Their treatment by laparotomy is illustrative of the latest advances of abdominal surgery, and the issue promises to be highly successful, and is creditable to the skill and resource of the surgeon. In both instances the victims are foreigners. The first case was that of a young Frenchman who shot himself in a cab in Oxford Street at about 3 P. M. He was taken to the hospital suffering a good deal from shock. The bullet was found to have entered at a point about an inch from the middle line, on a level with the top of the xyphoid cartilage, perforating the cartilages of the ribs on the right side. There was no external hæmorrhage, but the skin round the wound was blackened with gunpowder. No blood was either coughed up or vomited, nor was there any evidence of hæmorrhage inside the abdomen. The probe passed directly inwards. Assuming that the direction of the bullet was such as to involve injury to the liver, Mr. Barker at once performed abdominal section. An incision was made, some five inches in length, under the spray, directly in the middle line from the xyphoid cartilage downwards. The hole in the peritoneum was distinctly seen immediately to the left of the falciform ligament of the liver. The liver itself was only slightly ecchymosed. Several clots, amounting in the aggregate to about two ounces, were found on the liver and elsewhere, but no wound of the intestines could be found. The stomach was moderately distended, and evidently uninjured, the hæmorrhage coming from a wound in the omentum. The peritoneal cavity and its contents were carefully cleansed, and while doing this the

bullet rolled out. It was a small revolver bullet, weighing about 100 grains. The wound was closed in the usual way, and the patient has since been going on very satisfactorily. The second case was that of an American, aged 37, who was admitted on the evening of November 21st. He had a bullet wound in the right inguinal region, three inches internal to the anterior superior iliac process, the aperture of exit being below the trochanter on the outer side of the thigh. The patient was quite conscious. He was not at all collapsed, and there was no external hæmorrhage. There was no evidence at first of any injury to the intestines, and it seemed quite possible that the bowel might have escaped damage by the bullet passing through the soft structures external to the pelvis. With the patient's consent he was examined under chloroform, when the bullet was found to have gone straight through the external oblique muscle downwards and towards the iliac fossa. Finding that the projectile had entered the abdominal cavity, the patient's consent was obtained for a more thorough examination. An incision was then made parallel to the fibres of the external oblique muscle right over the bullet wound downwards and on wards. On opening the abdominal cavity to the extent of four inches, the aperture of exit of the ball from the peritoneal cavity was found about half an inch from the aperture of entry. That was sutured, and the cæcum was examined and found to be uninjured. The intestines were then examined, and the ball was ascertained to have gone through one coil of the ileum from before backwards. The two openings into the gut were only about a third of an inch apart. No sign of fæcal extravasation could be detected, but there was a large quantity of blood in the abdominal cavity on that side. The bowel having been drawn out, Mr. Barker resected about an inch of it, comprising the perforations, the ends being sutured together with a double row of Lembert sutures. The two edges of the mesentery were also sutured. No gut-injury could be found, although the intestines were carefully overhauled and

examined. The cavity was then sponged out, and the exposed intestines washed with a 1 in 1000 solution of perchloride of mercury and returned into the abdomen, the parietal wound being closed by means of deep and superficial sutures, and a drainage tube inserted through the bullet wound. The patient bore the operation very well, and his temperature in the rectum has not exceeded 101° F. Morphine, which was not retained when administered by the mouth, was given hypodermically. He has taken beef tea, brandy, and Brand's essence. Some regurgitation of milk took place once or twice, but no vomiting. He expresses himself as quite comfortable. The bullet was found in the sock of the corresponding leg, and weighed 143 grains. It bears the mark of the rifling and also of having come into contact with bone. The latest reports state that he is progressing very satisfactorily.—*British Medical Journal*, Nov. 24, 1887.

IPECAC IN MINOR HEMORRHAGES.—Dr. Holmes, in the *Mississippi Valley Medical Monthly*, warmly advocates the use of ipecac in all minor hemorrhages. He says that he was once asked to see a case of nose-bleeding in the person of a boy, seventeen years of age, then under the careful treatment of a competent physician. The boy was apparently healthy, but was exsanguined from the hemorrhage. He had taken ergot for eighteen hours. The doctor twice plugged the anterior and posterior nares, but the accumulation of blood in the nose causing intense distress, the plugs were either removed or would be forced out. He then used a continuous douche of hot water for forty minutes, the water running out through the mouth, which offered only temporary encouragement and then proved ineffectual. The patient was faint and had now to maintain the recumbent posture. He was pulseless at the wrist and cold at the elbows and knees; nevertheless he got a suppository of pulv. ipecac., gr. xx., and had the ice-bag, which for some time had been applied over the head and face, placed over the epigastrium. Extreme nausea and efforts to vomit come on in about

forty minutes, but at this time hemorrhage ceased. When the first paroxysms of retching were abating he took a bolus of ipecac., gr. v., without water. Thirty minutes after this dose he fell asleep, and though he was given three grains more every three hours he did not again complain of nausea or lose another drop of blood. About six weeks after, he came again with profuse epistaxis, and was at once given ten grains pulv. ipecac. and put to bed. He vomited from this dose, but was immediately given and continued to take three grains every three hours for thirteen hours. Hemorrhage ceased when emesis came on. Dr. Holmes has repeatedly used the drug in minor hemorrhage, and with far more gratifying results than from *any* thing else. In five cases of pulmonary hemorrhage he used it without failure. One of these was from a stab wound, two from lacerated injuries from broken ribs, and two from tubercular cavities.—*Medical Record*.

ARGYRIASIS FROM REPEATED CAUTERIZATION.—In the *Vratch*, No. 33, 1887, p. 635, Dr. M. S. Tolmatcheff, of the Rūza Zemsky Hospital, records a case of chronic argyriasis. The patient, a strong peasant, aged fifty-eight, had accidentally pricked the sole of his foot with a nail. On his admission three months later a granuloma was found on the injured spot. This was partly cut away, partly scraped out, the whole denuded surface being subsequently "Paquelinized," and afterward cauterized with solid nitrate of silver. In the course of two months fifteen cauterizations of the kind were performed. The patient then left the Infirmary, but seven months afterward returned with a new and still larger granuloma. The same treatment was again carried out, and fifteen further cauterizations with the solid stick were performed in the course of two months and a half. About the end of that period the man began to lose flesh markedly, and to grow weak. In a few weeks left hemiplegia came on, the face became of a leaden color, with the ecchymoses under the eyelids; profuse brownish-black spots of

the size of apple-pips appeared on the cheeks, forehead, neck, abdomen, hands, and feet; there was a bluish line on the gums, the sclerotics became discolored; the mouth was dry and had a bitter taste. Microscopical examination of a piece of stained skin that was cut out showed that the brownish-black specks were situated mainly in the lower strata of the Malpighian layer, and in the upper ones of the subcutaneous cellular tissue. A month's treatment by tepid baths, iodide of potassium, and Glauber's salt, did not effect any improvement. According so Dr. Tolmatcheff's reckoning, the whole quantity of the silver salt employed in the case during a twelvemonth was not more than one drachm and a half, the average quantity used at a sitting taken at three grains.—*British Medical Journal*, November 12, 1887.

FOR BLENNORRHAGIA.—Ricord has prescribed with success

℞.—Aquæ rosa. ʒ 50
 Zinci sulphat. gr. 15.
 Plumbi acetat. gr. 30.
 Tinct. catechu.
 Tinct. opii (Sydenham āā ʒ 45.
 for injection.

AN HONOR TO AN AMERICAN PHYSICIAN.—The Sultan of Turkey has conferred on Dr. Morris H. Henry, of New York, the decoration of Commander of the Order of the Medigie. It is stated that it was conferred for distinguished services to medical and surgical science, especially for improvements in the methods of treating varicocele, phimosis, and kindered affections.—*N. Y. Med. J.*

GLYCENINE IN ENEMATA.—Fifty drops of glycerine, injected into the rectum is a very efficient remedy for producing energetic and copious dejections. The action is dependent upon the property of the glycerine attracting water. There is a transfusion of water from the intestinal walls into the canal, followed by an afflux of blood to the parts and consequent desire to defecate.—*Medical Review*.

Medical Items.

The collective investigation of syphilis is about to be undertaken by a committee of the various specialists interested in this study, in the German hospitals.

Madame Boucicaut, of Paris, has bequeathed, among other charitable legacies, 100,000 francs to the Pasteur Institute besides 150,000 francs previously given.

Dr. Charles R. Whiteford, a well-known physician of Baltimore County, Md., and a member of the present House of Delegates, died on January 9th after a very brief illness.

Among other charitable bequests made by the late Mrs. John Jacob Astor in her will were \$25,000 each to the Woman's Hospital and St. Luke's Hospital of New York City.

Mr. William Hilton, who recently died in Massachusetts, left nearly a half-million dollars to various charitable and religious institutions. The Massachusetts General Hospital and the Boston Dispensary each receive \$50,000 and the Children's Hospital \$10,000.

FRENCH PHILANTHROPY.—Boxes have been placed in all the Paris railway stations, for the purpose of receiving newspaper for the use of hospitals, according to the custom so prevalent in this country. The idea has met with success; a number of papers are dropped into the boxes. The journals are then distributed to the hospital nearest to them.

Chicago has no less than eleven medical schools of one sort or another. *Rush* Medical College, the oldest, is not quite fifty years of age. At this rate of growth Chicago will soon catch up with Baltimore and Louisville, Ky. (?) In this one item St. Louis will admit that Chicago has the lead.

It has been authoritatively announced that Prof. R. A. F. Penrose will resign the chair of Obstetrics and Diseases of Women and Children in the University of Pennsylvania at the close of the present term. Prof. Penrose has been connected with the University for many years. He succeeded the late Dr. Hugh L. Hodge in 1863.

Dr. W. M. Carpenter, a well-known New York physician and prominently connected with the editorial staff of the *Medical Record*, died suddenly, of heart disease, on January 7th. Dr. Carpenter was perhaps the most skilful medical reporter in America. He was a constant attendant upon all large medical meetings and in this way became known to a large number of physicians.

The Medical Faculty of Lyons, France, has only been in existence ten years, but it has been so successful that nearly 800 students are on the rolls. A number of these young graduates have taken prizes in competitive

examinations, and only recently Professor Chauveau was taken from the Lyons faculty to be Professor of Physiology in the Paris faculty of medicine.

Under the high license law of Illinois the number of saloons in the State has been reduced from 13,000 to 10,000, and the revenue from the liquor traffic has increased from \$700,000 to nearly \$5,000,000. From this increased revenue the cities of Chicago, Springfield, Peoria, Quincy, Bloomington, and Jacksonville have been enabled to pave their streets, beautify their parks, and improve their police force and sanitary condition.—*Med. and Surg. Rep.*

The annual report of the health commissioner of Baltimore shows that during the past year Baltimore was the healthiest city of its size in the world. We do not know how these facts were reached but the profession of the city will testify as to its unusual healthfulness at the present time. Baltimore undoubtedly has very little sickness and a good many doctors. No doubt the latter fact accounts for the former condition. Let us think so at any rate.

EXTEMPORANEOUS EMULSION OF CASTOR-OIL. M. Léger states that the casein of milk possesses the property of emulsifying oils. The casein is prepared by adding to it a little bicarbonate of soda and powdered sugar. He proposes the following formula for a palatable extemporaneous emulsion of castor-oil: Castor oil, 15 parts, cherry-laurel water, 5 parts; distilled water, 100 parts; prepared casein, q. s. This emulsion is said to have an agreeable taste, and to be well borne by the weakest stomach.

A burglar in Brooklyn, who was recently wounded in a conflict with the police while escaping, with two companions, after committing a robbery at night, has been identified in rather a curious way. When arrested it was found that his upper jaw was broken and several of the teeth were gone, a circumstance which he explained by stating that he had been assaulted by two men. A detective was sent, however, to the scene of the shooting affair with the police, and he there found a piece of jaw-bone with teeth attached, which exactly fitted the gap discovered in the man's mouth.—*Boston Med. and Surg. Jour.*

Dr. Philip Cross, formerly a surgeon in the fifty-third regiment, English Army, and a well known member of the profession, was hanged in Cork, Ireland, on January 10th, for the murder of his wife by poisoning. Dr. Cross became enamored with a young woman in his employ and sixteen days after the death of his wife they were married. Foul play was suspected and an examination showed that Mrs. Cross died of arsenical poisoning. The husband claimed that Mrs. Cross had been taking arsenic as a medicine and that it was not the cause of her death. He was convicted on circumstantial evidence, though he stoutly denied his guilt.

Original Articles.

LECTURES ON SKIN DISEASES DELIVERED AT THE WOMAN'S MEDICAL COLLEGE OF BALTIMORE.

BY ROBERT B. MORISON, M.D., OF BALTIMORE.

The special study of skin diseases, or dermatology as it is scientifically called, is becoming year by year more common. It is strange, however, that America which we always think of as a synonym for progressiveness, should be the most backward in acknowledging a field for this branch of medicine. It has been a hard fight for the pioneers of dermatology in this country.

The struggle has been going on for a quarter of a century, and we have barely made a place for ourselves in large cities. It is only within a few years that separate chairs have been made for teaching skin diseases in our colleges—so little attention has been paid to this specialty.

You will then be surprised, it may be, when I tell you what a broad field for study is included under the name of dermatology.

The skin is the universal covering of the body—it is the medium of communication between the inside body and the outside world. It is made up of muscles, nerves, vessels, glands and various tissues. It is affected from without and within; it is constantly repairing the wear and tear of continued activity. No wonder then that it is frequently subject to perverted function—to injuries idiopathic or traumatic, in fact to many forms of disease.

To one who has never thought of it seriously dermatology seems a small and narrow specialty. Consider for a moment what it really is. We must know syphilis with all its trail of complicated symptoms or there is no use in a diagnosis and treatment. We must know all the exanthemata, such as small-pox,

chicken-pox, measles, and many others, or again we cannot diagnosticate and treat them properly. We must know erysipelas from erythema, we must know true epithelioma from simple ulceration. We are called upon to recognize all tumors of the skin whether benign or malignant.

Then after informing ourselves that we at last have to do with a skin disease pure and simple; then we must say which one of several hundred types of skin disease is before us. We must be able to distinguish between a flea bite and a papule, and we must be able to distinguish by certain signs the papule of one disease from that of another.

Besides all these points of knowledge which are necessary to the proper study of the skin—a new field unlimited in extent and barely entered as yet is before us, namely, bacteriology. It is interesting to reflect that almost the first incentive to a beginning of what we now call bacteriology was through the study of parasitic diseases of the skin. The discovery of a minute plant with its branches and spores, its subsequent cultivation in proper fluids, the more and more refined use of the microscope in learning its histology, led, step by step, to the beautiful results which every year is now increasing. We feel that we may be upon the edge of a new era in the treatment of skin diseases when we think that many of them may be produced by bacteria. All over the civilized world young and active investigators have entered the field and are confident of success.

So there would seem to be from a scientific as well as a practical sense, a place for dermatology in medicine. In a course of lectures like this I must be more general than particular—it will be sufficient, however, if I awaken a small amount of interest in this most neglected branch.

All skin diseases, says a quack advertisement in a daily paper, are divided into those which are *eczema* and those which are not. The fact is that

the greater proportion of skin diseases are eczematous.

The reports of the American Dermatological Association show that an average of one-third of all skin diseases are eczema. But the mere diagnosis—eczema—is not sufficient. We must find out whether it be moist or dry, vesicular or pustular, erythematous or traumatic, or our treatment will be useless.

There is a mistaken notion that dermatology brings the student into contact only with the poor and unclean and the lowest classes of human beings. This is far from the truth. The person who indulges in the pleasures of the table by overeating and drinking is as liable to skin troubles as the one who has too little to live upon. The number of poor is greater than the number of rich in the world, but proportionately the number of skin diseases is no greater in the one than the other. This is food for thought and may be suggestive to you. One thing is of interest, namely, that the results of treatment are more satisfactory among the poor than the rich. It is the "Burgundy rose which gives a jolly red nose" and it is the poisonous dyes of many fancy fabrics and improper dressing which ruin the complexion of many fashionable women.

It has seemed to me proper in addressing a class of lady medical students to dwell especially upon those diseases which belong more or less peculiarly to the female sex and which would be more apt to come under their supervision when in practice. I shall dwell therefore more especially upon diseases of the complexion, scalp and hair, diseases of young babies and children and those which render the life of older women almost intolerable, such as pruritus or intense itching.

A short description of the histology of the skin will aid us in understanding its condition when unnatural.

The skin is divided into three layers, the outside thin layer or epidermis, the middle thick layer or derma, and the subcutaneous tissue.

In the middle layer or derma are situated the hairs and their muscles, with some little glands attached to them called the sebaceous glands. To these little glands it is necessary for me to call especial attention. Their function is to keep the hairs and surface of the skin oily. They secrete an oleaginous fluid constantly, and their little canals or ducts are always open in health. Their openings make up a part of the so-called pores of the skin.

Besides these glands, there are the sudoriferous or sweat glands which are not connected with the hairs but the openings of which upon the surface of the skin make up the principal part of the pores. The sweat glands are larger and their canals are longer than the sebaceous glands and are, like them, subject to disease or the cause of disease in their turn.

They secrete a thin watery fluid quite different to these sebaceous glands, which is useful in relieving overfilled blood vessels and keeping under bodily temperature.

The color of the skin is to a great extent determined by a layer of pigment which lies under the epidermis. In the negro this layer of pigment is nearly black and shows so, through the epidermis. In brunettes the pigment is a light brown, and in the blonde, it is a thinner layer, merely darker than the surrounding tissue. By removing the upper layer in the negro, which is done with ease artificially, and taking the pigment with it, we can for the time being turn them white. But nature asserting itself soon redeposits the pigment so that the change is not permanent. The color in the white race which is seen on the arms and face of those who are daily exposed to sun, wind and rain, is due to an extra formation of pigment. It is an effort of nature to protect itself from harm, for the deeper colour renders the skin less irritable.

People living in hot climates have dark skins and even Shakspeare makes the Prince of Morocco apologize for it, for he says :

“Mislike me not for my complexion,
The shadowed livery of a burnished sun,
To whom, I am a neighbour and near bred.”

Where there is an absence of the pigment in the skin, it is a defect of generation or formation and we have what is known as an albino, a term first applied years ago to the white negroes found on the coast of Africa. The true albinos have white hair, pink eyes and skin so thin as to be almost transparent.

They cannot stand much light, their eyes are weak and they are not physically strong, which shows what an important part this apparently small amount of pigment plays in the general economy.

When there is an excessive formation of this pigment it appears in the shape of freckles, moles and birthmarks, which can under certain circumstances gradually so increase in size, as to produce a new growth or cancerous formation.

Freckles are not altogether due to the action of the sun on the skin. Their formation is a peculiarity of some constitutions, for in some people those parts of the body which never have been exposed to the sun, whether it be summer or winter, are covered with them.

There are some drugs which have the effect of causing a false deposit of pigment in the skin, of which the principal one is nitrate of silver. Given in certain diseases in large quantities, long continued, as it formerly was, every tissue in the body was stained by it and the skin turned a dull blue tinge quite characteristic of the drug. I mention this as a contrasting example to those external causes which effect the color of the skin.

The nerves of the skin are most delicate and from them it derives sensation. They regulate the feeling of touch, of heat and cold, of blushing and palour, of moisture and dryness, and are the medium, carrying expressions from the brain to the surface. Their endings in the skin are infinitely minute and it is with the utmost difficulty and consummate skill that their course there is followed.

A more beautiful mechanism than the whole arrangement of the apparatus con-

tained within the skin cannot be imagined. The delicate nerves which connect it with thought and action, the blood vessels which ramify in all directions like the intricate net-work of a fine piece of lace, the muscles which pulling upon the hairs make them stand on end—the whole arrangement though so minute is perfect and wonderful to study. It is no wonder then that a mechanism so delicate may be, by ill usage or ignorance, jarred in some part of it, so that its running gear is put out of order.

This short description of the anatomy and structure of the skin may suffice to convey to you some idea of its normal condition and how it may be affected when diseased. An intelligent understanding of her complexion will aid a woman to guard against defects which by the use of injurious applications or unwise exposure to various external causes, may be damaged for life. I have described to you the hair follicles with their glands, which help to keep the hair and skin moist. Changes in these glands are almost always at the bottom of any trouble with the complexion. They may be affected in two days, from within or from without. If the openings of these glands become stopped up in any way the function of the gland is interfered with. It goes on secreting its proper secretion, to be sure, but as the canal through which it passes is clogged up, it has no way of escape. It becomes dammed up and presses upon the neighboring blood vessels. They become enlarged. A few small white blood corpuscles, or inflammatory bodies, push their way through the walls of the vessels, more follow, until they are massed in the tissues, where they act like a foreign body producing an inflammation. This is followed by a breaking down of the surrounding tissues ending in what we call a pimple and the injury is done.

Where an eruption is produced by the stopping up of the sebaceous glands, *i. e.* the glands emptying into the hair follicles, we have a disease which is called acne. It may appear upon any part of the body where there are sebaceous

glands, but it is most common upon the face and neck. It is a disease which usually begins about the age of puberty, when the general condition of the body undergoes so many changes in both sexes. There are various forms of this disease which are called by names indicating the stage of development. Thus we have: *a. simplex* or simple acne, *a. disseminata* or scattered acne, *a. indurata* or indurated acne, *a. rosacea*, red or rosy acne, and *a. cachecticorum* or acne of the feeble and cachectic.

The appearance of the skin varies in different cases according to the extent of inflammation. In a simple acne the papules or pimples form under the epidermis, and are small superficial elevations which suppurate slightly, and when opened by incision allow a white pin-head sized speck to escape on pressure. This speck is the confined secretion of the sebaceous gland. In acne indurata the inflammation goes deeper into the true skin, a small abscess forms, which if it be not promptly and thoroughly opened with a sharp thin knife, leaves an eschar behind. Pressure upon an incised indurated pimple forces out pus, blood and the same little white speck referred to above.

Many of the small and large pimples are produced by the plugging up of the gland duct by what are commonly called black heads, in medical terms comedones, from *comedo*—a glutton. These are seen upon almost every face. They are the beginning usually of an inflammation underneath. They are composed of the thickened secretion of the gland, and their black head is the result of external causes, such as coal dust, dirt or a chemical change which the atmosphere under certain circumstances may produce upon their ingredients. They are not in any sense of the word true worms, although they closely resemble them when pressed out.

There is no fever with acne, but the skin is often hot and inflamed. It is sensitive, and although there cannot be said to be any decided itching attending it, there is undoubtedly a sensation of

discomfort which leads the sufferer to involuntarily finger the affected part, to pick at the elevation, to squeeze the pimples. Such a procedure of course only aggravates the trouble, and makes sometimes an indurated out of a simple acne.

There is no difficulty in making a diagnosis of acne after having seen several cases of it. I think few of us can have failed to have seen the disease in our acquaintances, friends, relations or ourselves.

It does seem to be hereditary. Investigations are now being made to discover a special microbe for it. It hardly seems possible they will be successful.

There are two causes which produce this disease. The first of these is the condition of the blood, and the consequent effect it has upon the general health.

A pale, apathetic, listless person from the very need of proper food and nourishment is frequently tormented by an ever-increasing bad complexion. Change of air, of food, of mental interests will in such a case renew the health and reproduce a fair skin. On the other hand the over filling of the blood-vessels with food which cannot be disposed of, the over-eating of the glutton, or the over-drinking of the toper, only too often produce a complexion ruddy as a winter's sunset, and rough as the hills of Maine.

As I said before, it is a great mistake to think the poor, ill-fed man is the only class which has trouble with its skin. It is quite the contrary. The class which is most often effected with these diseases is the one which leads the most inactive, unnatural life. The class which dresses itself in tightly-laced corsets, which wears the highest-heeled shoes, which hides its face behind the poisonous veils of outrageous mourning and feeds itself beyond the power of the system to endure.

Our world is far away from being an Utopia. We must dress ourselves as our neighbors do, and really as life goes, there never has been suggested for man or woman a better costume than what is worn now. Ladies of the ancient times

also suffered much from bad complexions. We find this fact referred to in all the old medical writers. When we think of the classical features of the Grecians which have always been handed down to us as so perfect, we do not stop to consider that even then these fair faces had many a blemish, and that many a physician of that day was put to his wit's-end to beautify the children of proud Grecian matrons. Reading the history of the past somewhat relieves our minds of the idea that we are suffering because of the follies of our later civilization. The loose-flowing robes of antiquity seemed no better adapted for fair complexions than our much-abused modern inventions.

But in the extremes of costumes there is much to condemn, and foremost in this condemnation I must place tight-lacing. I do not believe corsets will ever go out of fashion. Something of the kind must be worn, but it is a most serious affair when their use is abused.

Besides these defects in dress, let me mention a few other absurdities of the present generation which help to destroy fair skins. Certain drugs, which it is now the fashion to use to rest the tired nerve are injurious. I cannot lay too much stress upon the danger to the skin, and I say nothing about the danger to the rest of the body, from the use of various forms of potash, and especially bromide of potash. The bromide of potash is becoming as common an article of diet as calomel used to be, and it is, I am sure, as far as the skin is concerned, a much more dangerous condiment. From my standpoint of fair complexions then, I enter my protest against the reckless use of such drugs, and I warn you as future physicians to remember this property of some of them.

Popular opinion condemns more than it should the diet as the cause of bad complexions.

An unfortunate sufferer is often surreptitiously pointed at as self indulgent at the table. The general idea is that greasy food, butter, oils and such articles of diet cause a rough skin. I cannot agree to this opinion. Indigestible food is injurious, but good butter and oil

are not indigestible. Many rough skins need no other treatment than the liberal use of butter, oil, milk and so-called rich food; for they, by increasing the productitive elements in each cell, assist their physiological action and through them the general health of the entire organism. Experience has taught me that cod-liver oil when given in small doses is beneficial in persistent cases of *a. simplex*. I never give more than a teaspoonful three times a day and less even than that. I find few patients who cannot digest this amount. The pure oil is usually preferable to an emulsion.

Besides the internal causes of a change in the proper nutrition of the skin, a few of which have just been mentioned, I must lay much stress upon the external. In the latter we have a much more frequent cause for bad complexions, especially among young people.

A severe blistering or burning of the face by the sun in a dry climate, when the skin is of a thin and delicate nature, sometimes so much interferes with its functions as to produce a roughness difficult to remove. There are great differences in the skins of people. Some are naturally hardy and healthy while others more delicate and thinner are easily affected by sudden changes. As a general rule dark skins are harder than light, the pigment which makes the difference in color rendering the skin less liable to inflammation.

In washing the face hot water with a good soap should be used. The soap must be entirely removed before drying as any particles of it are irritating if left to dry upon the skin. A soft linen towel should be used with some energy and then if water is irritating to the skin, which it is in many cases, an inert, scentless, harmless powder should be applied immediately afterwards.

I have already spoken of the dress worn by women as being unhealthy under certain circumstances. But there is one thing in especial which besides being unhealthy is very bad for the complexion when coming in contact with it. I mean the long thick crepe veil so much

worn in morning. Baltimore is supreme and extreme in this fashion and a more injurious one could not have been invented. This crepe is dyed in injurious dyes which are breathed into the lungs either in the shape of dry powder or else becoming moistened by the damp breath and soaked off the fabric, remain upon the nose and skin. It is rough and rubs the nose, face and forehead, so that a constant irritation is kept up. The epidermis is rubbed off, the poisonous powders of the dye are rubbed in and we have a state of things which may lead to an obstinate irritation. Even when worn off the face, the weight of the veil tears and drags the hair, cutting it and irritating its roots so that there is danger of irretrievably harming it. Such veils, worn as they sometimes are for two consecutive years never fail to injure the health and complexion. I protest strongly against this fashion and cannot help feeling that you may be able to assist me in influencing those around us to put it aside.

The crepe-lisse ruffling worn around the neck is also injurious as are black silk or thread gloves. They may irritate and produce an obstinate eruption which lasts for a long time. Besides the black dyes which have been mentioned, a great many of the colors are injurious. Within the last year a peculiar form of eruption upon the hands, face and neck has been noticed among a certain class of people in Paris, called the feather dyers eruption, and it was found to be due to the fumes arising from the process of dying feathers which are now so universally worn.

The same injurious dyes are used upon the fancy stockings and veils of the present fashion, and as they come into actual contact with the skin, irritate it gradually into a diseased condition. There are certain eruptions of the hands, face and hair which are caused by a vegetable parasite or fungous growth, similar in character to that which form the mould on damp old shoes or cheeses. These are carried about on the skins of pet animals, such as cats and dogs and

it is not uncommon to find young children whose skins have been contaminated in this way. This offers a strong objection to such pets, for although these diseases are not difficult of cure, yet their presence is never pleasant.

Climate plays a part in affecting the skin of the inhabitants of Baltimore because it is so changeable and erratic. It flies from one extreme to the other, while our poor skins, since they are the medium between the in and outside world, fluctuate according to the various changes which surround us. To guard against its injurious and sudden changes is for our complexions one of the most important steps, but into the minutiae of this subject I have not now time to enter.

My next lecture will be upon the treatment of acne.

REMOVAL OF THE UTERINE APPENDAGES FOR DISEASE IN WHICH PAIN IS A PROMINENT SYM- TOM.*

BY HOWARD A. KELLY, M.D., OF PHILA.

According to the request of the Directors, that I should prepare a paper briefly discussing the operation for removal of the ovaries and Fallopian tubes in those cases in which pain is a prominent factor, and accepted as one of the indications, I have thus, although under great pressure from other work, gladly conformed to their wish, and here bring before my co-workers in other fields some of the fruits of my labors and thought in this unsettled territory of ovarian disease.

In the brief time allowed I cannot read references and quotations, and will speak rather from my personal experience and of the results in cases, some of which have been traced for several years, and now may be referred to as permanently cured or improved. Only by *permanency* can any proper estimate be placed upon the value of reported re-

*Read before the Philadelphia County Medical Society, December 23, 1887.

sults, and while successful cases are being reported in large numbers daily, within a few days or weeks of the operation, but little has been said of the condition in which the patients found themselves after one, two, and three years.

My opinion relative to the class of cases suitable for operation, to the results to be expected from operation, and as to the operation upon neurotic cases pure and simple, conforms closely to that expressed by Professor Hegar in his monograph, *Der Zusammenhang der Geschlechtskrankheiten mit Nervösen Leiden und die Castration bei Neurosen*.

Nearly as I agree with Professor Hegar, I differ very widely from many other "authorities" so called, in this much-contested field. Still more widely do I differ from many which have gained currency in the profession at large as to the indications for and against operation, the certainty and the permanency and the value of the results obtained.

The convenience of assuming the symptom *pain* as a characteristic factor of the group of heterogeneous cases we are about to consider is at once, evident. With this symptom patients usually apply and ask for nothing than that their *pain* be relieved, and under present modes of treatment and indifferent specialization in medicine, in cases even of marked disease of a minor character, the patient often goes through a protracted course of treatment in which nothing is distinct outside of the subjective elements of the case.

Pain alone drives most patients to consent to adopt whatever means the surgeon may propose as remedial. By thus emphasizing this subjective feature, and by the also natural history of the diseases, we exclude all those cases from our study in which *size* is a characteristic.

We have left then a great group of mixed pelvic diseases lesser in size but not in the elements of danger, causing more suffering, with greater certainty undermining the health, and in no sense less important than the large fibroid,

dermoid, or ovarian cystoma, unless we measure disease by the tape measure.

"What the eye sees not the heart grieves not," is true of those who find it so difficult to realize the great hourly danger in which their patients may be living, in whom nothing may be apparent to the eye, and but little to an unpractised touch.

Common among the diseases referred to are :

Ovaries enlarged by cirrhosis.

Ovaries with extensive follicular degeneration.

Hemorrhagic ovaries.

Ovaries containing pus sacs.

Neuralgic ovaries.

Ovaries involved in a withering of the pelvic peritoneum with the tubes.

Tubo-ovarian disease with coexisting hydro-, pyo-, or hæmato-salpinx, these three names, however, signifying not the disease itself but an accident of the disease, which may be absent and the disease still exist.

Pyo-salpinx is a misnomer, as the disease may exist in all its essentials, and the tube contain no pus, but the ovary may be converted into a large pus sac. In my experience, abscess of the ovary with a tube much thickened, gelatinous and friable on section, but containing no pus, is quite as frequent as a large tube sealed and distended with pus attached to a small ovary simply enveloped in inflammatory products. I believe that the entrance of the septic material into the ovary takes place through a ruptured follicle. In a case upon which I operated one year ago, my patient married a man suffering from gonorrhœa, she experienced no difficulty until the time of her first menstruation when she was seized with violent pains and remained an invalid ever after until I removed the mass.

Hydro-salpinx is more commonly associated with some mild non-septic pelvic inflammation which has resulted in sealing the fimbria and hydro-salpinx results. It may, by distention of the tube, cause pain, but the morbid process usually long antedates the formation of any tumor. If this were not the case, the rational procedure would unques-

tionably be slitting open the tube on its dorsum, careful removal of the fluid, and an attempt to establish a previous uterine opening by passing a small canula into the uterus, which could be removed later *per vaginam*. The disease, however, lies back of this, and the fluid formed is but one of its sequelæ. Here at once is a reason why operations upon tubes thus enlarged are not always and at once successful in curing the patient of all disability.

I am at present making daily visits to a patient operated upon in the Spring from whom a large hydro-salpinx was removed, along with the ovaries and tube of the opposite side. Her uterus and structures lateral to it are now free from all sign of disease, but there still linger low down in the pelvis, foci of inflammation in the cellular tissue, which although objectively small, cause a disproportionate distress to the patient. The operation was here an imperatively necessary step, but still only one step on the road to cure.

Hydro-salpinx it at times associated with anomalies in the development of the individual: thus I operated last week in Chicago on a married woman about thirty-eight, who had been a great sufferer ever since puberty. I found an infantile uterus, two very small white ovaries, that on the left side being no larger than, and the shape of, my thumb nail, while vaulted over it was a large tube distended by several ounces of watery fluid. The indication in this case was not the size of the tube, but the establishment of the menopause to relieve painful ovulation. In pyo-salpinx, on the other hand, the starting-point and focus of the disease are often the intensely poisonous contents of the tube, which involve surrounding structures by successive invasions; and here, were it practicable, the disease might often be cured by removing the tube alone, leaving the ovary; but of such a conservatism I do not approve, as the ovary without its duct is useless, even dangerous.

Of hæmato-salpinx I will not speak further than to say emphatically, that I do not believe that all these cases are

extrauterine pregnancies, and to draw attention to the fact that the contents of the sac may be as acridly poisonous as that of pyo-salpinx, and should receive the same extreme care in removal.

It would be better if Pain, *per se*, were never considered a sufficient indication for operation; or, at the worst, only those cases operated upon in which the most prolonged and painstaking care had failed to relieve, and where the intensity of the suffering must always seriously interfere with the capacity of the patient to enjoy life. We here meet the neurologist on common ground, and it would be better for all such cases if they first underwent a prolonged treatment at the hands of these specialists. A host of cases of neuralgic ovaries which have been sacrificed by the gynecologist would thus have been cured, and many cases which have been operated upon and not relieved would at least have been spared the ordeal of operation, and the too frequent reproach thus be spared the gynecologist, that he recommended the removal of a woman's ovaries, but she declined and a nerve specialist afterward cured her, and, to make the reflection worse, she has since borne a child.

I have a case in which a good friend considered removal of the ovaries would be necessary some two years ago, so great were the patient's sufferings, but with the gradual compensating hypertrophy of an insufficient mitrally diseased heart, she has improved and is now six months pregnant.

A prominent factor in causing this pelvic distress especially aggravated at the menstrual period, is, I am now convinced, large varicose veins in the broad ligaments.

I think I can almost always recognize these cases now by the character of the pain, the facies of the patient and a peculiar sense of boggy fulness to the vaginal finger. Constipation seems to be one factor in the causation, but while relieving constipation helps the condition I have not found that it cures any case of long standing. Sequelæ of pregnancy may cause it. My experience as an operator leads me to reject removal of tubes and

In marked contrast to this statement ovaries as in any way assisting a cure. In one case sent me by one of the most prominent neurologists in the country last spring, the patient is but little improved, although one of the veins tied and cut off was a half centimetre in diameter. As nothing else seems to do more than mitigate this condition, I propose yet to open the abdomen and simply tie the distended tortuous veins at either end, aspirating then, if necessary, and if the patient is not better she will at least be no worse off.

One class still remains, usually classed among the neuralgic cases, and this class Dr. S. Weir Mitchell has happily defined, giving appropriate form to an idea which I have for some time entertained, they are those cases in which the expectancy and concentration of the attention on a normal function leads it to simulate disease in the expression of pain.

These cases if operated upon rarely reflect credit upon the operator, and should ever be considered more in the province of the neurologist than of the gynecologist. I have never operated on a case of this sort, and never expect to.

We have here been speaking somewhat briefly of cases in which pain is the only local manifestation of disease.

There is a small group of cases in which general nervous phenomena of an aggravated character seem after a time to subside into a local disease. I have in mind a case of salaam convulsions which lasted many months, was followed by severe neuralgic pains in various parts of the body, then by severe pelvic pains, and at the operation small cystic ovaries were discovered, and the patient promptly and completely cured by their removal. It is impossible, however, for any but a specialist to distinguish with certainty between those cases in which there are no manifest gross changes in these organs, and the cases about to be described, in which the trained touch can with certainty and exactitude determine the nature and extent of such changes. I know by my own progress in this matter how impos-

sible it is for any but the touch, which is daily exercising, improving, and correcting its inferences, to come to any definite conclusions in this matter, as to the size and position of the ovary and tube; whether cystic, how much enlarged, and if adherent. All these and other questions are but matters of daily practice for years to decide in all these cases.

One of these cases I show you tonight (Mrs. J.) was treated by upward of thirty physicians, and had received almost as many differing opinions, no one recognizing the true nature of her disease, which I had the satisfaction of determining at once to be abscess of the ovary the instant my finger swept over the vault of the vagina.

Another patient was treated for fourteen years, and her physician who lived in central New York State, recognizing some similar symptoms in a case upon which he saw me operating at my private hospital, sent her down to me, and she is now very much in the improved condition of the patient you have just seen. Here also I removed ovaries greatly enlarged by old encysted abscesses.

Briefly then, as to the status of this operation—the removal of *diseased* appendages, small in size, but in which pain is a prominent symptom—as a scientific operation.

1. It is scientific, because it deals with *diseased organs*.

2. It does more than almost any other single surgical procedure in relieving a large number of cases whose sufferings have been almost unbearable.

3. In *properly* selected cases the percentage of recoveries is over nine-five per cent., and improving, and the percentage of cures equally large.

4. Unless we adopt the yardstick as our measure of disease, the indications for operative interference are often more urgent than in the case of most cystomata coming under our observation.

And lastly, all steps of the operation, the technique of the procedure, have now been so widely appreciated, that it may be described as a *safe* operation.

might be cited the case of Sir Spencer Wells, in the days when this operation was in its infancy. We can here readily discover one reason why Sir Spencer has always been so bitterly opposed to operations of this class. He operated upon a woman fifty years of age, for the purpose of inducing the menopause. In opening the abdomen the intestine was cut, the ovaries were not completely removed, and the mesentery prolapsed from the wound, and a bad hernia followed. Such was the result of an imperfect technique in the hands of one who in the generation past did more for abdominal surgery than any other man of his time.

Of all questions relative to this work, that of *results* most nearly concerns us. As to the *immediate* result, life or death, I will speak of that under the title of Danger of the Operation.

I refer here to the results relative to the *curing of the disease* in those cases which have recovered from operation. A satisfactory inquiry upon this heading will depend entirely upon the standard which we erect beforehand by which to test our results.

The brilliant results occasionally following this operation, and the many sanguine reports of operations in which the patients are reported to have been the most wretched of all sufferers, and by the abdominal section to have been at once and forever relieved from all pain, to have recovered health at once, and been able to return often to duties of a very laborious nature, have conspired to bring about such a state of professional opinion that cases which cannot show these results are thrown back upon the operator as failures.

There was at one time, when this operation was dangerous, as in that cited by Sir Spencer Wells above, some reason for this opprobrium, and the results gained were measured by the danger passed through, and often found inadequate, but with the great diminution of the danger the whole status of the question has altered. My own standard is this:

Are the organs diseased? Will their removal cure the patient entirely, or

will it relieve a large part of the suffering and at least make life more bearable. A result *absolutely* good is always to be desired; but a result *relatively* good is something to be very thankful for, and grasped in many cases. Not only the general profession but gynecologists themselves are apt to place all hope upon the operation, like a throw of dice, and to forget that it is often more rational to handle the case from the beginning of their treatment to the end, in such a manner that the operation is viewed by doctor and patient as simply a *step*, at times the only one, again the most important step, or occasionally but one in the flight, in the treatment and progress toward cure.

Cases often require after-treatment and some of my cases have only left me entirely well after weeks more of work. My operation removed, it is true, the focus of the disease, without which I could never have made any progress, but my after-treatment dealt with the disease products which may have been accumulating for years, the embers, ever freshly kindling so long as the diseased tube and ovary remain, but now readily yielding to treatment. In other cases, I have been actually obliged to deal with disease of my own creating, for in three cases I have treated the women for cellulitic deposits formed, I believe, around the ligature at the stump.

Since my return from Europe on September 7th, I have operated upon fourteen cases of abdominal tumors, including hysterectomy and pyo-salpinx. The last case is too recent to speak of, but not one of the others developed any fever after the operation, owing to my careful attention to the principles of antiseptis. A neglect of antiseptic precautions is criminal in any form of surgery. But this may be carried out with nothing but soap and water. The development of an antiseptic conscience is the chief point.

A simple transfixed ligature can so readily rotate on its point of perforation, releasing the tissue allowing secondary hemorrhage. To avoid the retraction of the tissues through the ligature, great care must be taken not to

cut close to it. One serious error is cupping the stump, which should have an hour-glass form.

Dr. Dudley, of Chicago, uses a knot of his own invention, which I like best of all for most of these cases. It is made by entering the needle, with a double ligature, through the broad ligament, carrying it across, and re-introducing, bringing it out on the same side on which it entered. The needle is removed and the loop carried over the whole mass to be tied off and laid between the free ends of the ligature. This is grasped in the thumb and fingers and drawn up tight, then one end is handed to an assistant while the other is pulled tight, and next the other end is treated in the same way, and in the same manner it is tied.

Society Reports.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD DEC. 5TH, 1887.

THOMAS M. DRYSDALE, M.D., in the chair.

Dr. Hurst made some remarks on

THE CONSTRUCTION OF LYING-IN HOSPITALS.

He described the admirable floors and walls, the perfect system of heating and ventilating the new Sloan Maternity in New York, but criticized what he considered architectural faults and exhibited a plan of his own in which these defects would be avoided—as well as a very elaborate plan of the New Maternity in Bordeaux, constructed after the plan of Dr. Oré.

RUPTURED TUBAL PREGNANCY.

Dr. Price exhibited an interesting group of small tumors; he had frequently called attention to mixed complications in tubal disease, pyo- and hydro-salpinx, ovarian cysts and uterine myoma. Martin gives 70 instances of complications in tubal diseases.

Mrs. S., æt. 27 years, married 10 years, never pregnant, patient of Dr. John Pearson. The doctor had diagnosed ruptured tubal pregnancy and general peritonitis. The hemorrhage had been very great and the anæmia most marked. Abdominal section, general peritonitis and adhesions with degeneration of all tissues. Adhesions friable and cheesy. Abdominal cavity full of clotted blood—in collapse at time of operation. Incision and drainage, no attempt made at removal of sac; died the following day. This was the most unsatisfactory operation I ever attempted. Small room with one window, done late in the evening with patient in bed. As Mr. Tait, says "every thing must be perfection itself to do good surgery." Notwithstanding this woman was far gone and seemed hopeless, I still reproach myself for not removing the sac.

DOUBLE HYDRO-SALPINX.

Mrs. B., colored, æt. 32 years, married, one child nine years ago. Patient of Dr. R. B. Ewing. The doctor had diagnosed a large uterus and tubal disease. He had treated the husband for stricture. Double hydro-salpinx. General healthy adhesions, no irrigation, no drainage, perfect recovery.

CYST OF BROAD LIGAMENT.

Mrs. W., married 28 years, no children. Two years ago I found a small tumor on left side in this patient and urged its removal. Left side—large broad lig. cyst lying on and adherent to anterior surface of bladder and adjacent parts, also upon and adjacent to large multilocular cyst of ovary. Ovarian cyst in post. cul-de-sac generally adherent to adjacent parts and intimately adherent to posterior surface of bladder. Right side sub-peritoneal cyst size of egg. Hydro-salpinx. Broad ligament cyst removed first. Hydro-salpinx and sub-peritoneal cyst second. Left ovarian cyst third. Irrigation and drainage. No bad symptoms. Recovery.

UTERINE FIBROID WITH DOUBLE PYO-SAL-
PINX.

Mrs. P., German, æt. 28 years, married 12 years. Five children, youngest three years old. One miscarriage eight years ago. Diagnosis, fibroid uterus, double tubal and ovarian disease. Left side pyo-salpinx. Ovaries and tubes on both sides removed. No drainage. Operator, M. Price.

DERMOID TUMORS.

Miss C., æt. 27 years, complaining three years of pelvic pain and recurrent attacks of peritonitis. Confined to bed seven times and treated for local peritonitis. The patient of Dr. Geo. Yeomans, who had recognized a small pelvic tumor, and urged its removal. Operation December 25. Right dermoid cyst about the size of an orange, adherent to omentum. Bladder and intestines strangulated, turned on pedicle four times completely. Dark in appearance and required a complete enucleation. Left side a dermoid cyst double the size of that on the right side, with co-existing ovarian cyst; strangulated, turned once on pedicle. No adhesions, chronic peritonitis, considerable bloody effusion. Tumors and tubes on both sides completely removed. Irrigation and drainage.

OVARIAN AND DERMOID CYSTS.

Mrs. K., æt. 31 years, married 10 years, never pregnant. Six months ago did a double ovariectomy on a sister of Mrs. K's. Diagnosis: Tubal disease. A long sufferer, she says from childhood. Right side small dermoid lying on a cystic ovary; dermoid ruptured in removing. Left side, small ovarian cyst, adhesions firm on both sides. Irrigation and drainage.

OVARIAN ABSCESS.

December 25. Mrs. F., æt. 32 years, married 9 years, never pregnant. The patient of Dr. Donger, who had diagnosed ovarian disease. In bed for

the last month, high temperature and severe pain, most marked in the right side, diarrhoea. Day of operation temperature was 103½, pulse 146. General condition alarming. Operation: Large abscess of ovary. Right side bowel adhesion necrotic. Abscess ruptured in enucleation, surrounding parts cheesy, marked faecal odor, free irrigation, drainage. Faecal odor from tube; card from Dr. D. second day after operation: "Mrs. F. doing very nicely, temperature normal, pulse 92, no nausea." Fifth day, patient doing remarkably well, no change since last card, but steadily improving. Letter From Dr. D. January 2nd. "Mrs. F. is doing remarkably well." No opium after operation, notwithstanding it had been freely used before. General improvement, eating and sleeping well, convalescing rapidly. Tube out on fifth day, and bowels acting kindly. Now, the eleventh day, is still doing well.

DISCUSSION.

Dr. J. Price said the drainage tube should be removed as soon as the blood ceased to appear in the fluid which became scant and serous. He used a cotton rope in the tube, its withdrawal empties the tube and cleans out the perforations, which otherwise become clogged with lymph coagulations. He now never washes the tube out but keeps it perfectly dry and clean by frequent swabbings with cotton and reintroduction of the cotton rope, which acts as a capillary drain. After removing the glass tube he always puts in a small rubber one, which is gradually withdrawn and cut off inch by inch, especially in the treatment of pus cases. The drainage tube has an assured position in pelvic surgery.

Dr. Kelly said: I always deliver my tube by steps where the tract has suppurated, but in the several recent cases just mentioned by Dr. Price I deliver at once and close without fear as soon as secretion has ceased. The rubber tube is not necessary. Dr. Price has not in his history presented sufficient evidence to warrant the inference that the

shriveled up specimen passed around i^s an extra-uterine pregnancy.

Dr. Price remarked that if the incision was long the toilet of the peritoneum could be carried out with a care that rendered the use of a drainage tube unnecessary in some few cases, but the long incision involved increased danger of hernia. The "three stitch incision" requires the tube perhaps for a day only in cases which require enucleation, with tissues healthy. *Dr. Homans*, who made a long incision, had nearly 8 per cent. of hernias; he had used drainage tube in fifteen cases only out of nearly four hundred operations. You can single out the operators that use the drainage tube freely, by studying the mortality. *Martin* does not use the tube and lost twelve cases out of seventy-two in operations for tubal diseases. When he ceased to save ninety per cent. of his cases he will give away his instruments. The use of the tube reduces the mortality wonderfully.

Dr. B. F. Baer said that he had never seen an ovarian abscess which had a pyogenic membrane. He does not think a drainage tube should be used in every case. It sometimes causes long continued trouble from exudation of lymph around the tube. The tube is an irritant and should be removed early. The management of the tube should never be entrusted to a nurse.

Dr. Hirst exhibited

A HEART FROM A NEW-BORN INFANT,
SHOWING A VERY LARGE AND PATU-
LOUS FORAMEN OVALE.

He thinks cyanosis rarely produces this condition; the usual cause of cyanosis being pneumonia or atactictasis. The specimen was taken from an infant that lived 48 hours, the whole time deeply cyanosis. In this case the foramen occupies nearly the entire interauricular septum, and there was no disposition to close it

Dr. M. Price exhibited a kidney which he had removed in consequence of a perforating bullet wound. The patient, a young girl, was handling the weapon when it exploded, the ball en-

tering in front on the right side and through the liver and kidney and burying itself in the spinal muscles. At the time of the operation, twenty-four hours later, the pulse was 150, the temperature 103°, peritonitis had set in and the patient was in a collapse. An incision six inches long was made and arterial blood was seen escaping from the kidney, which it was thought best to remove. The liver wounds were dry and not oozing. Rapid improvement continued for nine days, but there has since been a rise of temperature and now the nineteenth day temperature is 100, pulse 108 and all doing well.

Dr. Wilson spoke about the question of the compensatory action of the other kidney. Although this is sometimes quite sufficient it is not always so and the loss of one kidney is oftentimes a cause of death, the remaining kidney being unable to assume the function of the one removed.

Dr. Kelly said that *Dr. Price* would have to defend himself better for removing that kidney. The indication was almost as great for removing the liver which the ball had also traversed. The hilum was a half inch distant and a suture would have been safe and checked hemorrhage. I thus stopped the flow following puncture of a trocar in a case of hepato-phlebotomy which I performed a few weeks ago. I think *Dr. Price* will find sufficient evidence for this late rise of temperature in a focus of suppuration around the ball in the lumbar muscles.

Dr. J. Price remarked that a large quantity of arterial blood had been voided from the bladder a few hours after the injury; this hemorrhage was irregularly recurrent showing its kidney origin, and that large vessels about the hilum of the kidney had been wounded. Stitching of the kidney would not have been sufficient—incision and ligation was out of the question. All the indications were for the removal. The diagnosis had been clearly made of renal injury.

Dr. M. Price said that the kidney lay up under the liver and was hard to get at—that even if a suture could have

been put in the anterior wound it would have been utterly impossible to have reached the posterior one excepting by another incision through the back—besides this the blood welled up so freely that it was not possible to see exactly what he was doing and he had to trust to his sense of touch. He could not account for the high temperature at this late date excepting it to be from the collection of pus at the end of the tube which was not removed as it should have been.

Dr. B. F. Bear presented the specimen and read the following report of a case of

TRAUMATIC HEMORRHAGE INTO AN OVARIAN
CYST FOLLOWED BY PERITONITIS.
OPERATION. RECOVERY.

I feel warranted in presenting the specimen and relating the history of this case because of its unusual character.

E. D., æt. 45, married, seven children, youngest 7 years; miscarriage two years ago; had always until the present trouble enjoyed good health. In December, 1886, while engaged in rearranging her furniture she lifted one end of a heavy chest. She soon after became conscious of a slight pain in the left ovarian region, but she continued with her usual work. That night, however, she was awakened by a sharp pain in this region, so severe as to cause her to "bend and writhe in agony." The pain extended down the left thigh and to the back, was accompanied with nausea and vomiting and continued with great severity during the entire night before she obtained any relief whatever. On the next day her entire abdomen had become very tender and swollen (tympanic), but the severe pain of the night before had subsided. She gradually recovered from this attack and was about again within two weeks, but she still had occasional attacks of sharp pain and was treated for neuralgia. Soon after this she noticed that her abdomen was larger than usual. She had changed physicians and was treated for "dropsy and worms" by free purgation. This greatly prostrated her and caused a re-

turn of the pain and other symptoms of the first attack.

My friend, Dr. O. K. Adams, was now called and found the patient in great agony, the pain being most severe in the left ovarian region, but extending over the entire abdomen which was tympanic. The thighs were flexed and her expression anxious; temperature 103°; on the next day it had risen to 104°. She remained very ill through the next few weeks, after which she gradually improved; when the tympanitis and tenderness had subsided enough to permit of an examination, Dr. Adams discovered a cystic tumor in the lower abdomen which he correctly pronounced ovarian. As soon as she was able to be moved the patient was sent to me.

On examination with the patient in the dorsal position, I found the abdomen distended by a circumscribed mass which occupied a position between the umbilicus and the pubis, projecting and about the size of the pregnant uterus about the sixth month, though not symmetrical being to the left of the median line more than to the right. There was resonance over the entire surface of the abdomen, even over the tumor on light percussion; deep percussion, however, gave a dull note. By palpation the tumor was found to be fixed to the abdominal walls and deeply in the left pelvic region. Vaginal examination showed the uterus to be retroverted and upon it the lower surface of the abdominal tumor.

To the left of the uterus a nodular mass was felt apparently connected with the lower surface of the tumor; movement of the tumor caused the uterus to move with it. Fluctuation was elicited by bimanual palpation.

I advised immediate removal of the tumor, although the patient had not yet fully recovered from the last attack of peritonitis, temperature still above 100°; sometimes 101° in the afternoon. This advice was based upon the recurrent character of the inflammation and its probable traumatic origin, twisting of a pedicle or rupture of a blood vessel. Rupture of an extra-uterine gestation sac had been suspected, although signs

of pregnancy had been absent. There had not been suppression of menstruation, but since her first attack of pain her catamenia had been very profuse, lasting from ten days to two weeks.

Operation March, 15th, 1887, incision three inches in length in the usual position and the tumor exposed. It was now found that adhesions between the cyst wall and that of the abdomen was so intimate that it was difficult to distinguish which was the cyst and which the peritoneum. I began by separating the tumor from the peritoneal surface hoping to find a place where adhesions did not exist, but in this I was disappointed for the peritoneum was firmly glued to the anterior and lateral surfaces of the cyst wall, while above the intestines and omentum were closely adherent to it. The tumor was now tapped and a thin serous looking fluid tinged with blood was drained away. The cyst was only partly emptied as it contained a semi-solid material which could not flow through the canula. Room had, however, been gained so that the dissection could be continued. By a careful manipulation the upper part was separated from the intestine and omentum by amputating the latter, when it was found that the over lateral surface was adherent to the sigmoid flexure, while the base of the tumor, broad-ligament and uterus were so united as to form one mass.

After further dissection the cyst was drawn out and the short thick pedicle examined. This was found to contain masses of thick clotted blood both within and around it.

After further cleansing and examining this nodular mass was found to be the Fallopian tube distended at several points with clotted blood. A temporary ligature was now thrown around the base of the cyst which was then removed. This facilitated the further dissection which was necessary to form a proper pedicle, which was now transfixed and tied and the smaller mass cut away. The right ovary was healthy and was not removed. The abdominal cavity was next thoroughly cleansed, a drainage tube inserted and the incision

closed. The patient recovered and went home on the twenty-eighth day after the operation, but it cannot be said of her that she recovered "without a bad symptom." She did comparatively well during the first four days, but on the fifth day her temperature increased to 103°, although there was no pain or other symptoms of active inflammation, On the next day it was 104°. The patient now complained of pain at seat of pedicle, and the leg was found to be slightly swollen. The drainage tube was now removed although there was still some discharge through it. The bowels were also moved by a turpentine enema. Her improvement after this was slow but sure and she set up on the eighteenth day.

Examination of the specimen after its removal showed it to be a thin walled monocyst. It was quite half filled with a fibrinous material a portion of which he presented with the cyst. This was not attached to the cyst wall and resembled coagulated blood in process of organization. The lining membrane of the cyst was smooth, except at several places where a dilated vein as large as a quill was apparent. The knotted irregular mass which formed the pedicle was the Fallopian tube and broad ligament. Why it was in this condition is difficult to determine, unless it was from twisting of the pedicle; but this could not be fully made out at the operation. The dilated condition of the veins in the cyst and in the pedicle and the evidence of hemorrhage within the cyst cavity as well as around the pedicle, render it probable that rupture of blood vessels from stasis had taken place.

JABORANDI FOR ERYSIPELAS.—Prof. Waugh says that since he has used jaborandi in erysipelas, he considers it an insignificant disease. He gives twenty drops of the fluid extract every two hours, until it produces perspiration. Then he remits the treatment until the erysipelas shows signs of returning, when the jaborandi is resumed. For two years he has had not the slightest difficulty with any case.—*Med. Times.*

BALTIMORE ACADEMY OF
MEDICINE.

REGULAR MEETING, HELD JAN. 3, 1888.

The President, W. C. VAN BIBBER,
M.D., in the chair.

LOCOMOTOR ATAXIA OR NEURITIS?

Dr. F. T. Miles related the case of a man who had intense pain, and when he came into the hospital could only be kept quiet by hypodermic injections. The pain was in the legs, arms and chest and was so severe that he could scarcely articulate. He could not stand upright, not from any weakness but from want of co-ordination. The knee-jerk was also wanting. The account he gave was that he had been walking along the street peddling brooms when, suddenly, he felt a violent pain and fell down. His friends picked him up, and he walked to the hospital. The next day he said he had always been robust, healthy and strong, up to the day before. He could not stand up nor walk, and showed exaggerated inco-ordination. Other tests showed anæsthesia about his feet and limbs. He was a man of bad character and lied. He had been blind from early youth. Close examination showed that a year before he had had numbness about the feet, and a curious drawing but no pain. An unprecedented thing was the sudden approach of the ataxia. It generally develops in 24 to 36 hours, but here it had appeared at once. The question was, might it not have been neuritis. He thought not. There was no degenerative reaction. There was pain on pressure, but no atrophy. He recovered to a considerable extent, and later could walk about the wards. If it were locomotor ataxia he ought not to have recovered. If it were neuritis how did he escape the symptoms? The case is remarkable. There were no symptoms of cord trouble; no affection of the bladder.

CONGENITAL SPASM OF THE GLOTTIS.

Dr. H. M. Wilson then related a case of congenital spasm of the glottis. When the child was born it could not cry. He

dashed water in its face, and he thought it would die. The paroxysms of asphyxia with spasm of the glottis lessened after five weeks, and the child has improved.

Dr. J. J. Chisholm then mentioned a case of

DOWNWARD SQUINT

of one month's duration in a woman 26 years old. There was double vision, as an evidence of its recent occurrence. The eye was turned down from weakness of the upper muscle. It might be tabes, as this condition occurred as an early symptom of tabes, but she had no other symptom. Tabes was more common in men. There was no specific trouble and no paralysis. He also related a case of

BLEPHARITIS OF THE EYELIDS CAUSED BY
PEDICULI,

and asked if they were the same as the pediculi capitis. They were found at the roots of the eye-lashes on one lid only, and usually in children. He then mentioned a case of

EMBOLISM OF THE RETINAL ARTERY

in which an ophthalmoscopic examination showed the obliterated arteries as white threads, and the thick veins.

Dr. John G. Jay, in referring to the second case of *Dr. Chisolm*, said he thought the pediculi were pediculi pubis and not pediculi capitis, and he mentioned the case of a man who thought he had syphilis, and examination showed that he had pediculi all over the body and eyelids, but none on the head. *Hebra* used to say that the pediculi pubis would go everywhere about the body except in the head.

Dr. J. Edwin Michael said that he had examined the pediculi in one case of pediculi of the eye-lids, but could not say whether they were the same as the pediculi pubis, but thought they were as they resembled each other. They cling very closely to an object. *Dr. Harlan* had a preparation in balsam of a louse holding on to the hair. He then reported a case of

PERINEAL SECTION WITHOUT A GUIDE.

The condition of the patient when first

seen was very grave. He had been obliged to force when passing water, when one day he felt a sudden pain. When seen the scrotum was red, there was high fever, pulse almost imperceptible. An operation was suggested. All the tissues in the region of the urethra were infiltrated with pus, there was cellulitis in the right groin, and a redness which extended up as high as the right nipple. It was difficult to find the urethra. He put one finger in the rectum and searched for one hour and a half. The stricture tissue was incised, and a long incision was made from about opposite the external abdominal ring to the bottom of the scrotum. The urethra seemed to have been pushed over to the left which made the examination very puzzling. The man made a very satisfactory recovery. Dr. Michael had previously reported nine similar cases with no death, and before the operation had feared this would make his first death from the operation.

Dr. J. J. Chisolm said that when he was in general surgery he had invented a conical catheter with a solid point to force a passage through the urethra, using a finger in the rectum as a guide. He thought the result would probably be better than from perineal section.

Dr. J. E. Michael thought it would be an exceedingly dangerous operation. It was essential to cut as little of the natural urethra as possible, and in this way the healthy tissue would be injured; also by cutting an opportunity for drainage is afforded.

Dr. F. T. Miles asked if the infiltration was walled in by lymph, and also if Dr. Michael had ever seen general infiltration and pyæmia.

Dr. J. E. Michael replied that in one or two cases he had. He remembered one case in which it became necessary to make a large incision over the belly, and the case died, and the urine was not found separated. In regard to recovery he would say that in one of the nine cases previously reported, he operated 24 hours after the injury. The man was caught under a bank with five men on it. He sustained a fracture of the ramus of the pubes and ischium on the left side, and with the exception of one small shred all

the lower connections of the bladder were entirely cut away, so that the finger could be completely swept around the base of that organ. The bone united, and the case recovered with loss of sexual capacity.

Dr. J. J. Chisolm mentioned a case of his in which the skin of the scrotum sloughed off and the testicles showed, and yet the patient got well. He also mentioned a curious gunshot case of a cavalry officer who was shot on the coccyx and the ball passing upward between the sacrum and rectum against the spinal column and came out at the clavicle.

Dr. J. E. Michael recited a case which occurred during the siege of Vienna and which was mentioned by Hyrtl. A large ball was found under the shoulder-blades and yet no wound could be found for its entrance until it was noticed that the mouth was injured and the ball had thus entered.

Dr. S. T. Earle quoted a case from the surgical history of the war in which a man was found dead with no evidence of a wound. Examination showed that the ball had entered by the anus.

The President, Dr. W. C. Van Bibber, said Stanton came to him once complaining of dysentery. He found the cause was a spine of a sheep's head fish. He had run up stairs while eating the fish and a piece of bone had been swallowed. A curious thing was that Stanton's secretary, Mr. Watson, complained at the same time of the same trouble, and an examination revealed the presence of a piece of brass in the anus. It came out that while surveying one day a shot had struck the level, knocking it to pieces and a piece had evidently entered the anus.

Dr. J. E. Michael related the case of a medical friend who called on him one day socially and remarked that he had been much troubled with piles. He was put in the customary position over the back of a chair and after some manoeuvring a piece of crab shell was extracted from the anus. He remembered having eaten a crab some time previous.

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BALTIMORE, JANUARY 21st, 1888.

Editorial.

HEART MURMURS.—When auscultation and percussion were first practised much uncertainty in regard to the diseases of the heart was cleared up. The heart sounds were studied, the areas of the cardiac orifices were marked out and the points where these sounds were heard with greatest intensity were defined. Thus it was thought that murmurs occurring before, instead of, or after one of the normal sounds could be detected at once and the diagnosis would follow.

Unfortunately so many exceptions to this scheme have followed that diagnosticians seem to lay less stress on these murmurs and more stress on other symptoms of cardiac derangement.

Dr. Berthold Stiller in the *Wiener Klinik*, is of the opinion that percussion of the heart, congestion of the liver, lungs, etc., are far more important in diagnosing a heart trouble than murmurs which may be found. Dr. A. L. Loomis, also at a recent meeting of the New York Academy of Medicine expressed the opinion that the more one studied cardiac murmurs, the less reliance would be placed on them as positive indications of any cardiac disease which prejudiced life seriously. He thought that the presence of a cardiac murmur, in itself, could never be accepted as a positive sign of cardiac dis-

ease. The general opinion that the anæmic murmur was produced only at the aortic orifice, he regarded as faulty.

The mechanism of the anæmic murmur, however, has received so many different explanations, that its etiology is all the more obscure. Every one knows that a loud, marked murmur often has little significance, while a soft short murmur may be indicative of grave pathological changes. Indeed, as Sir Andrew Clark pointed out last year, many patients go about entirely unsuspecting a decidedly serious cardiac disease which had caused them no inconvenience. Also how often do autopsies show extensive changes in the heart when no suspicion or discomfort had been experienced during life. The presystolic murmur has caused much discussion of late and particularly at the Medical Society of London in November, 1887, when Dr. J. S. Bristowe read his important paper.

The conclusion of the whole matter is that while careful auscultation and percussion are undoubtedly of valuable assistance, still other organs must also be considered. It is astonishing how often a systolic murmur heard at the apex is interpreted to mean a mitral regurgitation without further examination. Fortunately for all these conditions treatment varies little, so that a mistaken diagnosis is not necessarily fatal.

GRIEVANCES.—In the Governor's message, under the head of "Public Health," attention is called to the necessity of a law to regulate the practice of medicine in this State. The day after the message a card appears in the daily papers saying that Dr. — will soon arrive in this city, and may be consulted at such-and-such a hotel. It then goes on to praise the doctor's skill in being able to diagnose all diseases without asking a question, referring to his large practice, and the number of physicians who consult him. This subject, although so recently noticed in these columns, cannot too often be brought to the attention of physicians. It is just such men who take large amounts of money from those who can least afford to pay it and impose

upon rich and poor alike. Naturally an incurable will grasp at any hope and willingly pay a large sum, if possible, to get the promised cure.

Another grievance is the defective quarantine service. The recent investigation on the part of the Philadelphia College of Physicians has done much toward stirring up the proper authorities in New York, but whether the much-needed changes will be made is doubtful. The quarantine of this city is not properly managed, whether through want of funds or carelessness. A physician of this city recollects arriving on a German steamer at this port in a warm season when about 1200 emigrants were on board. About a week before landing it was rumored that some serious illness prevailed, and afterward it was not denied by all on board that one small-pox case had been discovered. To confirm this rumor every passenger was quickly vaccinated. The ship-surgeon neither denied nor admitted the presence of small-pox among the steerage. On arriving at quarantine the steamer was delayed about one-half to three-quarters of an hour, and then steamed up to the wharf landing all its passengers. Two weeks later a telegram from a Western town announced an outbreak of small-pox, and it was traced to a foreigner who had arrived in this very steamer at Baltimore. Of course no official notice was taken of this, and the whole thing was forgotten. At another time the same physician arrived in an English steamer which came from Liverpool. Being well acquainted with the ship-surgeon, he asked, what were the formalities, when the quarantine officer arrived, and the reply was, "O we drink a glass of wine together, and then the papers are signed."

Miscellany.

SODIUM SULPHITE IN ASTHMA.—As a modification of Bergeon's proposal to treat asthma by injections of sulphurous acid gas, Battesti has employed

Sodii sulphit.	. . .	1 part.
Aquæ	. . .	500 parts.

of which a teaspoonful contains about

one-sixth of a grain of the salt; this may be given several times daily, in proportion to the tolerance of the patient and and severity of the symptoms—*Revue de Thérapeutique*, November 15, 1887.—*Med. News*.

TREATMENT OF TYPHOID FEVER IN THE PHILADELPHIA HOSPITAL. — Dr. Tyson's treatment of typhoid fever is mainly a symptomatic one. Placing the patient upon a milk diet from the outset, and continuing it until convalescence is established symptoms are treated as they arise. Diarrhœa is preferably controlled by nitrate of silver and the extract of opium, one-quarter grain of each three or four times a day. In more obstinate cases of diarrhœa where this treatment fails, although seldom necessary, the more powerful astringent acetate of lead, and more rarely tannin, is substituted for the nitrate of silver. Abdominal pain and tenderness are treated with poultices in addition to opium.

High temperature (104° to 105°) is combated by sponging the body. Persistent temperature above 105° is treated by wrapping the trunk with cloths wrung out in iced water, which are renewed every hour or half hour, and even oftener if necessary, the temperature under these circumstances being taken hourly. Quinine is given in almost every case, not as an antipyretic, but as a tonic and stimulant in doses of from six to sixteen grains daily. The stage of dry tongue is treated with turpentine in doses of ten drops every three hours.

Alcoholic stimulants are used in almost every case as required: moderately in mild cases, and in full doses in severe cases, frequently half an ounce every two hours. Sometimes larger doses are given. *Very high temperatures are regarded as demanding the fullest stimulation.* Dr. Tyson has used largely the modern antipyretics, thallin, antipyrin, and antifebrin, but considers them inferior to the iced cloths. Of these antipyretics, however, he prefers antifebrin as less alarming in its effects, and equally efficient with the others in reducing temperature.—*Med. News*.

Medical Items.

The Michigan State Board of Health held a Sanitary Convention at Albion, Mich., on December 6th and 7th.

Prof. C. T. Parkes has succeeded the late Prof. Moses Gunn in the Chair of Surgery in Rush Medical College, Chicago.

Professor Balfour Stewart, a distinguished English physicist, died recently at the age of 59 years.

A movement has been inaugurated in Berlin, looking to the erection of a statue to Van Langenbeck.

Dr. Flodoardo Howard, a well-known physician of this State, died at his residence in Rockville, Md., on January 17, at the age of 78 years.

The Seney Hospital in Brooklyn, N. Y., is soon to be opened. This institution has cost about one-half million dollars. When completed the entire capacity will be 400 beds.

It is announced that Prof. J. M. DaCosta, of Philadelphia, will deliver the next Middleton Goldsmith lecture under the direction of the New York Pathological Society.

Dr. Middleton Goldsmith, of Rutland, Vt., bequeathed his library of five thousand volumes to the New York Academy of Medicine.

The South Carolina Medical Society recently celebrated its ninety-eighth anniversary. Dr. Manning Simons was elected President, for the ensuing year.

Dr. Arthur Farre, F.R.S., the well-known Professor in King's College and Physician-Extraordinary to the Queen, died recently at the age of 76 years.

Dr. A. F. Dulin, a well-known young physician of this city, is dangerously ill at his residence on West Monument Street. We wish for the doctor and his friends his speedy recovery.

Dr. John Morris, of this city, was painfully injured by an accident during the present week. We are glad to learn that Dr. Morris is doing well and will soon be able to resume his professional duties. Dr. Morris is one of our best known and busiest practitioners.

The Alumni Association of the Woman's Hospital in the State of New York held its third annual meeting on January 18th. Drs. W. E. Mosely and C. H. Riley, of this city, were in attendance, both of these gentlemen being alumni of this Institution.

The Medical Record requests its contributors to send in their manuscript folded and not rolled. This is an excellent suggestion for as

the *Record* observes, "a voluminous manuscript which has been rolled up for a long time is a most unmanageable thing."

A bill has been introduced into the New York State Legislature which fixes the salary of the health-officer of that port at \$10,000. Under the present law the health-officer is allowed fees and his income has been estimated as high as \$30,000 per annum. The office has been one of the most important in the State. We presume there will be no lack of applicants even at the present modest sum.

Sir Morell Mackenzie has furnished for publication a lengthy report of the case of the Crown Prince. His conclusions are as follows: "In my opinion, the œdema is due to limited perichondritis, which in its turn has probably been set up by the growths which have been formed from time to time in the larynx. Although the nature of the growth which has lately appeared has not been determined by microscopic examination, it presents every appearance of cancer."

The regular monthly meeting of the Gynecological and Obstetrical Society of Baltimore, was held at the residence of the President, Dr. H. P. C. Wilson, on January 10th, at 8 P. M. By special request Dr. W. M. Polk, of New York City, read a paper on the "Alexander Operation—Shortening the Round Ligaments," an abstract of which will appear in a subsequent issue of the *JOURNAL*. Dr. Wilson gave a reception to Dr. Polk, at the close of the meeting, to which a large number of physicians in the city were invited.

The twenty-second anniversary meeting and banquet of the Baltimore Medical Association will be held at Tierney's on January 23rd, 1888 at 9 P. M. The following officers have been elected for the ensuing year: President, J. L. Ingle; Vice-Presidents, Drs. J. T. King and J. W. C. Cuddy; Treasurer, Dr. J. T. Spicknall; Recording and Reporting Secretary, Dr. H. B. Gwynn; Corresponding Secretary, Dr. A. M. Belt; Executive Committee, Drs. J. I. Pennington, J. M. Hundley, and A. G. Watts; Committee of Honor, Drs. J. H. Scarff, J. D. Blake and G. L. Preston.

The Medical Register states that there are now at the Woman's Medical College of Pennsylvania one hundred and fifty-five medical students, embracing several nationalities amongst whom are two colored women. *The Register* further says: "It was with genuine surprise and pleasure, therefore, that we found among the one hundred and fifty-five medical students at the Woman's College as many fresh, pretty faces and attractive personalities as you could find among that number of women grouped anywhere. Indeed, we must confess that the body of students were especially interesting and pleasant to look at, for the pretty young faces were by no means marred by the added grace of an earnest purpose and the 'fellow-feeling which makes us wond'rous kind.'" "

Original Articles.

THREE CASES OF RETINAL DETACHMENT OCCURRING IN MYOPIIC EYES WITH NOTES ON THE SIGNIFICANCE TO BE ATTACHED TO DIMINUTION IN ACUTENESS OF VISION WHEN ORDERING CONCAVE GLASSES.*

BY HIRAM WOODS, M.D.,

Assistant Surgeon in Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore.

The following three cases of retinal detachment present several points worthy of attention.

CASE I.—Catherine L., age 53, an Irish woman, in good health, applied for treatment at the Presbyterian Eye and Ear Hospital on December 15th, 1887, on account of sudden loss of vision in the left eye. She stated that from her earliest recollection she had been nearsighted, but she had never worn glasses for either near or distant vision. Her occupation had been that of a wash-woman, and all the fine work for which she had ever used her eyes had been reading the newspaper and doing the family sewing for her husband and three children. The early part of December she had been engaged in hard manual labor in the country, and had taken cold. This cold caused her to have several fits of violent coughing. She had some sewing on hand at this time, and, for several nights, sewed for three or four hours after her day's work. On the morning of December 12th, on awaking, she discovered that she could not see with the left eye. Examination of her visual acuteness revealed $\frac{2}{100}$ in the R. E. With—6 D. S. (concave \cup) vision in this eye was raised to $\frac{2}{100}$. No stronger or weaker glass, nor the addition of any cylinder helped her more than this. She was able to see Sn, at 1 at 6 inches with no glass at-all. Vision in the left eye was reduced to faint percep-

tion of objects. With central fixation she saw little or nothing, and the field of vision was contracted upwards, showing that the lesion involved the lower half of the fundus. Ophthalmoscopically, the right eye was seen to have a marked myopic reflex. Thinning of the choroid was shown by the clearness with which the choroidal vessels could be made out in all parts of the fundus. At the optic nerve entrance, a large white, irregularly shaped crescent along the outer border of the papilla indicated the presence of a posterior staphyloma due to a posterior sclero-choroiditis. The left papilla and the upper half of the left fundus presented about the same appearance as the fundus of the right eye. From the central spot downward, about as far as could be seen, the retina was detached from the subjacent choroid, and moved about in the vitreous with each movement of the eye. Floating opacities were seen in each vitreous chamber, while the left was decidedly hazy.

CASE II.—Joseph G., 23 years of age, consulted me in April, 1887, for sudden failure of his already weak vision. He gave the following history: He had always been nearsighted, but was the only one of a family of ten children who had any eye trouble. He was sent to school at 7 years of age. Being deprived of many of the sports of boyhood on account of his nearsightedness, he soon became interested in books, and spent most of the time, not consumed by his school duties, in reading. At 12, he was taken from school because his vision was so poor that he could not study. After a year's rest he saw better. He then obtained the position of wagon driver, and kept it for five years. During this period he got along well and his eyes gave him no trouble. At 18, he decided to go into business, and first consulted Dr. Frank about his eyes. The doctor ordered him glasses for *distant* vision. Mr. G. thought they were concave $\frac{1}{2}$. Finding that the glasses not only improved his *distant* vision, but also made clearer the contour of *near* objects, he

*Read before Baltimore Academy of Medicine, January 17, 1888.

wore them all the time. He obtained a position as salesman in a grocery store which he kept until the spring of 1886. During these four years he was constantly using his eyes for near work. He always wore his glasses. He used to hold the book about four inches from his eyes in reading, and bent his head over the counter when making entries in his salesbook. His sight again failing him, he gave up his position in the spring of 1886. In August, 1886, he consulted Dr. Russell Murdoch, of this city. Dr. Murdoch tells me that his case-book states that the left eye was amblyopic, and the right very nearsighted. There is no entry of his ordering any glasses. However, soon after his visit to Dr. Murdoch, Mr. G. again put on the concave glasses—8 D. (concave $4\frac{1}{2}$). These he wore all the time. He had no regular work from August, 1886, until I saw him in April, 1887, but had done a good-deal of reading. He was wearing—8. D. S., when I first saw him. Examining his eyes, I found both pupils moderately dilated. The visual acuteness in his right eye without glasses was $\frac{6}{20}$. With—9 D. S. ($\frac{1}{4}$ concave) he obtained $\frac{15}{20}$. The visual acuteness of his left eye was not determinable. He saw faintly objects held a foot or so in front of this eye. No glass gave any help at all. The ophthalmoscope revealed in both eyes a high degree of myopia, large irregular white crescents along outer border of papilla with floating opacities in the vitreous. There was a small retinal detachment in the lower half of the fundus of the right eye. The entire outer and lower quadrant of the left retina was detached. I advised him to throw aside his glasses, and not to make any attempt to do near work. I saw the patient from time to time until August, 1886. During this time his vision certainly became no worse. He thought it was somewhat better in the right eye. I met him on the street during November, when he told me he had not worn glasses since I saw him, had refrained absolutely from any attempt to use his eyes for near work, and

knew he could get around better and see more clearly than last summer. I have made no ophthalmoscopic examination since August.

CASE III.—Clara N., 16 years old, applied for treatment at the Eye Hospital in August, 1886. She came under my care as a refraction case. I obtained from her the following history. She had been nearsighted as long as she could remember. She went to school when 7 years old, and at that time was able to read, so her mother told me. She studied a great deal, and learning to crochet, spent her spare time doing this work. Her book and her work were always held about four inches from the eyes. She left school at 13, and lived out as house-girl for a year. She continued her crocheting at night during this time. Thinking she could make more money by sewing, she gave up her situation in August, 1886, and obtained employment in a coat house. She worked here ten hour daily for three months, and often spent her evenings in reading or crocheting. While at work, the goods were so heavy that she held them in her lap, and leaned over to get near enough to see. In November, 1886, she again obtained a position as servant, and kept it until May, 1887, when she went to sewing again. This latter work she continued, against advice, till compelled to give it up in December, 1887. When I examined her eyes last August, I found her visual acuteness about $\frac{20}{20}$ to $\frac{20}{20}$ in both eyes, the right being, possibly, a little weaker than the left. I was unable to improve this distant vision. With—12 to 14 Diop. (concave 3 to $2\frac{1}{2}$) she thought the large "A" (to be read at 200 feet) was "clearer" at a distance of ten feet, than it was without any glass. She could read Sn. No. 1 at $3\frac{1}{2}$ inches. No weak or medium concave lens enabled her to read the type at a greater distance. With strong concaves, she thought it looked clearer, but there was no improvement as to distance. The ophthalmoscope revealed high myopia,

with thin choroids, large crescentic atrophies near each papilla, and floating opacities in the vitreous. I refused to give her any glass, told her mother of the danger in which I considered her child's eyes to be, and urged the girl to give up sewing and do domestic work again. I also examined the eyes of the mother and a sister who accompanied the patient. Both were myopic, with visual acuteness reduced. The mother's eyes showed crescentic atrophies of choroid, while congenital myopia was the main trouble with the daughter. The girl and her mother, disregarding my advice, and the former continued to work ten hours daily at sewing. I next saw her on December 28, 1887. She said that the morning before she had noticed that the right eye seemed "weaker than ever." Still, she went to work, and sewed her ten hours, although it caused considerable pain. The morning of the day of her visit, her left eye also because "weaker," and this brought her to the hospital. The ophthalmoscope revealed a small retinal detachment in the lower half of left fundus, and a very large one in the same position in the right eye.

These three cases present in common one very important feature: A high degree of myopia dependent upon a posterior sclero-choroiditis. The *nearsightedness* in this disease is the symptom which usually prompts the patient to seek relief; for in most cases myopia is only a symptom of serious changes going on within the eye. In our standard text-books we find progressive myopia (a term synonymous with posterior sclero-choroiditis) set down as one of the most frequent causes of retinal detachment. Other causes are injuries, results of inflammatory process in the retina or choroid (the latter not being necessarily staphylomatous), and the pulling of the retina away from the choroid by the shrinking of the diseased vitreous; the latter eventually finding its way between the choroid and the retina through a small perforation in the latter membrane, and causing the detachment. ("Leber, quoted by Meyer.")

Webster, of New York, has published a case occurring in a highly myopic individual after a violent fit of coughing. (*N. Y. Medical Journal*, May 14, 1887.) The trouble is usually met with in persons beyond middle life, and atheromatous degeneration of the choroidal vessels, is supposed to be a frequent cause. Meyer says the detachment is produced by "a serous effusion from the anterior surface of the choroid," that in sclero-choroiditis "there may be a tendency to effusion from the choroidal vessels, or that it may simply be the result of elongation of the eye-ball."

As regards treatment of retinal detachment, it must be admitted that none of the means usually employed give any result of practical value. Diaphoresis, tapping of the retinal sac through the sclerotic, prolonged confinement to bed in the dorsal decubitus, with total exclusion of light, these and other means have their advocates, but none of them produce, apparently, much improvement. Against this and other serious complications of posterior sclero-choroiditis, the eye surgeon can often secure prophylaxis by his management of high degrees of myopia, and in the apparently easy task of fitting concave glasses, he must bear in mind that a mistake in the selection may involve most direful consequences to his patient.

The two most potent factors in the production or advance of posterior staphyloma are increase in the *intra-ocular* tension, and pressure from the *outside*. These two conditions always accompany work on near objects. The former is brought about by the choroidal and ciliary hyperæmia which always accompanies the effort at "accommodation," and the latter by the action of the internal recti muscles in securing the necessary conveyence. The nearer the object to the eye the greater the accommodation, and the more intense the hyperæmia. The same nearness increases the amount of conveyence necessary, and hence increases the pressure from the extrinsic eye-muscles. It is only to enable our patient

to hold their reading matter or other fine work at a greater distance from the eyes than we even order concave glasses for near work. When they do this, they accomplish good; when they do not, they become a source of incalculable mischief.

As a result of nearsightedness, the myope is apt to have a spasmodic contraction of his ciliary-muscle, added to his other difficulties, and, as the organic changes progress in the fundus of the eye his visual acuteness becomes diminished. Clinically the former of these symptoms is indicated by an increase in the nearsightedness; the latter by our inability to secure for the patient normal distant vision with *any* concave lens.

When the visual acuteness is thus impaired, it is often dangerous to give the patient any glass for near work. Von Graefe lays it down as a principle "never to give concave glasses for reading and writing, *or only very weak ones*, to persons, affected with myopia, and who no longer possess *normal acuteness of vision*." (Text-books of Donders and Meyer.) Meyer, of Paris, and other Continental authorities give their assent to this rule. It is easy to see why concave glasses for near-work increase the danger to a myopic eye with impaired visual acuteness. Nature has provided that the myope shall have a large retinal image of what he *does* see, as, possibly, a compensation for the *shortness* of his vision. When it is remembered that concave lenses *minify* the retinal image, at the same time that they enable the myope to hold his work at a greater distance (on account of their *dispersive* power), the source of danger is at once apparent. On account of diminished visual acuteness, the patient cannot put up with the minification of the retinal image. Consequently he will continue to hold his work at the usual distance, and call on his accommodation to overcome the divergence of the concave lens. Uveal hyperæmia results, and, if allowed to continue, increases the staphyloma. The same authorities allow these patients the occasional and interrupted use of strong concave glasses for distant vision.

Even these, however become a source of danger when the accommodation is weak, or when we cannot be sure that the patient will only use them legitimately. Any eye surgeon of experience knows that it is often difficult to keep myopes from wearing their distance-glasses all the time. This keeps the accommodation constantly acting, and thus adds to the danger.

This rule of Von Graefe's is certainly not uniformly practised by American surgeons so far as I have had an opportunity of observing. One of the highest of English authorities of the present day, Morton of Moorefield's Hospital, says: "The weakest glass that neutralizes the myopia, and gives the *best* vision, *whether this be $\frac{2}{3}$ or less*, * * * * may in all cases be ordered for distant vision. Such glasses may also be given for *close work*, when with *good accommodation*, the myopia does not exceed about 6 D, or 8 D. ($\frac{1}{2}$)." (Morton, Refraction of the Eye). Donders (quoted and approved in Meyer's text-book) only allowed the same glass for distant and near vision if the myopia did not exceed 2 D. ($-18\frac{1}{2}$); and not then unless the accommodation was strong enough to overcome the divergence of a 8 D. lens ($-4\frac{1}{2}$), after the myopia had been corrected, and the fundus was healthy. In his own book on the "Accommodation and Refraction of the Eye," Donders, under the heading "when the myopia is slight in reference to the range of accommodation, and the eye is otherwise healthy," advises the constant use of the glass which corrects all the myopia, only when the "myopia amounts to a fourth or third of the accommodation." I believe that strict adherence to Morton's rule would, with high myopes, be attended with great danger to the eyesight, except in the rare cases where a young person has such a high myopia as 8 D. ($4\frac{1}{2}$), and at the same time has normal accommodation, and a healthy fundus.

If we adhere strictly to Von Graefe's rule we will often compel our patients to practically give up near work. This may at times be necessary; but I believe there are many myopes with diminished visual

acuteness who may be safely trusted with glasses for near work, provided that (1.) the vision is still sufficiently acute to enable them to see clearly the *diminished* image produced by the concave lens at a *greater* distance from the eyes than they can see the print *without glasses*; (2) that the improvement in the distance is great enough to bring the print near the normal point for healthy reading, about 12 to 15 inches; (3) that the accommodation is still strong, and finally that the patient is sufficiently intelligent to be trusted. Even then these cases of diminished visual acuteness should be carefully watched, and not allowed to keep a prolonged strain on their accommodation by near work. The following case, taken from my case-book, will illustrate the above: Mr. C, 27 years old, journalist. Visual acuteness without glasses reduced to $\frac{1}{20}$ %. — 7 D. (concave $5\frac{1}{2}$) gives him clearly $\frac{1}{5}$ %, and a few letters on the line to be read at 20 feet. Neither spherical nor cylindrical lense farther impaired his distant vision. He read Sn. No. 1 at $4\frac{1}{2}$ inches. Now, by the rule quoted from Von Graefe, no glass, or a very weak one (0.25, to 1.25D.), should be given this patient for near work. Very weak glasses did not help him at all. With — 2.5D. (concave $\frac{1}{5}$), however, he was enabled to see Sn. No. 1 at 12 inches, and read it comfortably. His eyes both showed posterior staphyloma, strictly limited. I had no hesitation in ordering this glass for near work, and believe there is less danger of his myopia progressing than there would be if he had no glass, and worked at $4\frac{1}{2}$ inches, even if his visual acuteness is normal. And yet I would not be understood as favoring the use of concave lenses for near work in cases of diminished visual acuteness, except under well-defined conditions. To make its use justifiable the glass must enable the patient to do his reading at nearly the healthy distance from the eye, and must not be used at a less distance. The greater the loss in visual acuteness, the less improvement are we to expect in this particular. When we do not get it

the patient injures his eyes more by having than by not having concave glasses for near work.

In hospital practice this latter fact must have an important influence in deciding whether or not we will even give a patient such improvement as we can for *distance*. I saw a few weeks ago at the Eye Hospital a sewing woman of 33 who had not over $\frac{1}{10}$ distant vision. With — $2\frac{1}{2}$ she obtained $\frac{2}{5}$ %. With no glass, she read Sn. No. 1 at $3\frac{1}{2}$ inches. The glass (— $2\frac{1}{2}$) which gave her the best distant vision enabled her to read Sn. No 1 at 5 inches only. The ophthalmoscope showed large myopic, irregular crescents. This woman had, she told me, been given — $2\frac{1}{2}$ by a prominent specialist in Philadelphia to give her some help in her distant vision. Finding that it enabled her to read and sew at a little greater distance from her eyes than she could without glasses, she had been using them constantly for sewing for two years. She had, during this time, become more near-sighted. Retinal detachment or glaucoma is almost certainly in store for this poor creature, if she continues this course. The advice to lay aside her glasses for near work I have no idea will be followed. Hence the necessity of judging of the probability of our being obeyed. It may be well enough to give our myopic patients, with very little visual acuteness, what help we can give them; but if they are apt to do themselves farther injury with the glasses, we had better not help them at all. If they are young, it is our duty to urge them to seek such employment as will entail the least strain upon their accommodation. Myopia usually makes its greatest progress between the ages of 8 and 20. Throughout this period one who has an acquired or hereditary tendency to myopia should be made to avoid severe eye strain as much as possible, should be kept under close observation, and made to stop all near work if the myopia becomes progressive.

A word should be added with reference to the direct action of the ciliary muscle in determining the *degree of my-*

opia. It is well known that when the eye is examined under the influence of a mydriatic, the glass then indicated is not strong enough to give the *acutest vision possible* after the ciliary muscle has regained its power. This "dynamic" myopia (Landolt) usually amounts to from 0.5 D ($\frac{1}{2}$) to 1.5 D ($\frac{3}{4}$) according to Morton, who *adds this* to the strength of the glass indicated at the previous examination. Landolt, on the other hand, advises that the "real" myopia be taken as the basis of calculation. Mydriatics are not, so far as my observation goes, usually considered to be nearly as necessary in testing myopic as in testing hypermetropic eyes; and yet, it is a common experience to find patients in whom the myopia has been corrected one year, returning the following year with an increase in the apparent myopia, and a lessened range of accommodation. The correction of this "dynamic" myopia necessitates an excessive effort on the part of the ciliary muscle, this soon leads to *spasm*, and prolonged ciliary hyperæmia with its attendant evils is apt to result. The *diagnosis* of this spasm becomes, then, a matter of great importance. The ophthalmoscope and the action of atropia—the latter sometimes prolonged—are the means usually recommended for diagnosis and treatment. I believe that this condition is also indicated by inability on the patient's part to read fine print at a distance from his eyes, as much greater than has been his custom, as we have a right to expect from his visual acuteness. When we put on the glass indicated as the correct one for near work on the basis of his apparent myopia, the amount of convergence necessary is greatly lessened, and with it the amount of accommodation should be less. Still he holds the print at practically the same distance. This suggests, it seems to me, that his ciliary muscle is unable to relax. He should be treated not by allowing him to wear the glass which gives him good vision, but by other means adapted to remove the spasm.

In the treatment of myopia there are many other considerations just as important as those I have dwelt upon. The

one to which I have given the greater part of the paper—the use of concave glasses for near work when visual acuteness is diminished—is, a factor in the problem of treatment of vast importance, and one to which not enough attention is paid in practice. This and the power of accommodation are two elements in vision which stand in close relation to the progress of myopia, and they should receive a large share of our attention when we prescribe concave glasses.

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LECTURES ON SKIN DISEASES
DELIVERED AT THE WOMAN'S
MEDICAL COLLEGE OF
BALTIMORE.

BY ROBERT B. MORISON, M.D., OF
BALTIMORE.

It has been said to me by some of our dermatologists and general practitioners that skin diseases in America—meaning North America—were different in their general characteristics from those in Europe. This comparison has been made to me more especially of Vienna. Possessing a more than sufficient amount of credulity, especially when it is backed by a great amount of respect, I entered the dermatological field upon this idea. I must confess that the result has been iconoclastic—my budding idea that there might be special kinds of diseases for the American dermatologist to study has broken into pieces. Dispensary and private practice do not offer a difference excepting that fortunately our country is blessed by the almost entire absence of certain diseases known to accompany extreme poverty with its filth and indifference. But the infrequency of certain diseases such as prurigo and possibly scabies does not change the character of others. An eczema, an acne, a pruritus offers no more signs of diagnosis in one country than the other. So far observation has not taught me to make any difference.

Then too it was told me that even if a diagnosis was made, the disease could not be treated as it was on the other

side. That seemed to imply we must adopt an American plan of treatment suitable to the American disease—a sort of protective tariff which the disease itself forms against intelligent importation. I find myself forced to combat this idea even more than the other.

It has been said our enlightened American patients would not submit to being treated like those abroad, as if part of the treatment consisted of exposing the naked person to a crowded audience in a Vienna hospital. The exposure of a patient and the brutality of a hospital nurse are entirely to be left out of the question. Anyone who suffers long from irritation and disfigurement of the skin will, as far as my experience goes, submit to anything which will relieve him. Necessarily a specialist has to treat the worst cases in his vicinity. In Baltimore where the general practitioner is very tenacious of all cases, it requires a forlorn hope for most of them to give one up. It is with a certain amount of glee that he will turn over a case of eczema of twenty years standing to try your hand upon.

In such a case it is possible to speak wisely of a gouty diathesis—and I find no one in this city willing to deny such an aristocratic inheritance—or we can suggest a diabetic tendency or nervous degeneration or any other systemic disintegration.

The poor patient, however, has heard it all before. He wants at least present relief and he will be grateful if he be properly rubbed, annointed, bathed, plastered or blistered until his whole skin is removed rather than go through again a list of nauseous and perhaps poisonous doses.

A point I wish to lay special stress upon in local treatment is the proper application of the remedies. Their efficacy depends upon how they are used and they should not be left to an ignorant patient who is not thorough nor able in many cases to apply them himself. The physician, his assistant, or a nurse properly trained should first use the local remedies.

Several years ago a most intelligent lady of this city came to me for chronic

eczema of the hands and fingers. Minute directions were given her to apply certain plasters. They were to be left on two days. When seen after that time, I found that she had with infinite trouble to herself and all her family scraped the muslin off of the back of the plaster and applied it with the medicated side up. Several such experiences carried their lesson with them. I never leave the first application of plasters to a patient.

The laryngologist, the ophthalmologist the neurologist all make their own applications and certainly owe a portion of their success to this fact. The dermatologist in Europe has a trained assistant, a trained nurse; perhaps half a dozen of them if his practice is large enough, and he personally inspects their work before the patient is dismissed. Herein lies the secret of his success and this is why so many of his patients come from this country after being prescribed for at home. It is not in my opinion that the treatment of skin diseases should be different because the patient is an American or that our colleagues on the other side understand them better than we. Their success in a cure lies in the careful and personal supervision of whatever application they order.

I find that every case of acne which comes to me has been taking internal medicine for a shorter or longer period. Arsenic and sulphide of calcium are the favorites. Lady Webster's and Blanchard's pills come next, while Epsom's salts or some other blood cooling laxative follows naturally.

As all these have done no apparent good they are dispensed with and systematic, if need be energetic local treatment begun. The whole epidermis should be removed either gradually or all at once. For the gradual removal of it a saturated solution of salicylic acid in absolute alcohol (1 part to 5) is excellent. Absolute alcohol is a very good application alone but the salicylic acid added to it is better. The solution is painted on with a small brush until the surface is covered with a white powder from the evaporation of the alcohol.

This should be repeated three or four times in as many days, but not oftener than once a day. There is a little burning and a feeling of stiffness of the skin like that after sun-burn, but otherwise no inconvenience. When the epidermis begins to peel soothing ointments such as Venetian chalk and lanoline complete the process. It is slow and must be repeated, but I have found it efficacious in acne punctata, red blotchy skins, to remove freckles, moth spots and similar discolorations.

Salicylic acid when made into a plaster having the strength of 20 to 40 per cent. removes the epidermis after a few hours without blistering. I use it in chronic eczema of the hands, face, neck or feet with good results.

In indurated acne where it is well to entirely remove the epidermis I use *sapo viridis* spread upon coarse white flannel cut to fit the diseased part. The application is left on day and night and renewed every morning until the skin is red, blistered and angry looking. There is no use in half doing it. There can no harm result from it as far as my experience goes. Healing, non-irritating ointments are then used and in three weeks the skin is improved and with the usual applications goes on improving.

I am an advocate for the use of harmless cosmetics and do not think they should be cried down because there is so much humbug about those advertised.

Spiritus saponis kalinus when carefully prepared is an excellent and not so energetic a remover of the epidermis as *sapo viridis*. The success in its use lies in the application of it. I always order it to be rubbed gently over the skin on a piece of absorbent cotton wrung out in warm water, for five minutes by the clock. This is repeated every night for usually a week, the patient being charged to wash all the soap off of the skin after the rubbing. A powder or lotion is then applied to remain on all night.

There are several pleasant soothing powders which it will be well for you to remember. One is a mixture of equal parts of Venetian chalk and carbonate of magnesia. Another excellent toilet prepa-

ration is Mandelkleie or almond meal. This is the residue after the oil has been pressed out of the almonds. A pleasant way of applying it is to put some of the meal in a fine muslin bag; dip the bag into warm water and then dab it upon the face. A small amount of the meal is thus left upon the skin. I have found this preparation too drying for some skins, whereas in others nothing has been so useful.

Another and perhaps the pleasantest and most popular toilet powder is the Princess Water, or Eau de Princesse. There are two sets of ingredients for it, and they are as follows:

℞—Talc. Venet. et.
Magnes Carb. āā . . . 15.00
Tr. Benzoin. et.
Aq. Coloniens āā . . . 5.00
Aq. Rosar. 300.00

and

℞—Bismuth Carb. Basici . . . 10.00
Talc. Venet. 20.00
Aq. Rosar. 70.00
Spts. Coloniens. 3.00

The first prescription is Neumann's modification of Hebra's, which is the second. The first has the advantage because it can be used at the same time with sulphur. The second, if persisted in too long, renders the skin of a dull ashy hue, which is the result of the continued application of bismuth.

After the epidermis has been sufficiently stimulated with one of the soaps or washes before mentioned, a good preparation to be applied on going to bed is the following:

℞—Sulph. Flor. ʒ ss.
Ac. Salicyl. ʒ ss.
Spts. Vini. f ʒ ij.
Aquæ Rosar. q.s. ad. f ʒ vj.

or,

℞—Sulph. Flor. ʒ ss.
Potas. Bitart. ʒ ij.
Potas. Brom. grs. vj.
Alcohol f ʒ ij.

If this be too strong in alcohol, it is to be diluted one-half with water.

A favorite prescription of some of the New York dermatologists is:

℞—Potas. Sulph. et.
 Zinci Sulph. ana. ʒj.
 Aq. Rosar. fʒvj.

Mix the potash and zinc separately in half the rose water, then mix the whole. Apply at night after shaking the bottle. One of these is dabbed over the skin for the night, and washed off with *hot* water in the morning. If a soap is to be used a good glycerine soap is preferable to white castile or to any of those which are highly scented. The soap which has the greatest quantity of glycerine in it is Sarg's Vienna glycerine soap. It is less sticky than any other, requiring less water for its removal, and on that account is useful when the skin is naturally dry. Pear's is also an excellent soap, as are several of those made in this country.

During the day time the patient should apply as often as possible one of the toilet powders mentioned before. The princess water (Neumann's) is the most generally acceptable, as it is cooling and more apt to stick. Applied with a piece of absorbent cotton it may be kept on indefinitely. Left on for half an hour it frequently removes the redness produced by cold winds, or the burning of a hot summer sun. It gradually removes freckles, and prevents their return when they have been removed with other preparations.

I spoke to you in my former lecture of the necessity of incising promptly and sufficiently the pimples of acne. There is less chance of an eschar when this be done than when they are left to open themselves.

In some forms of acne indurata small cysts form, more especially upon the cheeks, and these have a tendency to fill up repeatedly with unhealthy-looking sanguineous pus. They should be incised, and I have found that by the introduction into them when emptied of a drop or two of a saturated solution of salicylic acid in absolute alcohol that they will seldom refill.

When there is much anæmia, and too nervous a temperament various tonics may be prescribed, the best being cod-liver oil and iron baths. I spoke of the

former in my first lecture. Iron baths may be taken at any of our excellent Spring where there are iron waters, or at home during the winter by the addition of iron salts to the water in a tub.

No matter where they be taken the same directions should be carried out. I order at home that a box of Franzensbad Moor-Salz* should be procured and used in the following manner: One half the box is dissolved in a bucket of warm water—102° Fahr.; a tub of warm water of the same temperature is drawn full enough to cover the body and the salt and water stirred into it. The patient lies in the water for twenty minutes, then rinses the body with clean warm water, and then lies down for an hour and a half, having first taken a glass of port wine, ale or porter. The patient, during the hour and a half, should be alone and perfectly quiet, should doze if it be possible; but after that time the usual occupations of life may be resumed. The best time for a bath is the middle of the day, but some of my patients have taken them just before going to bed.

Whether it be the iron or the rest, or both together the baths have been useful to many of my anæmic, irregular female patients. A few words of caution are necessary in their use. The bath room should not be above 70° Fahr. A hotter room frequently makes the patient feel light headed and giddy when they get out. Not more than two baths should be taken during a week for two weeks. After that they may be taken three and four times weekly.

Ten baths should be tried before deciding whether they should be continued. A course of baths consists of twenty-five, but more may be taken if they are beneficial.

In sending patients to the Springs in summer the same rules should be followed in bathing, the natural water supplying the place of the artificially medicated. The water should always be warm, however.

My next lecture will be upon diseases of the scalp and hair.

*Croft & Conlyn, of this City, keep the salt on hand.

CLINICAL NOTES.

Dr. William Pawson Chunn, of this City, writes: After some experience in the treatment of diseases peculiar to the female sex, some of the following remarks may not be altogether uninteresting to those employed in that line of practice.

The following prescription:

Ry—Benzoic acid ʒii.
 Borax ʒiii.
 Aquæ ʒxii.
 Sig: , . . . ʒss.t.d.

has been found to allay incessant desire to urinate and irritable bladder, when due to phosphatic deposits in the urine. This mixture has upon two occasions acted so efficiently in what was thought to be cystitis that cystotomy was dispensed with.

It has been the custom of the writer, after introducing a vaginal pessary, to direct the patient to pull it out *herself* if it gives pain, within twelve hours after introduction. In this way, if no good is done, there is certainly no harm.

Sexual relation shortly after the application of such caustics as chromic acid, iodized phenol, and the like, should be prohibited, as such have been known to cause urethritis in the male.

It is well in using *hot-water* vaginal injections, to cool off the nozzle of the syringe at short intervals, as it may be come so heated as to produce a vaginitis. *As a rule* a young unmarried woman who menstruates regularly without pain or leucorrhœa, ought not to be subjected to a vaginal examination.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD DEC. 2ND, 1887.

The 200th meeting of the Clinical Society was called to order by the President, Dr. N. G. Keirle in the chair.

Dr. H. M. Thomas exhibited a case of

BULBAR PARALYSIS WITH MUSCULAR ATROPHY.

Dr. Wm. H. Welch said the disease was of great interest owing to the origin of certain nerves in the medulla and fourth ventricle. The disease is most marked in the hypoglossus nerve, but in affections of the spinal accessory and glosso-pharyngeal it is less marked. The affection of the facial nerve is inconsequent. The question arises; Is there a double nucleus of the facial nerve? Not all of the facial muscles are supplied by it. One would suppose that this is a favorable case to settle this point, but the results are unsatisfactory. We have no proof of another nucleus. The abducens and facial nuclei are near each other and yet they are always both affected in disease. The glosso-pharyngeal nerve has a double function but has not two nuclei which we would expect. There is a relation between amyotrophic lateral sclerosis and bulbar paralysis. Bulbar paralysis occurs in the medulla and is the analogue of progressive muscular atrophy which has its seat in the spinal cord. The connection between the two is plain but not unquestioned. Duchenne would not admit it. He thinks the paralysis is out of proportion to the atrophy. Leidy says the lateral columns are sclerosed in bulbar paralysis as a rule. Two recent cases, one by Charcot in which sclerosis of the lateral tracts has been traced through the medulla to the capsule where degeneration of the motor cells was found. He thinks that progressive muscular atrophy, bulbar paralysis and amyotrophic lateral sclerosis are analogous kindred diseases. The disease is not an inflammation, but a true degeneration and sclerosis of the lateral columns, though it is not always marked by spasms. Dr. Thomas's case showed spasms exceptionally. There is a connection between sclerosis of the lateral columns and spastic paralysis.

Dr. F. T. Miles said Gowers asserts and figures schematically fibres running down to the facial nucleus and calls attention to the fact that the patient cannot throw the orbicularis oris into contraction

without causing contraction also of the muscles of the tongue, thus showing the connection between the facial and hypoglossus nerves.

Dr. J. W. Chambers said there was no spasm in this case as mentioned by *Dr. Welch*. If the muscles were degenerated disproportionately there would be no tendon reflex. The absence of tendon reflex does not exclude sclerosis of the lateral columns.

Dr. W. H. Welch said that *Dr. Chambers'* remarks were plausible, but cases have been examined carefully in which in the earlier stages there was no spasm and no, or very little, muscular degeneration.

Dr. W. S. Gardner then read a paper on

PUERPERAL SAPRÆMIA.

Dr. Wm. Pawson Chunn related a case of

LAPAROTOMY WITH INCISION INTO THE
BLADDER.

The patient was a female, aged 38 years. She had suffered for some time from retention of urine which was the chief symptom. A large fibroid tumor was present in the pelvic cavity and it projected upwards above the symphysis. This tumor pressed upon the rectum in such a way that the stools passed by the patient had ribbon-like appearance. Pulse 130. Vomiting was incessant. She wanted relief and he decided on making an exploratory incision into the abdomen as the fibroid could not be moved out of the pelvis. The incision was made in the usual way and carried to such a depth that the bladder was cut into through mistake. The urine had been drawn off previous to the operation, but some of it was left in the bladder which bubbled out when the incision was made. He put his whole hand into the bladder and then introduced a sound in the urethra and felt the end projecting into the bladder. The tumor was intra-ligamentous and could not be pushed out of position, and as its removal was deemed inadvisable he closed up the bladder and abdomen.

The bladder was stitched to the abdominal walls to allow the urine to escape. A long catheter was introduced into the wound. Adhesions of the bladder to the parietal peritoneum and abdominal walls is very rare. The bladder was lifted up nearly as high as the umbilicus. On the sixth or seventh day some water came through the urethra, but she still passed it through the wound.

Dr. W. H. Welch said that he had seen a tumor to which three inches of bladder was adherent and the patient recovered. It is quite common also to have the bladder extending up so high.

STATED MEETING HELD DEC. 16, 1887.

Dr. John S. Lynch read a most interesting paper on the

MEDICAL TREATMENT OF DIPHTHERIA.

Dr. John G. Jay read a paper entitled

A CASE OF APPARENT SOLUTION OF DIPHTHERITIC MEMBRANE BY THE NEW
DIGESTIVE CALLED "PAPOID."

Dr. Thomas L. Latimer also reported

A CASE OF DIPHTHERIA.

Patient was a child, æt. 15 months. On December 2nd. he was called to see it and learned that on the night previous it had been troubled with a croupy cough, but the day following it grew better and began playing about the room. When seen there was no cough nor obstruction to breathing. He ordered tinct. aconit. and pot. bromidi. and left the case improving. The next day he was summoned again, an inspection of the throat was made and no membrane nor obstruction to breathing could be detected. Pot. bromidi. and aqua calcis were ordered as a local application and 2 grain doses of quinine were given internally. At seven o'clock the next morning he called again; the child, at this, time was gasping for breath and struggling violently. He directed that the same spray be con-

tinued and in addition to it the child was put into a mustard bath. He then left, patient still suffering, but called again at 10 o'clock, A. M. Some improvement had taken place, though respiration was still gasping. The same treatment was continued. At 3 o'clock, P. M., the same day the child was somewhat easier, but while he was in its presence the gasping returned. Treatment was not changed and at 9 o'clock, P. M., some improvement had taken place. Early the next morning he was again called and found the child struggling and gasping for breath. At this visit he recommended tracheotomy as the best means of relief and called Dr. Tiffany in consultation, but before the doctor arrived the patient had somewhat improved, and the mother stated that after the use of the spray a large piece of membrane had been coughed up. The operation in consequence was put off and in a short while the child was playing around the room and partook of food. The same treatment was still continued. Again that night the child grew worse, Dr. Tiffany was again summoned, but he did not change the treatment. Improvement soon began once more and continued to do so for a day or two. At this time there was very little membrane, no fever and the pulse was good. The operation was decided not to be done. The same night the patient was again taken worse and some false membrane was observed, but the following morning it was very much better and continued so until December 9th, when the respiratory effort was more severe than ever. Only one side of the chest was seen to move with freedom and he concluded that the membrane had extended into the bronchi. He called again the same evening and found the same condition; 10 grains of calomel were administered by placing on the child's tongue and during the night it rested quietly. Improvement went on from this time, till December 13th, which he was once more called to the patient and found the respiration somewhat irregular. The parents stated that the child had passed something by the bowels which they took to be mem-

brane. Since then improvement has gone steadily on and has resulted in complete recovery. He concludes then that the good results gotten were due to the pot. bromidi and aqua calcis locally which were persistently used every hour, aided by the mustard bath which excited the activity of the skin and finally by the full dose of calomel administered internally.

DISCUSSION.

Dr. Randolph Winslow, in referring to the use of papoid as a digestive of membrane, said that he had used it on one occasion with very beneficial results. The case in which he had used it, was a child in whose throat membrane was present, and it was removed in twenty-four hours. He feels sure that papoid did good in bringing about its solution. A brother of this same child had tracheotomy done and tripsin was used to keep the tube clear. It also seemed to do good.

Dr. Saml. T. Earle spoke of the experiments of Dr. Jay regarding the different digestives, and said that he was at a loss to account for the position he had given to papoid. He stated that Dr. Maul, of the Johns Hopkins University, had been carrying on a series of experiments, and had concluded that papoid was far more efficacious in digesting fibrin than either pepsin or tripsin.

Dr. John G. Jay said that he could not see how the results of Dr. Maul could be so different from those gotten by himself. His conclusions were that tripsin acted the quickest, acid pepsin the next, and that papoid stood third. He does not believe that papoid is as efficacious as papoidin.

Dr. I. E. Atkinson said that he is far from believing that tracheotomy is the best agent we have for the relief of diphtheria. He believes that a great deal can be accomplished by the proper application of medicines, and agrees with Dr. Lynch on many of the points brought out in his valuable paper. He believes firmly in the efficacy of mercury both in the treatment of diphtheria and croup. That diphtheria is a disease that first

begins locally and affects the constitution later, he thought, very few doubted. Diphtheritic inflammation clinically differs very materially from its narrow pathological significance. Diphtheritic inflammation represents membrane formation in the larynx, but pathologically it may result from different causes. Unquestionably it is desirable to have it removed and treatment directed to that end is very important. It is often hard to get digestive ferments exactly where we want them, and for that reason they may fail to do good. That they do dissolve membrane there is no doubt. Cases have come under his observation where the membrane was dissolved, yet the patient died. Diphtheria is a disease that is very depressing in its character from its first invasion, and patients suffering from it can take alcohol to an enormous extent. Under its influence they are often enabled to throw off the disease. The specific treatment with mercury is more important. About one month ago he saw the child of a medical friend, aged 2 yrs. 6 mos., to whom its father had given from Monday to Thursday 60 grs. of calomel. Under its influence the membrane had somewhat disappeared, though there was evidence of some of it still remaining. Notwithstanding the fact that the child's gums were a little affected he advised a continuation of the drug in doses of $\frac{1}{4}$ gr., and the next day it was better. He believes that the calomel saved its life. Bad cases of diphtheria or croup he has often seen benefited by it. We may either use calomel or hg. bichlor, and can supplement their action with mercurial ointment locally. Caustics he does not think advisable to use. Disinfectants are very useful, and if systematically carried out will accomplish great good. Carbol. acid in sufficient strength to guard against poisoning, or a mild solution of bichlor. of mercury may be used. Larger doses of stimulants are required, such as alcohol, ammonia, etc. In conclusion he said that by the judicious application of disinfectants locally, the free use of stimulants, and the administration of mercury internally, we are often enabled to rob diphtheria of many of the symptoms

which are so distressing in their nature.

Dr. John G. Jay said that he did not want the impression to go out that he claimed the digestive means employed in the treatment of diphtheria locally as a cure for the disease; when the membrane is in sight it will unquestionably do good, but in the progress of the disease other things must be considered and he would not rely on any local remedy alone in its treatment.

Dr. I. E. Atkinson said that any agent acting as a solvent of fibrin is far from being able to destroy the diphtheritic poison.

Dr. F. T. Miles said that when the length of time it takes to digest fibrin by the ordinary methods and experiments is considered, it is surprising that these agents have such a rapid and decided effect on the membrane in the throat when applied there.

Dr. P. C. Williams said a very important point to be considered in the treatment of diphtheria is whether it is a local or constitutional disease. For his part he rejects the idea that it begins locally. That it is a separate and distinct disease from croup he has no doubt; diphtheria is a contagious disease, membranous croup is never so, diphtheria is often followed by paralysis, croup never. Diphtheria is a systemic disease in its origin and the membrane is an accident. If local in its origin we ought to direct our treatment there. He has seen patients die before any membrane was found and many fatal terminations are brought about not by the membrane, but by the septic poison which overwhelms the patient. If we adhere to the idea that the two are one and the same disease we fail to apply those remedies which we ought to use. Many cases are called diphtheria which are not such and he has often seen cases of that kind, but they are entirely unlike that disease.

Dr. W. D. Booker said that he thought no one would differ from Dr. Williams in considering diphtheria a general disease in its later manifestations. It is said to be caused by a germ which gets into the system by going into the back part of the mouth and manifesting itself

there at first. He believes the disease is local in its beginning and remedies directed there will do good. He had gotten good results with the bi-chloride of mercury. Digestive agents may dissolve the membrane but they can do nothing more. He had found death to take place in some cases after recovery had been going on without any apparent cause.

Dr. A. B. Arnold said diphtheria is a most treacherous disease. There is no specific treatment. Calomel was used 40 years ago. Since then many new remedies have been recommended, but statistics show that the rate of mortality remains about the same; 25 per cent. are shown to die. We treat every case in a rational manner and when a patient recovers it often makes a wonderful impression on us. He agrees with *Dr. Williams* that croup and diphtheria are separate diseases, but in one respect he differs. He has seen cases begin without any nervous depression. Originally diphtheria is a local disease with great tendency to septic poisoning which comes on secondarily. So he favors local treatment; caustics do no good. Paralysis which sometimes follows diphtheria is also occasionally the sequel of other acute infectious diseases. We usually adhere strongly to that method of treatment which gives the best results in our hands.

Dr. Thos. L. Latimer said that he is positive that diphtheria is not local except during the time the germs are passing into the system, which must be short as the constitution is rapidly affected. Later there is a secondary effect owing to microbiotic change in the pharynx. At first we must open a channel for the entrance of air. So we must use remedies to that end. Digestive ferments are not very rapid in their action. Local applications to the throat to destroy the germs are the wildest of dreams. The infection is far too rapid to ever reach them by such means. Sustain the patients and use such remedies as in our judgments are specifics. He has found that teaspoonful doses of turpentine every two or three hours has done good. Most of those patients die when the trouble invades the larynx as the constitutional effect at

this time is very great. Use alcohol freely when depression is present. He stated in reply to a question that he had used turpentine for 48 hours without causing strangury. Smaller doses than he recommends seem to cause it oftener.

Dr. Richard Thomas said it is often hard for the best clinician to make a distinction between croup and diphtheria. So it is very important that we should treat every case of suspicion as one of diphtheria. By so doing we will often be able to prevent the occurrence of many other cases which would probably arise. He has found tripsin to be very useful when used locally to the throat by means of a spray, and has seen membrane formation stopped by it. The foulness of breath often disappears, too, under its use. He believes it to be a wonderful discovery. If we can diminish the formation of membrane in diphtheria we surely do a certain amount of good.

Dr. John S. Lynch said that by the discussion which had gone on he found that one point made in his paper had been verified, and that was; every body had a method of his own in the treatment of diphtheria. He believes invariably that the disease is local at first. The formation of diphtheritic membrane is not a very painful affection. He related a case where the membrane was evidently present for 24 hours and yet the child played about and eat its meals regularly. After which it died with the most violent septic poisoning. Diphtheria is always primarily a local disease, but what the materies morbi is he cannot say. He agrees with *Dr. Williams* that croup and diphtheria are separate diseases. Sudden collapse will sometimes come on after convalescence, as was referred to by *Dr. Booker*. Mercury will undoubtedly benefit many cases. He once gave turpentine in teaspoonful doses every three hours to a patient; during its administration some of it got into the larynx and produced an inflammation, but the child got well. He thinks that silver nitrate is a good caustic to use locally.

Dr. Hiram Woods exhibited a patient, colored, æt. 17 years, who had several

little tumors on his right ear which began about ten years ago. They collapse on pressure and give the sense of pulsation to the touch. They seem to be an aneurismal dilatation of of the auricular arteries. He classed it as a circoid aneurism and said the disease was a very rare one.

BALTIMORE ACADEMY OF MEDICINE.

REGULAR MEETING, HELD JAN. 17, 1888.

The President, W. C. VAN BIBBER, M.D., in the chair.

ANEURISM OF THE AURICLE.

Dr. Hiram Woods, referring to his case of *Aneurism of the Auricle*, exhibited at the last meeting, said that he had ligated subcutaneously two more small arteries on the posterior surface of the auricle. This did not appreciably lessen the pulsation. The boy went home just before the new-year, and returned last week. Inasmuch as firm pressure above and below the aneurism stopped the pulsation almost completely, it was thought by all the gentlemen who saw the case at the hospital, that the simplest plan would be to control the blood supply by firm pressure and then open the sac. On Friday afternoon this was attempted, and while *Dr. Harlan* compressed the supplying vessels above and below, *Dr. Woods* opened the sac which turned out to be a circoid aneurism. A part of the sac was dissected out. There was considerable loss of blood in spite of the pressure. The remains of the sac were obliterated by firmly closing the wound with sutures. There was still considerable oozing through the lips of the wound which was stopped by passing a ligature into the cartilage in such a way as to catch an artery which ran through this structure. There has been considerable inflammatory swelling since. The ligatures were all removed this afternoon, there is no pulsation in the tumor, and healing will now probably go on nicely.

Dr. S. T. Earle asked if electrolysis had not been used in this case.

Dr. Hiram Woods said it had been used by Prof. Chisolm once, but not with any apparent success. He thought the negative pole had been applied to the aneurism.

Dr. S. T. Earle thought that the positive pole produced a firm clot.

THE CARELESS USE OF PESSARIES.

Dr. T. A. Ashby said that a patient came to him complaining that her pessary did not fit. He examined her and found that pressure of the pessary had given rise to a papillomatous growth on the posterior vaginal wall. It looked at first like a malignant growth, but he thought it would disappear under local treatment. He stated that the possibility that such a growth could become an epithelioma was to be thought of. He mentioned the great fault of allowing a patient to wear a pessary too long without having it removed. A few months ago he had removed a pessary which a woman said she had worn for at least twenty years. It was old and encrusted with the secretions, and was so far out of date that it bore no resemblance to any modern instrument.

Dr. B. B. Browne said that he had frequently seen cases where pessaries had remained quite a long time in the vagina, so long that deep sulci were formed in the vaginal tissues, in which the pessaries had become imbedded. Sometimes the pessaries had become completely buried in the tissues which caused considerable difficulty in their removal. After removal, however, the parts soon returned to a normal condition. In one case which he recalled in an unmarried lady the pessary had remained nearly twenty years. She was not aware that she was wearing it, as the physician who introduced it had only made one vaginal examination, and had not informed her of its introduction. He thought that a patient should always be told that a pessary had been used, and cautioned as to the necessity of its removal. In many cases, however, the neglect was on the part of the patient. *Dr. Browne* referred to a case which he had recently seen reported, in

which a cotton tampon had remained in the vagina twenty-nine years, the patient not being aware of its presence, and which upon its removal was encrusted with a complete shell of lime salts.

Dr. S. T. Earle thought that small vegetative and granular papillomata were not infrequently found in the vagina from pressure of the pessary.

Dr. Hiram Woods then read a paper entitled:

THREE CASES OF RETINAL DETACHMENT
OCCURRING IN MYOPIC EYES WITH
NOTES ON THE SIGNIFICANCE TO
BE ATTACHED TO DIMINUTION
IN ACUTENESS OF VISION
WHEN ORDERING CON-
CAVE GLASSES.*

The discussion was postponed until the next meeting.

WILLIAM B. CANFIELD, M.D.,
Reporting Secretary.

CARBONIC ACID AS AN ANÆSTHETIC.—
M. Gréhant has arrived at the following interesting results from his experiments in artificial anæsthesia on rabbits. He employed a mixture of 45 per cent. of carbonic acid, of air, and oxygen, and produced anæsthesia during two and even three hours. A rabbit was fixed upon a plank, with an india-rubber muzzle over its head. Two water valves which offered slight resistance obliged the animal to inhale the air from an india-rubber bag containing 50 litres of the mixture above described, and to expel it into the outside air. The rabbit was slightly agitated at first, but after a couple of minutes the eyes became insensible. The limbs became quite limp, and were untied. The experiment was continued until the bag was emptied. When the animal was allowed to breathe the pure air, after having been two hours under the anæsthetic, the following phenomena were observed: the temperature had fallen 2.6° C.; the respiratory movements decreased in number; the animal remained lying on its side, the respiration became accelerated, the eyes sensitive; after two minutes the animal made repeated but unsuccessful

efforts to raise its head and assume its normal position; five minutes later it was able to stand on its hind legs, but its head hung down, and breathing was difficult; ten minutes later there were convulsive movements of the hind legs, the respiratory movements ceased, and the animal died eleven minutes after it had ceased to inhale the gaseous mixture. These phenomena are not constant. In another case M. Gréhant observed weakness of the muscles which raise the head and partial paralysis of the fore limbs, after two hours and twenty-five minutes of anæsthesia, but the animal recovered. In this case the temperature fell only 1.6° C.; 100 cubic centimètres of air which the animal expelled during the first hour contained 1 cubic centimètre more carbonic acid than the air it inhaled, and 1.03 cubic centimètre less oxygen, which had been absorbed by the blood. The air expired in one hour by a rabbit which died after being anæsthetised during an hour and a half contained 1.4 cubic centimètre less oxygen and 0.72 cubic centimètre less carbonic acid than the mixture inhaled; absorption of carbonic acid occurred in this instance.—*Brit. Med. Jonr.*

PROFESSOR FAUVEL ON THE VIN MARIANI.—Prof. Ch. Fauvel of Paris, writes to the *New York Medical Journal*:

Will you kindly have it announced in your Journal, in justice to myself before the medical profession, that the various notices appearing in journals and circulars quoting my name in connection with coca are entirely false and in every respect a prevarication. The only preparation of coca employed by me with undoubted and uniform success has been the so well-known *vin Mariani*, which, since 1865, I have had occasion to prescribe daily in my *clinique*, as well as in private practice. My opinion of this valuable medicament, together with those of many of my *confrères*, has during many years been frequently made known for the benefit of the profession in various writings, and it is but just to this worthy preparation that it receive all honor due. I thank you for compliance with my request.

*See page 241.

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BALTIMORE, JANUARY 28TH, 1888.

Editorial.

SHOULD THE STATE CONTROL THE IMPROPER DISPENSING OF HARMFUL DRUGS? —'Death from an overdose of poison administered by his own hand or hand unknown' is not seldom the verdict. Proper Legislation would be the means of diminishing the number of deaths from poison. A druggist may sell any drug or compound without a prescription, and is not liable in case of death. How common it is to hear persons come in and ask for 10, 15 and 25 cents worth of paregoric, laudanum, etc. This is selling poison without a prescription. Is this right? The city has a law that only properly qualified pharmacists and druggists shall engage in the drug and prescription business in Baltimore. It thus leaves to these druggists' discretion whether such or such an article shall be sold over the counter without a prescription or not.

Naturally, one great difficulty is, who can decide what is a poison. Every drug, and indeed almost every thing that can be swallowed may produce death if taken in sufficient quantities in a short time. Poisons are divided into direct and indirect, according to the pharmacist. Unfortunately, no law in this free country can limit the number of apothecaries in a certain district as in some parts of the European conti-

ment, but legislation can prevent the promiscuous selling, without proper authority, of dangerous drugs or poisons, whether known or not to the pharmacist. There is a law that every druggist and pharmacist shall take the name and address of any person who shall buy a dangerous and poisonous drug. No druggist ever does such a thing. The opium eater can get his dose of laudanum or his morphia as often as he pleases. Of course there might be just as many under-hand ways of getting such drugs unlawfully as the average bummers get their drink on Sunday at the side door. Physicians are often blamed, and deservedly so, for prescribing some form of opium and thus forming the habit in a patient, but if the druggists were not allowed to sell such powerful drugs without a proper prescription from a known physician, the habit might be checked sooner.

Another evil is that proprietary medicines are exempt from all such laws. A druggist may not be allowed or would not sell a few ounces of arsenic and sugar without a prescription, but he willingly dispenses "Rough on Rats" to any one who may ask for it. If all such dangerous proprietary articles were properly classified, and the formulæ clearly marked on them the danger of poisoning would be materially diminished.

EARLY AID TO THE INJURED.—When Pope said, "A little learning is a dangerous thing" he was probably honest in his convictions, but the majority of men now almost in the 20th century, are unable to "drink deep" in their struggle for an existence and prefer a little learning to none at all. When an individual has a few solid facts on any subject, even if it be only a hackneyed historical date or incident he must feel superior to the man who avoids these facts because he cannot master the whole subject. How much more valuable is this little learning when it can and does save life and relieve pain.

At the request of the Hospital Relief Association of Maryland, Prof. J. Edwin Michael has been delivering a series of very interesting and practical lectures on "Early Aid to the Injured,"

in the hall of the Johns Hopkins University.

The audience is composed, among others, of workmen and a large number of policemen. The experience of other large cities has shown how important it is for policemen especially to know what to do, and more particularly, to know what not to do in case of an accident, and the number of lives saved has been more than worth the trouble and expense. This is not so much to supplant the physician, but to know what to do and what not to do until the physician arrives. It would be a very easy matter and one worth the trial to give our police practical instruction in this branch. A few lessons given to 20 to 30 men at a time would in a short time put the force in possession of knowledge at times indispensable.

Miscellany.

STRANGULATED HERNIA IN CHILDREN.
—At a meeting of the New York Academy of Medicine, held December 15th, 1887, Dr. A. G. Gerster made the following remarks:

This he said is a very rare condition in children, and he had met with but four instances of it in his experience. There is nothing peculiar in the character of the strangulation in such subjects and he directs attention only to a point of difference in the treatment required, as compared with that in adults. This was on account of the difficulty of preventing infection of the wound in small children. In most instances the hernia is congenital, and the neck of the sac is usually not very wide. On account of the danger of infection he advocated an open treatment of the external wound. Primary union does not occur after suturing, and, therefore, after securing occlusion of the sac and the abdominal opening he packs the open wound with iodoform gauze, and thus secures an aseptic condition.

Dr. Gerster then proceeded to relate the history of the four cases that he had seen. In one of them, a child two years and three months old, an error of diagnosis was made. The tumor was at

first mistaken for hydrocele; but the true nature of the case was determined by the hypodermatic syringe, which brought away intestinal matter. It was also found to be a strangulated hernia; but as no urgent symptoms were present no active interference was made at this time. By the next day, however, all the ordinary symptoms of strangulated hernia had manifested themselves, and the radical operation was performed. During this a slight wound was made in the gut, on account of the adhesions present, and this was sewed up with the Lembert suture. In another of the cases strangulation of the hernia occurred four separate times in connection with eclamptic attacks, to which the child was subject. It was always successfully reduced under the use of chloroform; but when the accident appeared the fifth time it was determined to perform the radical operation, after which there was no further trouble from the hernia.

Dr. V. P. Gibney said that he should like to make some protest against the strong condemnation of taxis which Dr. Burchard had expressed, as he had seen a number of aggravated cases of strangulated hernia reduced under taxis as employed by the average practitioner. As regards strangulated hernia in children, he did not recall a single case in all his experience in which strangulation could be reduced with the aid of chloroform. Furthermore, if it could be reduced it could be cured by a suitable truss. As the operation was a more serious one than in adults he thought, therefore, that operative interference should never be resorted to in children; and this became still less necessary in the light of the successful results accomplished by the conservative methods advocated by Dr. DeGarmo.

Dr. Weir said that he had had two cases in children like Dr. Gerster's, and both had proved fatal. In two other cases he had successfully reduced the hernia by resorting to the expedient of inserting the finger into the rectum, and thus combining internal with external pressure.

Dr. DeGarmo said that he met with only temporary incarceration in children.

No bad results had ever occurred, and he had never found it necessary to resort to taxis in such cases. In reply to a question from Dr. Weir as to just what he meant by the term taxis, he said that the gradual working of the tumor loose by passing the fingers around it was not taxis proper, but rather pressure. By taxis he meant the manipulation of the neck of the sac, but employed in such a way as to avoid pressure backward against the abdominal rings, which was apt to be resorted to in taxis as commonly practised.—*Med. News.*

SUDDEN DEATH AFTER URETHRAL INJECTION.—Dr. W. T. Belfield related an accident that happened to a member of the Chicago Medical Society, and which is likely to happen to any one at any time. A physician cut a slight stricture of the urethra about $\frac{3}{4}$ of an inch behind the meatus. It was done under cocaine without trouble or pain. The doctor had the patient come to his office every second day to pass a sound, and each time gave him an injection of a 4 per cent. cocaine solution, about 2 drachms, before introducing the sound. On the seventh day after the cutting the patient complained of being very nervous; had been nervous for several days and had not slept at night. The sound was introduced that day under cocaine as before. On the ninth day he returned, and an injection of cocaine was given. The patient reclined on an ordinary office chair and the doctor turned away to procure his sound and warm it while the cocaine should exercise its influence on the urethra; in less than a minute after the cocaine was given the patient complained of dizziness and fell back on the chair. Another physician in the outer office was called and together they did what they thought necessary, administering stimulants, and using a galvanic current, but in three or four minutes after the injection was given the young man was dead. He was about 28 years of age, and had been in good health so far as is known. At the post-mortem examination the body was thoroughly examined, the brain included; there was absolutely nothing abnormal found except that the

kidneys were enormously congested; they were so blue that they looked like an ordinary spleen. The cause of death is open to conjecture; probably the patient was suffering from uræmia, and any irritation of the urethra would have provoked the result; certainly death could not have resulted from cocaine poisoning, since sufficient time for its absorption and circulation had not elapsed; nor is it plausible to assume that there had been an accumulation of the drug from the previous urethral injections. Doubtless an injection of distilled water would have provoked the same result. Whether the urine had been scanty or albuminous the attending physician could not say.—*Jour. Amer. Med. Assn.*

GRAVITY AS AN EXPECTORANT.—It is claimed that in cases of pneumonia where there is great embarrassment of breathing from accumulation of secretion in the bronchial tubes, great benefit may often be derived by inverting the patient and having him cough violently while in this position. It is easily accomplished by a strong assistant standing on the patient's bed, seizing the sick man's ankles, turning him with his face downward, and then lifting his feet four or five feet above the level of the mattress. If the patient, with his face over the edge of the bed and his legs thus held aloft, will cough vigorously two or three times, he will get rid of much expectoration that exhaustive efforts at coughing failed to dislodge when not thus aided by gravity. Life has been saved by repeated performances of this manœuvre in pneumonia accompanied with great cyanosis due to inundation of the bronchial tubes with mucous secretion. It, of course, will have no effect on the exudate in the vesicles. Gravity is of value in a similiar way in emptying the lungs of mucus during etherization.—*Polyclinic.*

DR. DANIEL LONGAKER has been awarded the prize of \$25 offered by the Philadelphia Clinical Society for the best paper read at its meetings in 1886.

Medical Items.

The late Moses Wildes, of Boston, had left by will the sum of \$150,000 which is to be divided equally among a number of charities in that city.

Dr. Fordyce Barker, of New York, says, that the most valuable remedy for hæmorrhages, occurring near or at the climacteric, is a combination of equal parts of fluid extract of hamamelis and fluid extract of hydrastis.

A French Prize of \$2000 has been divided among four Paris physicians for essays upon the "Treatment of Strictures of the Urethra." The essays presented were of such equal merit that no one could be selected for the entire sum.

Dr. Otis F. Manson, a well-known physician, of Richmond, Va., died on January 25th, of apoplexy at the age of 65 years. Dr. Manson at one time held a chair in the Virginia Medical College.

A woman was made insane out in Chicago by a man who practices as a faith-healer. In this case the faith cure failed to work and the faith-healer is likely to be indicted for practicing medicine without a license.

At a meeting of the Council of the University of the City of New York, held January 9th, it was announced that Dr. William Gilman Thompson, who has for some months past been one of the lecturers on physiology had accepted the Chair of Physiology in the Medical Department.

FOR THE SUPPORT OF PHYSICIANS.—A sum of fifty thousand marks has been granted by the Saxon Government, in its new budget, toward the support of physicians who settle in the poorer districts of Saxony. A less sum is also to be granted toward the maintenance of resident veterinary surgeons.—*Med. Rec.*

A CURE FOR LYING.—Dr. Voisin relates the case of a girl, eleven years of age, who was a most inveterate and persistent liar, and whom he cured completely of this reprehensible habit by means of hypnotism. Here is a grand field of usefulness opened before this young science.—*Med. Rec.*

A NEW HOSPITAL AT VICHY.—An extensive hospital has been recently constructed and opened at Vichy, at a cost of between \$300,000 and \$400,000. It comprises a hospital for the people living in the vicinity; a ward for the aged; a ward for orphans; a thermal hospital, devoted to treatment of those who visit Vichy to take the waters; a wing for military patients, and an official pavilion, with a chapel, and other auxiliary buildings.—*Med. News.*

According to Dr. Andrew H. Smith's definition the "family physician of the future" is to be the physician whom people will select

to give them such directions as will tend to avert illness. His duties will be those of a general family medical director, a kind of "chief cook and bottle washer" in medical affairs in the family circle. We doubt whether many physicians will aspire to the elevated duties Dr. Smith has arranged for them.

Dr. Charles L. Reese, of the Johns Hopkins University, has been elected to the chair of chemistry in Wake Forest College, near Raleigh, N. C. Dr. Reese is a son of the late John S. Reese of this city, is twenty-five years old, and received his early education in the schools of this city. After two years' undergraduate work at the Johns Hopkins he went to Germany, where he received his doctor's degree about two years ago. Since that time he has been an assistant in chemistry at the Johns Hopkins University.

A dispute has lately arisen in Paris between M. Zola and M. Sarcey over the question whether asses can vomit. The former writer, in his pursuit of realism, thought it well and appropriate, in his latest work, "La Terre," to represent an ass as becoming intoxicated, and went on to describe the animal's acts of vomiting. The critic pronounced this as against nature, and quoted a veterinary to the effect that the act of vomiting in the ass was impossible from the structure of the stomach. Zola retorted, that before writing the chapter he had read up the subject, and he cited good authorities that asses and horses, while they rarely vomited, could, and actually did sometimes do so.—*Boston Med. and Surg. Jour.*

The Annual Meeting and Supper of the Medical and Surgical Society of Baltimore, was held on Thursday evening, January 26th. The following officers were elected for the ensuing year: President, Dr. J. W. Chambers; Vice-Presidents, Drs. J. H. Scarff and M. B. Billingslea; Recording Secretary, Dr. W. T. Cathell; Corresponding Secretary and Treasurer, Dr. W. H. Norris; Executive Committee, Drs. D. W. Cathell, R. W. Mansfield and E. M. Reid; Committee on Honor, Drs. G. H. Rohé, W. Brinton and E. J. Williams; Committee on Lectures and Discussions, Drs. F. C. Bressler, A. Friedenwald and A. Gage.

The 22nd Annual Reunion of the Baltimore Medical Association, as previously announced, took place on Monday evening of the present week. The attendance was large, and the occasion was heartily enjoyed by all present. Toasts were proposed and responded to in the following order: "The Retiring President," Dr. T. B. Evans. "The Succeeding President," Dr. J. L. Ingle. "Ex-Presidents," Dr. C. H. Jones. "The Medical and Surgical Society," Dr. J. H. Scarff. "The Clinical Society," Dr. G. H. Rohé. "The Academy of Medicine," Dr. T. A. Ashby. "The Baltimore Gynecological and Obstetrical Society," Dr. B. B. Browne. "The Specialist," Dr. A. Friedenwald. "Medical Education," Dr. J. S. Conrad. The newly-elected officers were installed. The Association has a larger number of members than at any time in the past.

Original Articles.

THE HYGIENE OF PHTHISIS.*

BY LAWRENCE F. FLICK, M.D.,
OF PHILADELPHIA.

From the earliest days of the medical profession the sad fact has been recognized that when consumption has once been fully established and lung tissue has been destroyed, recovery seldom takes place. "Many,† and, in fact, the most of them died," said Hippocrates, when writing about the disease, and what physician, who has practised medicine since, has not in truth been compelled to say the same thing? For twenty-four hundred years, and probably during all preceding ages, some of the best minds the world has ever produced have studied and coped with this disease, and, in spite of the accumulated knowledge of all those years, about one-fifteenth‡ of the human family falls a victim to it yearly. There is not a clime in which it does not exist, nor a period of life at which it does not occur. The rich and the poor, the civilized, and the uncivilized become its prey. Since it cannot be cured, it is reasonable to try to prevent it, and much has been done in this direction during the last century.

What percentage of deaths was due to consumption in the days of Hippocrates cannot be known, but that it was large would appear from his words in speaking of a certain period, namely, that "consumption§ was the most considerable of the diseases which then prevailed, and the only one which proved fatal to many persons." Writers upon the subject subsequent to Hippocrates are equally barren in statistics until about the seventeenth century. The first figures that I have met with are in

a foot-note in Dr. Bateman's *Diseases of London*, in which a Dr. Heberden is quoted as saying "that* in 1669 the deaths from consumption were to the whole as one to about six and two-tenths; in 1749 one to about five and five-tenths; in 1799 one to about three and eight-tenths; in 1808 one to about three and six-tenths; and in 1818 one to about four and two-tenths." In the beginning of the present century Dr. Willan, in his statistics on the diseases of London, gives the percentage in his private practice as about one in three; and says that the proportion in the general mortality reports for the winter months at that time varied from one-third to one-half. In 1880 the percentage of deaths from phthisis in England was 9141 in every 100,000, which indicates a marked improvement. This improvement is not due to a larger number of cures, but to a more a successful prevention which follows in the wake of civilization.

It is scarcely disputed by any one at the present day that consumption is due to the bacillus tuberculosis. Concomitant with this doctrine is necessarily that of its contagiousness, and whoever accepts the one must accept the other. And why should it not be accepted? It is the reasonable doctrine, and the one consistent with all modern teachings about disease. It is, moreover, the only doctrine which can explain all the phenomena of the disease without appealing to one's credulity, and upon the assumption of which we can ever hope to construct a barrier to the progress of the disease.

Hereditv ought to be out of the question at the present day. It is an unreasonable theory, and at variance with all modern knowledge about the etiology of disease. Its complete eradication from the public mind is one of the first steps necessary in a sanitary crusade against phthisis. So long has it held sway, and so thoroughly has it been woven into our literature, into our ways of thinking, and even of acting, that it has actually become a remote cause of the disease. Men and women are daily dying victims of consumption because they have not the courage to escape its

*Read before the Philadelphia County Medical Society, January 11, 1888.

†Epidemics, Book I., page 353. Francis Adams's translation.

‡In 1880 the percentage of deaths from phthisis in the United States was 12,059 in every 100,000, and in England 9141 in every 100,000. Taking these two countries as a basis, we may assume that the world over, about 7 per cent. of the deaths are due to phthisis.

§Francis Adams's translation, page 353.

*Historical Survey of the Diseases of London, page 22. Thomas Bateman.

clutches. Their grandparents or parents, their uncles or aunts, or some body in their families has died of the disease, and it is a foregone conclusion that some day, sooner or later, they will die of it too. They are tabooed by society as fore-ordained victims, they are refused life insurance on the slightest pretext, and are at a discount in the marriage market unless heavily endowed by purse or landed estate. Their lives are one continuous worry lest the disease overtake them, and yet they do nothing to avoid it, or the depressing influences which lead to it. If they do finally succumb to the disease, their education and that of the public have been factors in its production.

Somewhat akin and often confounded with heredity is the doctrine of predisposition. That some families are more apt to develop certain diseases than others is beyond dispute. What this predisposition consists in, and whether dependent upon the blood, the nerves, or tissues, is as yet one of the hidden secrets of nature. It is certain, however, that it can be transmitted for generations, and that, like complexion and features, it may go to only certain members of a family, may skip a generation or two and reappear, or may disappear entirely. It sometimes goes with one or the other sex, and sometimes accompanies certain complexions and features. Whilst it often exhausts itself by the laws of survival, it may also be generated *de novo* by the modes of life and habits of the parents. The tight-lacing girl, the pale-faced, dissipated young man, the over-worked store girl and factory hand, the tea-drinking, bibbling servant girl, the drunken father, the half-starved, badly clothed mother—these are some of the progenitors of predisposition of phthisis.

So much in brief about the theories on the etiology of consumption. Their consideration has been necessary in order to study intelligibly the means for its prevention.

Both in theory and practice we find that consumption, though contagious, is but mildly so. This is, in my estimation, not so much due to the inefficiency

of the bacillus tuberculosis as to the withstanding power of the lungs of most people. The bacillus tuberculosis never finds a nidus in a healthy lungs—by healthy, I mean not only freedom from pathological change, but a strictly physiological condition in which every function is properly performed. Like the brain, I believe the lungs may be functionally abnormal, and yet there be no pathological change discoverable. There is a very close relationship between this functional abnormality of the lungs and the digestive apparatus, and, in a sequential way, the whole nutritive system. It is upon the stomach, then, almost as much as upon the lungs, that much depends in the prevention of phthisis. The stomach is usually the first traitor in the human economy. Through its derangement many diseases gain entrance into the body. When the stomach fails to perform its work, the lungs will soon do the same. A vicious circle is established, and they mutually derange each other. Malnutrition follows, and the lungs become a proper soil for the bacillus tuberculosis. Every care should therefore be taken to keep the stomach healthy, and to do this a sufficient and proper supply of food is necessary. Too much food is as injurious as to little, and improper food, worse than either. When the stomach is filled with indigestible food, nutrition is not only withheld, but the stomach is unfitted for the proper performance of its work for some time thereafter.

It is generally in overfed and improperly fed people that we have what is called galloping consumption. Though apparently well nourished, their entire appearance is suggestive of too much foreign matter in the blood. It is from this class of people that the mortality list from consumption is kept so high in America, and it is chiefly the foreign element in our population which constitutes the class. The deaths from consumption in the United States are nearly twice as numerous among the foreign population and their children as among the children of the native born. In Rhode Island, according to the health

reports of that State for 1880, one person in every 486 of native parentage dies of consumption, while one in every 286 of foreign parentage dies of the disease. According to the United States census reports for 1880, out of every 1,000,000 deaths, 242,842 males and 302,046 females die of consumption. This represents all nationalities and colors. Among the colored race every million deaths represent 248,179 males and 326,973 females as having died of consumption. Among people of Irish parentage 309,507 males and 375,636 females die of consumption to every million deaths; and among people of German parentage the victims of the disease number 249,498 males and 254,958 females to every million deaths. It will be seen that the largest percentage of deaths from the disease is among Irish immigrants and their children. This is usually ascribed to the change in climate. Ireland has a much damper climate than America, and therefore one better suited to the development of phthisis. The real cause for the larger mortality from consumption among foreigners, and especially among the Irish, is the change in diet. At home they have been accustomed to a plain, healthy diet, and when they come to this country they at once take to the varied heavy diet, of Americans. Where they have eaten little meat home, they eat it in profusion here. Where they have drunk good milk and eaten vegetables at home, they drink teas and coffees and eat spiced foods here. They soon become thorough Americans in their stomachs, and even outdo the natives. The consequences are indigestion, malnutrition, tuberculosis. The German, though frequently pursuing a similar course, is often spared by his characteristic thrift and economy. He partakes more sparingly of the good things that come in his way, because of his anxiety to prepare for a rainy day. His fondness for beer, a beverage which he manages to secure wherever he goes, may likewise have some influence in shielding him against phthisis.

Sufficient fresh air, sufficient food, and sufficient rest and sleep are the watchdogs of health, and where they are on

the alert consumption can never enter. Bacilli tuberculosis may permeate the air, but they can do no harm. Could civilization reach such a stage of perfection as to make it possible for every human being to have all these, it would be in the power of everyone to avoid phthisis. Such a condition of things is, however, impracticable. It therefore becomes necessary not only to deprive the bacillus tuberculosis of its proper soil, but also to destroy the bacillus. This function belongs as well to the State as to the individual. Modern governments are beginning to appreciate the importance of preserving the health of their people, and are everywhere establishing health boards. As yet, however, they do not go far enough. Medical science has grown beyond the mere art of prescribing remedies; it has become a science of protecting man against disease and enabling him to attain his three score and ten. As government exists for the good of society, it ought to avail itself more extensively of so powerful a means to its end. The medical profession should be represented in our government. There should be a department of medicine, as there is a department of agriculture, of justice, of finance, etc. Surely human lives are as valuable as those of dumb brutes, and we want protection as much against the invisible foes which threaten our health as the visible ones that threaten our hearths. Unfortunately, public sentiment has not yet been educated to appreciate sufficiently the importance and benefit of sanitary measures, to make such a thing practicable. Did such a department exist, and did physicians in good standing and with scientific attainments occasionally enter the field of practical politics and allow themselves to be returned to city councils and State and national legislatures, sanitary science might shed its light upon legislation and many existing hygienic evils be remedied; many social and commercial customs and practices which are daily generating predispositions to consumption by the thousands might be corrected. Plainer living would come through proper instruction upon the subject and

the instillation of the necessary sentiment in our schools. Not only ought children to be taught what to eat and drink, but also how to prepare their food and what quantity they can take consistently with health. Nor should instruction upon the proper adaptation of food to the time of life be overlooked. Many children are already dyspeptic when their school days begin, and in their cases the benefit of instruction could only accrue to the second generation. The depressing influences of private vices in children and young people could often be averted by early instruction of the proper kind. Such instruction should, of course, come through the parents, but parents are themselves frequently devoid of the proper knowledge, hence the government might supply it to them by the free distribution of appropriate books. How many social and moral evils might be warded off were proper knowledge brought to the thousands who would gladly avail themselves of it, were it within their reach!

Legislation might in a measure protect the weak against the oppression of the strong. One need but visit the parts of large cities where the poor live, and note the crowded, filthy courts, alleys and tenement houses; or take a stroll through a badly ventilated factory or retail store in which the employes are compelled to work long hours in unhealthy positions and with the most wretched accommodations for the ordinary demands of nature; or examine some of the articles of food and drink that are openly sold in shops and on the streets, to understand what could be done in the way of sanitary science by wise legislation. The remedying of such wrongs and oppressions would very much lessen the mortality from consumption by withdrawing the soil necessary for its development. But all this is mere speculation of what we may hope will take place in the future. For the present we must content ourselves with discussing the weapons against the bacillus tuberculosis, which governments can use as they are now constituted.

The usual methods employed by our boards of health for combating disease

are isolation and disinfection. Against consumption, isolation if it were even practicable, would be both useless and cruel. It is a question in my mind whether the existence of the bacillus tuberculosis is solely for the destruction of human lungs! In view of the universality of phthisis it is not entirely a matter of fancy to suppose that the parasitic life of the bacillus in man is incidental and that it plays some useful rôle in the great chain of transition between organic and inorganic matter. It seems to be everywhere, and to be wafted about by the air. Isolation could therefore not confine it, nor afford protection. The only benefit that could be derived from it, would be the withdrawal of the relatives of patients from an atmosphere saturated with the germs of the disease and their protection against contamination by the sputa. This would be a poor return for the dreadful inhumanity of separating the poor victims for years from their relatives. The same results can, moreover, be attained without isolation by disinfection. With well equipped thorough boards of health and properly instructed laity, satisfactory protection could be secured to those who by family ties or otherwise are compelled to live in the same house with the afflicted. The house, and especially the room, in which the patient sleeps ought to be frequently disinfected with some suitable germicide, and particular care should be taken to disinfect the sputa. For the former purpose sulphur may be burnt or a spray of a strong solution of carbolic acid be used, and for the latter, carbolic acid or corrosive sublimate solution be placed in the vessel that receives the sputa. To carry out these measures in practice, consumption would have to be placed upon the list of contagious diseases returnable to the board of health, and the present force of existing boards of health would have to be largely augmented. The beneficial results, however, would be ample compensation for the inconvenience and expense. That there would be a marked decrease in the mortality from phthisis I have not the slightest doubt. Better opportunities, too, would be afforded to study the disease, as more

reliable reports would be made and fuller statistics be gathered.

Health boards should, moreover, help to disseminate proper knowledge upon the subject. If ignorance is the parent of vice, it is certainly the grandparent of disease. It is a matter of daily occurrence that people who have consumption and who are constantly expectorating infectious matter, fill positions in which they must necessarily contaminate the clothing, food, and drink of others. There are consumptive tailors and dress-makers, consumptive cooks and waiters, consumptive candy-makers, consumptive bakers, consumptives indeed in every calling of life. These people do not suspect for a moment that they are spreading the disease and take no precaution against doing so. They are often poor people who have to work for their living and who as long as life remains in them have to earn its support. They do not even know that they have consumption, or at least they persuade themselves that they have not got it. They expectorate on the public highways, in church, at the theatre, at their places of business or work—in short, anywhere and everywhere that is convenient, and the sputa dry up and are carried into the lungs of others, or find their way into food and drink. First of all, people ought to be made thoroughly familiar with the infectiousness of the sputa, and ought to be taught how to disinfect them. This knowledge should come from the government through the boards of health. Physicians and public teachers can do much toward creating a proper sentiment, but they cannot convey the instructions in an authoritative and effective way. In the next place, no consumptive should be employed in any capacity in which he may contaminate the clothing, food, or drink of others. To obviate hardships in such cases, the government should make provision out of the public treasury for the maintenance of such people as have to give up their means of livelihood for the public good. Whether this be done by pension or by offering an asylum must remain for political economists to decide. No hesitancy is felt in spending millions for the resentment or

an insult to our national honor, or for some commercial advantage: Why should not something be expended in the protection of our people against the ravages of a disease which in the United States carries off nearly a hundred thousand people annually? Small remedies will avail nothing with so great an evil. Our government should act and act with gigantic strides.

As regards individual effort to prevent the spread of consumption, it must necessarily be confined almost entirely to those who by predisposition are likely to develop it. They should not only lead strictly hygienic lives in every particular, but should avoid everything that might even remotely lead to the disease, and avail themselves of every weapon against it. The nearer they follow Nature in its dictates as to how to live, the better. They must not revel in excess, turn night into day, overload their stomachs, overtax their brains, strain their physical endurance, and play havoc with their constitutions generally, as their more favored brothers and sisters do with impunity. They must lead correct, orderly lives, and be ever on the alert that their physical condition may not fall below par. As regards the weapons to be used against the disease, it may be well to pass some of them in review.

Climate has always been looked upon as an important factor in the production and prevention of consumption. Its importance, however, seems to me to have been much exaggerated. A non-porous soil is undoubtedly a contributing agent to the production of consumption, but not more so than of many other diseases. Consumption occurs in every country and climate on earth, being modified in prevalence by the various modes of life. Vicissitudes of climate have really little to do with the disease. Those people who are most exposed to the weather seldom die of consumption, whilst those whose lives keep them indoors are its most frequent victims. Women, for example, die much more frequently of the disease than men. Nor does warmth or cold or altitude exert much influence. The colored people, who live largely in the warmer portions of the United States,

have a higher mortality rate from consumption than the white people, the majority of whom live in the colder portions. In short, consumption prevails everywhere, no matter what the climate, where people are compelled, by the demands of society, to crowd together and live much indoors. The practical lesson to be drawn from these facts is, that persons who are predisposed to consumption by reason of the lives of their fore-fathers, or the peculiar circumstances surrounding their childhood, ought to adopt a calling in life which keeps them out of doors and away from cities.

There is a popular belief that alcoholic drinks are powerful preventives of consumption. This, like all popular beliefs and superstitions, has undoubtedly some truth for its foundation. But, as is usual with the bastard progeny of desire, this grain of truth has grown into such immense proportions as to have become the stumbling-block of many. No one who has carefully studied consumption can have a doubt that there exists some relation between its production and the non-assimilation of hydrocarbons. Very many cases of phthisis have traces of sugar in the urine, and probably all of them have indigestion of heat-producing food. These symptoms frequently exist for months before cough and discernible local congestion sets in. As beverages containing a small amount of alcohol present a most readily assimilating form of hydrocarbons, they no doubt, when properly used, buoy up the weakened system in its struggle against the bacillus tuberculosis, and often enable it to gain the mastery. But what is good in moderation is always hurtful in excess, and in this instance precipitates the very evil it might otherwise prevent. Excess of alcohol and the adulterating ingredients in alcoholic beverages derange the stomach, and thus by interfering with nutrition predispose to consumption. In this way a long life of hard drinking sometimes ends in phthisis.

A very noticeable fact in the mortality statistics of consumption is the predominance of females among its victims. This is in a measure due to the indoor life of women, but not altogether. The

many accidents and diseases incidental to the physiological life of women greatly predispose to consumption. These are, however, nearly all of an avoidable character and have their fountain-head in carelessness during the menstrual period and during the puerperium. Women should be taught from childhood that these are sacred epochs, and that during them nature demands rest and especial care. The Semitic six weeks' rest after childbirth is true to nature and should be observed by every woman who becomes a mother. Lactation frequently predisposes to consumption, but usually in those cases which have made bad recoveries after confinement and are in want of the proper food and care which are necessary for a nursing woman.

Pulmonary gymnastics are powerful weapons against phthisis and should be especially used by those who are unable to extricate themselves from the unhygienic surroundings and circumstances in which their necessities have placed them. Though the use of a gymnasium is very desirable for practising these, it is not necessary. The principle involved is ventilating the unused air-cells, and any combination of forced respiratory movements that will thoroughly inflate the lungs will accomplish this. Gradually filling the lungs with air whilst retracting the shoulders and extending the chest or taking a deep inspiration whilst extending the arms above the head and expiring whilst placing them parallel with the body, are two simple exercises which do all that is necessary and can be taken without interfering with the most busy life or causing fatigue. A habit should be made of thus ventilating the unused portions of the lungs, and it should be done at times when the purest air can be secured. The most practical germicide that we as yet know of for the bacillus tuberculosis is fresh air, or, more correctly speaking, it furnishes the least favorable habitat for its development. A better oxygenation of the blood is, moreover, secured by such exercises, the circulation is stimulated, and, indirectly, the digestion and assimilation improved.

As regards the hygiene of phthisis, when the disease is once established, it is

based upon the same principles as that for its prevention. Sufficient nourishing food, and sufficient fresh air, these are the *sine qua non*. The prime object in every case of phthisis should be to secure a good digestion and assimilation. Everything that is done should be done with this object in view. Good, nourishing, and easily digested food should be taken in abundance, and every care taken that the stomach be not deranged by indiscretions in eating and drinking, or by overloading. As soon as the body begins to nourish, the lung trouble will improve. As an aid to digestion outdoor exercise is very important. Without it the system cannot be made to use up a large quantity of food. Inasmuch as warm climates offer greater inducements to keep invalids out-of-doors, and make bedroom ventilation a little more agreeable, they are highly commendable to consumptives; but they are by no means essential to their well-being. A cold climate will do just as well if the patient has the courage to endure the discomforts entailed by it. It is much better that a consumptive have home comforts in the worst climate in the world, than that he be compelled to undergo the tortures of boarding-house or fourth-class hotel life at a health resort. In all warm climates the houses are built for warm weather use, and no provision is made for the stray blizzards that occasionally come along. Though the temperature may be very equable from day to day, there is always a marked variation between day and night. In consequence of the rapid radiation of heat the houses become cool and damp during the night, against which there is likewise no provision, except in first-class modern hotels. In many places suitable food is difficult to obtain even at the most extravagant prices. All in all, the average person who has consumption had better remain at home, unless his home is in a large city, and then he should go into the neighboring country, where he can secure home comforts and plenty of suitable food. Let him dress warm, take outdoor exercise whenever he can, eat plenty of light, nourishing food, take ample rest and sleep, and he will get along much better

in his native heath than he would with small means in the most model consumption climate.

It is important that the entire body be warmly clad in cold weather. Either silk or woollen clothing ought to be worn next to the skin. The circulation should be kept equable throughout the whole body, hence the extremities ought never to be let get cold. When the feet get cold, the lungs become congested. Rubbing the body with a coarse towel has a good effect in equalizing the circulation. The ancients recognized this fact, and laid stress on it. "Balneum alienum est," says Celsus. Sponge baths, if carefully taken, will do good. They should, however, be taken in a warm room, and followed by a rest.

Sea-voyages used to be highly recommended in the early days of medicine, and theoretically, at least, ought to be beneficial in the first stages of the disease. The ocean offers a pure atmosphere, and frequently the salt air stimulates appetite and improves digestion. In the advanced stages of the disease they are, however, impracticable, and should never be attempted.

Gypsy life, or travelling through the country by easy stages and camping-out, is most beneficial to consumptives, even in advanced stages. The ancients had their patients carried from place to place in chairs. In the territories most remarkable cures are brought about by this mode of living. Persons unable to walk are hauled in wagons on improvised beds, and it is astonishing what a revivifying effect constant exposure in the open air has.

But, as said in the beginning of this paper, when consumption is once established it is rarely cured, and though much can be done to ameliorate the condition of the consumptive, the most important duty of the medical profession, at the present day, is to lend its aid in bringing about such a change in public and private hygiene as to give the disease less chance for development.

Civilization is the keystone on which the barrier to the progress of phthisis must be built; but it must be a high order of civilization, a civilization in

which charity for our fellow-men is the guiding star—which teaches not only how to live, but how to let others live—which banishes want from the earth, gives every body sufficient breathing space, and removes the foot of monopoly from the neck of the workingmen and the goad from his side; which will remove morbid ideas about dress, society, customs, and education, and banish all vice and excess from the world. So long as the "summa bona" of man's existence is to live at ease, gratify every desire, and tower head and shoulders above everybody else in importance; so long as one-half of the human race must be without the necessaries of life in order that the other half may revel in excess; so long as crowded tenement-houses must tower in the sky in order to let palaces spread out on the surface; so long as soulless corporations can drive man to do more than a whole day's work for half a day's pay, and under circumstances and surroundings which are in conflict with every rule of health; so long as the rich lead and the poor follow in health-ruining fashions and customs; so long as children have their minds made morbid and their bodies ill-developed by school-cramming processes; so long, indeed, will consumption continue to be epidemic, no matter what progress scientific medicine may make.

EIGHT CASES OF DIPHTHERITIC STENOSIS OF THE LARYNX, IN SIX OF WHICH TRACHEOTOMY WAS DONE.*

BY J. EDWIN MICHAEL A.M., M.D.

Prof. of Anatomy, and Clinical Surgery in the University of Maryland.

CASE I.—M. W. Female, *æt.* 11 yrs. On June 18, 1884, I received a telegram from Dr. J. H. Kennedy, of Aberdeen, Md., asking me to come to that place prepared to do tracheotomy. The patient had been doing well under an attack of pharyngeal diphtheria for some days, though there yet remained grayish white patches of exudation on the tonsils and pharyngeal walls. Forty-eight

hours before I was called she began to have laryngeal cough and lose her voice. For the last twenty-four hours she had grown rapidly worse, notwithstanding steam inhalation, quinine and other remedies intelligently applied by Dr. Kennedy. When I saw her, she was breathing with great difficulty, shown by marked epigastric, intercostal and supraclavicular depression. Cyanosis was slight, but had persisted for some hours. She was restless and threw herself about from side to side, and exhibited in a marked degree the usual jactitation seen under these circumstances. I thought she would die within twelve hours unless relieved by operation. The state of the case was fully explained to the parents, and at their request the operation was performed. Chloroform was administered by Dr. Kennedy, the trachea was opened with great ease since the child's neck was spare and the tube of considerable size. After the discharge by coughing of a considerable mass of mucus, shreds of membrane and blood, a large double canula was inserted and secured by tapes in the usual way. The relief was absolute. By the time the patient had recovered from the effect of the chloroform all cyanosis had passed away and she expressed her gratitude for the relief afforded as best she could, without the use of her vocal organs. Dr. Kennedy conducted the after treatment of the case to a successful conclusion. Upon one occasion, I think four days after the operation the tube was dislodged, but the patient's father who was a mechanic and a clear-headed man readily replaced it. I saw her twice afterward and my notes are as follows: June 22d.—Has not had a bad symptom. Pharynx cleared up. Strength returning. June 29.—Tube out, wound nearly healed. Patient well. The recovery was complete.

CASE II.—M. S. *æt.* 6. Male. On Saturday, Dec. 20, 1884, I was called to see the patient in consultation with Dr. James Carey Thomas. There were two boys in the family both of whom had been suffering for a day or so with pharyngeal diphtheria and both of whom were suffering from stenosis. (The case

of W. S., the younger child, will be considered later). M. S. had patches of membrane on tonsils and pharynx, a croupy cough, aphonia and some dyspnoea. We thought operation was not then indicated and ordered hydrarg. bi. chlor. gr. $\frac{1}{2}$ every three hours, the other measures, steam, sprays, stimulation, etc., which had been appropriately used by Dr. Thomas to be continued. We arranged that I should spend the night at the house and that Dr. Thomas, who was very much fatigued, should return home to be called in case of necessity. As the night wore on, the child grew worse, until it began to be cyanosed and the cyanosis was persistent. Dr. Thomas was called, and agreed with me that the time for operation had come. Chloroform was the anæsthetic used, and the trachea was found and opened without difficulty. Masses of mucus and membrane were coughed out, after which the canula was inserted and fixed in the usual way. The immediate result of the operation was beautiful. Breathing became easy, cyanosis passed away and the boy was comfortable. During Sunday this favorable state of things continued with the exception of some rise of temperature in the evening. In the meantime, Dr. Thomas' medical treatment was continued as before. About 4 o'clock on Monday morning the respiration again became difficult. The membrane extended downward. The canula was removed about 10.30 on Monday morning, but despite all our efforts the dyspnoea increased and the patient died in the evening of that day.

CASE III.—B. G. æt. 2. Female. On Jan. 10, 1886, I was called to see baby G., in consultation with Dr. Jas. Bosley. The patient had been suffering for several days with croupy cough, with gradually increasing dyspnoea. When I saw her she had aphonia, marked retrocession of the epigastrium, intercostal and supraclavicular spaces on inspiration and had been slightly cyanosed for some time. Dr. Bosley had used the ordinary means of controlling the disease viz., quinine, steam from slacking lime, emetics etc., but without effect. There was not a sign of membrane about the fauces.

Clinically speaking, it was a case of membranous croup. The case was explained to the parents and the operation done at their request, Dr. Bosley giving chloroform. The child's neck was fat and short, and the trachea very small, so that the operation was not without difficulty. The tube was, however, found and opened, and after the expectoration of mucus, etc., the canula was adjusted as usual. The long time taken up and the hemorrhage, which was considerable, left the child in a condition nearly approaching collapse by the time it was finished, and we had to use stimulation and artificial respiration for some time before the child revived. After it began to breathe spontaneously it soon rallied and was soon comfortable and easy, all appearance of dyspnoea and cyanosis having disappeared. The immediate effect of the operation was brilliant, and for several days there was every promise of a permanently successful issue. On the 13th, however, three days after the operation, the wound in the neck became covered with a grayish white exudation, and there was some evidence of returning dyspnoea. Notwithstanding all our efforts, extension downwards of membrane continued and the child died from that cause on January 15th, five days after operation.

CASE IV.—Sybil P. æt. 3. Female. Was called on March 3rd. 1886, 8 p. m., to see S. P., in consultation with Dr. W. R. McKnew. She had been suffering from pharyngeal diphtheria from which she had about recovered, as all diphtheritic exudation had disappeared under the use of trypsin, spray and mercury constitutionally. When I saw her, there was considerable dyspnoea, aphonia and marked retrocession of the spaces on inspiration, but as there was no cyanosis, I thought operation might be deferred and would possibly not be necessary. She grew worse, however, instead of better, and at 11.30 cyanosis being marked and the patient evidently failing, the operation was determined on. Dr. McKnew gave chloroform. The operation was difficult on account of hemorrhage and small trachea, but was finally accomplished. Much mucus and masses of

exudation were discharged from the wound by coughing, after which the canula was inserted and secured in the usual way. Some hypodermic stimulation and artificial respiration were necessary as in case III, as the pulse was very feeble and she would not breathe without assistance, but finally reaction came and all went well. All symptoms were favorable until the night of the 4th, when difficulty of respiration again appeared, and the patient died on the morning of the 5th, from extension of membrane.

CASE V.—Baby H. *æt.* 3½. Female. On the afternoon of Sunday April 10th, 1887, I was called to see B. H., in consultation with Dr. J. G. Holliday. She had suffered from pharyngeal diphtheria and then had the remains of a patch on one tonsil. Symptoms of stenosis had set in forty-eight hours before I saw her and had been met by appropriate medical treatment. They had, however, become more aggravated and Dr. Holliday was convinced that unless surgical aid were rendered the little girl would die. When I saw her she presented a typical picture of a child dying of croup. Dyspnoea, retrocession of spaces on inspiration, aphonia, cyanosis, jactitation were all present. I thought the child doomed and gave the parents but little hope of a favorable result from operation, but expressed my willingness to perform it should they wish to avail themselves of the little chance it gave. They desired me to operate on the statement of facts I had given them and I did so, Dr. Holliday giving chloroform. All went well until the moment of opening the trachea. As I slit open the tube there came a terrific gush of dark blood from whence I do not know. We tried to sponge it away but it came too fast. The child gasped and sputtered, and was rapidly drowning in her own blood. The mother who had been quite courageous up to the time cried out in agony that her child was dead. I shall never forget the dreadful conviction which came over me that the child would die in my hands. I continued my efforts however, and finally plunging my finger in the wound, found the opening in the trachea

and catching one side of it with my nail succeeded with the other hand, in inserting the canula. As soon as the canula was in place the hemorrhage ceased as if by magic and although the child was in a state bordering on collapse, hypodermic stimulation and artificial respiration soon did their work and she began to breathe spontaneously. I did not see her again for a week. Membraneous formation continued and, about four days after operation, Dr. Holliday received an urgent request to hasten to see her as she was choking to death. He found her suffering from dyspnoea which he relieved by dis-engaging a membraneous cast of the trachea about an inch and a half long from the canula. From this time all went well. The canula was removed at the end of two weeks and the child made a perfect recovery.

CASE VI.—Baby W. *æt.* 2. Female. I was called on October 10, 1887, to see the patient in consultation with Dr. J. G. Holliday. The case was one corresponding with the first related in all essential details and had arrived at the condition of laryngeal stenosis which demands interference, in my humble opinion, when the doctor was good enough to request my attendance. Dyspnoea, with retrocession of spaces, aphonia, cyanosis and jactitation were all present. Upon a very unfavorable statement of the chances the parents requested that the operation be done. Dr. Holliday administered chloroform. I expected from the age of the child, fatness and stoutness of neck and small size of the trachea, much difficulty in doing the operation. I was however very agreeably disappointed in that for the bleeding was so slight that I scarcely soiled my fingers, and although the tube was so small as to admit none but the smallest canula made it was easily found and opened. After the usual mucus and membranes had been coughed out the canula was inserted and secured and all went well. The child soon became rosy and breathed easily. Dyspnoea however came on again in about thirty-six hours and the child died from extension of membrane in forty-eight hours.

CASE VII.—W. S. æt 4, Male. This patient was a brother to case II, previously related, and was seen in consultation with Dr. James Carey Thomas, Dec. 20, 1884. The difference between the two cases was one of degree only. This child had pharyngeal diphtheria and laryngeal stenosis. His symptoms relating to the latter condition were urgent, but not so grave, in my opinion nor in that of Dr. Thomas, as to require tracheotomy. The treatment under which Dr. T. had placed him viz: hydrarg bi. chlor. $\frac{3}{4}$ gr., atmosphere of steam carbolized sprays and quinine with iron, was continued. His condition remained serious for several days, when his breathing became easier, cough looser, membranes disappeared and he made a good recovery.

CASE VIII.—Mary P. æt. 3, Female. On March 16, 1886, by the courtesy of Prof. Christopher Johnston, I was called to see this patient. I found her in a garret surrounded by a large family of Russian Jews, all in a state of great excitement. The child had been sick for several days, and a number of physicians had been called in and discharged. She had a croupy cough, marked dyspnoea with retrocession of spaces, aphonia and jactitation. Her lips were, however, rosy and her pulse of good quality. I ordered plenty of steam in the room, syr. ipecac to be given in teaspoonful doses, when dyspnoea became worse, and hydrarg bi. chlor. $\frac{1}{8}$ gr. to be given with tr. ferri every three hours. The people were devoted to the child and carried out my treatment religiously. I saw her three times a day for several days, expecting every visit to be called on to do tracheotomy. When dyspnoea became worse the emetic gave some relief, the child ejecting a considerable quantity of tough membrane. On the fourth day after I began to treat her, the patient began to improve distinctly. The cough became looser, the breathing easier, and there was some little return of voice. I continued the mercurial treatment for a week, when as the graver symptoms had subsided I substituted tonic measures and the child finally made a perfect recovery.

REMARKS.

Indications for tracheotomy. In order to appreciate the true position of tracheotomy, it is necessary to understand that it is a mere mechanical device, intended to relieve a mechanical difficulty, and that it is indicated only when the difficulty of breathing is so great as to endanger the life of the patient, and so situated as to be within reach of the operation. Hence I am in the habit of waiting for cyanosis of a more or less permanent character, as the final indication, and assuring myself by auscultation that the air passages below are in a condition to profit by the operation. The operation is to be regarded in no sense as a cure for croup, and I always try to be explicit on this point with patients, making it a rule to mention the usual ways in which a case may terminate fatally, after the operation has been successfully done. I don't think there is any positive contra-indication providing the child is in my opinion dying of laryngeal obstruction, and that the air passages below are comparatively free. The mere existence of croup even with considerable difficulty of respiration does not indicate tracheotomy, as the two cases VII and VIII just related, prove to my satisfaction, even where the retrocession of the spaces on inspiration is very considerable, and the loss of voice is complete.

TECHNIQUE.—My method of doing the operation presents nothing unusual. After the first incision the tube is reached by tearing with forceps and director. All hemorrhage is controlled before the tube is opened, if there is time. I open the tube, having it fixed by a tenaculum in the hands of an assistant, by a sharp pointed curved bistouri, cutting upward to avoid possible abnormal position of the innominate artery, and subsequently enlarging the slit so made, if necessary, with probe-pointed bistouri. There is no hurry about putting in the canula except in unusual cases, as in case V. The patient should have time to cough out all loose matters in the trachea. I use the ordinary double canula, secured with tapes, and dress the wound by laying a large pad of iodoform gauze over all. It

serves as a sieve for the air going into the lungs, as well as a dressing for the wound, can be removed and changed readily, and I have an idea that the amount of iodoform drawn into the trachea by respiration does good rather than harm. The time for removing the tube must be a matter of judgment and experiment. By removing the inner tube and closing the aperture, the fenestrum in the outer tube will permit breathing through the larynx, and in this way we must judge when the canula may be dispensed with.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

STATED MEETING, HELD JAN. 6, 1888.

The 202nd meeting of the Clinical Society of Maryland was called to order by the President, Dr. N. G. Keirle in the chair.

Dr. J. S. Conrad read an interesting and instructive paper entitled

THE KNOWLEDGE OF RIGHT AND WRONG AS A TEST OF INSANITY.*

Dr. J. Edwin Michael read a paper reporting

EIGHT CASES OF DIPHTHERITIC STENOSIS OF THE LARYNX, IN SIX OF WHICH TRACHEOTOMY WAS DONE.†

Dr. Randolph Winslow read a report of

CASES OF TRACHEOTOMY.

He said that he simply wanted to place on record those cases of membranous or diphtheritic croup which have come under his notice, of which he had a distinct recollection. These cases were sixteen in number, of which five were colored and eleven were white. Their

ages varied from 8 mos. to 12 yrs. Of the sixteen, thirteen were treated without operation, and three were submitted to tracheotomy. Of those not operated on four recovered; one of those, however, may have been catarrhal in character. Some of these cases came under observation before it was customary to propose tracheotomy, and of these three got well. Of the five cases in which operation was suggested and declined, four died and one recovered. He did not attribute the recoveries to any particular treatment. Calomel was used in one case freely, and quinine and iron in all. He then related in some detail the cases on which he operated, and closed his remarks by saying that he believed that much can be done in membranous or diphtheritic croup by rational treatment and good nursing. He also believed in the surgical treatment at a certain stage of the disease, and this stage is that of impending suffocation, stenosis. If the patient is apt to die from asphyxia, operate.

Dr. J. W. Chambers reported seven cases of

INTUBATION OF THE LARYNX.

The cases when seen were all suffering from marked symptoms of laryngeal stenosis. The ages varied from 11 mos. to 3½ years. The introduction of the tube gave immediate relief to all of the symptoms of dyspnoea. Of the seven cases operated on six died and one recovered. The shortest time at which death took place after operation was seventeen hours. The longest time thirty-six hours. The case that recovered had very severe symptoms of stenosis, but the tube gave immediate relief. His temperature never arose over 100°. The tube was removed on the third day, and patient made a good recovery. All of the cases were of that character which would have called for tracheotomy. He quoted statistics showing the relative mortality between the two operations. Statistics so far show that on patients under three years results are in favor of

*See MD. MED. JOUR., Jan. 14, 1888.
†See page 268.

intubation; between three and five years, they are about the same. After five years he would prefer tracheotomy. He does not think there is need for discussion between the two operations. Intubation is advantageous in cases where parents refuse tracheotomy, or where the nursing is imperfect, etc., as it requires less attention than tracheotomy. The greatest difficulty, he said, was how to get the patients to take liquid food.

DISCUSSION.

Dr. J. S. Conrad thought that if they cannot swallow fluid, why not feed them by introducing a tube through the nose into the stomach according to the method employed in feeding the insane?

Dr. H. Clinton McSherry said that the plan suggested by *Dr. Conrad* had often been used in feeding patients suffering with laryngeal phthisis with good results.

Dr. Thos. S. Latimer said that these discussions show that a fair proportion of the cases of diphtheria recover, and that death from it almost always occurs from respiratory obstruction. Two cases he had seen, in which he attributed death to heart failure. No child should be allowed to die from trouble at the throat without opening the trachea. All cases should be treated by some remedy. Turpentine, for example, is very good, and in his hands had worked well. Preference for intubation is best before the third year. After that he doubts if it is better than tracheotomy. With the timely use of stimulants, supplemented by mustard baths, and the local use of bromide of potash and aqua calcis, in forms of spray, we are enabled often to accomplish great good. The patient he reported at the last meeting, which was treated by this means, has continued well ever since.

BACTERIOLOGY OF SMALLPOX.—Prof. J. Hlava describes in the *Sborník Lekareky*, a Bohemian medical journal, the results of some microscopical and bacteriological researches he has lately

made on the contents of variolous pustules and the blood and viscera of smallpox patients. In four out of five cases streptococcus pyogenes was found in the blood and viscera. In the skin and in pustular contents there were found, in addition, staphylococcus albus, saccharomyces (*Proteus Zenkeri*), and staphylococcus citreus cereus. The identity of the microorganisms found with pyogenic microbes was demonstrated experimentally, but none of them produced smallpox. Professor Hlava believes that the variolous poison produces characteristic changes in the epithelium of the skin, and that in consequence of these, pyogenic cocci invade the dermis, being carried thither by the circulation, which they enter through abrasions of the surface of the pharynx and larynx, which, he says, are invariably to be met with in smallpox patients. Thus variola would appear to be, in the majority of cases, a disease due to a mixture of infections, variolous and pyogenic, the latter class of infection entering the body subsequently to the former.—*Lancet*, December 17, 1887.

PAJOT ON STERILITY.—Speaking on the subject of the obstacles to fecundity in the human species, Professor Pajot says: "Has the woman an anteversion? Say to her: 'Have the kindness, if you please, every evening when you have intercourse with your husband, not to urinate for five or six hours. Don't ask why; that doesn't concern you. Only don't urinate. You wish to have children? Yes? Well, then, urinate after intercourse, and not before.' If she has a retroversion, say to her: 'Madame, when your menses are over, eat plenty of eggs and plenty of rice. Take every night for three or four days a little pill which I am going to give you' (This little pill contains simply a third of a grain of extract of opium.). 'Manage not to go to stool for three or four days. Then have intercourse with your husband, but don't go to stool till afterward.' You will say that all this is very ridiculous; yet the whole process is entirely rational and is based upon anatomical and physiological principles."—*Medical Record*.

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BALTIMORE, FEBRUARY 4TH, 1888.

Editorial.

THE INEFFECTUAL METHODS OF QUARANTINE AT AMERICAN PORTS. THE NECESSITY OF NATIONAL CONTROL OF MARITIME QUARANTINE.—The Committee of the College of Physicians of Philadelphia, appointed to investigate the efficiency of our quarantine arrangements for the exclusion of cholera and other epidemic diseases, reported some months ago the very inefficient condition of our maritime quarantine, and the exposed condition of our country from the present system of quarantine administration. It was shown by the Committee that at the ports of New York, Philadelphia and Baltimore, the arrangements were so wholly defective that little if any protection against the introduction of epidemic diseases was provided.

In a subsequent address, issued by the Committee, now before us, this question of maritime quarantine is more fully and carefully considered, and the present condition of our ports is more fully exposed. It has again been shown that our country is in great danger from the invasion of epidemic diseases through our foreign communications, and that the present system of independent municipal and State quarantine which prevails at

the ports of the United States can not be depended on to provide proper safeguards against the importation of disease. The facts stated by the Committee in support of the foregoing statement cannot be disputed. We do not deem it necessary to recite the arguments adduced by the Committee, which advocate the importance of placing the management of maritime quarantine in the hands of the General Government.

It may be stated, however, in a general way that the defects of local quarantine stations are referable to two causes: first, inadequacy of establishment; and, second, faults of administration. Attempts to correct these important essentials of an efficient quarantine service cannot prove otherwise than ineffectual, from the fact that both municipal and State authorities are too parsimonious to provide the necessary service, and such establishments will unavoidably fall under the dominion of political influences and commercial considerations, which will surely impair their administration.

Such considerations cannot apply to a quarantine system regulated by the General Government. Here the necessary expense for the conduct of a complete quarantine establishment at every port can be abundantly provided, whilst the system of administration will be uniform, continuous, and directed in such a manner as to meet every requirement of existing sanitary knowledge without a disturbance of our commercial interests. For the reasons assigned, and others more weighty than we have stated, the Committee urge the necessity of Governmental control of our maritime quarantine. To secure this end the Committee invite the coöperation of the medical profession as a body, and as individuals, to assist in influencing legislation by the following means:

1. "The passage of formal resolutions recognizing the necessity of National control of maritime quarantine, and urgently recommending the matter upon the consideration of your representative in Congress.

2. Strenuous efforts to enlist popular sentiment in support of such legislation.

3. The enlistment of the influence of the local medical and public press."

We know of no subject of greater importance to the profession and to the public than the one here stated. We would, therefore, urge our readers to consider it in the face of an imminent danger to all of our seaports and to the country at large from foreign epidemic diseases, and to bring such influences to bear as may aid in averting a grave and threatening peril to the public health. It seems to us manifestly important that the medical profession should take the lead in this matter and fully sustain the important work which the College of Physicians has inaugurated, and made so apparent as a necessary and obligatory professional duty.

THE DOCTOR AS HE IS REPRESENTED.

—Who has not laughed at the doctor as he is to be found in *Gil Blas* or as *Moliere* and *Dickens* loved to delineate him. All through literature, old and new, the doctor is introduced to play a comic part, to lighten up the heavy places, to pose very much as the clown, except that his clownishness is supposed to be natural. His love of notoriety, eagerness to get patients, suavity, conceit, adherence to the *code*, hypocrisy, *sang froid* and a host of other very humiliating characteristics have filled up the 'stock box' of dramatists and fiction writers from time immemorial.

Very rarely has any other side of the physician been represented in literature. We search in vain for any true portraiture of him in Shakespeare; he is often mentioned by the great master, but generally incidentally, or with ridicule. Of course there is just ground for the many flings at this unfortunate man; but then his temptations are great. He has to deal with people in a more personal capacity than any other professional man, and he has to present many fronts, and is it not to be wondered at, that occasionally he makes a mistake? What seems like a

simple explanation or plain direction to Mrs. A., may appear very pretentious to Mrs. B., or mysterious to Mrs. C.

So, with a few notable exceptions, the physician has been handed down through all literature, as an amusing humbug.

Nor has the era of realism in literature, as yet, produced any really good picture of the doctor. This is all the more to be wondered at, since no profession has escaped this microscopic study, yet none offers a richer field than that of medicine. Here can be found all the foibles over which the older writers were wont to make merry, and also traits as noble and men as heroic as in any other walk of life. In the introduction to his recent volume of poems, Robert Louis Stevenson pays the warmest tribute to physicians. His is not merely an imaginative sketch. For years an invalid, he has been thrown with doctors in all parts of the world, and speaks from a large experience. In his charming familiar style he shows a side of the doctor's life, and a manly, sympathetic appreciation of his work such as is rarely seen in print. One of the late numbers of the *Nation* contains an excellent notice of Dr. Gross' autobiography, and the reviewer, in commenting on the life and work of this distinguished physician, takes occasion to say that it is so seldom that a doctor's work is fully appreciated. The work of the lawyer and the clergyman is to a great degree public, and if it is well done is sure to meet with approval, while a physician may live and die in obscurity, though he has accomplished much.

Weir Mitchell in his last book, *Doctor and Patient*, has some very pleasant words on the same subject. Especially does he bring out the fact that the doctor has met with such scant justice at the hands of character delineators.

No calling can show more interesting biographies than the medical profession. Stories of men whose whole lives were devoted to the eager pursuit of science, under difficulties which seem to us as

we look back upon them insurmountable.

Very few of these notables thought it worth while to give us any insight into their personal lives. Their whole purpose was the advancement of their profession, and we have only their professional writings left.

Here and there a bit of autobiography remains which thrills us as we read how eagerly the writer sought after knowledge, and rebukes the dilettante, tradesman-like spirit of the profession of to-day. If the story-teller wants material for a novel, let him know something of the lives of the great masters of our science, and no one will carp at his realism if he gives us a faithful picture of the doctor.

THE HEALTH OFFICE AND THE PROFESSION.—The Health Board in its duties to the city endeavors to keep a record of the births, deaths and contagious diseases occurring in the city.

This is only possible with the coöperation of the practising physicians, and it is the only request made by the board that physicians give a prompt and clear return of all births, deaths and contagious diseases occurring under their supervision. Unfortunately this is so badly carried out by the physicians, that the statistics of this city are of very little value. The manner of reporting—or rather of not reporting—births, has been already mentioned in these columns.

For well-known reasons the deaths are very promptly reported, but how?

As there is no law to regulate the practice of medicine in Baltimore or Maryland, any physician who shows his diploma at the Health Office may be registered. This is the only form necessary for him to practise, sign birth, death and other certificates. Any one wishing to see a curiosity need only inspect the death certificates at the Health Office. The ordinary physician can easily fill in the name, age, address, etc., but when it comes to putting down the cause of death, some of those who have made no ante-mortem diagnosis, record as a cause

of death such expressions as, "Visitation of God," "Dispensation of Divine Providence," and such cant. In the case of an infant the cause of death given was that the mother had consumption, the physician (?) evidently being honest in his endeavor to find the "primary cause." Such certificates cannot be rejected because the physicians are possessed of a diploma and properly inscribed in the records of the Health Office. This is truly a license to kill.

Now as to the reporting and recording of contagious diseases, it seems very desirable that this should be done. Of course a revised list of the contagious diseases in the ordinary accepted sense should be made, and no ignorant official should have power to impose a fine for failing to report a case of doubtful contagion, as was recently done in that progressive (?) city of Philadelphia.

The Health Board here has given the profession every facility for reporting all these cases by distributing blanks and directed postal cards, so that all such information may be conveyed to the Health Office, with no expense to the physician. It is the desire of the MARYLAND MEDICAL JOURNAL to record each week the number of cases of contagious diseases in the city, with the number of deaths therefrom, and it is hoped that all physicians will feel a sufficient interest in this undertaking to coöperate and report promptly to the Health Office all contagious diseases coming under their supervision.

THE VIRGINIA STATE BOARD OF MEDICAL EXAMINERS.—The law regulating by a rigid examination the practice of medicine in Virginia, which was and is such an honor to her, and a fitting model for neighboring States, is in danger of being repealed. According to the *Alexandria Gazette* (Jan. 21st) two bills have been introduced into the Virginia Legislature, one to repeal the law providing the State Board of Medical Examiners, and the other to exempt from passing before this Board graduates of all State Medical Schools. Just when Virginia

has succeeded in keeping out charlatans and other unfit practitioners, and just as other States seem inclined to follow her good example, there comes this unjust demand to repeal the law. It is thought that this second bill exempting graduates of the State from passing before this Board has been stimulated by a petition from the students of the Richmond Medical College.

Leaving the doctors to themselves to consider the advantages of keeping up a high standard of admission to their ranks, the people think that they, on whom these doctors have to practise, should have something to say in the matter. Unfortunately it is well known that the possession of a medical diploma alone, when such articles are by competition so easy to obtain, does not of itself render a man capable of practising. The standard of medical education, the manner of conducting examinations, the dependence of the professors on the fees of the students, are all weak points in the large majority of American medical schools. It is no secret that men who have successfully graduated at schools North of Virginia have utterly failed to pass the State Board examination. The difficulties of having an entirely impartial examination are evident, but as a check on all schools, the Board consisting of competent and disinterested men, wholly independent of any college, has been able to conduct honest and fair examinations, and to protect the State, as all other States should be now protected.

If the Richmond Medical College is endeavoring to repeal this law it is a very sad confession of its own weakness. Neither of the bills should become laws, and the righteous indignation of every good citizen of Virginia should be aroused to protect the State.

Miscellany.

ALCOHOL IN PHTHISIS.—In a paper entitled "Feeding Phtthisis" in *The Dietetic Gazette*, Dr. J. Solis-Cohen, of Philadelphia, says:

Alcohol, despite all that is said, for-

cibly and truly, against its indiscriminate employment, is in reality a food in phtthisis. We may or we may not be able to follow the molecular changes and cellular reactions from the moment of its introduction to that of its elimination; but whether or not physiological chemistry has said its last word upon this subject, that intelligent empiricism upon which clinicians must continue to depend has demonstrated the value of alcohol in wasting diseases, and more especially in those associated with elevation of temperature.

It need not be given in excessive doses. A tablespoonful of good brandy or good whiskey, night and morning, in the form of milk punch—or, better, cream punch—with a glass of good Burgundy wine at dinner, will ordinarily suffice; though much larger quantities may be given at times with much advantage. The elder Flint records instances in which a pint of whiskey daily was taken along time with apparently very good effect. The writer knows of similar cases. It is only fair to add that cod-liver oil was also used freely in all these cases.

Sometimes malt liquors may seem to be preferable; and, if decidedly more agreeable, the patient's taste may be considered; a good wine of coca, used intermittently is often useful. For prudential reasons, alcohol may be disguised as an extract of malt—and here the power of the diastase of the malt in aiding digestion is often of service—or it may be made into a prescription, as in the formula of Jacoud, of glycerine, mint water and rum.

The combination of alcohol with milk, malt, cod-liver oil or glycerine is, theoretically, preferable to (Fothergill) and in experience more advantageous than its separate ingestion.

DIET IN SKIN DISEASES.—Dr. G. H. Fox in *The Dietetic Gazette*, says:

One very important point to be considered in preparing a diet list for patients with skin disease is the effect of alcohol, tea, coffee and tobacco in retarding tissue-metamorphosis. To improve the nutrition of the skin, it is desirable

that the processes of waste and repair be carried on without cessation. When alcohol or other stimulants are consumed to any extent this desirable change or reconstruction of tissue is arrested and the various organs of the body are impaired in the performance of their functions. The effect of beer upon eczema is as marked as it is upon a gonorrhœa, and I have sometimes thought it better for a patient to drink a whole bottle of whiskey than a single glass of malt liquor. The effect of tobacco and coffee is frequently bad in cases of pruritus, and in private practice I have fallen into the habit of forbidding all stimulants on the ground that they do no good and may do harm. In charity practice it has often struck me as the height of folly to prescribe medicine for patients who are living largely on tea and beer, and whose symptoms would speedily disappear under a judicious regulation and diet. Indeed, it is difficult to appreciate what dietetics will do in the treatment of cutaneous and other diseases unless we move, for the time being, a suspension of the Pharmacopœia.

CURE OF ANTHRAX BY INOCULATION OF OTHER BACTERIA.—Interesting experiments have been made by Pawlowski and Emmerich on the cure of anthrax by means of bacteria. Pawlowski was led to try these experiments on account of the good results which had been obtained in the treatment of lupus by setting up an attack of erysipelas, and also by Emmerich's experiments on the same subject. Pawlowski found that out of seven rabbits in which a mixture of erysipelas micrococci and anthrax cultivations was injected under the skin only two died, but the animals which lived were afterwards killed by an injection of pure cultivations of anthrax alone. Simultaneous injections of streptococci and anthrax bacilli into the blood killed all the animals; of ten rabbits inoculated with anthrax, in which on two occasions, at intervals of two and twenty-four hours, after the operation, cultivations of bacillus prodigiosus were injected under the skin, eight recovered, and in these a small abscess formed at the seat of in-

jection. Further experiments are mentioned, and the conclusion which may be drawn is that these other micro-organisms excite the energy of the phagocytes and increase their power of resistance in the fight with anthrax bacilli. Emmerich had previously found that infection with anthrax can be prevented by previous inoculation with the micrococcus of erysipelas. Seven out of fifteen animals so treated withstood the injection. When anthrax had already developed in the animals, subcutaneous injection of erysipelas did not produce any particularly favorable effect; but if a few hours after the infection with anthrax the erysipelas micrococci were injected into the circulation, the animals sometimes recovered, although after apparently a severe illness. In explanation of these results Emmerich comes to the conclusion that the cells of the body are irritated by the erysipelas micrococci, and thus gain sufficient power to enable them to withstand the anthrax bacilli.—*British Medical Journal*, Dec. 31, 1887.

ANÆMIA.—Some light has recently been thrown on the causation of anæmia by the observation that certain forms are associated with intestinal parasites. Lichtheim, of Berne, in his address to the German Congress of Physicians, admitted that bothriocephalus latus has some share in the causation of some of the cases classed as pernicious anæmia; it is generally admitted that anchylostoma duodenale produces a severe form of anæmia; and it has recently been suggested by Erni, and also by Kynsey, that a certain proportion at least of the cases of beri-beri were due to the presence of the same parasite, or of tricocephalus dispar; the view is fully confirmed by the effects of anthelmintic treatment. Sir Andrew Clark has advanced the opinion that the anæmia of young girls is due to fæcal retention leading to reabsorption of ptomaines or other excrementitious products.—*British Medical Journal*, Dec. 31, 1887.

RELATIONS OF CONVULSIONS TO ARTERIAL TENSION.—In his Croonian Lectures, Dr. Broadbent observed that convulsions

were sometimes associated with increased arterial tension, and suggested that uræmic convulsions were largely due to the high tension; in support of this he adduced the fact that blood-letting has often a remarkable effect in cutting such convulsions short. Dr. Ringer has propounded a theory of at least equal plausibility to account for this effect of blood-letting, namely, that by suddenly reducing the bulk of fluid in the vascular system, it leads to a rapid flow of watery fluid from the tissues to restore the balance, and that the beneficial effect is due to this dilution of the poisonous matter in the blood. However this may be, we ought not to lose sight of Dr. Broadbent's other observation, that ordinary epilepsy is usually associated with low arterial tension.—*British Medical Journal*, Dec. 31, 1887.

THE GONOCOCCUS IN COURT.—From the *Medical Press* we learn that some little time ago, in Belgium, a man was accused of the rape of a little girl. On the clothing of the accused and on that of the alleged victim spots of pus were found, and handed over for examination to a physician and pharmacist of the first class. These experts declared the pus to be gonorrhœal, whereupon the defending counsel demanded proof of the presence of gonococci. Dr. Castiaux, Prof. of Forsenic Medicine at Lille, was, therefore, called upon to make a fresh examination of the spots with the object determining the existence or non-existence of microorganisms. Dr. Lober, who took part in the examination, made pure cultivations of the pus on various media, and finally on sweetened and peptonized agar, and by this means was enabled to confirm the gonorrhœal nature of the pus.—*Medical News*.

THE THERAPEUTICAL VALUE OF SALOL.—According to the most recent observations, the principal effect of the administration of salol, is to produce a marked and immediate remission of the pain in cases of acute rheumatism. Its effect on the temperature, however, is less marked than that obtained by means of the salicylate of sodium, and the relief

afforded is of much shorter duration. In fact, unless the patient is kept well under the influence of the drug, the suffering returns with its original intensity. Salol is, to all intents and purposes, innocuous, and is said never to give rise to toxic symptoms. Even the discomfort which not infrequently follows the internal administration of salicylate of sodium has not been observed with salol. Hence, whenever the use of the former drug is contraindicated, salol will be found both useful and reliable. The best effects were obtained with it in the treatment of subacute rheumatism, and the patients soon learn to appreciate the relief which follows its administration. Salol is insoluble in pure water, but is slightly soluble in organic liquids of alkaline reaction. It is best given in the form of compressed tablets, pills, or in an emulsion.—*British Medical Journal*, Dec. 24, 1887.

THE COATING OF PILLS TO ORDER.—Messrs. Eli Lilly & Co., of Indianapolis and Kansas City, announce their readiness to make pills from formulas furnished to them by individual physicians—sugar-coated in lots of 3,000 or more, and gelatin-coated in lots of 1,000 or more. They state that a small number of pills can be coated with gelatin more economically than with sugar, but that for large lots sugar coating is the less expensive. They add that, the larger number coated at a time, the better will be the finish.—*N. Y. Med. Jour.*

A LAXATIVE GASTRIC TONIC.—Bardet has used to advantage :

Ext. fluid. cascara sagrad.	3 5.
Tinct. nucis vom.	℥ 30.
Aquæ destil.	3 28½.
Syrup. simpl.	3 3¼.—M.

Sig.—Dose, a teaspoonful.—*Journal de Médecine*, December 18, 1887.—*Medical News*.

CALOMEL AND SANTONIN.—A physician in Atlanta, Ga., was last year prosecuted for homicide for administering to a child a dose of five grains each of calomel and santonin. After a full investigation and the introduction of numerous expert witnesses, the prosecution failed.—*Med. Rec.*

Medical Items.

The New York Hospital Saturday and Sunday Collection this year has reached the sum of \$45,000.

Dr. H. G. Prentiss, a well known physician of Govanstown, Md., died on January 27th, after a lingering illness.

Dr. H. Augustus Wilson has been appointed Professor of Orthopædic Surgery in the Philadelphia Polyclinic.

The American Physiological Association has recently been organized, with Dr. H. P. Bowditch as President, and Dr. H. N. Martin as Secretary and Treasurer.

A decree has just been issued by the Austrian Minister of Public Instruction, forbidding the use of books printed with small type in public schools, as shortsightedness is so prevalent among school-children in Austria.

The 82nd Annual Meeting of the Medical Society of the State of New York meets in Albany on the 7th, 8th and 9th of February. A large number of papers have been announced on the programme to be read. Dr. A. L. Loomis is President.

Dr. Frank Donaldson, Jr., of this city, read a paper by request, before the Physiological Society of Berlin, (Physiologische Gesellschaft zu Berlin), December 2nd, 1887, "On the Method of Isolating the Mammalian Heart for Experimental Research."

According to native journals, Japan can boast of a phenomenal giantess. Though only twelve years and five months of age, she is said to stand eight feet high and to weigh over two hundred and seventy pounds; her hands measure over nine inches in length, and her feet fifteen inches.

Salicylate of mercury is recommended as an antiseptic powder for external treatment of wounds, syphilitic sores, etc. It is a white amorphous powder free from odor, tasteless, and neutral to test-paper. It is slightly soluble in water and alcohol. It contains 0.2 per cent. of water of crystallization, and fifty-nine per cent. of mercury.

The Obstetrical Society of Cincinnati at its recent annual meeting elected Dr. Giles S. Mitchell, president; Dr. James G. Hyndman, vice-president; Dr. W. H. Wenning, secretary; Dr. George E. Jones, treasurer; and Dr. T. P. White, corresponding secretary. Dr. Apostoli, of Paris, was elected a corresponding member.

The Georgia Medical Society asks Congress to remove the present tariff upon medicines, surgical instruments and appliances, upon the ground that the interests of humanity will

thereby be subserved. The movement is a good one, and other medical societies should take the matter in hand. There is no good reason why the profession of this country, and the public at large, should be taxed to enrich a few manufacturers of drugs and instruments.

The capital punishment Committee of New York State, appointed a year ago, has made a report to the Governor in favor of electricity as a means of judicial execution instead of hanging. Among the many projects laid before the Committee was one from a Parisian mechanic, who has devised a chair in which the spinal column of the condemned can be instantaneously broken.

Mme. Boucicault's legacy of \$4,000,000, for the foundation of a hospital for the poor of Paris, is imperilled, it is said, through a condition which she attached to it, namely, that the nursing should be done by the Sisters of Mercy. The municipal council of Paris has voted to substitute trained nurses for the sisters, in the hospitals under their control, which action brings them squarely in opposition to Mme. Boucicault's conditions.

The *Boston Medical and Surgical Journal* publishes a very interesting sketch, showing the part which the members of the Obstetrical Society of Boston took in the War of the Rebellion. The record of the Society shows that of a membership limited to 30, it furnished 14 commissioned officers and 11 others as inspectors, contract surgeons and examiners of recruits. Of the 14 commissioned officers 10 served on the medical staff, 7 in the army and 3 in the navy. The other four served in the arm of the service which made wounds, not dressed them. Two rose to the rank of captain, and two reached the rank of lieutenant-colonel. One fell mortally wounded at the head or his command after a desperate cavalry charge.

It is announced that Prof. W. T. Councilman, Associate in Pathology in the Johns Hopkins University, has been elected to the Chair of Anatomy in this Institution. Prof. Councilman is a native of this State and a graduate in medicine of the University of Maryland, of the class of 1877. Soon after graduation he entered the Physiological Laboratory of the Johns Hopkins University and, with the exception of several years' residence abroad, has been connected with the University for the past ten years. It is understood that he will go to Europe during the present summer with a view to a more thorough preparation for the duties of the chair to which he has been elevated. The organization of the Medical Department of the Hopkins is well underway, the chairs of Chemistry, Physiology, Pathology, and Anatomy, being now filled by Professors Remsen, Martin, Welch, and Councilman, all of whom are in the very prime of life.

Original Articles.

THE TREATMENT OF NERVOUS AND MENTAL DISEASE BY SYSTEMATIZED ACTIVE EXERCISES.*

BY CHARLES K. MILLS, M.D.,
OF PHILADELPHIA.

Exercises or movements for medical purposes, medical gymnastics, in other words, have been divided and subdivided to an absurd degree by Ling and his followers. Schreiber gives an example of a German term for what is called the quarternary combination of the standing position, which term contains forty-five letters and nine different words, although it is written in German as a single word. The division, however, into such movements or exercises as passive, duplicated active, and active, is rational and useful. Passive movements are performed upon the patient or individual, his will not coming into play except in submitting. In duplicated active movements, both the operator and the individual treated, take part; the first resisting while the second acts, or the reverse. Sometimes these movements are spoken of as semi-active and semi-passive; in the former, the physician or operator resists; in the latter, the subject resists. Movements of this class are of the greatest value in some forms of nervous or neuro-muscular disease, but it is not my purpose to discuss them, unless it be incidentally, in this paper; nor do I intend, except perhaps in the same manner, to speak of massage.

It is of systematized active exercises, that I will more particularly speak. The expression single active movement indicates that the movement is performed by a single individual without direct assistance, although it may be done under the orders of a physician or master. Exercise of this kind may be performed either with or without apparatus, and even when the latter is used it need not necessarily be expensive. While massage and electricity have received a large

share of attention from neurologists, they have neglected too much the use of medical gymnastics particularly systematized active exercises. Masseurs and masseuses, good, bad, and indifferent, now abound in our large cities, but good instructors in physical culture, as applied to medical purposes, are not numerous.

"Gymnastics," "exercises," and "movements," by some medical writers are used as perfectly synonymous. Dr. George H. Taylor, however, claims that we should carefully distinguish between gymnastics and movements, and between calisthenics and movements, and that evil has grown out of confounding these terms. It is probably better in a medical paper to speak with precision of "movements" or "exercises," designating the particular kind, but "medical gymnastics" covers the whole ground, and the word "gymnastic," or "gymnastics," used in a general sense, may be properly employed in medicine.

The attention of the profession of this country has been too little attracted to the publications, and the practical work of the brothers, Dr. George H. Taylor and Dr. Charles Fayette Taylor, of New York, who may be regarded as the pioneers in this country of the gymnastic treatment of disease. They deserve great credit for their efforts, not wholly appreciated. As early as 1861 a book was issued on *The Theory and Practice of the Movement Cure*, by Charles Fayette Taylor, M.D., in which is discussed in an interesting and practical way the treatment, by Swedish movements, of curvatures, paralysis, indigestion, constipation, diseases of women, etc. In 1879 appeared a Treatise entitled *An Exposition of the Swedish Movement Cure*, etc., by George H. Taylor, A.M., M.D. Dr. Benjamin Lee, of Philadelphia, by his practical labors, and his publications on massage and Swedish movements, has done much to advance the cause of mechanotherapy in America, and stands with the Taylors as a pioneer in this department.

Archibald Maclaren's *System of Physical Education, Theoretical and Practical*, is an invaluable book and while not intended for medical purposes should

*Read before the Philadelphia County Medical Society, January 11, 1888.

be studied by every physician interested in the active exercises as a means of treatment. Blaikie says truly of Maclaren, that he has done more than anyone else now living to point out the benefits resulting from rational physical exercise, and how to attain these benefits. By his individual efforts and his publications, William Blaikie himself has also done a great work for the advancement of physical culture. His book published by Harper & Bros., in 1883, and entitled *How to Get Strong, and How to Stay So*, has enlisted the interest of thousands, and doubtless has lengthened or saved many a life. In 1886 appeared another little work by Blaikie, in the form of a school text-book: *Sound Bodies for Our Boys and Girls*. The exercises given in this book are clear and plain; they are arranged on a natural plan; they are safe, and but little apparatus is required for them—a few dumb-bells, a few wands or sticks, and a horizontal bar, are about all. I have found them to be admirably suited for my purpose in the treatment of some forms of nervous and mental disease.

In the *Therapeutic Gazette* for June and July, 1887, appeared two lectures by Prof. Dujardin-Beaumez, of Paris, in the first of which he considers the physiological effects obtained from exercise and movements; and in the second, after setting forth the methods of medical gymnastics, he discusses the diseases and conditions in which they are useful.

A Manual of Treatment by Massage and Methodical Muscle Exercise, by Joseph Sreiber, M.D., of Austria, translated, with the author's permission, by Walter Mendelsohn, M.D., of New York, has appeared within a few months. This book treats the subject of mechano-therapy from various points of view; and in it are found explicit directions in regard to the technique of massage and its effects, and also a discussion of active movements with and without apparatus. The treatment of many nervous diseases is discussed. The book is a valuable practical treatise, and its publication will do much to advance mechano-therapy in this country; but one of my chief reasons for referring

to it is because it contains an extensive chronological bibliography, which can be consulted by those interested.

I am engaged in the preparation of a book on the *Gymnastic Treatment of Nervous and Mental Diseases*, in which will be considered both general and local methods of exercise, and the combination of such methods with other forms of treatment, as, for instance with massage, electricity, hydrotherapy, and medicines.

One of my chief purposes this evening is to call attention to general systematized active exercise. I will also speak of a few special or local exercises designed for particular organs or parts. In a large number of nervous and mental cases, the improvement of general nutrition is the one thing needed to bring about relief or cure, and one of the most effective aids to this end is general, systematized active exercise. The methods chiefly adopted by me are (1) the exercises of Blaikie, with or without dumb-bells, and with the horizontal and parallel bars, or substitutes for them; and (2) exercises with pulley-weight apparatus.

I need only refer you to Mr. Blaikie's* best known book for a description of some of the simplest forms of apparatus; to the uses which can be made of the jambs of a door and a couple of pitchfork handles, and for the sketch of a pair of pulley-weights of excellent pattern designed by Dr. Sargent.

A. J. Reach & Co., of Philadelphia, the well-known dealers in sporting and gymnastic goods, have constructed a form of pulley-weight apparatus, which is very complete, compact, and convenient.

"The Home Exerciser" of C. L. Dowd, of New York, is also convenient and useful, and has been strongly endorsed by Mr. Blaikie for its compactness, strength, lightness, etc. The apparatus of Reach and Dowd consists of an arrangement of ropes, pulleys, and weights, ingeniously put together so as to occupy but little room, and yet to allow the performance of many movements.

*How to Get Strong, etc.

"The Home Gymnasium" of John E. Ruebsam, of Washington, D. C., is well adapted for the office of a physician or for hospitals and colleges. For a long time I have had this apparatus in use. It occupies more room than the apparatus of Reach or Dowd, but, on the other hand, it is in some respects more complete, having, for instance, combined with it a lounge for massage purposes, and a strong horizontal bar. An apparatus of this kind or one similar should be in every hospital which has not a complete gymnasium.

Elastic straps are sometimes used for gymnastic purposes. According to Dujardin-Beaumez, Pichery was the originator of this system, which he has styled "opposition gymnastics." Elastic cords with handles attached are firmly fastened in convenient places. By making traction in different directions, they will bring out almost any muscular action. They can be adapted for the leg or foot movements, as well as to the upper extremities. Some objections, however, apply to them which are not applicable to the pulley-weight apparatus, or to the use of dumb-bells, bar-bells, etc. The force used cannot be thoroughly controlled and regulated. Blaikie,† in describing and criticising one of the forms of parlor-rowing apparatus, has pointed out their defects and shortcomings better than can be done by myself. In spite of their defects, however, he considers them excellent contrivances, if used intelligently.

Movement apparatus run by steam has been largely resorted to in some countries, particularly in Sweden, where the method was invented and introduced by Zander. In this country, it has been used in a few institutions, as at the Surgical Institute, formerly located at Broad and Arch Streets, Philadelphia, where I have observed its workings. The system has a field of usefulness; it has also certain disadvantages, and needs the most careful supervision, but under strict supervision, it may be used with great benefit. To some extent, semi-active and semi-pas-

sive or duplicated active movements may be carried out by machinery, and it can be made to cover the whole range of passive exercises.

The same caution and contraindications are to be borne in mind in using the exercises, either with or without apparatus: probably the dangers of overdoing are to some extent greater with than without the apparatus. In the prolonged treatment of patients, some advantages accrue from the use, conjointly or alternately, of exercises with and without apparatus. The interest of variety is added, and the opportunities of the adaptation of movements to special cases and conditions are more numerous. Most of the firms which sell pulley-weight apparatus send with them printed instructions and illustrations; but I enter a word of caution against the employment of such apparatus by invalids without special medical supervision. Much harm has come to individuals, as well as to the subject of medical gymnastics, by the use of exercises without specific directions.

To a considerable extent, I have personally directed the exercise-treatment of my patients in private practice, and in the nervous wards and the insane department of the Philadelphia Hospital.

Dr. A. H. P. Leuf, instructor in physical culture in the University of Pennsylvania, and Dr. O. H. Beckman and Dr. Mary Willits, assistants in the department of the mind and nervous system in the Philadelphia Polyclinic, have, under my instructions, successfully treated patients for me.

Mr. Clinton A. Dodge, of Philadelphia, is an able and experienced instructor and expert in gymnastics. During the present year he has treated for me, with marked success in most cases, patients suffering from neurasthenia, hysteria, habit chorea, neuritis, lateral spinal curvature, melancholia, etc. Mr. Dodge has also had under his care the patients of other physicians, and, by their permission, he has given me some of the results of his work.

The director of these exercises should be thoroughly well fitted for his work.

He should not only understand the

†Op. cit. p. 101.

work, but he should combine discretion with enthusiasm in pursuing it. If not a physician, or if a physician without special experience in such work, the treatment should be carefully supervised by some one more competent. The treatment should be carefully individualized. The instructor or director should not undertake too much in one day; and he will soon tire and do badly with his patients if he cannot become interested.

Usually I combine respiratory exercises with the muscular movements. "On the two powers, muscular and respiratory," say Maclaren, "depend the ability to perform all bodily exercises." Inherent nervous force has also something to do with the capacity to perform bodily exercise.

Of course, in any method of gymnastics respiration must to some extent be exercised. Breathing becomes accelerated, and even painful, under continuous active exercise. In speaking of respiratory gymnastics in this connection, however, I refer to special efforts of breathing—by taking deep, full breaths through the nose and mouth; by forced expiration, as well as inspiration; by counting with a loud voice while holding the breath, etc. It is not my purpose to refer in this paper to the use of pneumatic chambers or other forms of pneumatic apparatus.

It is interesting to recall that the most ancient of books in which gymnastics is discussed, the Chinese Treatise *Cong-Fou, the Art of Man*, speaks particularly of the importance of respiratory gymnastics. Dally and others in the present century, have maintained that respiration is the pivot of every gymnastic exercise, and systems of respiratory gymnastics have been invented (Dujardin-Beaumetz).

Want of respiratory power is certainly either at the root, or is an essential constituent of many morbid nervous conditions. It is remarkable how much individuals differ with reference to their respiratory power, even when of apparently the same muscular ability. The development of the lungs, chest, walls, diaphragm, abdominal walls, and

other parts; the greater aëration of the blood which is conveyed to weak spinal or encephalic centres; and the greater control which the patients obtain over all nervous and muscular effort through these respiratory exercises, make them of decided value in cases in which active movements are applicable. On the other hand, it is quite possible that some harm may result from the incautious use of forced respiration. Carried on too long, both as far as giving lessons is concerned, and as far as the weeks and months during which the exercises are continued, it is even conceivable that the air-cells may be unduly strained. Great care should be taken with those who are very weak generally or in a particular part, especially in the lungs or abdominal region.

The treatment should begin with the simplest forms of exercise, and these should be constantly increased and elaborated, as the patient gains in skill and strength. It is wonderful how little some patients can do in this direction. A grasshopper in gymnastics is a burden to them. Five minutes or even less, is sometimes all the time that can be safely taken at first, and five minutes of actual exercise must sometimes be distributed over half an hour. In most cases the time should never be allowed to exceed twenty to thirty minutes. Often it is important to give resting spells during the process of treatment. Some patients, ambitious to excel or fearing to appear weak, will certainly overdo. Individual peculiarities should be carefully studied. In the majority of cases of nervous and mental diseases in which systematized active exercises are eradicated, the danger will be greater of overdoing than of doing too little.

It is an important practical matter to have the air of the room in which the exercises are performed as pure as possible. The room should be well ventilated. It is not necessary, particularly in the case of the nervous and weak, that the room should be without fire, indeed, it is sometimes better that there should be some warmth, but fresh air should be admitted to the room.

Carrying out strictly hygiene in

various directions will very much assist in getting good results with the exercises. When possible, it is well for the patient soon after finishing the exercises to take a sponge-bath, with tepid or cold water, according to individual vigor. Good food, regulated exercise in the open air, and plenty of sleep are, of course, important.

To illustrate clearly what is meant by simple respiratory exercises in connection with systematized muscular movements, I will quote for you from Blaikie's smaller work two of his very plain directions. I will also quote from the lectures of Dujardin-Beaumetz, one of Dally's movements.

"*Direction.*—1. Stand four feet apart in the aisles, with arms folded behind you, and with one foot about eight inches in front of the other. 2. Now draw the head back and tip it as far down behind as you can. 3. Hold the chin up high. 4. Rest there a moment, then stand up straight again. 5. Repeat this exercise six times.

"*Caution.*—Breathe deep, full breaths all the time; indeed, always, when exercising, breathe slowly and as large breaths as you can."

"1. Take a dumb-bell in your right hand and hold it up high over your head. 2. Stand with the chin high all the time. 3. Breathe a full, deep, slow breath. 4. Now slowly lower the dumb-bell, not down to your right shoulder, but across, above your head, and down over your left shoulder, as low as you can, till it touches your shoulder, letting your body tip over to the left. 5. Hold it there till you slowly count ten. 6. Now bring it back overhead again. Then do the same with the dumb-bell in your left hand. 7. Do this five times with each hand.

Repeat this five times each day the first week, and twelve times daily after that right along."

One of Dally's respiratory exercises is as follows: He places the patient in a vertical attitude with the back against a wall, then, both arms being extended horizontally in front, the patient forcibly and slowly separates the fingers

while he bends the thorax forward; he remains in this position thirty seconds, makes a deep nasal inspiration, and repeats this exercise six times in succession.

Dujardin-Beaumetz, in reference to these exercises of Dally, remarks that another and simpler exercise will render much service in developing respiratory capacity, viz.: To make the patient count with a loud voice as long as he can without losing breath. Before commencing to count he should make a deep nasal inspiration.

Among the diseases of the nervous system referred to by Dujardin-Beaumetz as calling for gymnastic treatment, are muscular atrophies, deformities, chorea, and hysteria; ataxic, nervous, and neurasthenic persons; the victims of mental overwork and sedentary life, and idiocy. He also discusses the uric acid diathesis, gout, and diabetes, for which the neurologist is often consulted.

This paper is not founded simply upon theoretical considerations and a study of literature. For several years I have to some extent used systematized active exercises, either with or without apparatus, and during a year past I have had a considerable number of patients on this treatment. My objects, in addition to recording experience, are to call general attention to a much neglected method of treatment, and to make certain practical suggestions which naturally grow out of a study of the subject. It will be impossible to give details of cases without dragging the paper to a wearisome length. When preparing this paper I was able to put my hand on forty-two cases, not including those under treatment at the Philadelphia Hospital. Of these cases, twenty-five were treated by the general active exercises, some with and some without pulley-weight apparatus; the other nineteen by some local method for a special purpose. The patients treated by the general exercises included cases of idiocy, insanity, asthma, minor chorea, habit chorea, hysteria, general nervousness, neurasthenia, nervous palpitations, lithæmia, cerebral syphilis, diabetes, curvatures, ataxias, and paralyses; those treated by

special more or less local methods included cases of hemiplegia or monoplegia, infantile paralysis, lead paralysis, rheumatic neuritis, muscular atrophy, aphonia, and writers or telegrapher's disease.

For the feeble-minded, for the insane, and even for criminals, systematized active exercises can be used with great advantage. Those in charge of institutions for the idiotic and feeble-minded in France have in particular given much attention to gymnastics. It is only necessary to recall such names as Esquirol, Bourneville, and Pichery. At the *Pennsylvania Training School for Feeble-minded*, at Elwyn, in charge of Dr. I. N. Kerlin, I have frequently, and with great interest and pleasure, witnessed the performances of the gymnastic class. As many as eight separate classes are instructed at one time by as many teachers; and at intervals general exhibitions are given. The classes are graded from those pupils who can only perform the simplest movements, up to those capable of elaborate and somewhat difficult exercises. At Barre, Massachusetts, a gymnasium has been erected, and the children are thoroughly drilled and taught. The same is true of some other institution for the idiotic and feeble-minded in this country. Much could be said, if time permitted, about the beneficial effects of regulated physical culture in idiocy. For the improvement of the general nutrition of a class of unfortunates, usually deficient in this respect, as well as for their training and development, both mental and physical systematic exercises are of the utmost value. In some of the grades of idiocy attention should be paid to individualizing the treatment by exercise. To a certain extent gymnastics can be used for diagnostic and prognostic purposes in idiocy, observation of those attempting systematized exercises determining the possibilities as to general improvement.

So far as I know, very little has been done with systematized movements in hospitals and asylums for the insane, although I believe insanity affords a great field for such treatment. In the first

place, such exercises will do much toward improving the frequently deteriorated physical condition of the insane; secondly, they afford a method of calling out and improving the impaired mental faculties; and, thirdly, they constitute another valuable means of supplying to the insane that which all alienists now agree is most important to them—occupation.

"One of the great improvements that has taken place in modern asylum management," says Clouston,* "has been that rational physiological outlets are provided for the morbid muscular energy in cases of chronic mania. They are neither confined in their rooms, nor within 'airing courts,' enclosed by high walls. They are made to wheel barrows and dig on farms. They are encouraged to dance, and are well fed. Most of them eat enormously, and if they have not enough to eat they fall off, get worse in their mental state, and in their habits. Many of them can be got to expend their energy in hard, regulated work, and are the very best workers on the farms, and in the laundries of the asylums. They are not all, of course, furiously maniacal. Some of them simply have a slight morbid excess and exaltation of the brain convolutions, shown by restlessness, want of affection, want of self-control, but are not incoherent. If they are kept at work, the most objectionable and repulsive parts of the older asylum life are avoided in a great measure, and the refractory wards, with their noise and danger, are not needed. The scenes with patients, attendants holding them down, and removing them into the seclusion of their own rooms, are few. No doubt there are risks run in the present system to patients and guardians, but I believe the risks are much less in reality than under the old system, for the patients are not so irritable, not so revengeful, and not so dangerous, generally."

By means of systematized exercises the insane can be provided with an additional "rational physiological outlet" for their morbid muscular energy, on the

*Clinical Lectures on Mental Diseases, page 158.

one hand, and on the other, with a rational physiological method of calling them out of their muscular and general torpor.

A few weeks since, in the Insane Department of the Philadelphia Hospital, I started a class in systematized active exercises, selecting eight women suffering from melancholia, and putting in with them to give zest to the treatment two other cases not mentally depressed. Sufficient time has not yet elapsed to determine how much in a curative way can be accomplished by such treatment, but already the experiment has proved to me an instructive one. I found that even these patients, plunged into the profoundest depression, could, by sufficient persistence, be aroused to the performance of some movements; others did moderately well; some very well. The difficulty of fixing the attention of these patients, and yet the possibility of doing it by sufficient effort has been clearly shown. The class has made much improvement in facility and rapidity. Small classes should be formed in large insane asylums, and the treatment given a thorough trial.

An instructive case of mental disease, greatly benefited by systematized active exercises, is that of a young man who at the age of twenty-one broke down mentally, as the result of too great output of mental energy, and physical exertion in business. He became depressed, and soon developed delusions of suspicion, believing that people were watching and following him. In a few weeks, under rest, the depression disappeared; he again attempted business, but became excited, and then developed ambitious delusions. He was admitted to an asylum for the insane, and in three months came out, apparently well. In brief, his subsequent history for eight years was that every year, late in the spring or early in the summer, he had a period of excitement, followed by one of depression, each lasting about three months. About three years ago, he began the use of systematized active exercises, after the method of Blaikie and others. He has since persevered with them, at the same time paying attention to diet, sleep, and

general hygiene. On a few occasions he has had touches of elation, lasting only a day or two, but he has been able, owing to his increased physical and mental strength, to resist with success the beginnings of such attacks, and he has been entirely without the regular periods of depression and elevation, for nearly three years.

An experiment made at the New York State Reformatory, at Elmira, has been frequently referred to of late by the medical and general press. An experimental class in physical culture was formed of twelve men, who for a period ranging from one to two years, had made no appreciable progress in their school work, and who seemed incapable of prolonged mental effort, yet could not, strictly speaking, be considered mentally unsound, or representatives of a class known as feeble-minded; with the object of ascertaining, if possible, if physical culture, as comprised in frequent baths, and massage, and daily calisthenics under the care of a competent instructor, would not result in the partial awakening and stimulation of dormant mental power. Increased mental activity rather than muscular development was to be the gauge of success or failure of the experiment.

Dr. H. D. Wey* physician to the Reformatory, in reporting upon the results of the experiment, says that to those who are thrown in daily contact with the men, a mental awakening was apparent. They became interested in their studies, and strove to appear to the best advantage in the schoolroom. Their advancement in their studies was not steadily onward, but rather intermittently progressive. It will be interesting to note in the future, as Dr. Wey remarks, whether the good results are permanent; but whether they are not, the step is one in the right direction, and is to be commended to penologists everywhere.

Systematized active exercises serve a good purpose in some of the various disorders designated as asthma. One case of this kind, a young lady, despondent,

*Annual Report of the New York State Penitentiary, at Elmira, for the year ending September 30, 1886.

weak, dyspeptic, hysterical, with feeble heart, and subject to attacks of asthmatic breathing improved with great strides in a few weeks under general active exercises. She began treatment with half-pound dumb-bells, and at first could only stand five minutes' work. The exercises were increased, until half an hour was reached, and dumb-bells weighing four pounds were used.

(To be continued.)

LECTURES ON SKIN DISEASES
DELIVERED AT THE WOMAN'S
MEDICAL COLLEGE OF
BALTIMORE.

BY ROBERT B. MORISON, M.D., OF
BALTIMORE.

The question is often asked why it is that there are so many more bald men than women. There is no doubt that this is a fact. One has but to look over an audience to discover how true this is. Almost all the young men of thirty years of age in this city are complaining of losing their hair, and it is also a very common complaint of the young ladies, whose ages it is not necessary to mention.

Baldness begins generally in one of two ways, either by a gradual thinning of the hair from a spot on the top of the head which spreads in concentric circles, or from the forehead backwards on either side in the shape of two v's, which increase until they meet. It is a physiological fact, however, that the falling out of the hair is within certain bounds natural. The loss of the hair does not mean its death. Its follicle may remain and another hair shaft be sent out from it. If it were not for this, how should we have a second growth of hair after fevers or other diseases? Some of the thickest heads of hair lose it in quantities every day. Such heads do not necessarily become bald. Baldness is due to the death of the hair, to the want of the proper recruits or reinforcements behind to take the place of those which have been killed.

The causes of this premature loss of the hair are numerous. They are sometimes discoverable, but unfortunately not always. Heredity certainly plays an important part. It is the rule of some families to become prematurely bald. This is due to some constitutional peculiarity which indirectly affects the nerves of the skin and is inherited through many generations.

There are many people, however, who lose their hair through their own or someone else's ignorance of how to take care of it.

One of the first symptoms that a thick suit of hair will soon become thin, is the appearance of an undue quantity of dandruff. This denotes something wrong with the proper nutrition of the scalp which subsequently affects that of the hair follicles. There is generally some itching attending it, which is followed by involuntary scratching. This increases the irritation, the quantity of dandruff, and often is carried to such an extent that an obstinate chronic eczema is engrafted upon a simple condition of defective nutrition.

This series of disagreeable, but many times unnoticed symptoms of their being something wrong with the scalp is often produced by the common use which the fine-tooth comb is put to. It requires an extraordinarily gentle hand to use a fine-tooth comb in such a way that it will not literally scrape much of the external layer of the skin off the scalp. I would advise them never to be used without great care, and never with such energy to clean the head, that the skin is taken off in heaps.

The commonest of all applications to the hair is water. I must caution you strongly against its abuse. Water should not be used daily to wet the hair. Besides the drying and irritating effect it has upon the scalp, it assists in the growth of various vegetable parasites, which cause many diseases. However, by this advice I do not mean to discountenance the use of water altogether. Far from it. It is absolutely necessary to

wash the hair at stated periods. When a soap is used, it should be rubbed upon the scalp with some vigor, but it must be thoroughly and entirely removed with plenty of warm water. This caution is especially necessary to ladies, as any kind of soap sticks to their long locks with great tenacity. Even if a small quantity is left behind, the shampooing has been of no service, indeed it is worse than none at all.

After washing the hair, it should be first thoroughly dried, then slightly moistened with some non-irritating, hair tonic which contains no tincture of cantharides, natural petroleum or sulphur. These drugs are only useful under certain circumstances, but alas! so universally prescribed, that from their irritating properties, they tend more often to aggravate than to alleviate any pre-existing trouble.

After it has been washed and dried, which for ladies is a long process, it may be arranged according to the taste and fancy of the owner. I must, however, even here caution those who are accustomed to use the hot iron to produce those fascinating ringlets, which are now in fashion. If you stop a moment to consider you will recognize why this is injurious. The hair has no nerves running through it, you may pinch it, pound it, twist it, burn it without its hurting, but it is, if healthy, just as much alive as any other part of the body. In order to make it curl suddenly, it must be tightly pinched with pincers so hot, they would char your fingers and the effect of this is, to partially destroy the delicate cells of this most beautiful structure. The hair almost literally curls up in agony and suffers in consequence,

Frequent repetition of this unwholesome and unnatural operation renders it brittle, uneven, dry, and lastly it falls out prematurely dead. The only fit and proper method of curling straight locks is by means of the old fashioned and time honored *curl paper*. This is a slow process, The hair is uninjured by it just as the branch of a tree

may be bent into any shape, by gentle and constant pressure, but which may snap into pieces if sudden force be used.

Another point bearing upon the proper treatment of the hair I desire to call your attention to. It is quite too frequently the custom to cut it at short intervals, especially among men. The idea is that by keeping the hair short the roots become more numerous. This is thought to have its analogy in clipped grass, which certainly if not allowed to grow long, increases the number of its roots, somewhat in proportion to the frequency of its cutting. Experience has shown that this is not so with the hair. There are just so many roots or hair follicles in the scalp and no more. The hairs of your head are all numbered. These roots of the hair by cutting do not like the grass under the sod send out shoots in all directions under the skin, they simply begin to grow long again so that there is no analogy between them. The true effect produced by the frequent cutting of the hair is to thicken each shaft, which makes them appear more numerous. It is the fate of every hair to grow to a certain length unless they are interfered with. The blood vessels are ready to supply a sufficient quantity of nutriment for a much greater length of hair than any man will allow it to reach. The effect of this is, that more nourishment being provided than is sufficient for its length, the hair increases in diameter, in coarseness to use a common term, and becomes darker. The final result to the hair follicle of this frequent cutting, is over stimulation, which is followed by an unnaturally rapid cell growth, an unnecessarily large supply of blood from the blood-vessels, their consequent atrophy or death, and the subsequent falling out of the hair.

Apollo, the finest looking of all the Gods, is represented with long hair, and as he was the model for Roman youths of fashion they were always seen with long flowing locks, which were not cut until they were seventeen or eighteen years of age. Captain Cook found in

his travels among the savages that it was considered a mark of distinction and of beauty for the men to wear their hair as long as it would grow, and he also states that baldness amongst them was rare.

I do not advocate a man's wearing his hair absurdly long like the venders of patent medicines on the street corners. I wish only to warn them that they may be losing it, from wearing it absurdly short.

Women seldom cut their hair and they seldom should, although there are times when one cropping would be of great service. The chances are that the hair will change decidedly in color after even one cutting and this fact they should recognize before they take a step which may greatly change their personal appearance. It is entirely unnecessary to cut a young woman's hair simply because it is falling out in quantities. This should be the last resort rather than the first.

German women are noted for their beautiful hair which is allowed to grow uninterruptedly from the time they are six or seven years old in pigtails down their backs. A queer, quaint old fashioned appearance it gives to the children, but it seems to be rewarded in the end by a thick growth of light colored hair which is retained to a good old age.

It has been well said :

"Fair tresses man's imperial race ensnare,
And beauty draws us, with a single hair."

It is the desire of ensnaring man's imperial race, which has led the fair sex to resort to humbug in order to preserve their locks and it is simply because they are ignorant, whether they follow nature's laws or not. They even look to the moon for assistance and dare not trim its ends until this unoffending heavenly body be on the increase.

Can anything be more absurd ?

It is important to properly care for the hair brush by washing and drying it. This should be done at stated intervals. A hair brush should not be common property any more than a tooth-brush.

The non-observance of this rule has been the cause of much trouble and the spreading of many diseases. Within the last year or two the combings and dust from brushes of people who were rapidly losing their hair, and which after being mixed with a little ointments were rubbed upon the skins of animals, such as cats, dogs or rabbits, caused the hair of these animals to fall out wherever the mixture was applied.

I need not say that the chances for the conveyance of disease in such a way are very small, but nevertheless our knowledge upon the subject of disease germs is becoming so accurate, that we must shudder at certain possibilities.

Almost all hair dyes, and many patent hair washes, are bad for the hair. In this connection, however, I must present another side to such a broad statement which is deserving of notice.

The Persians are accustomed from childhood to have their hair dyed. The process is a curious one, and it takes over two hours to complete it. It is usually done in their bathing houses where they have everything prepared. After the hair has been washed with soap, a substance called Henna powder is rubbed upon it, and then a solution of indigo is applied. The length of this latter application determines the depth of the color, which is a chemical reaction due to the oxygenation of the indigo. The result, the Persians claim, is a good one, for not only is the hair colored but its falling out is prevented, and they maintain that there are fewer bald heads in Persia than anywhere else.

It is so easy, however, to prey upon the fancies of the human mind; indeed the human race is so credulous, even in these skeptical times, that a bottle, containing some unknown fluid, has an almost irresistible fascination for every one.

They reason thus: It cannot do any harm to try it, it may do good. That is the worst kind of so-called experimental medicine, and made only too often at the

expense of the experimenter. However, that I may not weary you with an old, old story, I only wish to inform you that many complexions and many scalps have been seriously injured by the improper use of patent medicines.

There is an unhealthy condition of the scalp, which answers to the following description: Upon parting the hair in various places, so that the scalp is seen, a lot of scaly yellowish looking heaps of epidermis are noticed, which can be scooped off with the finger nail in quite large pieces. Where the hair is thickest this dirty looking dandruff is most profuse. It is very often entirely overlooked by the one who is effected by it, and also by the hair dresser or barber. I have seen ladies who were astonished and mortified when the condition of their scalps was shown them. Many of them had been to a hair dresser the day before to assure themselves of having a clean head because they were to consult me.

This condition of the scalp is the forerunner of most of its troubles. It causes a certain amount of itching, followed by scratching, by which an eczematous condition is produced, very irritating and unsightly. The hair begins to fall out, and eventually if not cured baldness may be the result. Many men who have the thickest hair lose it in this way, they either ignoring or being totally ignorant of the fact that any thing is wrong with their scalps.

School boys and girls, especially the former, being careless of their heads, and not being taught any better, allow their scalps to get into a very bad state. The causes of this trouble are various. Too much water every day produces it, and then on the other hand what is called a dry shampoo will aggravate it. Violent brushing with a stiff brush, and the fine tooth comb increase rather than diminish the amount of dandruff. Some hair dressers profess to entirely clean the scalp with the application of some special preparation without the use of soap and water. The fluid is rubbed in, and then the hair is allowed to dry. This is not

advisable. It is like the bad method of putting fresh paper on to the walls of a room without first removing the old. After a series of such washings, I have seen the scalp closely covered with a yellow scum shall I say, not unlike that seen on still frog ponds.

Another cause is, that after using soap, it is not thoroughly well washed out. Quantities of warm water should be used until all the soap is removed.

Treatment in such cases consists in cleaning the scalp, and the after use of some suitable application. It is not necessary to cut the hair, but in order to make an application of an ointment or salve a painter's bristle brush should be used.

One of my prescriptions for an ointment, is

R _y —Ac. Salicyl.	.	.	3 j.
Sulph. Flor.	.	.	3 j.
Lanolin.	.	.	ʒj.
Ol. Olivar.	q.s.	ut ft.	ungt.

This is rubbed in once daily with a bristle brush for three successive days, and on the fourth day a brisk shampooing with spts. saponis kalini cleans the scalp beautifully. But we must not stop here, for the same cause which produced it may do so again. Therefore to prevent a return we must use some proper hair tonic.

A good one, to be modified according to the circumstances, is the following:

R _y —Ac. Salicyl.	.	.	3 j.
Spts. Vini.	.	.	ʒij.
Ol. Ricini.	.	.	f ʒ ss.
Spts. Aeth.	.	.	f 3 jss.
Spts. Myrciæ.	q.s.	ad.	f ʒvj.

Modifications may be made by increasing or decreasing the quantity of salicylic acid or the oil.

Ladies have a dislike to greasy looking hair, so that I find it well to put as little oil in some prescriptions as possible. It is not well, however, to leave it out altogether. This tonic is applied with a brush, after well shaking the bottle, two or three times a week, and always after shampooing.

In writing the prescription for the ointment I used lanoline, about which I have a word to say. Lanoline is in my opinion by far the best preparation for all ointments. The only objection to it is its odor, which may, however, be remedied by the use of oil of bergamot, or any other scented oil. But the most important point in ordering it is to see that a proper amount of some oil is mixed with it, or it will be too stiff to use. The lanolin should be gently warmed, not over-heated, and then twenty per cent. of oil or vaseline, I prefer the oil, must be mixed with it. Even more must be used when much dry powder is ordered with it. Twenty per cent. of oil to the ounce of lanoline would be a little over one drachm and a half, so that in ordering a prescription of a druggist he should be informed how to mix it, or the patient will be unable to use it.

Another way of removing a covering of dandruff, such as has been described, is by the application of medicated oils. This may also be made by the aid of a bristle brush, or better still by the use of a perforated comb, such as I show you here. The use of this little instrument, which I had made several years ago, is fully explained in an article in the MARYLAND MEDICAL JOURNAL for Nov., 1883.

With it the oil is applied directly to the scalp, and does not grease the hair as much as the brush.

After oiling the scalp for three or four consecutive nights the same sort of a shampooing is used and a tonic applied.

The oil is, I think, more disagreeable than the ointment, although in both cases an oil silk cap should be worn at night. It can be applied with less irritation, however, which is a consideration where the scalp is sensitive and sore.

I do not advocate in hair tonics the constant use of tr. cantharides, or of petroleum. I have seen each of them do a great deal of harm, and produce an erythematous eczema, very difficult to cure. Each of them is a poison to some skins just as ivy is. They are sometimes useful, but I make it a rule to find out what effect they have upon a particular skin before ordering its continuance.

So it is well never to order it when you do not expect to see a patient more than once.

Most of the patent hair tonics have cantharides or petroleum, or both, in them, therefore they are dangerous.

Cutting split hair does no especial good. They are very apt to split again higher up, and when they grow out they re-split. The condition of the scalp, and to go further, of the hair follicle, is at the bottom of all the troubles of the hair. The hair like the leaves of a tree is complete when it stops growing. It then waits passively for its nourishment, and as long as it is well treated it flourishes.

There is an eruption of the scalp, which is produced by the presence of lice upon it, which although most common among the unclean poor, yet is sometimes seen by accident among a better class of patients. Some judgment should be used in informing such a patient of what is the matter. When present in small numbers they are so easily got rid of it is not necessary to say anything about them, although we should not forget the danger of contagion.

There are three kinds of body lice. In this connection I shall only speak of the pediculus capitis, or head louse. This is an animal about one line in length, having an oval-shaped head and prominent eyes. The rest of the body is six or seven times larger than the head. The female louse is both larger and more numerous than the male. They lay their eggs, called nits, in a glutinous secretion by which they are fastened to the hair near its root. They are thus seen by the naked eye as little whitish specks, either single or in rows of two or three, clinging to the hair. They hatch out in from three to eight days, are full grown in from eighteen to twenty-one days, and are then able to begin laying their own eggs.

A full grown female louse can lay fifty eggs in six days, and may have five thousand descendants in eight weeks.

The head louse is seldom found anywhere excepting in the hair of the head; although they may become so numerous there that they are forced to leave it for nourishment.

These lice should be looked for in any

case where there is intense itching of the scalp. By raising a few strands of hair, either the animal itself is seen, or the hair near its root is sprinkled with the nits, and looks as if it had been peppered with very fine sand. After seeing the nits a closer inspection always reveals the animal somewhere near. The lice are greyish white in color, if not filled with blood.

Treatment consists in first killing the lice and nits, and subsequently applying remedies for the cure of the eczema, which the animals have indirectly produced. Their bite is very irritating, so that there is an irresistible desire to scratch which produces all sorts of abrasions and excoriations of the scalp, which cannot be cured until the lice are removed.

Many things have been used to destroy them. Among others mercury, infusions, decoctions and ointments of sabadilla, staphisagria, menispermum, rue, opium, angelica and laurel, saffron, pepper, sedum, lycopodium, pingicula, tobacco and the seeds of veratrum have been tried.

None of these, however, equals common petroleum oil, which may be applied pure or as an ointment, made up in vaseline or lanolin. The oil or ointment should be thoroughly well rubbed in with a bristle brush; a silk cap is then put on and left on four and twenty hours. Then the head is energetically scrubbed with soap and warm water, and then, when the hair is dry, a soothing ointment, such as

R—Ungt. Zinici. Oxidi Benzoat ʒj,
Cocaine Muriat. grs. ij,

is to be rubbed in.

The nits although killed by this treatment still cling tenaciously to the hairs and cannot be removed by simple combing. A fine-tooth comb—and this is a time, when their usefulness cannot be denied—should be dipped from time to time in dilute acetic acid, and then run gently through the hair. The acid dissolves the glutenous coating sufficiently to allow of their easy removal.

Society Reports.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING, HELD JAN. 25, 1888.

The PRESIDENT, J. SOLIS-COHEN, M.D., in the Chair.

Dr. Edward Martin read a paper on

ICHTHYOL IN SURGERY.

Ichthyol was first described by Schröter, and used in the treatment of skin diseases by Unna. It is obtained as a clear yellow-brown oil by distilling bituminous matter found in Tyrol, and containing the fossilized remains of fishes and marine animals. By the action of sulphuric acid on this distillate, and subsequent neutralization with soda or ammonia, either the sodium or ammonium sulphichthyolate is produced. The latter compound is preferred by Unna.

The ammonium sulphichthyolate is a reddish-brown, clear, syrup-like liquid of burning taste and odor, soluble in water, making a clear red-brown solution; also soluble in equal parts of alcohol and ether.

The ichthyol preparations are characterized chemically by their richness in sulphur (ten per cent.), so intimately united that it can only be extracted by complete decomposition (Lartigeau); they easily take up oxygen, acting as powerful reducing agents (Baumann).

Clinically, the ichthyolates are described by Unna as being powerful antiphlogistics, causing anæmia and rapid subsidence of swelling in all tissues. This antiphlogistic effect is ascribed to the drug's action on the endothelium or the blood-vessel depriving it of oxygen in virtue of its reducing properties, and contracting the lumen of the vessels. This explanation is not, perhaps, entirely satisfactory, but physiological studies have not yet given us a better one. The cornifying effect of the drug on the epithelium of the rete is undoubted.

Surgically, what are the indications for the drug?

Lartigeau states that it is indicated in all subcutaneous and inflammatory tumefactions, œdemas, vascular dilations, incipient furuncles, and local manifestations of rheumatism.

Elliott praises it highly in burns of the first and second degree (five per cent. solution in water), as producing rapid subsidence of pain and inflammatory symptoms. He finds its application to obstinate varicose ulcers associated with eczema rubrum (sodium compounds, three to five per cent.) at times productive of marvellous results. In his hands it is also useful in cicatrices, and in a few cases of rheumatism and neuralgia has given immediate and marked relief from pain.

Schweninger states that in rheumatism, lumbago, ischias, tic, gout and migraine, local applications of ichthyol act more powerfully in allaying the pain than any known medication.

Lorenz is astonished at the fabulous efficacy of the drug. In acute and chronic joint rheumatism, acute muscular rheumatism, mastitis, pararitis, and contusions, a few rubbings with pure or fifty per cent. ichthyol compounds are peculiarly successful in allaying pain and hastening healing. In chronic and acute joint rheumatism relief often follows a single rubbing, while this is the rule in acute muscular rheumatism. The pain of gout disappears, the shining red skin becoming quickly wrinkled. A beginning mastitis or pararitis is always aborted, or if fully developed the pain is much relieved. Its prompt use prevents the discoloration following contusions. It immediately allays the pain of a burn, and prevents blistering. Finally, a ten per cent. solution hastens the cicatrization of badly healing ulcers.

Loring dilutes with water when the pure ichthyol compound cannot be borne and prevents irritation of the skin by careful washing and drying before each application.

Von Nussbaum states that a single application of ichthyol one part, water four parts, lanolin five parts, has allayed the itching of eczematous ulcers which had resisted all known applications for weeks and months, and promptly

brought about rapid cicatrization on being continued a few days. Arthritic pains, which for weeks have made day and night miserable, are relieved at times in one-half minute after the application of a strong ichthyol ointment. In erysipelas it produces results obtainable by no other means, namely, the immediate arrest of the disease. Von Nussbaum's treatment was first the thorough disinfection and drainage of the wound, then, if the disease continued to extend, over its whole surface a thick layer of ichthyolate and vaseline, equal parts, was spread and covered by a layer of 10 per cent. salicylated cotton. The erysipelas advanced not a line further and in a single day the swelling disappeared and the red, shining, puffy surface became yellow, brown, and wrinkled. This remarkable effect Von Nussbaum ascribes not to the influence of the drug as Fehleisen's cocci, but rather to a change produced in the tissues by virtue of which they cease to favor the growth of the microorganisms.

Stelwagon has had excellent results in the abortion of furuncles by ichthyol preparations.

Agnew (D. Hayes) considers the ichthyol preparations more powerful than any known therapeutical agent in bringing about reduction of inflammatory enlargements, and has had particularly good results in recently enlarged lymphatics. He uses sulphichthyolate of ammonia and iodide of lead, equal parts, applied generously and covered in by oiled silk.

The writers has used ichthyol in—

(1) Six cases of cervical adenitis, with absolutely no relief; cure being subsequently brought about by iodine or the knife.

(2) Fifteen cases of marked inflammatory induration of the subcutaneous tissues, with invariably speedy and in some cases almost magical reduction, and this after other means had been tried unsuccessfully.

(3) In two cases of furuncles without good effect.

(4) In one case of cellulitis without marked effect till the knife was used (in this staphylococci were found but no chains).

(5) In four cases where pain was the most marked feature of inflammation, with complete relief in three and no effect in the fourth.

(6) In one case of erysipelas of the scalp, with immediate cure.

The latter is so striking that it is reported in full:

B. C., bartender, æt. thirty-six; full-blooded Irishman. Struck on the head by a bottle whilst intoxicated, December 20, 1887. Two slight wounds of the scalp, to which no dressing was applied. 22d. Chill, fever, nausea, great pain in the head, and swelling. Went to a clinic; wounds were opened, disinfected, and catgut drainage provided; symptoms progressive. He was seen by the writer on the second day of his fever, the fourth from the infliction of the wound. No sleep for two nights. Pulse 106; temp. 103°. Violent headache; whole scalp puffy, œdematous, and very tender; a few drops of thin pus squeezed from wounds. Cover-glass preparations of blood from puncture by tonotome showed Fehleisen's chains. A saline purge and iron were ordered internally. On the scalp was placed a thick layer of ammonium ichthyolate and vaseline, equal parts. The pain was relieved almost immediately; the patient slept comfortably; his temperature the following morning was 98°, and he was and remained well.

This is not different from the results obtained by Nussbaum.

With the exception of the case of erysipelas, the writer used a ten per cent. ointment of ammonium ichthyolate in lanolin, fearing lest, in the case of stronger applications, his effects might be ascribed to counter-irritation. Is it possible that stronger preparations would have proven efficacious in the treatment of adenitis in which the weak ointment signally failed.

The extravagant praises bestowed by some authors on ichthyol savor more of proprietary advertisements than scientific contributions, and the variety of affections for which it is recommended might well make one doubtful as to its complete efficacy in any single instance.

An analysis of the cases in which it

has proven serviceable will show, however, that they can be relegated to one of two classes:

1. Affections characterized by inflammatory enlargement.

2. Affections characterized by pain of peripheral origin, probably depending on inflammation or congestion.

For either of these conditions, theoretically, a powerful antiphlogistic would be indicated, so that the clinical indications for the use of the drug correspond to its alleged therapeutic effect.

When the surface is irritated, weak solutions (three to five per cent.) should be used; but when the skin is intact and the subcutaneous tissues are to be affected, pure or one-half strength ointments give the best results. In using strong preparations the skin should be washed with soap and warm water, and thoroughly dried before each application. Ichthylates can be combined with any of the ointments, or can be dissolved in water.

The writer's success with the drug, even where it was not used in the most efficient manner, has convinced him that the praise bestowed on it by the Germans is well merited. Where suppuration has actually taken place the weak ointment is not of service, but in the allaying of inflammatory pain and the resolution of subcutaneous induration (excepting adenitis) the results are most satisfactory.

Correspondence.

THE DOCTOR AND PATIENT.

BALTIMORE, Feb. 2nd, 1888.

Editor Maryland Medical Journal,

DEAR SIR:—In reading the other day I came across the following Latin verse of Euricius Cordus, written about 1527. At that time he was professor of medicine in the University at Marburg. The position of a doctor does not seem to have changed much since then.

Tres medicus facies habet: unam quando
rogatur

"Angelicum" mox est cum juvat esse "deus"
Post ubi curaco poscit sua prœmia morbo,
Horridus apparet terribilisque "satan."

Of which a free French translation is
thus given.

Le malade est partout un être bien étrange:
S'il appelle un docteur, tout d'abord, c'est un
ange;
S'il guérit, c'est un *dieu*, plus tard, chose in-
croyable!
S'il aperçoit la note à payer, c'est un *diable*.

Into English the following is a rough
translation of it.

When the doctor first comes the doctor an
angel is he,
When the pain is relieved a God is he said
to be,
But the bill sent in brings him again to his
level,
The doctor is an heartless unconscionable
devil.

Respectfully yours,
ROBERT B. MORISON, M.D.

A PEREMPTORY CALL (CAUL.)

DR. JOHN MORRIS, of this city, sends
us the following letter which was re-
ceived recently by an old Charles
County physician:

BALTIMORE, Oct. 25, 1887.

DEAR SIR:—I respectfully call your at-
tention to the fact that I was born with
a caul on and I understand you kept it.
You may forget who I am, but so there
will be no mistake I will tell you; you
remember some nineteen years ago when
Mr. S., first came down in that part of
the country, he brought with him his
sister-in-law, Mrs. E., who is my mother
and who at the time did not know the
value of the caul, but my grandmother
asked you for it at the time, which you
refused to give her.

I have made inquiries from some of
our head doctors in Baltimore and other
cities, who inform me you had no right
to keep it, and it being a part of me I
can claim it, and now I write you to
know whether you have it or to find out

what you have done with it and I will
leave nothing unturned in trying to get
it.

If you will kindly give me this in-
formation you will greatly oblige,
Yours truly,

N. B.—I will expect a quick answer
to this.

P. S.—I have good proof you kept it.

INCREASING THE ANTISEPTIC POWERS
OF IODOFORM.—G. de Ruyter [*Arch. f.*
Kl. Chirurg. Bd. xxxv., Hft. 1.] states
that solutions of iodoform in ether and
alcohol have greater antiseptic prop-
erties than the powdered drug, owing
to the production of free iodine. The
following solution was found an excellent
antiseptic, and much superior to the
ethereal one:

Iodoform	1 part
Ether	2 parts
Alcohol	8 "

The author confesses that outside of
the body iodoform has little power over
the greater number of disease germs.
It has, however, been shown that when
in contact with the fluids of the body,
the iodoform is decomposed and is then
capable of acting on bacteria.—*Inter-
national Jour. Surg. and Antiseptics.*

FORMULA FOR CREASOTE IN PHTHISIS.
—The following is Huchard's formula:

℞ Creasoti,
Iodoformi,
Pulv. benzoini,
Balsam. Peruv. āā gr. $\frac{3}{4}$.

M. S.—For one pill. One or two to
be taken at each meal.—*Revue de Clin.
et de Thérapeutique.*

AT THE UNIVERSITY HOSPITAL.—Dr.
Agnew presented a case in which he had
trephined the skull for epileptic attacks
of thirteen years' standing, with three to
four seizures a week. Although the opera-
tion was done over a year ago, the man
has had but two seizures since, one
brought on by prolonged exposure to the
sun, the other by acting as mediator in a
fight.—*Phila. Med. Times.*

MARYLAND MEDICAL JOURNAL

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GEORGE J. PRESTON, M. D., Associate Editor.

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BALTIMORE, FEBRUARY 11TH, 1888.

Editorial.

BONE SURGERY.—Whilst surgeons have made immense progress in the surgical treatment of various abdominal organs, and have penetrated into other cavities, notably that of the cranium, with equally satisfactory results, the field of surgical work has been immensely widened in other directions, and has assumed a most gratifying position with regard to future exploits with the knife and saw. As abdominal and cranial surgery owe their development, in large measure, to antiseptic principles and practice, in like manner bone surgery is indebted to the same influence. The ability to treat wounds aseptically enables the surgeon to make large incisions into the tissues and to expose large areas of bone in a manner that was not deemed practicable a few years back. This fact, associated with the continued improvements in the surgical appliances necessary for the skillful management of cases treated, has led to the introduction of methods of operative bone surgery which are pregnant with good results. In an article recently published (*The International Jour. of Surg. and Antiseptics*) Dr. Milton J. Roberts, of New York, calls attention to a new system of bone surgery which he has inaugurated, and at considerable length he presents the

various details of his work and the instruments devised by him which led to its successful performance. Dr. Roberts has invented an elaborate bone surgical armamentarium, with which he attacks bone under various circumstances and conditions. The armamentarium under consideration may at first sight appear to be too complicated an affair for ordinary surgical work, but when carefully investigated its details of application are not so formidable as the apparatus would seemingly make it.

The invention consists of an electro-osteotome or, in other words, of a series of circular, straight, and sectional saws, trephines, drills, burrs, frame saws, etc., all of which are operated by an electromotor, which is attached to the handle of the instrument. By the use of this invention Dr. Roberts claims that he can rapidly, accurately and neatly cut bone under any and all circumstances. The motive power is furnished by a ten-cell zinc carbon primary battery, which is conveyed to the motor attached to the osteotome handle. With this apparatus bone surgery seems to be so simplified as to be easy of accomplishment. In fact, aided by the osteotome, Dr. Roberts attacks all manner of bone deformities with an ease and accuracy that seem truly ingenious. The application of Dr. Roberts' system has called into requisition methods of diagnosis and treatment quite as original as the apparatus itself. Thus, for example, the method for the correction of deformities of the long bones has made necessary the preparation of a table of trigonometrical calculations to determine the dimensions of the varying diameters of bone, and the extent of deformities ever likely to be met with in the human subject. This work alone has involved 22,000 individual trigonometrical calculations. A method of illuminating the interior of bones is also provided, as also a spray apparatus which is used to throw a spray of rhigolene on the field of the operation with a view of checking hæmorrhage. The system as presented by Dr. Roberts has been employed in actual work, and therefore bears the test of experience and careful trial. In the light of his

personal observation the system renders it feasible and justifiable to undertake many operations which have heretofore been considered extremely hazardous, or entirely unjustifiable. It also opens up a wide field for new bone operations.

THE TREATMENT OF THORACIC ANEURISM BY IODIDE OF POTASSIUM.—In the history of medicine, each year adds a long list of new drugs to our therapeutical armamentarium, and each year many drugs are tested and dropped from use because they do not come up to their expectations. The longer a physician has practised, the less willing he is to test new drugs, and the more closely does he stick to his old friends of the pharmacopœa. Indeed some therapeutists prophesy that the time will come when we shall be able to count on our fingers the drugs of value in use. If this time should arrive doubtless the iodide of potash would occupy a conspicuous place in the ranks. No memory lessons would be required to learn this short list and the doses of these different preparations. Dr. R. L. Macdonnell, in the *Medical News* of Jan. 7th, 1888, reports a series of cases of aneurism successfully treated with the iodide of potash. The value of the iodides in syphilis is possibly best appreciated by physicians and by the unfortunates who need them for syphilis. In all of these reported cases the iodide of potash produced marked benefit in the aneurism M. Huchard in the *Bulletin Général de Thérapeutique*, t.cxi, p. 302, also records a number of patients suffering from atheroma of the arteries and chronic arteritis, as well as valvular trouble from atheroma, in all of which amelioration and recovery were brought about by the use of the iodides, and particularly of the iodide of sodium.

The most common cause of aneurism is atheroma and chronic arteritis, and as those in turn are often caused by syphilis, it is natural to think of syphilis in tracing the etiology of an aneurism, although a causal relation between the two conditions has never been established.

In the cases of aneurism cited by Dr. Macdonnell, some give an evident history of syphilis while in others it is doubtful whether syphilis may be excluded or not. Indeed in a large number of cases of aneurism of the aorta it is not always possible to exclude syphilis as a cause and hence the efficacy of the iodides in aneurism need not be looked on as any more wonderful than their good effects in syphilis.

NUCLEUS FOR VESICAL STONE.—Dr. Fancourt Barnes recently exhibited to the British Gynæcological Society a hairpin, together with five drachms of phosphatic stone deposited on it, which he removed from an unmarried girl, aged 25 years. The patient had slipped the hairpin into the bladder whilst masturbating with it. The hairpin seems to be a common instrument employed for this purpose. We remember a few years ago seeing Professor Tiffany, of this city, remove a number of stones from the bladder of a woman past middle life, of which the nucleus of each was a molar tooth which had been slipped into the bladder. The reason for this accident the patient was unwilling to assign. Her embarrassment, when told of the nature of the stone, indicated that these foreign bodies had been used for unnatural purposes. As well as we remember, this woman denied, as all such people do, that the foreign bodies were placed there by her own will. Usually the refuge of such cases is found under the explanation that an Overruling Providence was at the bottom of the act. In the case above related by Dr. Barnes the woman denied having anything to do with the matter, and suggested that the hairpin must have slipped in whilst she was getting out of bed.

SMALL POX.—Epidemics of dangerous diseases are rarely very dangerous when prompt sanitary measures and precautions are taken both by individuals and local governments. The well-known cleanliness of our people, as compared with those in the Southern part of the European continent, has been more than once the means of keeping Asiatic

cholera from dangerously spreading in this country. Small pox, however, in its march around the globe, has paid this country several very unwelcome visits. In the winter of 1882-83 this city was last frightened by several cases, and but for the prompt and efficient action of the Health Officer would have spread to an alarming extent.

Now this disease has appeared in Brooklyn, and according to the daily papers, over seventy cases have been reported. Railroad intercourse makes it very easy for the disease to reach this city, and any day a case may be reported here. The ease with which it can be checked and prevented by proper vaccination is so well recognized, that it behooves every physician to see that those under his care are properly protected.

Miscellany.

THE WILLIAM F. JENKS MEMORIAL PRIZE.—The first triennial prize, of two hundred and fifty dollars, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "The Diagnosis and Treatment of Extra-uterine Pregnancy."

The conditions annexed by the founder of the prize are, that the "prize or award must always be for some subject connected with Obstetrics, or the Diseases of Women, or the Diseases of Children;" and that "the Trustees, under this deed for the time being, can in their discretion publish the successful essay, or any paper written upon any subject for which they may offer a reward, provided the income in their hands may in their judgment be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published the distribution of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia."

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay, which must be written in

the English language, or if in foreign language, accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pennsylvania, U. S. A., addressed to Ellwood Wilson, M.D., Chairman of the William F. Jenks Prize Committee, before January 1, 1889.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right to make no award if no essay submitted is considered worthy of the prize.

THE QUESTION OF PERCENTAGE IN ANTISEPTIC SURGICAL DRESSINGS.

While surgeons have made numerous and elaborate experiments to determine the efficacy of different strength antiseptic solutions, and are scrupulously careful to use only such strength solutions as have been found desirable, they have almost, if not entirely, neglected to give proper attention to the medicated strength of the antiseptic gauzes and cottons used as dressings.

Without doubt numerous cases of poisoning have occurred through using surgical dressings too strongly medicated.

The reform needed is, then: *first*, that manufacturers shall devise some means by which they can be certain that a given weight of gauze or cotton has uniformly distributed through it a given per cent. by weight of medication; *second*, that experiments shall be formulated and carried out which shall determine the proper percentages in gauzes and cottons of different medications.—*The International Journal of Surg. and Antiseptics.*

STRYCHNIA IN INSOMNIA.—Dr. T. Lauder Brunton finds small doses of strychnia very useful in neurasthenic insomnia.

Medical Items.

The New York Academy of Medicine has one hundred and six thousand dollars available for the construction of a new building.

Recent observations show that myopia and other refractive troubles rapidly increase among school children as they continue year after year in school.

Dr. Frank Woodberry, editor of the *Philadelphia Medical Times*, made a hurried visit to this city during the present week. *The Times* has greatly prospered under Dr. Woodberry's management. It is one of our most welcome exchanges.

The next regular meeting of the Harford County Medical Society will be held in Belair, Md., on Tuesday, Feb. 14th. The attendance promises to be large. Several physicians from this city have promised to be present. This Society is prospering under the Presidency of Dr. Pearson Chapman.

The first number of the *Brooklyn Medical Journal* and also the introductory number of the *International Journal of Surgery and Antiseptics* have been received at this office. The first named is issued monthly and the latter quarterly. We wish both of these enterprises success.

Dr. Eugene F. Cordell, 2221 Oak Street, Baltimore, is preparing a *general catalogue of the alumni* of the school of medicine of the University of Maryland for early publication and the catalogues or circulars for the years 1858, 1851, 1850, 1842 and all before 1839 are not to be obtained. Anyone having any of these will confer a favor by allowing the doctor to use it for a few days.

Professor Asa Gray, the distinguished botanist of Harvard, and one of the best known scientist in this country, died on January 30, at his residence in Cambridge, Mass., at the age of 78 years. Dr. Gray was a graduate in medicine, but after a very short experience in medical work entered upon the study of botany and became, perhaps, the most distinguished of American botanists.

It is announced that Messrs Lea Brothers & Co., of Philadelphia, the well-known medical publishers, will shortly issue an Atlas of Venereal and Skin Diseases under the editorial management of Dr. R. W. Taylor, of New York. Dr. Taylor is especially well qualified for the work he has undertaken and we feel sure the Leas will bring out this Atlas in the very best style. The profession will doubtless welcome such a useful publication as this promises to be.

The Philadelphia Clinical Society held its annual meeting January 27th, 1888, and elected officers as follows: President, Dr. Mary E. Allen; 1st. Vice-President, Dr. Clara Marshall; 2nd. Vice President, Dr. Marie B. Wer-

ner; Treasurer, Dr. L. Brener Hall; Recording and Reporting Secretary, Dr. Mary Willets; Corresponding Secretary, Dr. Emma Musson; Counselors, Drs. Amy S. Barton, I. G. Hellman, A. Victoria Scott, Edward E. Montgomery and James B. Walker.

The Health Officer of the Port of New York seems to have had a soft position and a comfortable salary. During 1887 the receipts of his office were about \$51,298 and disbursements \$21,332.14. The surplus was probably enough to keep the wolf from the door, unless his contributions to the "Grandmother's fund" were in excess of those of the average Maryland politician. In future the salary of this office will be reduced to \$10,000. The surplus will probably now go direct into "Grandmother's" pocket. This is the way political offices are managed in the Empire State.

The reduction in the price of quinine from \$5.00 an ounce to less than \$1.00 is due according to the *American Analyst* to the fact that cinchona trees are not now destroyed in taking off the bark as was formerly the case. Now when the bark is removed the trees are swathed in moss, new bark forms on them and instead of living to bear one crop of bark they yield their bark yearly. We think the reduction of the tariff on this drug as well as the cultivation of the tree in other countries enter as factors into the reduction of the cost. Quinine is not so much a monopoly for large chemists as in former years.

The late Charles Darwin, says Dr. Osler, belonged to a race of physicians, and in 1825 he was sent to Edinburgh to study medicine. He found the course of instruction by didactic lectures "intolerably dull" and soon lost interest. Darwin had an instinctive horror at the sight of blood, a trait derived from his father, who could scarcely endure to see a person bleed. He was disgusted with the lectures on human anatomy and remarked "it has proved one of the greatest evils of my life that I was not taught dissecting, for I should soon have got over my disgust; and the practice would have been invaluable for all of my future work."

The report of the Illinois State Board of Health for 1887 shows that there were two new regular medical schools established during the year, while two eclectic schools were closed. The number of students in homoeopathic colleges has gradually diminished from 1,204 to 1,070 within the past four years. There was a slight gain in number of graduates from regular schools, the number being 10,137. The standard of medical education shows continued signs of improvement, there being an increase in the number of lectures and subjects taught, a gradual lengthening of the lecture terms and an improvements in the educational requirements of intending matriculates. The effect of a higher standard of qualification for graduation has diminished the percentage of graduates to the total number of students.

Original Articles.

THE TREATMENT OF NERVOUS
AND MENTAL DISEASE BY
SYSTEMATIZED ACTIVE
EXERCISES.*

BY CHARLES K. MILLS, M.D.,
OF PHILADELPHIA.

(Continued from last issue.)

In the treatment of chorea, or rather choreas, systematized active exercises are valuable. Special forms of gymnastics have been employed for this affection to some extent, particularly in France and Germany. Napoleon Laisné,† a French professor of gymnastics, and evidently an earnest and enthusiastic worker in his chosen field, under the directions of Dr. Blache and other physicians of Paris, has used gymnastics largely both for chorea and other convulsive disorders. In 1865 he published a book in which his methods are set forth. Both Schreiber and Dujardin-Beaumetz refer to his labors and successes. His method in mild cases, as described by Schreiber, is to place the child before him, steadying it between his knees, and then take its hands in his, and perform rhythmic movements with each arm, keeping time by counting, or, better still, singing, out loudly—"one," "two," "three," etc. The child, at the same time, is also urged to try and keep time with the movements, and not to make them irregularly.

"Care must be taken in the beginning to prevent, as much as possible, the coincidence of involuntary movements with the rhythmic ones. When the arms have been exercised, similar movements are undertaken with the legs. From time to time, a pause for rest is made, during which the limb must be held firmly enough to prevent the occurrence of involuntary motions. The child is then laid on its back upon an inclined ladder, the feet being held by an assistant; then grasping a rung above its head,

it holds on in that position as long as it is able. This is to be repeated several times, and to be followed by a short rest. Afterward, the shoulders, back, and legs are rubbed and gently kneaded."

Lengthy details of treatment will be found in Schreiber's Manual.

Two cases of minor chorea improved under medicinal treatment up to a certain point, and then would advance no further. General exercises with light dumb-bells were ordered, and in both cases the progress to complete recovery was rapid.

In the treatment of habit chorea, these exercises have a peculiar value. This, whether in children or adults, is an annoying and distressing disorder, and commonly intractable. By habit chorea is meant an abnormal movement or series of movements, voluntary or partially involuntary, and repeated at frequent intervals. Mitchell* records two interesting cases, and recommends for treatment careful and good diet, light gymnastics, no school, gentle aperients, and full doses of arsenic, particularly the hypodermic injection of arsenic in the form of Fowler's solution. I refer to this treatment, as he includes light gymnastics among the measures recommended.

Among my nervous patients I have had a goodly number of cases of habit chorea. Nearly thirteen years ago I reported the case of a girl, fifteen years old, who had peculiar movements of her right ear, after a time associated with twitchings of her nostrils and upper lip, and the limbs of the right side. Another patient, under excitement, made a movement of extension and semi-rotation with one arm, sometimes accompanying it with twitching of the facial muscles. Facial grimaces constitute, as is well known, one of the most common forms of habit chorea. I have now under my charge a case of habit chorea which is being treated successfully by systematized active exercises. The patient, a young lady eighteen years old, began to be troubled with spasmodic movements

*Read before the Philadelphia County Medical Society, January 11, 1888.

†Applications de la Gymnastique la a guerison de quelques Maladies. Paris, 1865.

*Lecture on Diseases of the Nervous System, Especially in Women, by S. Weir Mitchell, M.D., Philadelphia Medical Times, March 28, 1875.

nine years ago. These lasted at first from one to two years, then disappeared for a year to return again, and have since gone and come several times. For the last two years, however, she has been troubled almost continuously with the movements, and has tried various modes of treatment, chiefly medicinal, but without any decided benefit. The chorea consists of a sudden jerking of the head downward and to one side, which may be performed once or several times in succession. Either with or without this twitch or jerk, she frequently also has a snapping movement of both eyes. The chorea was not started by imitation, but it is much influenced by any cause of nervous excitement, as fright.

Systematized gymnastics, either general or local, constitute a rational treatment for cases of this kind, because by means of such exercises not only is the general nutrition of the patient improved, but the nerve centres are given tone and strength, and good habits of movement are made to substitute bad. Such eccentric and abnormal movements are the result of eccentric functioning by nerve centres, or of irregularities in the conveyance of impulses through nerve channels. By again and again causing normal impulses to be conveyed in a normal manner to muscles, in time the choreic habit will be overcome. Such treatment, however, needs to be persisted in for months.

The advantage of any treatment which involves specific direction and the adroit calling out of the volition of a patient must be evident to everyone who has had experience with hysteria in its manifold forms. In hysterical paralysis much can be done by laying out a careful plan of treatment by exercises, and gradually leading up to their full performance. In referring later to ataxias and palsies, functional and organic, methods to this end will be considered. For the improvement of nutrition, and of what may be termed the general nervous and mental tone of hysterical patients, systematized active exercises fill an important place. Properly used and controlled, they may also prove most beneficial for cases of nervousness, and also for neu-

rasthenia. Whatever view may be taken of the much mooted question of neurasthenia, without doubt both respiratory and muscular power, either primary or secondary, are often deficient, and the nerve centres themselves can be strengthened and improved by exercising these two powers. Care should be taken not to force individuals suffering in this way to excessive effort at first.

Great are the advantages which result from the sojourn by sea or mountain, from the cure of camp and ship; but the improvement of health obtained by such holiday treatment is often soon lost in whole or in part by the individual going back too completely to old habits of living and working. A resort to systematized active exercises for a few minutes daily will do much toward keeping the good that has been obtained.

"A man," says Maclaren, "cannot, in a week or two, eat sufficient food to supply the demands of the appetite for a whole year, neither can he take sufficient exercise to keep his body in health throughout the four seasons in a summer's ramble. These mountain excursions or seaside sojourns must be *in addition to*, and involving no curtailment of, the daily work to and from business, the daily ride to and from somewhere, or the daily employment with or at something; a something which will in its doing, quicken the pulse and augment the breathing, and, if possible, bring the perspiration to the forehead."

For those forms of nervous palpitation which are dependent upon a neurasthenic condition associated or not with digestive disorder, systematized active exercises are of great value. The exercise should at first be light but should be carefully and somewhat rapidly increased. Besides the indoor exercises, after the method of Blaikie, or with the pulley-weight apparatus, the patient should use deep breathing while walking out of doors. A case reported by Dr. Theodore Clemens*, of Frankfort-on-the-Main, is interesting in this connection. The patient was a man forty-six years old, who applied for treatment on account of dis-

*Medical and Surgical Reporter. October 22, 1887.

tress and irregularity of the heart. Clemens decided to make him do the thing he most dreaded, viz., climb up several flights of stairs. The effect was most happy. The patient's pulse, which had intermitted at every tenth or twelfth beat, wavered only twice, and but slightly, in a hundred beats after he had mounted three flights of stairs twice. He now decided to make similar efforts regularly every day, and in three months he was a well man.

For the group of diseases which fall to the lot of both the neurologist and orthopædist—cases of curvature, deformity, atrophy, etc.—systematized active exercises have long been used by the best authorities. I can only refer in this general way to this branch of the subject in the present paper. My more particular object is to call attention to the value of systematized respiratory exercises in setting up or straightening the feeble and stooped, who also frequently are sufferers, in some degree from nervous or mental weakness. If, at the same time, appropriate general hygiene is used, the improvement in such cases is sometimes simply wonderful. I have notes of a number of cases treated by Mr. Dodge and myself to bear witness to the truth of this statement, but time will not permit me to refer to these in detail. A gentleman, whose son had been using systematized active exercises, wrote to Mr. Dodge as follows:

"I have pleasure in assuring you that I think my son has wonderfully improved in health and appearance during the past month, while under your care. Even in two weeks we saw a marked change in him for the better—his stooping shoulders (made so by outgrowth of strength) straightening marvellously."

For gout and lithæmia, to promote excretion and nutrition; for anæmia and spanæmia, to assist assimilation and further oxidation; for headache, sleeplessness, and nervous irritability, to soothe and calm the nervous system; to aid elimination in cases of lead, arsenic, mercurial, and other metallic or toxic diseases; for diabetes, to favor the skin and increase combustion, systematized

active exercises have a value which cannot be too highly extolled, and one which I have had an opportunity to demonstrate in my own practice.

In curable ataxias, as in those which follow diphtheric or exanthematous diseases, and in the hysterical varieties, systematized active movements, the patient at first lying down or sitting, and subsequently standing, have proved of great service in my hands.

In Dr. Mitchell's lectures* some valuable advice and interesting details are given with reference to the best method of slowly training by what are really systematized active movements, although not so called by him. The weak and inapt muscles are cautiously brought into use. The patient is first convinced, after she has made an effort which seems extreme, that another forth-putting of will must add to the previous results. The nurse begins to train the patient while in bed, to move the legs one at a time very slowly, but in larger and larger movements, with intervals between of a minute or more.

"An order is given to lift the leg; if it be too weak, a finger beneath the ankle aids it, but no attempt must be let to fail utterly; as she gets on, the orders are to be obeyed more quickly. It is easy to sketch out for one's self what such a system should be in its details. After it has gone far enough the patient is seated in bed with some support to her spine, and is trained to move the head freely. The next step used with me to be a lesson in walking, but of late I find it better to teach a girl to creep, which is an easy and natural mode of training for the walk. The patient has pads tied over her knees, and, lying flat on her face on the floor, without skirts, has around her a folded sheet. At an order, she tries to rise, helped by a lift of the sheet belt by the nurse. When she is able to do this, and gather her legs and arms so as to make herself a quadruped, she is taught to balance herself, every effort being assisted, when needing help, by the nurse standing above her. The progress to creeping is easy; then comes the lesson of kneel-

*Op. cit.

ing and pushing a chair; and last, that of standing in a corner or by a chair.

In the treatment of ataxic affections, even sometimes when dependant upon organic diseases of the cerebro-spinal axis, the use of what may be called balancing or acrobatic gymnastics is of some value. Dr. Mortimer Granville, in the *Practitioner* for 1881, and subsequently in his monograph on "Nerve Vibration and Excitation," discusses a method for the regeneration of the nerve elements by exercise on the basis of the law of development through function, holding that the ataxic subject is reduced by dissolution to the position of a child just learning to stand or walk. His plan is to direct the patient to stand with his eyes closed in his bath, after pouring a small can of water down his spine, or applying a mustard poultice over the full length of the spine for ten minutes or a quarter of an hour, and, as his state improves, for half an hour ever morning. He is to be furnished with a chair or rail at hand, to which he can cling in case of need, but is instructed to avoid using it except when in danger of falling. The exercise must be continued diligently for weeks before success can be obtained.

In patients suffering from multiple neuritis, or some curable forms of myelitis, advantage should be take of the first signs of motor improvement to begin with active exercises, while the use of electricity and massage is continued. The particular point upon which I desire to insist, is that the attempt to join the will of the patient to the long unused muscles, shall not be deferred a moment longer than is necessary. Simple attention to this truth, which ought to be self-evident, would, I think, in many cases have saved patients from weeks or months of uselessness.

In the treatment of various forms of paralysis that systematized active movements may be employed with advantage has long been known. Even in paralysis from organic brain disease, a clear method of using gymnastic treatment will be found to serve an excellent purpose. Such paralysis is usually the result of hemorrhage, embolism, thrombosis, tumor, abscess, or depressed fracture;

less frequently of meningitis or cerebritis, of atrophy or arrested development, and still more rarely of uræmia. Sometimes in cases of sudden lesion, as hemorrhage or embolism, the assault upon the nervous system is so violent, or the destruction is so great, that death results quickly, or the patient is reduced to a state of utter helplessness, for which, practically, nothing can be done. In many cases, however, soon after the attack, or even at a later period, the amount of palsy is disproportionate to the cerebral lesion by which it has been initiated. Many cases of monoplegia and hemiplegia illustrate this truth. Little by little some of these patients regain muscular power to such an extent as almost to induce the belief that they will get entirely well; indeed, in some cases of hemorrhage, tumor, traumatism, syphilitic meningitis, and uræmia, complete or almost complete recovery does occur. We should, therefore, not disregard entirely the treatment of such patients.

The course of treatment usually pursued in these cases, in the main wise, is, at first, to do little more than protect the patient from disturbing influences; and after the shock of the attack, and the acute inflammation which sometimes accompanies or follows it, have subsided—that is, in a few weeks or months—to give absorbents and alteratives, and to apply electricity, and possibly massage, allowing the patient to use the affected limb as he sees fit. More than this, however, should be done; and it is just here that single active exercises, after some thorough system, may play a useful part. Every effort consistent with safety, should be made to unite again the paralyzed limb with the volitional centres. Such patients often need to be incited to effort.

Two methods of systematized active exercises may be tried for these hemiplegias and monoplegias. One is the method partly of duplicated active, and partly of single active movements, used and described by some of the writers on Swedish movements; as, for instance, by the Taylors. The patient is placed in a recumbent or half-reclining posture, so that he may be able to direct all the

cerebral energy at his command toward the paralyzed member, and is then urged to make some simple movement. If he succeeds to ever so slight a degree, he should simply be encouraged to repeat the movement, but he should be carefully guarded against undue or too long prolonged effort. Other simple movements are added from time to time. If he can do absolutely nothing, the operator should perform on the patient the desired movement, while the latter fixes his attention upon the performance and tries to assist. When a little headway has been made systematized active movements should be used in conjunction with electricity, massage, and duplicated active movements in an orderly and thoroughly regulated manner. With light dumb-bells and with the pulley-weight apparatus, all possible movements, and particularly those which are most wanting, should be cautiously encouraged. From a cautious pursuance of such methods I have seen a surprising result in a number of cases supposed to have reached the limit of improvement.

Such treatment does good, not only because the original lesion may have been partially removed, but also because by such efforts, portions of the brain adjoining the centres destroyed may be made to take on new function; or possibly in some instances, the other hemisphere of the brain may be called into new activity. To central spinal palsies, as well as to paralysis from brain disease, in a large measure the same truths apply.

Another method of gymnastic treatment which I have often employed with benefit in cases of monoplegia and hemiplegia, is to cause the patient, first, to make a movement upon the unaffected side, and then instantly to perform the same movement with the paralyzed member, following this quickly with an attempt to do the same thing with both limbs. It is surprising the curious results that will be sometimes obtained in this way, if the leg is but little affected, and the patient can stand while these movements are performed by the upper extremities. To exercise the legs, the patient, of course, should be placed in an easy position, and one that will allow the

movements to be performed with the greatest convenience. Exercises of this kind probably have some effect in bringing the paralyzed side of the body under control of the uninjured side of the brain through commissural channels in the spinal cord.

For some of the arthritic neuroses, and for rheumatic neuritis, or muscular rheumatism, these exercises are of undoubted value. I have seen three cases of a form of rheumatic neuritis affecting the deltoid and adjoining muscles, in which the progress to complete recovery was much assisted by an early resort to dumb-bell exercises and pulley-weights. Cases of this kind are best treated by using large doses of oil of gaultheria, or sodium salicylate, with hypodermic injections of morphia in the most acute stages; a little later resorting to massage, electricity, or both; and then to exercises with light dumb-bells or pulley-weights. Here, again, the point I wish to impress is, that such active exercises should not be deferred too long.

Hysterical aphonia or apsychia (loss of the power of whispering) can sometimes be treated successfully by a species of respiratory gymnastics, or a combination of respiratory with vocal and muscular gymnastics. Dr. Mitchell has described a method of bringing back the voice, which is really a form of respiratory gymnastics, a method which I have used several times with success, and less frequently with failure. Speaking of a young woman who had good power over the laryngeal muscles, but could neither speak nor whisper, he concluded that if he could teach her to speak only with a very full chest, he might secure an involuntary success. Asking her to fill her lungs several times, and when very full to keep her mouth wide open, he then had her try to sound the broad A, at the same time breathing out violently. She made a clear, audible sound, and was at once on the high road to cure. Some years ago, with this simple method, I obtained a brilliant success with a young lady who had not spoken even in a whisper for many months. I now combine light dumb-bell and pulley-weight chest exercises with this method,

In certain cases the treatment by rest, seclusion, etc., can be successfully combined with that by systematized exercises. After the nervous or broken-down patients suitable for the treatment have progressed to a certain point; after their nutrition has been placed upon a firm basis, respiratory exercises without apparatus, or with very light dumb-bells, can be carefully begun. Five minutes, or perhaps only three minutes, should be taken at first, and the time should be increased with the utmost caution. In a recent neurasthenic case with hystero-epileptic seizures, after the patient had improved under the rest treatment, systematized active exercises were resorted to with the greatest benefit. In those cases of hystero-epilepsy in which the seizures are partially voluntary, or of the induced voluntary kind, the use of such exercises assist the patient in obtaining the control of herself and her movements which enables her to resist the beginning of the attacks.

Dr. C. F. Taylor, in the book to which I have already referred, has hit the secret of the combination of rest and exercise in certain cases.

"The true remedy," he says "is rest and exercise. Let the rest be complete relaxation of all muscular effort—not the entertaining of company, sitting bolt upright, so that the spinal muscles must be constantly acting, or reclining in a 'graceful' attitude on a lounge, with book in hand, but a completely sustained position, when all the muscles must cease to act. Then the exercises to follow should be short, varied, and taken with some vigor."

The now generally accepted views with reference to cerebral localization throw some light upon the manner in which systematized active exercises, or other forms of gymnastic treatment, improve, or repair the nervous system, and especially the brain. This fact has not been overlooked by authorities in neurology and gymnastics, as by Emil Du Bois-Reymond, Schreiber, Crichton-Brown, and others. In the brain are represented both a differentiation and an integration or solidarity of function. Centres for speech, for vocalization, for

particular movements, for the special senses, for the muscular sense, for organic sensations, for some of the higher faculties, as of attention and inhibition, are now, with reason, claimed to have been isolated. For the localization of some of these, as of speech, motor, and some of the sensory centres, the facts and arguments are practically incontrovertible. In the plainest of terms, if brain centres which determine certain movements exist, the performance of these movements must develop and train not only the muscles concerned in these actions, but the cerebral centres with which they are connected.

NOTES ON TERPIN HYDRATE.

BY WILLARD H. MORSE, M.D.,
OF WESTFIELD, N. J.

Turpin hydrate may be described as a derivative of turpentine, having a special action upon the mucous membrane of the air-passages, which action is notably the checking of all excess of secretion, together with a strong and efficient control of the same. It is an agent which diminishes and promptly arrests purulent expectoration in any and all of the catarrhal forms of bronchitis and phthisis, without fault, favor, or regard of any item of etiology. The efficacy obtains, as a rule, whether the muco-purulent secretions are from the bronchial tubes irritated by the agency of inflammation, or from the pulmonary parieties burdened with the tubercular agencies. Perhaps as safe a standard of administration as any, is the indication nominated by the formation of pus in sufficient abundance to fatigue the patient, to reduce every strength, or to bring him to that state estimated by the term "consumption," and being elected as at an early stage or at the era of cavity-formations. From this fact enough may be predicated to influence its exhibition both in the late and the early incidents of disease, and with an almost equal certainty of provoking to relief. It is employed successfully in hæmoptysis and on occurrence of hemor-

rhage, or both before and after that emergency of pathological action which marks establishment of the disease in the cavities, with aneurismatic affection of the pulmonary artery. Like excellence applies to the treatment of emphysematous or catarrhal asthma, to the effect and the act of acute and chronic enervating bronchitis, to pneumonia, and to any exigency of circumstances where there is emanant any hypersecretion which more or less effectually blocks up the bronchial tubes, or excites to any form of inflammation which exasperates pulmonary action in any kind.

It may be said, and indeed I think it has been said, that one forms an idea that one preparation or derivative is as applicable as is another, and that it is not for any terebinthine preparation to indue itself with an action by or from which it is to claim preference. But this is the qualification of terpin hydrate, and it is made so in a most emphatic sense. It is true that it is the privilege of turpentine, and most of its derivatives, to have the action on which it is the office of terpin hydrate to nominate its availability and its unvarying value ever iterated by other derivatives as well. But there is no such prompt and certain response incident to any other as is the case with the interesting derivative in question; and moreover it is free from those well-known physiological inconveniences which attend the exhibition of other substances of the class, all ill-borne, and some receiving no toleration if taken into the stomach.

Of the terpin it can be said, and that without reserve, that it is entirely and of necessity innocuous, and that moreover, it is perfectly digestible. That these are of the nature of advantages there is not one to deny. I have used and recommended on different occasions the drug terebene, and on other occasions it might not be at all out of the way to employ terpinol. But terpinol and terebene are quite distinct from one another, and as distinct from terpin hydrate. So one cannot be distinguished from as substitutive of the other. Terpin is a substance which is obtained from turpentine by distillation; terpinol

is a derivative of an oily nature; while of terebene the definition of riban is "an organized substance produced by the action of sulphuric acid upon turpentine." It will be at once apparent that to commend the one drug is not to curse the others, for while one is as much of an expectorant as are the others, they are not interchangeably so. There are practitioners and patients who use the one agent as just-as-good, and ultimately of similar results, in a most ultra sense. But this is an altogether unwarranted way of doing things, and unless one is writing of "turpentine," it is unusual to nominate its derivatives as of unvarying similarity of action. There is an uncertainty of dosage, and if there is ever the utmost indication of substitution, it is an utterance of accident.

The terpin hydrate does not appear in the urine and breath, but it occasions an individual feeling of warmth, and is eliminated usually from the kidneys and sweat glands; and uniformly from the bronchial tubes. Thus we urge its appreciation for expectorant and renal undertakings of therapy, and for diaphoretic use in a general sense. Thus we write it diuretic, diaphoretic, and expectorant, right and not usage placing in precedence the diuretic effect.

The mode of administration is a matter of some moment and importance, brought forward by those who are skeptical concerning the remedy. It has been said, "as distasteful as asafœtida, turpentine, and oleum morrhææ," and the distinction is one of fundamental value. The old question "How to get turpentine down?" is applicable and well heeded in the case of the turpentine derivatives. Germain-See, Lepine, and Dujardin-Beaumetz, have discussed the drug with keen discrimination, in their peculiarly lucid way, in the Parisian Société and Academy, and are to be quoted as leading and notable authorities upon it. Their principal objective criticisms are those concerning the particular administration. As regards the aqueous and alcoholic solutions they unite in declaring against them. They decided finally that the "best mode of administering is in the form of pills."

This idea indicated something good in theory, but not practical. American experience would not go in the way of terebinthine pills, for reasons which are obvious to all. They may "do things differently in Paris," and while the pill is preferable to any liquid form, it is radically "old-fashioned" to prescribe, and is not prescribed in this country. The tablet is to be preferred to the pill; and this elegant and eligible mode of administration is had by the compressed and titurate tablets of David Hays, of New York, the former of 3 and 5 grains, the latter of 1 grain. These are in general use, and are more thoroughly made than some tablets of other medicines in the market, which, though "an easy, accurate and economical method of dispensing medicines in a compact and palatable form," are apt to be abused. In this case the purest materials are used, and the exactness of dose is well married with ready solubility. Taken as one would a troche or lozenge, they are efficacious, and far more palatable than some of the official troches.

As to the dose, Lepine, the first to use the substance in medicine, recommended "3 to 9 grains." In the dose of 15 grains he valued it in neuralgia and hystero-epilepsy. Guelpa, as the result of many experiments is of the opinion that "in doses of less than 15 to 30 grains it is without effect upon the genito-urinary apparatus," and prefers terpinol in capsules, though averring strangely enough, that "it exerts little or no action upon the genito-urinary tract, though well-borne even in as large doses as 35 minims." Murrell, postulating upon his dosage of "5 to 20 grains" for terebene, gives terpin in 10 grain doses *ter in die*. In Italy, where the drug has come to considerable favor, the dose varies from 2 to 10 grains, every two, three, or four hours, given in large pills." Boyland says, "15 grains is the maximum dose thus far." He adds, we should be cautious in prescribing larger doses, having in mind the toxic effects, which would probably first be observed in the lungs and kidneys.

There are varying opinions concerning the chemistry of the drug, intimately

considered. Probably the truth is that it is nothing else than the binhydrate of turpentine, an alkaloid. Recently prepared, it consists of round, rhomboidal, and polygonal crystals, very closely resembling the hydrate of chloral. After having been kept for some time these crystals become of a clear prisimatic form, frequently of a large size. The relative solubility is in two hundred parts of cold water, in twenty-two of boiling water and in seven of alcohol.

The literature of the drug is at present sparse, but the published cases are such as to bear out the indications. I present notes of ten cases to illustrate.

I.—Obstinate chronic bronchitis of long standing. Prescribed 3 grain tablets, every three hours. Early amelioration, steady improvement, all signs of disease disappeared at the end of ten days.

II.—Recurrent nasal catarrh, same treatment as above. Disease yielded quite as readily.

III.—Pharyngo-laryngeal catarrh, 2 grain tablets exhibited once in two hours and continued for ten days; procured entire relief.

IV.—In a case of night cough, 6 grains at bed-hour were given with happy results, but the patient increasing the dose to 10 grains, he experienced dyspeptic symptoms.

V. VIII.—Four cases of emphysema, all in men past middle life. Dose, 2 grains every waking hour. Three quickly relieved. The fourth found that the remedy produced urticaria, but was cured at the end of twenty days.

IX.—Old man, winter cough, took a 1 grain triturate tablet every two or three hours. Combined the use of the terebene spray, and though the results were excellent, they were not better than with the simple terpine. Case lost sight of.

X.—Phthisis, old consolidation, right lung breaking down. Dose as above. Cough and other symptoms subsiding. In this, and other consumptive cases, I make no doubt, but that the remedy checked the formation of acidity and flatulence. Have never used it for flatulent dyspepsia.

In addition to these ten cases I might give the histories of sixteen others in which the results were equally favorable. Twenty-six cases are not enough from which to draw general conclusions, but taken in connection with those already reported it may be said that in terpin hydrate we have a valuable remedy. It is evidently not a specific, but it seems reasonable to conclude that in it we have a most valuable addition to our remedies for certain bronchial and pulmonary affections. Turpentine has gone to its grave in the grocery-store, and of its derivatives there comes terpin hydrate without any of its irritating effects, and yet with its powers as an antiseptic, a germicide, a stimulant, an expectorant, a diaphoretic, and a diuretic. Given in improper form and dose, it may possess all of the evils of the drug derived from the *pinus australis*; but given scientifically, it can but grow in favor, and will procure none but the best results.

PRACTICAL NOTES ON THE TREATMENT OF SKIN DISEASES.

ATROPHIES.

(Continued from issue of December 31.)

BY GEORGE H. ROHÉ, M.D.,

Professor of Dermatology and Hygiene, in the
College of Physicians and Surgeons.

Atrophic disorders of the skin may affect the connective tissues of the skin, the pigment, or the hairs.

ATROPHIA CUTIS.—*Atrophy of the Connective Tissue Layer of the Skin.*

The most familiar form of atrophy of the skin is that which occurs in the form of whitish, bluish or pinkish lines on the abdomen of women, and which usually indicate a previous pregnancy. This atrophic condition is due to excessive distention of the skin, and therefore not due solely to pregnancy; but to any cause which may give rise to excessive stretching of the skin. Hence these

strix atrophica are also found in ascitic or corpulent persons, as had been pointed out by Joseph Frank in the early part of this century.

In some cases the atrophy is due to a trophoneurosis. Wilson has described cases of linear atrophy due to nerve influence. Schwimmer gives details of a case of universal cutaneous atrophy in a woman 25 years of age, in which there was marked degeneration of the cutaneous nerves.

In the rare affection known as unilateral atrophy of the face, the skin is usually involved along with the muscles and other tissues.

In old age more or less atrophy of the cutaneous tissue takes place, which has been thoroughly studied by Neumann. In this form there is a diminution of the tissue of the cutis resulting in shrinking and thinning of the same. This is attended by alterations in texture designated as fine granular degeneration, senile shrinking, vitreous degeneration and other modifications of nutrition. The atrophy of connective tissue is often accompanied by epithelial hyperplasias such as warts, keratosis senilis, and sometimes atypical epithelial new formations (true epithelioma).

Senile atrophy of the skin is frequently accompanied by intense itching, the condition usually termed pruritus senilis in the text-books.

In most cases, very little can be done for the relief of cutaneous atrophy. The wrinkled skin of old age, and of lean persons can be much improved, however, by a system of local treatment designed to improve its nutrition. Systematic manipulation (massage), with the conjoined inunction of cod liver oil, olive oil, lanoline, lard, spermaceti or oil of sweet almonds will produce a marked improvement in appearance in the dry, lustreless or wrinkled skin of persons of meagre habit, or of those who have passed the prime of life. A combination of ten parts of spermaceti with eighty or ninety parts of oil of sweet almonds perfumed to the taste makes an elegant application. It should be carefully rubbed in at night, after washing the skin with warm water

and a mild soap (pure castile being probably the best for this purpose). Or the linimentum saponis of the pharmacopœia may be used as a detergent. In the morning the fat should be washed off with soap and warm water and some emollient cosmetic lotion applied. The following is excellent for the purpose:

℞ Sodii boratis,	3 ijss.
Glycerinæ.	
Tr. benzoini, āā	3 i.
Aquæ cologniensis opt.,	$\frac{3}{4}$ ss.
Aquæ aurantii flor., q.s.ft.	$\frac{3}{8}$ vi.

S.—For external application.

No treatment has yet been successful for trophoneurotic hemi-atrophy of the face, or for the linear atrophies, or so-called "false cicatrices" of pregnancy.

ATROPHY OF PIGMENT.—*Leucoderma*.

Leucoderma means simply white skin. It is due to an absence of pigment in the epithelial layer of the skin. The condition,—it can hardly be called a disease,—may be congenital or acquired. The most marked forms of the congenital variety are seen in the albinos which are exhibited in all the curio-museums and circus "side shows" in the country. These individuals are usually the offspring of the darker races, but may be descendants of the white race. In addition to the milky or pink-tinted skin, the hair is usually white or light yellow, and the iris red, owing to absence of the characteristic iridian pigment.

The congenital form of leucoderma may also be partial. This is seen not very infrequently in those persons who have a lock of white hair upon the head, or a bundle of white hair among the beard. This white hair usually grows from a perfectly pigmentless patch of skin.

In the acquired form of leucoderma, generally called vitiligo, the same anatomical condition exists. The white spots or patches are round, oval, or irregular, smooth, with normal sensation and vascularisation. They are perfectly flat, and neither elevated above, nor de-

pressed below the level of the skin. There are no subjective sensations, such as itching, burning, tingling or numbness. The hair upon the white spots sometimes preserves its normal color, and in others is also devoid of pigment.

A peculiar effect is produced upon the non-pigmented patches by intense sunlight. While the normally pigmented skin tans and becomes bronzed by exposure, the white spots either remain unaffected or become red, inflamed and painful.

Partial acquired leucoderma is not very rare among negroes, in whom it produces very grotesque effects. The daily papers frequently contain sensational accounts of negroes "turning white," as if the phenomenon was an extremely rare one. In the less extensive forms it is comparatively often seen among whites, and is apparently more frequent in the South. It is usually symmetrical, and seems to be governed to a certain degree by the nervous distribution in the skin.

The causes of the affection are obscure. In some cases a connection can be traced between the disappearance of the pigment and some traumatic influence, but in most instances no etiological relation can be made out. It has no connection, so far as known, with any disorder of any internal organ.

The borders of the white spots are usually a little darker than the normal tint of the skin, giving the impression that the cutaneous pigment is produced in the usual quantity, but is abnormally distributed.

Certain cases of leprosy (*lepra maculosa*), or the atrophic stage of *morphœa*, may on superficial observation cause mistakes in diagnosis between these diseases and leucoderma, but a careful examination of the lesions will enable one to make the differentiation with the greatest ease. In fact, it is difficult to see how an observant physician can confound such a simple local disorder as leucoderma with a grave constitutional disease like leprosy.

We know so little of the conditions under which pigment is normally formed

in skin, that all attempts to restore it when absent must be purely empirical.

The treatment of leucoderma has hitherto been very barren of results. In one case in which I was requested to suggest some remedy, I advised a long-continued course of arsenic, with the apparent effect of producing improvement. Whether the improvement was due to the remedy, or whether it was maintained I am unable to say. At all events this remedy is worth trying.

When the affection appears upon the face, the brownish border of the spots, which throws the white surface into strong relief, may be rendered lighter by the local applications recommended against chloasma (*q. v.*).

It should be mentioned that the normal color of the skin sometimes returns spontaneously in acquired leucoderma.

ATROPHY OF THE HAIR.—*Alopecia.*

Baldness is either temporary or permanent. It may be due to disease of the hair follicles or perifollicular tissues, or it may be symptomatic of some constitutional disorder. It is generally classified in the books as premature and senile baldness, but this classification is defective, since many persons reach old age without losing their hair. Baldness is therefore not an attribute or necessary consequence of advanced life.

In syphilis, convalescence from fevers or other grave or depressing diseases, temporary baldness is frequent. In these cases the hair nearly always returns in a luxuriant growth, but unless the hygiene of the scalp is carefully attended to, the defluvium begins again in a short time, attended by seborrhœa or dandruff, and eventually results in permanent baldness.

"Dandruff" is an almost universal precedent of those cases of early baldness not dependent upon some constitutional condition. It is generally regarded by dermatologists as an evidence of seborrhœa, although some observers deny this. The view that dandruff and the consequent alopecia are parasitic affections has been asserted by a number of pathologists, but up to the present

time no satisfactory evidence has been furnished in its favor.

Parasitic skin diseases such as ring-worm, or favus sometimes cause baldness, which is in most cases only temporary. After the parasite has been destroyed and the irritation of the skin subdued, the hair usually grows again, unless, as in cases of kerion or sycosis the hair papillæ are destroyed by the intensity of the inflammatory action. The hair sometimes falls out in eczema and psoriasis of the scalp, but is usually restored after the skin disease is cured. Of course, ulcerative diseases which heal only by the formation of cicatricial tissue, preclude the regeneration of the hair where the hair papillæ have been involved in the ulcerative process.

Early baldness is attributed to many causes, some plausible, many fanciful. Thus, close cropping of the hair, wearing a covering on the head most of the time, the habitual daily use of water on the scalp have been accused of hastening the falling out of the hair. None of these are, in my opinion, sufficient to account for the alopecia. Thus soldiers who keep their hair closely cropped most of the time, do not suffer more from baldness than do other persons. Cleanliness, which is certainly fostered by the ablution of the scalp, should not be accused of producing this deformity, without very definite evidence. The statistics of Ellinger in reference to this point upon which so much reliance is placed by some writers require confirmation before they can be accepted without reserve.

The view that the constant wearing of a head covering tends to produce falling out of the hair, is, I believe entirely fallacious. Persons who keep their heads covered most of the time are according to my observation, less liable to baldness than those who have the scalp frequently uncovered. In fact, my observation leads me to believe that keeping the head covered with a soft well-fitting cap or hat, tends to preserve the hair. That an ill-fitting hat, compressing the blood-vessels and tissues unequally interferes with the proper nutrition and growth of the hair is quite

plausible and deserves consideration.

There can be no question that heredity plays a part in the causation of baldness.

The striking form of baldness known as alopecia areata, or area Celsi, is probably a neurotic affection, although several prominent dermatologists hold to the view that it is of parasitic origin. The published evidence in favor of the latter is insufficient to overthrow the prevailing belief. This form of alopecia usually occurs suddenly, large bunches of hair coming out over a distinctly limited surface, and leaving the spot completely bare, smooth, uninfamed and shining. No known parasitic disease has such a history. Besides, the hair frequently grows again without any local parasiticide treatment, although the latter, by its irritant effect may stimulate the growth to greater rapidity.

The treatment of the defluvium depending upon acute diseases comprises such remedies as will raise the general nutrition. In syphilitic alopecia the specific treatment appropriate to the case will improve the capillary growth. In the alopecia of convalescence, cleanliness of the scalp with the daily use of some stimulant lotion are indicated. A combination which I have used with much satisfaction in cases of falling out of the hair in syphilis or after acute febrile diseases is the following:

Ry	Tinct. capsici,	℥ ss.
	Glycerinæ,	℥ ii.
	Sp. myrciæ, q.s. ft.	℥ viii. M.

This is to be well rubbed into the scalp nightly. Sometimes the addition of half a dram of carbolic acid is an improvement. If the hair is very dry the proportion of glycerine may be slightly increased. This prescription is also an excellent one in those cases of baldness not accompanied by dandruff and in which there seems to be only a deficient force in the growth of the hair.

In the baldness due to, or accompanied by dandruff, or dry seborrhœa of the scalp, and which constitutes about nine-tenths of the cases that apply for treat-

ment, I have found the following method very efficient. The scalp is washed two or three times a week with a good tar soap, and afterward a lotion containing either sulphur or resorcin is applied and well rubbed in. The formulæ I generally use are the following:

R	Resorcini puri,	℥ ss-i.
	Sp. myrciæ,	℥ viii. M.

R	Sulphuris precip.,	℥ ss.
	Sp. myrciæ,	℥ viii. M.

A small quantity of glycerine or castor oil may be added to either of the above, if the scalp is very dry. If preferred an ointment may be used instead of the lotion. Either of the following will be serviceable:

Ry	Sulphuris precip.,	℥ ss.
	Ungt. aquæ rosæ,	℥ i.
	M. ft. ungt.	

R	Resorcini puri,	grs. xv-xx.
	Ungt. aquæ rosæ,	℥ i.
	M. ft. ungt.	

R	Acidi salicylici,	grs. x.
	Sulphuris precip.,	℥ ss.
	Ungt aquæ rosæ,	℥ i.
	M. ft. ungt.	

A mild ammoniated mercury ointment is also often useful.

The treatment of alopecia areata is often unsatisfactory. The local treatment should be a stimulant one; lotions or ointments containing capsicum, cantharides, iodine or similar active ingredients should be used to the bald patches and rubbed in with considerable friction. The galvanic and faradic currents also promise good results. Internally neurotic tonics; quinine, iron, strychnine and phosphorus are generally indicated.

“Sick Headache,” dependent on a bad condition of the stomach, will often disappear in half an hour under the influence of two grains of potassium iodide dissolved in water, and taken in divided doses at intervals of from three to five minutes.—*Dr. J. Aulde.*

Society Reports.

PHILADELPHIA COUNTY
MEDICAL SOCIETY.

STATED MEETING, HELD JAN. 25, 1888.

The PRESIDENT, J. SOLIS-COHEN, M.D.,
in the Chair.*Dr. A. J. Downes* read a paper onONE INTERESTING SEQUELÆ OF A CASE OF
SCARLET FEVER, WITH PATHO-
LOGICAL SPECIMENS.

On November 15, 1887, at 3 P.M., I was asked to see B. M., a boy of seven years, then under the care of a homœopath, and said to be dying of heart disease. I called immediately. The boy was comatose, had been so for twelve hours. The face had a characteristic pallor, the eyelids were slightly puffy, the pupils dilated, the breathing stertorous.

I listened to the heart and heard a loud systolic apex murmur, a diastolic one at the right base, and mingling with both a peculiar whistling sound, the cause of which at the time I did not understand. Examining further, I found that the eyelids had become puffy two days previous, that the feet and ankles were now swollen, and the scrotum slightly so. No urine had passed in twenty-four hours. Excepting a few scybale, forty-eight hours before, the bowels had not moved in seventy-two hours.

The child had scarlet fever five years before. I told the father that the boy did have heart disease, but that he was dying of uræmia. Shortly after 5 P. M. the boy was dead. The following morning Dr. Martin Rively and myself made a post-mortem examination. The specimens I show are the heart, kidneys, and a piece of the liver.

So advanced cardiac lesions in a child of this age are far from common. The ventricles are both hypertrophied and the cavities dilated, the right considerably. The curtains of the mitral valve are thickened and fibrous, the posterior leaflet is exceedingly contracted and shows above it a recent inflammatory area.

The aortic curtains are a beautiful picture of an insufficient valve. The whistling sound I heard during life must have come from the tricuspid valve. The hypertrophy of the muscular elements of the ventricle, with the marked distention to which the cavity was subjected, surely allowed sufficient leakage to cause this sound.

On account of its so late recognition and its undoubted influence in enhancing the cardiac condition the state of the kidneys is exceedingly interesting. Even macroscopically the kidneys show changes which must have been going on for some time. The pale cortex and the eversion of the edges indicate fat. Under the microscope we find evidence of long existing changes, sufficient to warrant the assumption that in the long-ago attack of scarlet fever the kidney changes began. The tubules are swollen, distorted, and full of casts, the epithelial cells lining them are somewhat granular and smaller than normal with their nuclei becoming indistinct. Long existing changes therefore. We find also recent conditions.

The glomerules are swollen and congested, and in their vicinity an infiltration of small indifferent cells. A very characteristic glomerulo-nephritis of recent date. The cause in this case of anuria and consequent uræmia. And the history points to this; for the boy, although not well for a few years back, was comparatively so. For two weeks previous to his death he was confined to his bed, and undoubtedly during this time he was suffering from a glomerulo-nephritis which, adding itself to an already damaged kidney, precipitated an attack of uræmia.

Additional proof that the boy's kidneys were not normal prior to his last sickness is not wanting. His bladder, post-mortem, contained about two ounces—twenty-four hours' urine—of this I collected one ounce. It contained a large amount of albumen but no sugar, round and columnar epithelial cells showing fatty degeneration, a few epithelial casts containing oil globules and some free oil. A few weeks' nephritis could not cause this urine.

The liver changes are secondary to the heart condition. Under the microscope it shows both fatty infiltration and degeneration.

In concluding, I would recall the points that interested me in the case. *First.* The extensive cardiac lesions caused by scarlet fever occurring in a child under two years. *Second.* The late recognition of the heart, the non-recognition of the kidney condition. *Third.* The occurrence of acute inflammation—the glomerulo-nephritis almost typical of scarlet fever—in an already damaged kidney. *Finally.* May I not call attention to this case as showing to what extent the sequelæ of scarlet fever may advance when not recognized and treated. And the history of the case proves such to be the fact. Eight homœopaths in succession had charge of the boy for four years prior to his death. Over a year ago one had diagnosed diabetes. The one in attendance before my visits had recognized valvular affection. But the kidney lesions had escaped them all. Apparently this proves that the case ran an almost natural course.

Dr. James Tyson exhibited

FLEISCHL'S POLARIZING SACCHARIMETER,

made by Reichert, of Vienna, and explained its use. The deviation is indicated by the displacement of a dark band continuous in two parallel spectra, when no glucose is interposed and the instrument reads 0. When a column of sugar is interposed a deflection takes place, and after the continuity is again restored the *percentage* of sugar is read off from the vernier.

Dr. Tyson said the polarizing saccharimeter could not be recommended for testing qualitatively very minute quantities of sugar, say anything less than one-half of one per cent., Fehling's solution being really more delicate. Nor can it be said that there is any saving of time in testing quantitatively solutions containing less than one per cent.

The advantage of its use is shown in determining from day to day the quantity of glucose in specimens containing

considerable amounts, where the requisite dilution and titration occupy much time.

In very clear urines it is not necessary, with Fleischl's instrument, to decolorize with acetate of lead solutions, but where they are not almost colorless it is necessary to treat with basic acetate of lead in the proportion of 1 c. c. to 10 of urine and filter, when one-tenth should be added to the reading of the vernier.

DISCUSSION.

Dr. L. Wolf said: The instrument to which Dr. Tyson referred, and which I had the honor to bring before you here, is known as a polarization-microscope, though this is an improper term, as it is simply the utilization of the microscope stand for the adjustment of the parts of a polarizing saccharimeter. I imported the parts constituting this about a year ago from the manufacturer, Paul Waechter, of Berlin. Its principal advantage is that of price, which, to the best of my recollection, is about twenty-five dollars when bought here. Like all other saccharimeters it consists of a polarizer which, as you see, is attached to the substage; on the top of this fits a plate consisting of two demidisks of quartz of opposite rotary power, which let the intersecting line be readily seen through the analyzer. This latter with the vernier and nomus fits into the microscope instead of the drawtube. The analyzer or scale can be so adjusted that when the nomus points to 0° the two semidisks will be of an even neutral violet tint. In this position it is fixed with a screw. The tube is then withdrawn and the glass container with the urine is screwed in, when the whole is replaced. In looking through the instrument it will now be seen that the two semidisks are no longer of neutral tint, but one is red and the other blue. On rotation this inequality of color will disappear at a certain point, and when the neutral violet tints are again seen, the angle is read off. With this angle you can refer to the accompanying table and read off the amount of sugar present in grains contained in one litre, or by dividing

this by ten the percentage will be arrived at. I have used this little instrument a great many times and find that it is quite as accurate as the larger and more expensive apparatus.

It is my custom to make about six readings, which is very rapidly accomplished, and take the mean thereof by dividing the sum of the reading by six. With some practice and an eye trained for color the results come generally within one-tenth of one per cent. of the amount of sugar present. Like every other instrument, it requires practice to get good and accurate results. While for those who have to make many quantitative determinations of sugar in urine the polarizing saccharimeter offers great advantages, I quite agree with Dr. Tyson that, for single and isolated determinations, Fehling's method is quite as rapid and certainly as reliable. The general use of the polarizing saccharimeter together with its advantages and disadvantages, and also the preparation of the urine for that purpose, have been so fully explained by Dr. Tyson, that there is nothing further for me to add.

CHRONIC POISONING BY COFFEE.—Many of the medical profession for years have been called upon to treat a large class of half-starved women, chiefly poor seamstresses, who are accustomed to carry on the most severe toil with scarcely any other food than crackers and tea. As a consequence of this lack of nourishment, the tea simply aids the woman in using up not only the vital force of daily life, but also the reserve powers, which for the maintenance of health must always be present.

Symptoms, therefore, arise in these cases dependent upon two causes: the first of which is exhaustion, the second teaism. It would seem to be doubtful whether the tea itself is ever purely the cause of the ailments frequently ascribed to it, since it is the very condition of exhaustion which enables the beverage to affect, to any great extent, the general system, save in those cases where enormous amounts are ingested.

We desire now to call attention to an analagous condition produced by coffee, and to which Guelliot, of Reims, in the *Revue générale de Clin. et de Thérapeutique* of December 15, 1887, gives the name of coffeeism. Curiously enough, coffeeism would seem to be present rather in the well-to-do and well-fed class than in the class affected by teaism, yet it is evident on comparing the symptoms noted by Guelliot, with those reported some time since by Bullard, that little difference exists between them.

Chief among the disorders produced by coffee we find anorexia, and this symptom also led the list of Bullard. Sleeplessness and nervous tremblings stand next in frequency of occurrence, while a long train of disorders arising from disturbed nutrition and assimilation follow in various forms. In the treatment of this condition, the first object of the physician is, of course, to prevent the ingestion of any more coffee if possible, or at least to limit its use. Further than this the symptoms must be treated as they arise, general hygienic measures must be insisted upon, and, as a general rule, owing to the class of persons suffering from this disorder, exercise is indicated rather than the "rest-cure," as is so frequently necessary in "teaism." Where the sufferer has used coffee with the object of aiding him to carry on some nerve or cerebral strain, this indication is, of course, reversed; but in the fat and heavy gourmand whose emunctories are clogged, whose digestion is disordered, and whose general system is reeking with the results of imperfect elimination of tissue waste, the reduction of the amount of coffee, and plain living with exercise are the chief measures by which to obtain relief.

Notwithstanding the researches of the chemist which prove that caffeine and theine are identical, it must not be forgotten that along with the caffeine in a cup of coffee one takes into the system some of the empyreumatic oil belonging to the bean, the general influence of which is at present unknown, save that it is possessed of sufficient power to influence the system very markedly.—*Med. News.*

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BALTIMORE, FEBRUARY 18TH, 1888.

Editorial.

THE ALBUMINURIA OF PREGNANCY AND ITS TREATMENT.—At the recent meeting of the Medical Society of the State of New York, Dr. Fordyce Barker read a concise and practical paper, entitled "Remarks on the Albuminuria of Pregnancy," (see *Medical Record*, February 11, 1888), in which the pathology of this affection was briefly considered and following this were clearly defined rules of treatment. Dr. Barker handled the subject in a clear and judicious manner, and presented facts which seem to us to place the subject under consideration in a fair and practical light before the profession.

Assuming that the albuminuria of pregnancy and the organic disease properly termed acute Bright's disease in the non-pregnant woman are clinically, etiologically, and sometimes pathologically, distinct diseases, Dr. Barker lays down different rules of treatment, and applies to them an essentially different prognosis. Whilst having most striking phenomena in common the terms albuminuria, uræmia and Bright's disease are not synonymous or identical. They may exist alone, or in association as cause or consequence of one or both of the other conditions.

The most important question in the treatment of albuminuria, Dr. Barker holds, relates to the indications for the restoration of the normal condition of the blood and the prevention of a tendency to, or overcoming an already existing, renal congestion. The means to secure these objects necessarily vary. In one case anæmia, hydræmia, and general feebleness of the vital powers predominate. In another plethora, abnormal activity of the digestive and assimilative functions, and a strong tendency to renal and cerebral congestion are present.

The question of diet Dr. Barker regards a most important point. In one class a nutritious diet and chalybeates may be required; in another an exclusive milk diet is very important. Dr. Barker has observed great benefit from giving the patients for weeks before parturition a teaspoonful of glycerine, three parts and tincture of chloride of iron one part, in a wine-glass of water after each meal. Dr. Barker regards the utility of diuretics as questionable, except the indirect diuretic which results from the cardiac tonics, as digitalis and tincture of iron.

Where uræmia is threatening, or already exists, more active treatment is necessary. Venesection he regards of just importance, even if the patient be hydræmic. Dr. Barker regards jaborandi, or its alkaloid pilocarpine, an unsafe and uncertain remedy. The induction of premature labor he thinks a very grave procedure and one never justified unless accompanied with unquestioned evidence of perilous uræmia. The existence of amblyopia and amaurosis during pregnancy, which have been recently urged as a reason for the induction of premature labor, Dr. Barker thinks may absolutely demand the speedy termination of pregnancy when the symptoms of albuminuria and uræmia have resisted previous medical treatment and are of a grave and dangerous character.

In the treatment of the uræmia of pregnancy Dr. Barker regards nitroglycerine, in doses of from $\frac{1}{100}$ to $\frac{1}{50}$ of a

minim repeated every three or four hours an agent of great value. "Its effect is to speedily reduce arterial tension and allay spasm of the cerebral and renal arterioles, and thus indirectly increase the functional activity of the kidney and marvellously quiet the nerve-storm so characteristic in these patients,"

MEDICAL LEGISLATION AT ANNAPOLIS.—Whilst the Legislature of this State is now busily engaged in matters of public interest and importance we regret to see that its attention has not been invoked in behalf of important medical interests in this State. Although Governor Lloyd, in his annual message, directed attention to the importance of State legislation in connection with the practice of medicine in the State, his suggestions have, up to the present time, remained unheeded. As far as we can learn no movement is on foot looking to the introduction of a bill before the present General Assembly to regulate the practice of medicine in Maryland. Neither the profession nor the public seem at all interested in the matter of medical legislation, and the indications now are that the present session will adjourn without giving the least thought to the subject. In this matter at least what is everybody's business seems to be nobody's business, and thereby hangs a tale. As two years intervene before the Legislature again convenes the status of medical interests in our State assumes a most uninviting aspect. Whilst our sister States of Virginia, West Virginia, North Carolina and Pennsylvania have procured protection for the medical profession and for the general public from irregular practitioners and every species of charlatan our doors are kept open to receive all such as are crowded into our State by legislation in other States. We have so frequently urged the importance of this subject that we deem it unnecessary to repeat a single argument in support of the same. We have time and again urged the profession to move in the matter and have offered, and again offer,

to support any judicious movement undertaken with whatever influence the JOURNAL may possess. We can scarcely do more than direct attention to the subject and urge its importance upon the intelligent members of the profession who must recognize the great necessity for a suitable law to regulate the practice of medicine throughout our State. It may not be too late to invoke the aid of the present Legislature in behalf of such legislation as is proposed, but to do this the profession must move promptly and decisively in the matter. If a few earnest and determined men will at once take the matter in hand a great deal may be done in a very short time. Who will volunteer to take hold of this important question? Are there not a half dozen or more members of the profession who clearly see what is wanted and who will energetically work for the profession in the right direction? We are sure such men exist and we urge such to volunteer their services at once.

CREMATION.—The method of disposing of the dead in large cities is becoming a more and more difficult problem to solve. The rapidity with which many cities grow out to, and surround their once suburban cemeteries, and the desirability of removing bodies from such cemeteries for sanitary reasons and converting the cemetery ground to other purposes, has compelled the inhabitants of large cities to think of some other way of disposing of their dead. Naturally to think of something new, men went backward several cycles, and came upon cremation. Cremation in recent times started from Italy; later Germany followed, and now even conservative England boasts of a cremation society. Sir Henry Thompson in writing in the *Nineteenth Century* for January, 1888, says: that cremation is a necessary sanitary precaution against the propagation of disease among a population rapidly increasing and becoming large in relation to the area it occupies. When the repugnance naturally attending the first use of such a

method is done away with, it will probably begin to be adopted. As it now stands, it has some disadvantages. It offers an opportunity to remove all traces of poisons or of injuries which may be retained in an undestroyed body.

The poisons most usually employed to destroy life are morphia, aconite, arsenic, antimony and mercury, of which the three last alone can be detected in a buried body after the death, the others leaving no positive traces.

Of course there are serious objections to cremation, but the chances for such accidents may be reduced to a minimum. In London the Cremation Company requires a certificate of death from two registered physicians, and in doubtful cases autopsies are made. Cremation soon reduces the body to a small quantity (about 3 lbs.) of ashes without any smoke or offensive odors. It cannot be denied but that in the ordinary method of burial many disease-germs possessing latent power may lie under the ground for years, and finally in various imaginable ways be brought to the surface, or find their way to drinking water, spreading contagion after long periods of inactivity.

Miscellany.

A BILL TO INCREASE THE EFFICIENCY OF THE MEDICAL DIVISION OF THE PENSION BUREAU.—Mr. Burrows has introduced into the House of Representatives a bill by which it is proposed that the medical staff of the Pension Office shall consist of one medical referee, one assistant medical referee, three surgeons, and twenty-four medical examiners.

That the medical referee shall be a man of preëminent professional ability, and shall receive the sum of four thousand dollars annually. He shall be the chief of the Medical Division, and as such shall oversee and arrange the work of said division.

That the assistant medical referer shall also be of preëminent professional ability, and shall receive an annual salary of three thousand and six hundred dollars.

That the three surgeons shall be experts in their profession, and shall each receive an annual salary of three thousand dollars.

That the medical examiners shall be surgeons of education, skill, and experience, and shall receive each an annual salary of two thousand and five hundred dollars.

He has also introduced a bill to increase the efficiency of Boards of Surgeons for the examination of pension applicants, by which each member of each Board of Surgeons for the examining of applicants for pensions, shall, as now authorized by law, receive the sum of two dollars for the examination of each applicant.

That the Secretary of each Board of Surgeons shall receive a further compensation of fifteen cents for each examination.

That the Secretary of each Board of Surgeons shall be, and hereby is, empowered to employ a clerk, and for the official conduct and pay of such clerk the said Secretary shall be responsible.—*Med. News.*

THE INDUCTION OF PREMATURE LABOR IN AMAUROSIS AND AMBLYOPIA FROM ALBUMINURIA OF PREGNANCY.—In a paper, recently read before the N. Y. Academy of Medicine, the author, Dr. T. R. Pooley, offered the following conclusions:

1. In all cases of pregnancy, not only should examinations of the urine be systematically made, but the eyes should be examined with the ophthalmoscope, since, in a large proportion of cases where eye-troubles exist, the patients make no complaint of disorders of vision. Frequently such troubles can be detected with the ophthalmoscope long before any disease of the kidney is shown in the urine.

2. In uræmic amaurosis without changes in the eye visible to the ophthalmoscope, even should the usual accompanying symptoms, such as dizziness, nausea and threatened convulsions be absent, their supervention is soon to be anticipated; and the immediate induction of premature labor is indicated without waiting,

until the life, as well as the sight of the patient is in danger.

3. In neuro-retinitis the induction of premature labor is not only justifiable, but urgently demanded. In some instances it is called for even in the earlier months of pregnancy.

4. It is required in certain cases of eye-trouble recurring in successive pregnancies.

5. A woman having once suffered in this way during pregnancy, the relationship of cause and effect should be fully explained both to herself and her husband.

A NEW FORM OF INFECTIOUS PNEUMONIA.—At the recent Medical Congress in Italy, Professor Cantani presented a communication on a new form of infectious pneumonia which had been observed by him. The clinical history showed broncho-pneumonia, which had been preceded by a diffuse bronchitis, with remittent and very pronounced fever, considerable emaciation, and great enlargement of the spleen. The disease was contagious, and was a primary affection of the bronchi, which extended downwards through the lung, and sometimes over the pleura and upwards along the trachea, and even to the larynx and pharynx. Bacteriological examination revealed the presence of numerous diplococci, and especially streptococci, similiar to those found in erysipelas. The pure cultures did not, however, produce erysipelas when injected subcutaneously. When they were injected under the skin of a rabbit's ear, only swelling and reddening at the site of puncture were produced. All the cases ran a favourable course.—*Brit. Med. Jour.*, January 18, 1888.

UNMERITED SYPHILIS.—M. Fournier, in a recent communication, has set forth the statistics which he has taken the trouble to collect of "unmerited" cases of syphilis. In 842 out of 887 infected women, the disease was of venereal origin, leaving 45 who had contracted it in some other way. On analysing the latter group he found that in seven the

disease was hereditary; four had contracted it accidentally in infancy; eight were wet nurses who had been infected by syphilitic infants; five were midwives who had caught it in the practice of their profession; twenty-two were cases of "domestic infection," either from nurse to child or *vice versa*, or from diseased servants; two of vaccinal syphilis; two in which the infection was conveyed in catheterising the Eustachian tube; one consequent on rape; and finally four of unknown origin, but certainly independent of sexual contamination. With respect to the first group of 842 infected women, 366 were "gay" women; 220 were married women, and 256 were of "doubtful" social status. Of the married women no fewer than 164 had taken the disease from their husbands. In view of these figures, M. Fournier maintains that the doctrine which forbids discrimination between the different groups of sufferers is one to be unhesitatingly condemned.—*Brit. Med. Jour.*, January 21, 1888.

A CONVENIENT MIXTURE FOR TOOTHACHE.—*L'Union Medicale* of December 1, 1887, we take the following:

Ext. opii (alcohol),	
Camphor. pulver.,	
Balsam Peruvian.	āā 8 grs.
Resin Mastich.	15 "
Chloroform.	5 2½.

A solution to be made, in which a pledget of cotton is to be dipped, and inserted in the tooth.—*Medical News*.

EXCISION OF THE PYLORUS.—Two women, upon whom Professor Billroth had performed excision of the pylorus, were recently exhibited to a Viennese Medical Society by Dr. Salzer. In the one case, the operation was done for a rapidly growing sarcoma, originating in the muscular coat of the stomach; in the other, the diagnosis of cancer was made, but the disease was found to have been only a simple ulcer.—*Brit. Med. Jour.*, January 21, 1888.

Medical Items.

A bill is shortly to be presented to the Legislature of New York looking to a more suitable provision for the indigent insane of that State.

The proprietorship of the *London Medical Record* has been changed, and it is to be continued under the name of the *London Medical Recorder*.

It is said that the Government employees at Washington cannot draw their pay for the time they have been absent on account of sickness, unless the doctor says so. Hence, all such persons pay their doctors with promptness.—*Ex.*

A medical student, at his examination was asked: "If you were called to a man who had fallen into a well forty feet deep and struck his head against a stone at the bottom, what would you do?" "I would let him lie," he answered, "and have the well filled up."—*Exchange.*

The Illinois State Medical Society will hold its next annual meeting in Rock Island, commencing at 10 A. M., May 15, 1888. President, Wm. O. Ensign, Rutland; Secretary, D. W. Graham, Chicago; Assistant Secretary, Geo. L. Eyster, Rock Island.

A series of attempts have been made by incendiaries to destroy the Hospital for the Ruptured and Crippled of New York. In a recent fire which occurred in that institution one of the patients, a little girl, confessed that she was the offender. Upon investigation it was shown that she was not the party notwithstanding her confession.

Dr. Schmidt, of Prague, has treated with remarkable success a case of long-standing myoma of the uterus, accompanied with copious hemorrhage, by means of tincture of *hydrastis canadensis*. Twenty-five drops were given four times a day for three or four months. During this period the hemorrhage stopped, the menstrual periods became normal, and the tumor decreased very markedly in size.—*Lancet.*

English patients and physicians at Maloja and Moritz are signing quite extensively a memorial to the Swiss Government to permit English physician to practice there, which was prohibited by statute recently. The petitioners say that they went to these places expecting to be treated by their compatriots and that if the restriction remains in force, they will be forced to go away, and the popularity of these resorts among English-speaking people will be seriously affected.—*Boston Med. and Surg. Jour.*

"Doctor," said the patient, "I believe there's something wrong with my stomach." "Not a bit of it," replied the doctor promptly.

"God made your stomach, and he knows how to make them. There's something wrong with the stuff you put into it, maybe, and something wrong in the way you stuff it in and tamp it down, but your stomach is all right." And straightway the patient discharged him. My! how a man does hate to have the doctor tell him the truth. How he hates to be told that he ought to be sick, and deserves to be ten times sicker than he is.—*Brooklyn Eagle.*

A bill has been introduced into the United States Senate, providing that medical officers of the Marine Hospital Service of the United States shall hereafter be appointed by the President, by and with the advice and consent of the Senate; and no person shall be so appointed until after passing a satisfactory examination in the several branches of medicine, surgery, and hygiene before a board of medical officers of the said service. Said examination shall be conducted according to rules prepared by the Supervising Surgeon-General, and approved by the Secretary of the Treasury and President.

At a recent clinic, Prof. Holland recommended the following as an efficient *depilatory stick*:

℞. Ceræ flavæ,	ʒij
Shellac,	ʒss
Resin,	ʒiv
Picis Burgund.,	ʒx
Gum damar.,	ʒiss. M.

Heat; before cold, roll into stick.—*Col. and Clin. Rec.*

Dr. Horwitz, chief assistant to the surgical department of Jefferson Hospital, frequently uses the following as a favorite prescription for *injection in gonorrhœa*:

℞. Plumbi acetatis,	ʒss
Zinci sulphat.,	gr. xvj
Extract. krameriæ fluid.,	fʒij.
Tinc. opii,	fʒss.
Aquæ,	q. s. ad fʒvj. M.

Sig.—Give as injection.—*Col. and Clin. Rec.*

A REPUTATION.—Two young writers were talking of their hopes, their ambitions.

"If I have not made a reputation by the time I'm thirty I shall blow my brains out," asserted one.

"My dear boy," replied the other, "you're as good as dead."—*Puck.*

For chapped hands, the *Druggist's Bulletin* suggests the following cream as far superior to many advertised products:

℞. Quince seed,	ʒij
Rose water,	Oiv
Glycerine,	Oij
Tincture of benzoin.	fʒij.

Macerate the quince seed in the rose water for twenty-four hours; strain, and add the glycerine and tincture of benzoin.

Original Articles.

THREE CASES OF HALLUCINATIONS DUE TO THE ADMINISTRATION OF SODIUM SALICYLATE.

BY HIRAM WOODS, M.D.,

Assistant Surgeon in Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore.

The power of sodium salicylate to relieve the pain and shorten the duration of some of the intra-ocular inflammations is now, I think, generally recognized. Iritis and choroiditis are the inflammations specially amenable to this treatment. Nor is its good action limited, as might be supposed, to those cases having a rheumatic origin. Iritis, clearly due to syphilis, without the least suspicion of rheumatism, I have frequently seen quickly relieved by the salicylates. Mercury will cure in time, of course; but the salicylates seem to have the power of aborting the attack. To accomplish this result, the system must be speedily brought under the influence of the drug, and this requires large doses. This fact gives us a clue to its mode of action. Large doses of the salicylates have the effect of weakening the heart's action, and reducing the blood pressure. These results are brought about by the combined depression of the contractile force of the cardiac muscle and of the vaso-motor centre. The latter produces not only a fall in blood-pressure, but prevents a rise in the pressure when the sensory nerves are irritated (Brinton, *Materia Medica*). These facts place sodium salicylate—if given in large doses—among the antiphlogistics, with aconite, veratrum, large doses of quinia, etc. Still, I can hardly believe that all the antiphlogistic effects of the salicylates are due to their depressant action on the circulation. Other drugs which lower the blood-pressure—for instance, the bromides and those already mentioned—do not sensibly relieve the pain nor effect the course of

iritis. There seems to be a selective action which we little understand. The large doses required often produce effects which are not only disagreeable, but may, in exceptional cases, become dangerous. Nausea, tinnitus aurium, deafness, fullness in the frontal region of the head, wakefulness are the symptoms commonly met with. The amount which will produce these physiological effects usually stops the inflammation, or by its failure, induces us to use other means. More rarely, violent purging, involuntary evacuations, great dyspnoea and collapse are observed (Bartholow). Prof. Chisolm, of this city, reported two or three years ago a case of purging and involuntary evacuations occurring in a patient, who took, through a mistake of the druggist, 192 grains instead of 24. There were, in addition, marked depression and weakness, but the patient fully recovered in two days. The force of the drug is sometimes expended wholly upon the nervous system. Such extreme effects as complete deafness, ptosis, strabismus are mentioned in our textbooks as having been occasionally observed. Bartholow mentions a case of amaurosis due to the administration of 125 grains. There was no retinal lesion. Delirium and visual hallucinations are nervous phenomena more commonly observed than those just mentioned. Brinton says: "Salicylate of sodium in some persons tends to cause most disagreeable visions, whenever the eyes are shut, and I have seen it have this effect even in such a small dose as five grains" (*Materia Medica*). According to Bartholow, it is specially apt to produce delirium in drunkards. In the *British Medical Journal* of January 29th, 1881, Dr. Bastian presents a series of five cases of delirium and visual hallucinations following the use of sodium salicylate in acute rheumatism. One case was that of an old toper, and the character of the delirium was similar to that of delirium tremens. In another the rheumatic poison seemed to be specially virulent, and the delirium was more like that sometimes observed in acute rheumatic fever, and due only to the rheumatic influence. Dr. Bastian

*Read before the Baltimore Clinical Society, February 3, 1888.

concludes that if the patient's condition is such as to predispose to delirium, the salicylate will probably precipitate the attack, which, in its characteristics will resemble the delirium occurring in the predisposing disease. Cases, however, are here and there recorded in which, like those immediately to follow, there was no pyrexia to produce the trouble, nor any influence which could be held responsible except the salicylate.

CASE I.—Mr. J. S., age 43, occupation journalist, consulted me in April, 1886. He had had iritis in the right eye for four days. The iris was muddy, the pupil contracted, the periphery of the iris bulged forward, and there was pus in the anterior chamber. Pain was intense not only in the eye but in the temple. There was no syphilis, but an attack of rheumatism three months previous to his visit to my office, seemed to offer an explanation for his iritis. There was, so far as I could make out, no organic heart trouble. He gave a distinct history of phthisis in the family, and while I could not find a cavity in either lung when I examined him, there was dulness over the apices of both lungs, there was considerable emaciation, and he had a cough which was sometimes very troublesome. I have not seen him since I discharged him in the spring of 1886, after his iritis had gotten well; but he wrote me, from his home in Baltimore County, during the past winter, that he had been obliged to give up nearly all his work, that his cough was incessant, and he was growing weaker. Undoubtedly he has fallen a victim to phthisis. His habits were temperate. He said he usually took a glass of sherry with his dinner, and, sometimes, a little whiskey at bed time. I applied a compress bandage to his eye, ordered the instillation of a 4 gr. atropia solution, and prescribed for him 20 grs. salicylate sodium every four hours. When he called at my office the next day, I was engaged, and he sat in the waiting-room about half an hour. After I had examined his eye, finding it greatly improved, he asked: "Doctor, is there a big colored woman with a child on her lap sitting on the sofa in the

other room?" I told him I didn't think there was, but to satisfy him, I looked and found no one there. On learning this, he said: "I wasn't *sure* of it. I didn't see her until I had been in the room a little while, and then she wasn't clear enough to make me sure." On questioning him, I found he had, to settle the question in his own mind, gone up to the sofa, and tried to touch the supposed woman, and found his hand came down upon the sofa. He then told me that he had taken four of the powders between 10 A. M., and 10 P. M., the day before, making 80 grains in all. He retired about 10 o'clock, and did not take a stimulant that night. After being in bed a little while he noticed his ears buzzing. He could not sleep, and soon thought he was having a dispute with his son. He sat up in bed, made up his mind it was all imagination, laid down again, and talked away at his son as much as ever; so much so that his wife asked him to stop talking. After while the delirium changed and he thought he was at the telephone in his office, and couldn't speak above a whisper. He got out of bed two or three times during the night to answer a supposed telephone call. In the morning, while coming to town in the cars, he was troubled by seeing a black cat on his knee. He could convince himself that these things were all hallucinations; but no sooner would he do this than they would all come trooping back as real as ever. When standing alone he suffered from giddiness. His pulse was about 80, temperature normal. I had him pass his urine in my office and found it free from albumen. The salicylate was stopped. He slept very little that night but the next day seemed completely himself. The iritis was afterwards treated with kal. iodid. and the alkalis.

The other two cases occurred in the private practice of Prof. Chisolm, who has kindly written out for me the following notes.

CASE II.—L. G., aged 50, of temperate habits, has been for ten years troubled with repeated attacks of specific iritis. Each attack runs its tedious course of six weeks or two months un-

der the orthodox treatment of iod. pot. and mercury with the local use of atropia and an occasional application of leeches to the temples. Four years since the treatment was changed to the salicylate of sodium in 25 grain doses given four times a day. The drug alleviates very promptly the inflammatory attacks and enables him often to get out in a fortnight—a marked shortening of the paroxysm. In his case the remedy is not without its detractions. It does not disturb very materially his digestion but when continued for some days produces very curious psychological effects. By the fourth day of taking, particles of dust become conspicuous against white surfaces and pollute the water which he drinks. The particles covering his white bed spread grow in size into green flies and some of these develop into green frogs with a few green snakes. They are not stationary but are in constant motion. He knows them to be an illusion but they look very real notwithstanding. If the medicine is stopped at this stage of the mental disturbance in twenty-four hours they are all removed disappearing in the transition forms in which they introduced themselves. Should it be needful to continue the large doses of the salicylate, figures of men, not always with the most pleasant countenances appear on the scene. At one of my morning visits my patient reported his night's sleep much disturbed by the intrusion of three men into his chamber. In waking, by the dim light of the turned down gas, he saw three men inspecting his box of valuable papers which they for convenience had transferred to a side table. He reasoned with himself that no one could get into his house and that his body servant was in the contiguous room. He could shut out the vision by closing his eyes. At my visit he was sitting facing an open door leading into the next chamber. After describing his visions of the previous night, he said. "Now I know perfectly well that there is no one in that room, pointing to the door, and yet there stands in a threatening attitude a big man with an ugly club. I can

shut him out by shutting my eyes, but there he is all the same.

On another occasion, after using the salicylate for some days, with the recurrence of motes, then flies, frogs and snakes, always green ones, I found him at midday sitting in the dining-room. As soon as I had examined his eyes and found that the injection had nearly disappeared he said that he was very glad of it, and could now stop the sodium because the hallucinations were becoming annoying. Just before I had arrived, a mouse had come out from under the grate. After playing about on the rug it commenced to puff up and became a cat. The inflation continued, the animal becoming larger, until it assumed the appearance of a tiger, upon mischief bent. When the animal crouched with the intent of springing toward him he asked his mother, who was reading the morning paper at the window, to come toward the fireplace. In doing so she got in between himself and the threatening animal, and the illusion vanished. During these conditions of mental excitement the reasoning powers were never disturbed, nor did the conversation at any time indicate otherwise than a clear head. In this case the psychological influences seemed always to run in the same channel. These experiences had occurred to him on several occasions at many months of interval, and always in a regular order. After three or four days taking large doses of the salicylate he would mention to me: "Doctor, I saw the little pieces of stick in my basin this morning; the flies will come before the day is out."

CASE III.—Miss S., aged 50, had been operated upon for double acute glaucoma. Vision had been reduced to light perception before operation, and was so perfectly restored that she could use her eyes for hours daily in confined literary pursuits. Four years after the iridectomy, her left eye was attacked with a sharp inflammatory attack, which she conceived to be a return of her glaucomatous trouble. I saw her after three days of suffering, and found an acute attack of iritis, with some pus in the an-

terior chamber, a heavy rim of injection around the cornea, a very painful eye with very dull vision. The salicylate of sodium was given in 25 gr. doses, four times a day. By the second morning all congestion had disappeared from the eye. The media had cleared up in a wonderful manner, and vision had returned. She stated that she had had a most horrible night of hallucinations of most disagreeable forms. She was very glad to know and feel that the eye was so very much better. She had made up her mind, from the horrors of the preceding night, that she could not take another dose of the medicine, even if the safety of her eye depended upon it.

In my own case, and the last of Prof. Chisolm's, the delirium came on during the first ten hours of the administration of the drug. In the *Practitioner* for May, 1882, Dr. C. S. Coulston publishes an interesting and exhaustive thesis on the use of the Salicylates in Rheumatism. Speaking of this delirium, he says that it usually comes on within the first eight hours, and is due to overwhelming the nervous system with large doses before tolerance is established, which can be readily done. If tinnitus-aurium appears, the salicylate, Dr. Coulston thinks, should be discontinued, until the tinnitus has gone. Then the salicylate can be given with freedom. Each of the five cases reported in the *British Medical Journal* by Dr. Bastian afterwards took the medicine without trouble. In the extremely interesting case (the first narrated by Prof. Chisolm) the medicine seems to be well borne for three days, and then the delirium comes. Tolerance is not established. This case also opposes the remark of Brinton's that the hallucinations only appear when the eyes are closed. In each of these cases there was full knowledge that the objects seen were hallucinations, but they could not be permanently driven away. The patients were, on this account, not greatly terrified. Dr. Coulston states that the hallucinations are usually of a harmless, non-terrifying character. One of his patients insisted that a bundle of rags in the corner was the baby of an intimate friend, and he had to take care

of it. Occasionally, however, the delirium takes the form of mania, and the patient is violent.

In those diseases which sometimes of themselves cause delirium, the question of diagnosis becomes an interesting one. Dr. Coulston shows that the salicylic delirium is to be distinguished from that due to the rheumatic influence by the absence of fever and lessening of the joint pains at the time the delirium occurs. This was so with his cases, and with those reported by Dr. Bastian. The latter gentleman quotes the observation of Simon that delirium in rheumatism means involvement of the heart, and this may throw doubt on the influence of the salicylate in causing the hallucinations. In three of Dr. Bastian's cases there was no heart complication at all. From the delirium of drunkards (delirium tremens), it is to be diagnosed by "the absence of tremulousness in the hand or tongue."

The manner of the production of the delirium is also an interesting question. As some of the cases also showed albuminuria, it was supposed that acute nephritis had resulted from the use of the salicylate, and that uræmia had caused the delirium. Subsequent cases have disproved this. In only one of Dr. Bastian's cases was there albuminuria. Dr. Ackland, quoted by Coulston, "thinks that uræmia, due to the great diminution of the amount of urea excreted by patients taking salicylates, may be an important factor in the production of the delirium." Dr. Bastian's opinion—that it precipitates an attack of delirium impending from some other disease—has already been alluded to. By others the delirium has been supposed to be due to impurities in the salicylate, and it is asserted that the pure salicylate never produces delirium. Dr. Coulston concludes his study of this branch of his subject with the remark: "the direct action of the salicylates on the nervous system is sufficient to account for the delirium, apart from either albuminuria, uræmia, or a rheumatic complication, though . . . these would be predisposing causes.'"

LECTURES ON SKIN DISEASES
DELIVERED AT THE WOMAN'S
MEDICAL COLLEGE OF
BALTIMORE.

BY ROBERT B. MORISON, M.D., OF
BALTIMORE.

Eczema—pronounced properly *éczema* and not *eczema*—is the most common of all skin diseases. It is known among the laity as tetter or salt-rheum and is usually of a chronic character.

It appears upon the skin in the form of papules and vesicles, or in small redish spots which are covered with thin scales. Intense itching accompanies the eruption may, indeed, precede it, and the constant scratching which it necessitates ruptures the inflamed skin so that blood and serum escaping we have the formation of yellowish, brownish or blackish crusts. Excoriations are seen which are produced by the nails or any other instrument which scratches so that besides the disease itself we have before us the traumatic effect consequent upon it. There may be an universal eczema *i. e.* one which extends over the whole body, from head to foot, including the conjunctiva of the eyes, and the mucous membrane of the nose. This form of eczema is either acute or chronic, or may become chronic after first being acute.

In acute eczema we have a sudden breaking out of the papules or vesicles or red blotches preceded possibly by a chilly feeling and accompanied by fever, headache and constipation. These symptoms do not always appear although they are usually present to a greater or less degree.

When the eruption is out the itching and scratching begin and we have a nervous state of excitement which is distressing to see besides being detrimental to the cure proposed. Small babies and children cannot keep their hands off—they scratch in sleep and out of it. They even stop nursing to scratch preferring to be rubbed rather than to eat.

When an acute universal eczema becomes chronic, the character of the eruption changes somewhat. There is less redness, the papules and vesicles

show less inflammation, there is no fever. The skin from induration and inflammation becomes thickened, dry and harsh, easily cracking and splitting, or else denuded of its epidermis by friction it is covered with crusts from the dried blood and serum which has exuded.

If the eczema be not universal it may appear separately upon any portion of the body such as the face, hands or feet. It may also then be either acute or chronic and may appear as one continuous eruption, or in patches scattered here and there.

A patch of eczema may appear anywhere on the body without increasing in size or degree and lasting for years to the great discomfort of the sufferer. Such patches, often no bigger than a quarter of a dollar, have their favorite seat in the head or mustache of a man, the nape of the neck of women or upon the fingers, toes, palms and soles of both. Usually they are of the scaly kind, are very dry and itch intensely. They are obstinate to treat and return with great frequency.

According to the character of the eruption there are different forms of eczema to which different names have been given. They may all be either acute or chronic, the acuteness being principally determined by the severity of the first symptoms and the length of the attack.

Hebra divides the different forms into *E. squamosum*, *E. papulosum*, *E. vesiculosum*, *E. rubrum sen madidans*, *E. impetiginosum*. There is also *E. solare* and what is well called by some authors *E. traumaticum*. Not that the latter differs from an idiopathic eczema; the name is used because it has a bearing upon the etiology.

Anyone who chooses may go through the various forms of eczema artificially by rubbing croton oil on their skin. First there is a redness, then if more be rubbed on vesicles appear, then a further increase produces a conglomeration of vesicles, the skin breaks, serum and blood escape, and a crust forms so that by successive stages we can watch the course of an acute eczema.

Histologically eczema is the result of

an inflammation which starts first in the papillary layer of the skin. An exudation takes place from the vessels of the papillæ and according to the intensity of the attack does the inflammation extend into the corium spreading out from around the blood vessels until there is universal infiltration. The effect on the nutrition of the skin by this obstructive inflammation is seen in the formation of papules, vesicles and parchment-like epidermis. In places where there are hair follicles they gradually become affected, their blood vessels become obliterated and the hair is permanently lost. The loss of the hair follows much more frequently a chronic than an acute eczema. The hair follicles appear to have a certain degree of resistance to surrounding inflammation which enables them to withstand an ordinary attack.

The etiology of eczema is interesting. There are so many ways in which it starts, we must always study each particular case to find out the *raison d'être* of the disease. The result of treatment depends so entirely upon the necessity of getting at the root of the trouble, that we should never forget to search for it. The disease is usually produced by external causes. Much more frequently so than is considered by physicians of this country. We must consider our patients' occupations, their habits in bathing, the towels and soaps they use, the clothes they wear. Whether they are exposed to high and constant temperatures, whether they have any idiosyncrasies regarding their skins which may be on this account affected by the presence of, or contact with some particular plant or stuff. There is a wool cleaner's eczema, there is a feather dyer's eczema, an eczema on some of those who work in woolen mills, in dyeing establishments, in cigar factories, a washer-woman's eczema, a bar-tender's eczema and a blacksmith's eczema. When the disease appears from such causes it is localized for instance to the hands in washer-women and bar-tenders—the water and soap, the hot and cold changes being at fault. The washer-women, however, frequently have it upon the front of the abdomen, because this part of the

body comes constantly in contact with the wet edge of the tub.

In the case of the blacksmith the eruption is on the face, hands and front of the thighs—is of a red erythematous character and is produced by the heat from his furnace. Lately I have had almost an epidemic, I might say, among the girl cigarette rollers from a tobacco factory in south Baltimore. Their hands and faces have been the parts most frequently affected. In two cases, however, many patches have been seen scattered over the body and legs.

When kept away from work and with proper applications the trouble disappeared, only to return again when the same work was resumed. As a number of them have been thrown out of employment during the last month their skins have become apparently well. When they are re-employed in the spring they will probably begin to suffer again. I do not mean to say everyone so employed would necessarily have an eczema, because it is well known that some skins are more easily diseased than others, but evidently in the cases spoken of their work was at the bottom of their trouble.

The same may also be said of those who pull candy. Sugar—hot and cold—with the various flavoring extracts and coloring matters used in making candy, are irritating to the hands of many who work with it.

When once the hands are affected other spots may appear upon the face, behind one ear, or the other, or both, in the hair or indeed some other part of the body. This may be explained by considering that, although an eczema is not known to be contagious, there is carried by the nails or fingers parts of the poison which caused them to break out in the first place.

As an instance of the necessity of getting at the cause in treatment, the following case may be related. A lady presented herself with eczema of the fingers of both hands which had worried her for two consecutive winters. She was rid of it in the summer. Here there was evidently an external cause for if it were constitutional she would according to the experience of most

people suffer more in summer than winter. However, that may be, we found after a while that the lady attended once a week a charitable society where it was her duty to cut out woolen garments. Her fingers were constantly running over the rough woolen fabrics. As her notice was called to it she admitted feeling a burning sensation in her fingers somewhat like that produced in the soles of bare feet when walking upon a carpeted floor.

She was advised to change her share of the work to something else and she soon got well under treatment.

There are many medicinal preparations which also may cause an eczema, if not upon their first application, yet from their continued use. Among them may be mentioned croton oil, cantharides, carbolic acid, iodoform, arsenic, and many other irritating substances.

In speaking of what may produce eczema constitutionally we are much more in the dark. In the first place diet certainly does have an influence. Those who have scanty food, poor in quality and preparation need very little treatment beyond a change for the better in this respect. Some people eat too much meat. It is said that vegetarians have much healthier skins than an omnivorous person. I am not prepared to admit the truth of such a statement, although I rather suspect it.

Some people do not drink enough water. It is surprising what a small amount of fluid some people use every day. A cup of tea or coffee in the morning, a part of a tumbler of water for dinner, another cup of tea in the evening suffices to satisfy the thirst of some sedative people. More exercise and more water helps greatly in long standing, obstinate eczema. I have ordered a gallon of water—usually Apollinaris water—daily with decided benefit. A glass may be taken every hour or two. A patient soon forms the habit and it is fortunately the cup which does not inebriate.

Sweets of all kinds are injurious. Even sugar in coffee or tea must sometimes be omitted although there may be no diabetic trouble apparent.

Oils and fats may be used in moderate quantities and are especially useful for young children and anæmic grown people.

It is the belief of many physicians and of still more old women that it is very dangerous to drive an eczema in. The expression is a bad one because it is false. There is no possibility of driving it in. But there is sometimes danger in stopping the counter irritation which eczema produces. As an illustration I offer the following cases.

A physician's child was suffering with a bad eczema—milk crust of the face and ears. A certain application which I describe later on dried it up in twenty-four hours. In another day the skin looked well—the disease was rapidly healing. The night of the second day the child fell into a comatose state, could not be aroused and breathed heavily. Fearing a convulsion a hot bath was given without relief. The physician then applied croton oil behind the ears until an artificial vesicular eczema was produced. The child rallied quickly and the next morning was apparently quite well.

There are several conclusions suggested by this case which I cannot now enter into.

Another one is that of a young man who has been suffering all his life more or less from universal eczema. He is seventeen years old. Under treatment he improved greatly, but as soon as his eczema was well under control he began to have an attack of asthma and he sorrowfully told me that it had always been so. There was with no asthma much eczema and with no eczema much asthma. He said it had been driven in and thus affected his lungs and he evidently thought he had a sort of eczema pulmonum.

He was encouraged to persist in the treatment of his eczema and he also was told to consult another physician for his asthma. The result has been satisfactory, for by other means than by counter-irritation his asthma has disappeared and he is much better of his eczema. It may be of interest to state that of the two diseases he preferred the asthma.

In the treatment of eczema the local remedies vary according to the condition of the disease, and also the idiosyncrasy of individual skins. Preparations of tar are very useful, but they should never be used in a moist eczema. Until the disease passes through the moist stage it, if applied, merely aggravates the inflammation, and adds greatly to the discomfort and distress of the sufferer.

When the disease has become dry and scaly then tar may be tried, but it should be remembered that some skins cannot, even in dilute quantities, stand it. There is some times produced by it an erythema and an intense burning that precludes its use entirely. The best way is to have a dilute preparation of it on hand say:

℞—Ol. Cadini . . . f ʒj.
Ol. Olivar. . . . f ʒx.

and paint it upon some part of the skin yourself. After waiting ten minutes, if the patient feels no unpleasant burning, and has no erythema around the painted spot, then it may be safely ordered for him.

The strength of the preparation may be gradually increased, until pure oil of cade be used.

The tincture of cade is a nice preparation. This is a pleasant prescription:

℞—Tinct. Cadini. . . f ʒjss.
Aeth. Sulph. et.
Spts. Vini Rect. āā f ʒ ijss.
Ol. Lavand. . . . ℥ xxx.

All the fluids and ointments should be painted on with a bristle-brush as I have described in diseases of the scalp.

The odor of tar and the discoloration of everything it comes into contact with are its chief objections. Sometimes nothing will take its place, but there are two substances which act very much in the same way without those unpleasant features. Naphthol, which is a derivation of tar and salicylic acid is now used with much success to replace the older preparation. Naphthol acts precisely like tar in the irritation it produces upon some skins and has not been quite as efficacious in my hands. Still it has its uses and should not be ignored.

Salicylic acid has proven itself most useful. It may be used in five, ten, fifteen and twenty per cent. ointments, made with lanolin, vaseline, simple cerate or any other base. Any of the ordinary preparations such as sulphur, oxide of zinc, preparations of mercury, etc., may be mixed up with it—the efficacy of the one being increased by the other. Salicylic acid has a most decided and peculiar effect upon the epidermis and its growth. In it we have always at hand a remedy, the action of which is easily regulated by the strength applied and which we may depend upon with certainty. By its characteristic action upon the epidermis it is useful in epitheliomas and has been successfully applied by me in rodent ulcers of the face. I would suggest a trial of it in epitheliomas situated in other parts of the body.

For the use of the ordinary ointments of sulphur, oxide of zinc, caustic potash, spts. saponis kal, sapo viridis, and tr. iodine reference may be made to textbooks on dermatology.

One preparation I wish to speak of, and that is zinc-lime. It is thus made:

℞ Geletin, . . . ʒ v.
Aquæ et.
Glycerini, āā ʒ ij.
Zinc. oxidi, . . . ʒ ij.

The geletin is placed in the water and glycerin which are poured into a porcelain cup. The cup is placed over a hot water bath by which the geletin is melted. The zinc is then mixed in with all the ingredients and the mass allowed to cool.

When it is to be used the jar containing the quantity ordered is placed in very hot water, care being taken not to allow the water to run into the jar. When remelted a bristle brush is used to paint it upon the diseased skin. After setting for a few minutes, pieces of absorbent cotton are dabbed upon the paint and what does not stick is pulled off. The cotton prevents the sticky geletine from coming into contact with the clothes. The preparation may be left on for a week at a time, any crack in it being filled in without removing the whole.

Zinc-lime may be further medicated by the addition to it when melted of any known ingredient. Here is a prescription :

℞ Zinc-lime, . . . ℥ iij.
Ol. cadini et.,
Extr. cannab. ind., āā f 3 ij.

The use of such a preparation as zinc-lime is a new departure in the treatment of skin diseases and one well worthy of your consideration.

There are many medicated plasters made now, some of which I will mention. The rules for their use are similar to those for ointments. It is only to be remembered that because the drug used in making them is closely confined by a rubber back its action is stronger. The plasters have a muslin foundation, upon this is rolled a thin layer of rubber and upon the rubber is placed the medicament. Here are a number of them :

1. Oxide zinc and tar.
2. Oxide zinc carbolic acid and sublimate.
3. Oxide zinc and salicylic acid.
4. Oxide zinc and ichthyol.
5. Salicylic acid 5, 10 and 38 per cent. (three different strengths).
6. Salicylic acid and creosote.
7. Salicylic acid, creosote and resorcin.
8. Sal. ac. and quicksilver.
9. Mercurial plaster.
10. Ammoniated mercurial.
11. Iodide lead.
12. Tar.
13. Ichthyol.
14. Ichthyol sublimate.
15. Resorcin.
16. Ac. chrysophanic acid 20 per cent.

Society Reports.

**BALTIMORE ACADEMY OF
MEDICINE.**

STATED MEETING, HELD FEB. 7, 1888.

The President, W. C. VAN BIBBER, M.D., in the chair.

DISCUSSION OF DR. HIRAM WOODS' PAPER.

In referring to Dr. Hiram Woods' paper read at the last meeting.

Dr. J. J. Chisolm said that in all the advances of ophthalmic surgery very little has been done in the direction of the cure of detachment of the retina. In text-books the category of remedies are recited with the hope that some good might come from their use. In very recent cases profuse sweating with pilocarpin might induce the rapid absorption of the effused fluid and permit the retina to resume its normal position. Tapping the eye and withdrawing the liquid contents of the detachment might effect the same, but neither sweating, tapping, rest nor any known medication brings about many cures. Blindness sooner or later is the unfortunate lot of persons suffering from a detachment of the retina, even when amelioration seemed to follow upon a prescribed treatment. Something may be done in the direction of prevention in those cases which develop from myopia. While injuries, tumors, hemorrhages and intra-ocular inflammations may bring detachment of the retina, it is well-known that nearsightedness is its most fruitful cause, and that this eye trouble is decidedly on the increase. Not only is it propagated by hereditary transmissions, for nearsighted parents have usually nearsighted offsprings, but I find from daily observations that numbers of children are becoming myopic whose parents have strong eyes. These myopic conditions are acquisitions brought about by faults in school-life, over-working young growing eyes by too close and long continued study, with bad surroundings. It is becoming a very serious question in our domestic economy whether the extra knowledge which children acquire in their early life by forced schooling, compensates for the various bodily troubles which this forcing engenders. Nearsightedness is very seldom acquired after puberty. When the eye is matured it seldom yields to internal congestions, however long kept up. A sewing girl will apply herself, in fine needle work, for twelve to sixteen hours a day

by the month or year and continue it for a life time without inducing nearsightedness. Young growing eyes cannot stand this pressure without a yielding of the walls and a change of shape of the eye ball by elongation. Eye work is called by the world nerve work. We know it to be muscular work. When the eyes are applied for one hour in study it is as hard muscular work for the eyes as if the muscle of the arms had been at forced labor for a similar period. State laws prohibit children from working in factories. The law is a good one and should be applied to all factories, those for making cloth and those for acquiring knowledge, the schools being often the worse factories of the list. Little children are confined at hard work in the school from 9. A. M., to 2 P. M., five hours, then after a hasty dinner they are sent to study till bedtime, ten and twelve hours a day being the amount of eye muscle work often demanded of children under 12 years of age. As it is usually during this early day of schooling that most of the myopic eye troubles originate, an excellent law might be framed prohibiting little children from studying at home and requiring all school books to be left in the school desks. This will give these little people a chance to lay in a good stock of health by open air exercise in the afternoon and the privilege of going early to bed. It is the very best prophylaxis against the acquisition of myopia. When nearsightedness has been acquired the careful adjustment of concave glasses will do much, in connection with eye rest to mitigate the annoyances and dangers pertaining to progressive myopia.

The President, Dr. W. C. Van Bibber asked Dr. Chisolm if myopes got a less degree of myopia as they grew older. He recalled several cases in which old ladies who had been nearsighted when young could read small print when older.

Dr. J. J. Chisolm replied that myopia once acquired is never outgrown. Myopia necessitates a change in the form of the eye-ball, an elongation of its antero-posterior diameter. Once elongated it never

shrinks back again. Its tendency is to increase, although there might be an arrest in the elongating process. Small degrees of this elongation, the mild degrees of myopia, are corrected by the progressive flattening of the lens in advancing age or by progressive presbyopia. In the higher degrees of myopia no amount of lens flattening can correct the fault. Reading at a near point without glasses may be enjoyed, but always at the expense of distant vision.

The President, Dr. W. C. Van Bibber said that many parents did not allow their children to study at home because they thought that all work should be done at school. Too much close work over badly printed books injured a child's eyes at a period when they were not formed.

Dr. C. C. Bombaugh spoke of the lace workers of Brussels who did work very trying to the eyes and yet grew to old age without evidences of myopia or other injury to the eye.

Dr. J. J. Chisolm replied that myopia was rarely acquired after 20.

Dr. Hiram Woods, in concluding the discussion, stated that he did not mean to say that concave glasses did harm when they enabled the patient to hold the print at a greater distance from the eyes than he held it without glasses. What he wished to emphasize was that they *must do this* to make their use justifiable. There are cases of myopia where we can bring about *some improvement* in distant vision with *strong concave glasses*, and yet we cannot raise their vision to the *normal* standard. Such cases of diminished visual acuteness usually have weak accommodation. If we look into most of the text-books usually found in the hands of students we find certain proportions stated as existing between the glass needed for the best distant vision, and the one required for near work. These proportions are very well for cases with *normal acuteness* of vision, but they should apply *only* to these cases. Often we find myopes wearing glasses for near work which are *proportionately correct*, and yet they receive little or no benefit as regards the distance at which their near

work is held. Diminished acuteness of vision and lessened range of accommodation keep the patient from getting advantage from the glasses. In such cases the concave glass only puts an additional burden on the already weak accommodation. Last spring Dr. Woods saw a little girl 8 years old with a high degree of congenital myopia. She was brought to him on account of the pain near work caused her. She had read most of the standard novels and was in the third class of the primary school. She read or studied all the time. She had $\frac{2}{30}$ distant vision and got $\frac{15}{200}$ by—12 Diop. Sp. She read Sn. No. 1, at three inches. 8 or 10 D. S. enabled her to read it at $4\frac{1}{2}$, and this was all the improvement possible. Now *any glass* for near work here would only cause an extra strain on the accommodation, for the diminished acuteness of vision prevents her seeing at a greater distance and under a smaller visual angle. The treatment was to forbid absolutely near work for the next few years. This puts a stop to school-life, but it probably keeps her from going blind.

FIBROID TUMOR AND ELECTROLYSIS.

Dr. Wm. Pawson Chunn then related the case of a woman 26 years old who had a fibroid tumor. She had much pain and could not earn her living. She had been in the hands of another physician in the country and he had diagnosed a tumor. He advised her to have the ovaries removed, and he did remove one and not the other. When she came to Dr. Chunn he found that since the removal of one ovary, the tumor was growing very rapidly, and he hesitated to operate in order to remove the other ovary, when he did not know whether such an operation would be possible or not. He thought as one physician had attempted its removal without success it must be difficult to remove and as he had, in a similar case, in an attempt to remove both ovaries, been compelled to take out the uterus also, he hesitated in this case. He advised the use of electricity according to the method of Apostoli, but the patient was

not rich enough to allow of such an operation and as he did not care to do a second abdominal section under the circumstances he dismissed her.

DISCUSSION.

Dr. T. A. Ashby said when the ovaries were removed to induce an artificial menopause it was essential that no ovarian tissue be left behind. It has been shown that the smallest amount of ovarian stroma remaining after oöphorectomy was sufficient to keep up the menstrual flow. The hæmorrhage from fibroid tumors would continue under the influence of one ovary or a piece of ovarian tissue just the same as prior to operation. In a limited number of cases where oöphorectomy had been undertaken in cases of fibroid tumors the operation became a practical failure owing to an inability to find and remove the ovaries. In such cases hysterectomy has been recommended, as offering the best results. This operation Dr. Ashby thought contra-indicated since Apostoli had perfected a method of dealing with fibroids by electricity. The electrical treatment of these cases was becoming extremely satisfactory in the hands of a number of operators and it seems to offer a promise of superceding oöphorectomy and hysterectomy in the vast majority of these cases of fibroid growths.

The chief advantage of the Apostoli method was obtained by the use of high currents administered in exact dosage. Apostoli begins with a low current of 20 to 30 milliampères and increases gradually up to 200 to 250 milliampères. Patients are enabled to tolerate these high currents by the use of a wet clay electrode applied over the abdomen which diffuses the strength of the current at this point of application whilst the pole introduced into the tumor or uterine cavity transmitted the full strength of the current to the tumor and therein produced the electrolytic or hæmostatic action according to the pole used. The negative pole is cauterizing in its action and is passed into the substance of the tumor; the positive is

constraining, hæmostatic and alterative in its effects and is introduced into the uterine cavity. The negative pole is to be used where the tumor is to be removed, the positive in those cases where hæmorrhage is the offending symptom. Dr. Ashby said in cases of bleeding fibroids the amount of blood lost bore no relation to the size of the tumor. He had observed in these cases that the entire endometrium was more or less involved and that hæmorrhage was often controlled by curetting the entire uterine cavity. The curette will frequently remove vegetations and the hypertrophied mucous membrane, and hæmorrhage will cease quite satisfactorily for a few months. The procedure is not curative but palliative. He has had good results from this method of treating these cases. Electricity most probably acts in the same manner.

Dr. J. J. Chisolm said he had used electricity frequently in tumors of the face. He put the negative pole in the tumor.

Dr. F. T. Miles said he had never seen a current as strong as that used in medicine. He thought it ordinarily made little difference where the indifferent pole was placed, but in the case of such strong currents thought the brain might be affected.

Dr. B. B. Browne said that he had been using electrolysis with very satisfactory results in the treatment of fibroid tumors and pelvic exudations. He thought that better results were obtained by inserting both needles into the tumor, than by applying one electrode over the abdomen. He also thought that a strong current, applied for forty-five minutes under an anæsthetic gave better results than the shorter and more frequent applications as used by Apostoli. Dr. Browne referred to his paper on this subject, recently published in the MARYLAND MEDICAL JOURNAL (January 7, 1888).

Dr. F. T. Miles also thought that better effect was produced by putting both poles in the tumor.

Dr. T. A. Ashby said when Apostoli first brought forward his method he had shared the same skepticism expressed by Drs. Browne and Miles in regard to his

ability to employ currents of the high strength indicated. Whatever doubts he may have held in the past, have been expelled by the facts which Apostoli has produced, and by the further testimony of such men as the elder Keith, Sir Spencer Wells, Woodham Webb, Martin of Chicago, and others. Dr. Thos. Keith, of Edinburg, whose reputation for honesty and candor cannot be impeached, has said that he accepted the Apostoli method in all of its details as fully up to all that Apostoli had claimed for it. With a record of 4 per cent. mortality in hysterectomy Dr. Keith has boldly stated that he would consider it criminal practice to subject a patient to a hysterectomy until after the Apostoli method had been fully and carefully tried. With such authorities back of his work Apostoli can quietly wait for a general recognition of his methods of dealing with fibroid growth.

AN OBSCURE CASE OF TABES DORSALIS.

Dr. F. T. Miles had seen a remarkable case in the last few days. The patient, a man 35 years old, came to him with optic neuritis in both eyes. He was nearly blind, and it was supposed that he had some brain trouble. He could find no history of any symptom that related to his brain, nor pain, nor dizziness, nor nausea, vertigo, nor loss of speech. He was at a loss. He tried the knee-jerk, and found it absolutely wanting in one leg. He said he had had pains in that leg, but it was of a quick, sudden character, not following any nerve course. It was a case of tabes dorsalis or locomotor ataxia, showing itself in one leg. Gowers had seen one such case. The patient could walk pretty well, but on standing with closed eyes he was unsteady, although blind, and this was very curious. There should be more trouble. The lesion probably lies high up in the spinal cord. Locomotor ataxia came on after the eye trouble in this case; often the eye trouble does not appear for years after the ataxia trouble. Many of such cases have syphilis.

Dr. J. J. Chisolm said some eye cases

were specific such as interstitial corneitis; teeth were often notched in these conditions. Sometimes the teeth are notched when no evidence of syphilis are present.

Dr. A. K. Bond suggested that syphilis might skip a generation.

THE CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD JAN. 20TH, 1888.

The 203rd meeting of the Clinical Society of Maryland was called to order by the President, *Dr. N. G. Keirle* in the chair.

Dr. J. H. DeWolf read a very interesting paper, entitled

OURSELVES.

Dr. Saml. Theobald read the notes of two cases of

REFLEX PARALYSIS OF ACCOMMODATION WITH MYDRIASIS DUE TO DENTAL IRRITATION.

Dr. Hiram Woods said that the question of reflex paralysis of the ciliary muscle was a most interesting one. He narrated the following case, and asked if anyone could suggest the cause of the paralysis, unless the patient was, for some reason unknown, keeping her eye under the influence of a mydriatic. A young lady of 17, in the graduating class of one of the City High Schools, had applied to him for treatment last June on account of severe pain, referred chiefly to the left eye. This pain was always increased by near work. There was no inflammation without or within the eye. The ophthalmoscope showed a high degree of hyperopic astigmatism, The patient had $\frac{1}{2}$ distant vision in the R. E., and $\frac{1}{3}$ in the left. A convex 1 D. ($+\frac{1}{3}$) slightly improved the right eye, but no improvement was obtainable in the left eye. The next day under the influence of homatropine the following high degree of latent hyperopic astigmatism was de-

veloped: R. E. +5 D. S. ($+\frac{1}{3}$) \odot +1 D. Cyl. 90°, L. E. +4. 5 D. S. ($+\frac{1}{3}$) \odot +1.75 D. Cyl. 90°. These glasses raised D. V. to $\frac{1}{2}$ R. E.,— $\frac{1}{3}$ L. Even then the vertical lines were not made clear for either eye, but no other combination did as well. After the effects of the homatropia had passed off, an allowance of +2. 5 D. was made for the "tone" of the ciliary muscle, and the remaining combination ordered for constant use. The same D.V. was retained. The glasses failed to relive pain on near work. Thinking that atropia might bring about a more complete ciliary paralysis than the homatropin a 4 gr. sol. was used early in July. The examination with the eye under atropia seemed to indicate glasses of nearly the same strength as those already selected, but they did not give the same d. v. R. E. $\frac{1}{2}$, L. $\frac{1}{3}$ was the best that could be obtained. Since September the pain has continued. Two examinations have been made with the eye under the influence of atropia, and one with hyoscyamine as the mydriatic. The difference in the glasses selected by the patient in these examinations was never more than 0.5. D. This is very little when the error goes as high as 5 or 6 dioptrics. *Dr. Herbert Harlan* examined the patient under hyoscyamine. His results and *Dr. Woods*' were practically the same. No greater improvement could be given than the above, nor could the vertical meridian be cleared at all. These details of the prolonged use of mydriatics are given on account of the possible influence they may have on the paralysis which followed. After many modifications of the above glasses had been tried, with little or no benefit, an effort was made early in November to help her by *excluding* the left eye from near work. With the glasses which gave this eye its best d. v., No. 4 Sn. was the smallest type which could be read. With no glass, No. 6 was made out with difficulty. A plain glass was put on the left eye. The girl thought she got relief from this, and I did not see her again till the middle of December, when she came to find "why her left

pupil was dilated." There was complete dilatation and absolute ciliary paralysis. The same glass which had given her $\frac{1}{80}$ under the mydriatics, did the same then. She absolutely denied having put any drops in her eye, nor could there be found any way in which a mydriatic could have gotten in by accident. Four applications of eserine (gr. j to $\bar{3}$ j) at intervals of ten minutes failed to make any impression on the pupil. She was ordered to use a sol. of eserine every two hours at home. The following day she said she had carefully followed directions, but the pupil, and ciliary muscle were in the same condition as before. The use of eserine every three or four minutes for half hour now moderately contracted the pupil. From then to the present day the patient says she has faithfully used the eserine, and has not used any other drops, 'There is no cause whatever, so far as Dr. Woods could find for the persistence of the ciliary paralysis and dilatation of the pupil, unless the patient is using a mydriatic at home for some reason known to herself.

Dr. Woods asked Dr. Theobald if he thought the prolonged use of the mydriatic agents last summer and fall could have had anything to do with the trouble.

Dr. Samuel Theobald said that he had had two cases of ciliary paralysis in the last two years due to the use of belladonna. One point in Dr. Woods' case is worthy of notice and that is the mydriasis continued after the use of eserine. This, of course, suggests that a mydriatic had been used. It is a very singular thing about the freaks that some patients display. He mentioned two cases illustrating this point. In reply to the question of Dr. Woods he said that he had observed patients after the needling of cataract operations and had found the pupil to remain uncomfortably large.

Dr. E. R. Walker related a case of

AMPUTATION ABOVE THE ANKLE JOINT
WITHOUT HEMORRHAGE OR THE AP-
PLICATION OF LIGATURES.
TRAUMATIC TETANUS;
RECOVERY,

Patient was a mulatto, æt. 20 years, admitted into Maryland General Hospital on November 4th, 1887, suffering from an injury to his foot, which was caused by being caught under a car wheel and crushed. He waited to see what the results of the injury would be. Gangrene made its appearance, and on November 20th, he amputated the leg just above the ankle joint. There was no hemorrhage except a little oozing, no vessels could be found. On the third day after operation symptoms of trismus came on. The wound was healthy. On the eighth day he had convulsions, opisthotonos, etc. His appetite kept good during the whole attack. Opium was the first remedy used in the treatment, but afterwards chloral and bromide of potash were used. The tetanus continued for two weeks. During its course the wound was dressed antiseptically and there was no slough of any kind. The patient is now in a perfectly good condition.

He then showed a specimen of

TUBERCULOUS TESTICLE.

The growth began nine months previous to operation. It simulated hydrocele very much and had been tapped. Patient is doing well since the operation.

The next specimen was a brain taken from a patient who had been aphasic for some time. It showed four separate hemiplégic areas. Also one of intestinal tuberculosis taken from a patient who had been brought into Maryland General Hospital for intestinal obstruction.

Then he showed a piece of excised bone taken from a patient 16 years old who had suffered from hip-joint disease. Then a specimen of fractured skull and lastly the bones of a diseased foot where he had done Chopart's operation.

Dr. Randolph Winslow said he once had a similar experience to the one described by Dr. Walker. On one occasion he operated for gangrene and the patient never did have hemorrhage, but succumbed to septicæmia.

Dr. E. R. Walker said there was no evidence of any vessels present in his case. He thinks probably that waiting allowed collateral circulation to set up between the time of injury and time of operation. The femoral artery could be felt down to the knee.

Dr. N. G. Keirle said that in his experience he had observed that tetanus beginning outside of ten days is more apt to have a successful termination.

Dr. J. E. Michael said that he agreed with the President on this point, but had seen two cases where the reverse was true. The first case was a boy *æt.* 11 years. On the seventh day after first change of dressing symptoms of tetanus came on. He recovered finally. The second case was an amputation at shoulder joint; also an injury to patient's head which was cleaned with much difficulty. The amputation was done antiseptically and the prognosis was favorable for ten days. At the end of that time an attack of cellulitis came on which extended to the head. He recovered in about one week and his temperature remained down for three or four weeks and then symptoms of tetanus came on. He made a favorable prognosis on account of the long time which had elapsed since the injury, but the patient died. He had also seen three other cases which came on violently and ended fatally.

Dr. J. G. Whiltshire said that *Erichsen* says in hospital gangrene the vessels undergo a similar change. He asked if his might not have been the condition in *Dr. Walker's* case?

Dr. W. H. Norris said that almost all the cases of tetanus he had seen died. He related the case of a colored man who had received a gunshot wound and resection of the humerus was done. The wound healed well, but four days after having been in the hospital symptoms of tetanus came on. He was treated with calabar bean and chloral and made a good recovery.

Dr. E. R. Walker said there was no gangrene of the leg and ankle in his

case; only the masked part became so. Tetanus set in seventeen days after injury and patient made a good recovery.

Dr. H. Harlan exhibited

A TUMOR OF THE DURA MATER

taken from a subject in the dissecting room. It was situated under the tentorium and falx cerebellum and made a depression in both lobes of the cerebellum. There had been no microscopical examination made.

THE USE OF ACIDIFIED CORROSIVE SUBLIMATE AS AN ANTISEPTIC.—Some very interesting experiments of great practical importance have recently been made by *E. Laplace* (*Deutsche Medicinische Wochenschrift*, 1887, No. 40, p. 866-7) in the Hygienic Institute of Berlin, on the antiseptic action of corrosive sublimate when used in acid solution. It has long been known that the efficiency of bichloride of mercury is much reduced when it is brought in contact with albuminous substances, owing to the formation of insoluble compounds; thus when applied to animal tissues, the mercury becomes mordanted, as it were, on the surface with which it first comes contact, the sphere of its activity being thus greatly diminished. *Laplace* finds that five cubic centimètres of blood serum is sufficient to precipitate the mercury from five cubic centimètres of the bichloride solution (1-1000). The formation of this precipitate of albuminate of mercury can be prevented by adding dilute hydrochloric acid (5-1,000) to the bichloride solution (1-1,000), whereby the antiseptic power of latter is greatly increased. Similar results were obtained by the addition of tartaric acid. The solution recommended for use consists of 1 part sublimate, 5 parts tartaric acid, and 1,000 parts of distilled water. The bandages, gauze, etc., on the other hand, are soaked for two hours in a stronger solution; namely, sublimate 5 parts, tartaric acid 20 parts, distilled water 1,000 parts, after which they are wrung out and dried.—*Brit. Med. Jour.*, 21, 1888.

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BALTIMORE, FEBRUARY 25TH, 1888.

Editorial.

PNEUMONIA.—The large number of cases of pneumonia occurring within the past few weeks, and the great mortality therefrom, make it interesting to look into the origin and cause of this disease. Good disciples of bacteriology have little doubt as to the cause of most diseases, and investigators have not been idle in looking for the specific germ of pneumonia.

Jürgensen, Klebs, Salvioli, Zäslin, Eberth and Koch have all described different forms of bacteria present in the sputum and inflammatory products of pneumonia, but the late Dr. Carl Friedländer was alone successful in isolating and demonstrating the existence of the pneumonococcus.

The question whether bacteria are the cause, effect or concomitant of disease is just as difficult to answer here as in connection with other diseases. The common opinion as to the cause of pneumonia, is that the individual "takes cold," and as "taking cold" is generally more easily accomplished during the cold weather, this seems to be a very plausible reason. Indeed the death records of this city since the first of the year, during the recent cold weather, show in some weeks the unusual fact of a greater mortality from pneumonia than from consumption.

Those who have looked more thoroughly into the etiology of pneumonia are of the opinion that taking cold has very little to do with its beginning.

Grisolle (Ziemmsen's Handbuch) found out of 205 cases only 45 traceable to a cold, Ziemmsen 10 out of 186, and Griesinger 4 out of 212. Jürgensen (l.c.) has also pointed out that while bronchitis generally prevails during the colder months it gradually disappears with the approach of spring, while the prevalence of pneumonia increases steadily from February to May, after which it falls rapidly. In this city the largest mortality in 1887 was in the months of April and May. It is generally the belief that bacteria are almost omnipresent either in the form of bacteria or as spores, and that they settle down and propagate as soon as they find a proper nidus.

The abuse of alcoholic seems to render an individual with pneumonia particularly liable to a bad prognosis. This is most probably because in drinkers there is an insufficiency of the heart's action and great want of resistance on the part of the organs of circulation, which have more work to perform to send the blood through the congested lungs.

According to the most reliable statistics the right lung is more often affected than the left. The right bronchus is a more direct continuation of the trachea than the left. Whether there is any casual connection between this anatomical fact and the deduction from the above statistics is not known.

THE REACTION OF THE URINE.—The text books and experience have taught us that the urine is generally acid and exceptionally alkaline. It is sometimes so necessary to be able to effect easily a change in the reaction of the urine that it is a wonder that clearer ideas do not exist on the subject. That many substances ingested pass quickly into the urine is well known; but so many unknown chemical changes go on during this passage through the body that empiricism plays an important part in the administration of drugs. In diseases of the renal and genito-urinary tract it is often very important to make and keep

the urine alkaline for a long time. In practice it is well nigh impossible to test the intensity of the acidity or alkalinity of the urine, but approximately it may be estimated by noting the rapidity or slowness with which the litmus paper changes color.

Many substances are given to influence the reaction of the urine when they have no appreciable effect. The carbonic and vegetable acids, as also benzoic and salicylic acid have been administered on theoretical grounds, but practically they do not have the required results. Waters containing free CO_2 rarely when ingested make the urine richer in CO_2 , but waters which contain carbonic or the vegetable acids combined with alkalies, can decidedly lessen the acidity of the urine.

Knowing that the reaction of the urine could be best affected through the stomach, Cantani, by carefully regulating the diet, found that he could influence very closely the reaction of the urine. He found that a diet of meat, milk and eggs made the urine strongly acid, while substances containing sugar or starch made the urine very faintly acid, or even alkaline.

MEDICAL LEGISLATION IN MARYLAND.
—Our remarks on the subject of "Medical Legislation at Annapolis," published in our issue of February 18th, have brought us several communications from physicians living in different portions of the State, in which the importance of this subject is urged upon our attention. We are requested to advocate some movement that will lead to the passage of a suitable law by the present General Assembly. One of our correspondents complains bitterly of the present condition of medical interests in this State and asks why some of the eminent members of the profession in this city do not take this matter in hand. We are also urged to issue a call to the profession to meet in this city in order that the movement may be inaugurated. All of the points presented by our correspondents are well taken. It is fully known that a law to regulate the practice of medicine in the State is greatly needed. It is also believed that a suitable

law can be obtained from the present Legislature if proper steps were taken and action instituted at once. This JOURNAL has no right to issue a call to the profession to meet in this city for the purpose named. Such a call should be issued by a self-constituted committee of representative medical gentlemen whose leadership in the matter would be recognized by the profession throughout the State as eminently proper. We would therefore suggest that a number of physicians interested in this important subject should meet in the hall of the State Faculty, on the 29th day of the present month at the hour of 12 M., and that these gentlemen should at once proceed to issue a call to the profession throughout the State to assemble in convention in this city on a day to be appointed that the matter under consideration may receive a full and fair discussion. It must be remembered that whatever legislation is asked from the law-makers of this State must be of such a character as will meet the wants and requirements both of the medical profession and of the general public. Any bill presented should be carefully drawn after full discussion and due consideration.

We should oppose any attempt to railroad a bill through the General Assembly in the hasty manner in which legislation is often obtained. Such legislation might or might not secure to the profession and to the public the protection required. No legislation is preferable to a law which is illy considered and inadvisedly drawn, and therefore defective in its plan of operation. The evil effects of this kind of legislation may be seen in other States.

We hope to see this subject carefully approached and freely discussed, and in this discussion we should be glad to see the members of the profession throughout the State take part. We therefore think that a convention of the profession held in this city, at an early date, would be able to reach a conclusion in regard to this matter of State medical legislation which would be satisfactory to all interests. A bill emanating from such a meeting would demand respectful consideration from our law makers.

Miscellany.

GREAT BRAINS.—The Paris correspondent of the *Lancet*, of January 7, 1887, writes that at the Société de Psychologie Physiologique M. Manouvrier read a report upon the brain of the late Dr. Bertillon, the eminent statistician, and compared it with the brain of Gambetta, which has been studied by Mathias Duval and Chudzinsky. In weight Gambetta's brain was below the average, only scaling about 48 ounces. That of Bertillon exceeded the usual weight, reaching about 63 ounces. It is now admitted that, other things being equal, the weight of the brain is in proportion to the intelligence of the individual, and, moreover, the greater the intelligence the greater the absolute and relative development of the frontal lobes. A comparison of the brains of Gambetta and of Bertillon shows that the former is smaller, more particularly in the anterior portion, less so posteriorly, and that the temporal region is even larger. Now, the qualities of the two men were diametrically opposite. Gambetta was active and loquacious, Bertillon was reticent and retiring. Although an admirer of oratory, he had always failed as a speaker. In Gambetta's brain the convolution of Broca is extremely developed, in Bertillon's it is reduced to its most simple expression. Bertillon was in his youth left-handed, but he became ambidextrous later in life. The third frontal convolution on the right side (the speech centre of the left-handed) is larger than the corresponding one on the left side.

OIL OF EVODIA, A DEODORANT.—Dr. H. Helbing calls attention (*American Journal of Pharmacy*) to the value of the essential oil of *evodia fraxinifolia* as a deodorant for iodoform. He has had, he says, an opportunity of examining the fruit of this plant, and found that it yields an oil having a most agreeable and powerful odour, which is even able to overcome the smell of iodoform either in its crystalline shape or in solution. For practical purposes he says it is only necessary to add a little (two drops to the ounce) of the essential oil to the dis-

infectant in order to obtain a complete deodorisation of the latter, the chief objection which has been raised against the use of this valuable remedy thus being obviated. Dr. Helbing adds that he would be pleased to find his observations confirmed by experiments of others.—*Brit. Med. Jour.*, 21, 1888.

Prof. Gross condemns the use of carbolyzed oil for preserving *catgut ligatures*, as it forms a nidus for germs—ten per cent. carbolyzed water does the same thing unless changed every two weeks—but he recommends the following way to preserve them: Take the animal ligature, prepare a 1-5 aqueous solution of chromic acid:—

Ry. Acid. chromic., ʒj.
Aqueæ. f ʒv. M.

Add one ounce of the above solution to five ounces of glycerin, place the ligatures in this solution, leave for one week; this makes them strong; take out of this solution and hang up until perfectly dry. Placed in the following solution, they will keep until needed:—

Ry. Alcohol., p. xv.
Glycerin., p. j.
Acid. carbolic., 10 per ct. M.

Thrown into 1-1000 solution of corrosive sublimate a few minutes before using, they become soft and pliable.—*Col. and Clin. Rec.*

MALARIAL INSOMNIA.—Dr. F. Eklund, of Stockholm, believes that there is a special form of insomnia due to malaria; in its severest form sleep by night is unattainable, but the sufferer is drowsy by day. In less severe cases a few hours' sleep are obtained on first going to bed, but the patient then wakes, in some instances always at the same hour, and cannot again sleep. He states (*Therapeutic Gazette*) that these patients can be relieved by quinine in small or moderate doses; the prescription he prefers is:

R.—Quin. sulph. gr. vi-xv, sodii bicarb. gr. xv-xxx, M. F. tal. dos. xii in caps. amyl. Sig.—Take one capsule every morning, and if the case require it one in the evening.—*Brit. Med. Jour.* January 21, 1888.

TREATMENT OF INGROWING TOE-NAIL.—Patin recommends ("Gaz. des. hôp.") for this affection that the nail be thoroughly bathed with water, then dried, and painted with traumaticin (10 parts of gutta percha to 80 parts of chloroform). Sometimes it is best to dress the toe with diachylon ointment after painting it. Or course, as complete rest as possible is to be given to the toe.—*N. Y. Medical Journal.*

LEPROSY DECIDED TO BE CONTAGIOUS.—To the Sanitary Committee of the City Board of Health was referred a communication from the State Board of Health of Pennsylvania, stating that the action of the local body concerning the recent leprosy cases had been endorsed, and suggesting that leprosy be placed at once upon the list of communicable diseases on the physicians blanks.—*Medical Register.*

THE EXTERMINATION OF RABBITS.—M. Pasteur's plan of exterminating rabbits by the spread of fowl cholera has been tried in a walled field near Rheims, where both gun and ferret had proved ineffectual. M. Loir, nephew to M. Pasteur, went down and poured on a truss of hay some broth full of the microbes of chicken cholera. The next day nineteen dead rabbits were found, and two days later twelve more. In some of the burrows were discovered families of dead rabbits, and not one living rabbit has since been seen.—*Brit. Med. Jour.*

IODOPHENOL IN PERTUSSIS.—Rothe prescribes (*Journal de Médecine de Paris*):

Acid. carbolic	gr. $\frac{3}{4}$;
Alcohol	m 1;
Tinct. iodin	gtt. 5;
Aquæ. menth. piper	ʒ 12½;
Tinct. belladonn	m 15;
Syrup. papaveris	ʒ 2½;

(*Syrup papaveris* is but little used in America; its opium strength is half a grain of opium to one thousand grains of syrup, and more definite preparations of opium may be better employed.) Of

this a small teaspoonful to a dessert-spoonful may be given every two hours.

Rothe found that this combination of remedies reduced very distinctly the number and frequency of the paroxysms.—*Medical News.*

CHRONIC BRONCHITIS.—Dr. C. W. Suckling (*British Medical Journal*) frequently orders:

R̄ Ammonii carb	3 ss.
Tinct. scillæ	ʒ iiss.
Tinct. opii camphorata	ʒ iis.
Infus. senegæ	ʒ v.

M. Sig.—One tablespoonful every four hours in water.

A PRESCRIPTION FOR ASTHMA.—Professor Beaumetz prescribes:

Potass. iodid.	3 ʒ ½
Tinct. lobeliæ	3 ʒ ½
Aquæ destil.	ʒ 7 ½

M. S.

A teaspoonful or tablespoonful may be taken, in a glass of beer, at meals.—*Journal de Méd.*, December 25, 1887.—*Med. News.*

TREATMENT OF DOG BITES.—Dr. D. M. Williams, Liverpool, writes: "Among some people the wounds caused by the bite of a dog are washed with hot water, and salt is then rubbed into the wounds; such a case occurred in my practice recently. Others wash the wounds with hot vinegar only. Either plan is better than the barbarous custom of applying nitrate of silver.

"The principle object in view should be thoroughly to disinfect the wound, and any disinfectant which would do this and cause free bleeding (thus helping to wash out the poison) would answer the purpose. I prefer sulphurous acid, which does all this, and the wounds heal well after; but any well-known substance, such as solution of chloride of lime or zinc, might answer the purpose, if the absurd practice of cauterizing the wound with nitrate of silver were discontinued."—*British Med. Jour.*, Dec. 10, 1887.

Medical Items.

Dr. Charles Smith, a well-known physician of this State, died at his residence in Frederick City, on February 20th, at the age of 65 years.

Antifebrin is growing into prominence as a hypnotic and is said to act most effectively in the delirium of acute alcoholism. The dose is ten grains repeated according to effect.

Salicylate of bismuth has been found by Solger to be effective in many rebellious cases of chronic diarrhoea. It is given in doses of eight to ten grains, three time a day, to a child of three years, and its effects are attributed to its antiseptic action.—*Boston Med. and Surg. Jour.*

The State of New York has already appropriated over \$6,000,000 for the better care of its paupers insane and \$500,000 more is asked of the present Legislature for this purpose. Exclusive of New York, King and Munroe counties there are two thousand insane in county institutions, scattered in various poor-houses and almshouses of that State.

The whole number of students in attendance upon the Harvard Medical School during the session of 1886-87 was 282; during the first term, 283; during the second term 264. Of these, 164 had literary or scientific degrees. There were 87 applications for the degree of Doctor of Medicine in the three years' course, of whom 11 were rejected.

MEDICINE A MEAN TRADE.—The practice of medicine must be very disappointing to those who follow it chiefly for the acquisition of wealth. Whoever practises it in a commercial spirit debases the calling and degrades himself. As a French writer has truly said: "Medicine is the noblest of professions, but the meanest of trades."—*Dr. Cotting.*

The Baltimore City Council has confirmed the following vaccine physicians appointed by the Mayor: First and second wards, Dr. N. L. Dashiell, Jr.; third and fourth, Dr. John A. Schultze; fifth and sixth, Dr. Jos. E. Heard; seventh and eighth, Dr. J. B. Schwatka; ninth and tenth, Dr. J. G. Womble; eleventh and twelfth, Dr. Thos. P. McCormick; thirteenth and fourteenth, Dr. Vernon Norwood; fifteenth and sixteenth, Dr. Jos. Biun; seventeenth and eighteenth, Dr. O. A. Cooke; nineteenth and twentieth, Dr. M. K. Warner.

The New York Academy of Medicine has called the attention of the Board of Health to the practice of druggists to dispense filtered water for distilled water. An investigation was ordered, and samples of water were obtained from twenty-five prominent druggists, only one of which was distilled. The other samples were filtered Croton water, containing more or less organic impurity, sufficient in many instances to impair the efficiency of the prescribed solution. This substitution of filtered for distilled water is held to be an adultera-

tion, which is punishable by a fine of fifty dollars for the first offence. The druggists have received warning that proceedings will be taken against those who in the future are found guilty of this form of substitution.—*Medical News.*

The American Medical Association meets in Cincinnati on May 8th, 9th, 10th and 11th. The President's address will be delivered by Dr. A. Y. P. Garnett, on May 8th. The address on General Medicine will be delivered by Dr. Roberts Bartholow, of Philadelphia, on May 9th; that on General Surgery, by Dr. E. M. Moore, of Rochester, N. Y., on May 10th, and the Address on Public Medicine, by Dr. H. P. Walcott, of Boston, on May 11th. Dr. W. W. Dawson, of Cincinnati, is chairman of the Committee of Arrangement. The meeting promises to be a great success.

Dr. Billings says: "It is not every or any sort of knowledge that enables one to judge wisely in the selection of a medical attendant. One reason for this is the general ignorance of the history of the evolution of medicine into its best form of the present day—an evolution in the course of which nearly every possible mode of blundering and straying from the true path has been tried over and over again. It is not only by theories, but by long and patient observation and experience that we come to know of the practice of medicine, and it is only the man or woman who has by long study, based on careful preliminary education, mastered the results of all this work, who is to be trusted as your physician."

A New York correspondent to the *Boston Medical and Surgical Journal* writes as follows:

"In the early days of anæsthesia, I had quite a reputation as a giver of ether and chloroform. One day, a distinguished surgical friend asked me to give the anæsthetic for him to a great rich General, whom he had promised to castrate for malignant disease of the testis.

"I kept my appointment, and found the instruments arranged in order, the operating table ready, and the warrior eager to have the ill-behaved gland removed. Out of courtesy, I was asked 'to look at it.' I happened to know the clinical history of the patient, and soon satisfied myself that syphilis had claimed him for her own in a constitutional manner, and that trenchant steel was not what he most needed.

"I so told my brother doctor, who, being a noble, conscientious man, made an excuse to defer the ablation, put the son of Mars upon the appropriate treatment, and completely cured him. In the course of time, my 'gentle reminder' found its way to the hero's hand. Looking at it for some minutes, he said: 'What a —— outrage! That man just came to give me ether. It was found best by my surgeon to put off the operation, and Dr. M. didn't even give me the anæsthetic. He simply wasn't wanted, and went home. He must think I'm made of money, d—— him!'"

Original Articles.

THE RADICAL CURE OF HERNIA.

BY THOMAS W. KAY, M.D.,

Surgeon to the Johnniter Hospital, Beirut, Syria.

If an excuse is needed for adding another to the already many papers on this subject, it will be found in the hostile position which all text-books, American, English, French, and German, hold towards it, and also the importance of the subject.

From Agnew we learn that among the recruits, during the American war of the rebellion, 50 out of every 1000 were rejected on account of hernia. Bryant tells us the rejections are, Germany, 82; Italy 76, France 65, England 39, and Ireland 36 in every 1000 recruits. Malgainge found that $\frac{1}{3}$ of all the male, and $\frac{1}{2}$ of all the female population of France were ruptured, or an average $\frac{1}{5}$ for the whole population. That the number of the ruptured in the United States, in proportion to that of France, is greater than what appears from the statistics of their respective recruits, is probably true, but working with the same proportion we find that there are more than 2,000,000 in our land. The two truss factories of Philadelphia, alone, sell, annually, about 240,000 trusses!

Mr. Keetly, of London, (B. M. J., December, 1885,) informs us that in the year 1878, the population of England and Wales was about 25,000,000, of which 1,150 died from hernia. The mortality in 1879 was only a little less, being 1,119. The same death-rate for the United States would give about 2,500 deaths yearly. Again, Mr. Keetly arrives at the conclusion "that of persons with hernia, and not subject to operative interference until there is an imperative need for it, an average of 1 in 20 will, sooner or later, die of hernia."

Hernia has probably existed as long as man has existed on the face of the earth, and ever since medicine, which according to Prof. Virchow, of Berlin, is some 3000 years, or according to Dr. Grant Bey, of Cairo, Egypt, is 6000

years, attempts have probably been made for its cure.

Anatomy had its birth in Egypt, where, during the embalming process, one would necessarily become more or less acquainted with the structures and arrangement of the internal organs of the human body; and though Celsus is the first surgeon who is known to have given a clear description of the coverings of the testicle, and also used means for the cure of inguinal hernia, such as bandages and the cautery, it is probable that he got his ideas from the Egyptians. Since the time of Celsus, various methods have been tried with greater or less success, many of the more barbarous of which are still practiced in Eastern countries. Ointments, poultices, and astringents were tried by charlatans. The actual cautery was applied over the external ring. Escharotics were used to the skin, or in some cases to the neck of the sac, after it was laid bare. Galen and Paulus Aegineta ligated sac, cord, and skin, together, at the external ring. Maupas operated by cutting through the rings and then sewing up. Castration was at one time very common, as was also pushing the testis up into the canal where it might become adherent. Ambrose Paré used the "point doré," which consisted in including sac, cord, and vessels in a wire ligature, with success, but this was frequently followed by atrophy of the testis. Fréetag, of Zurich, appears to have modified this operation so as not to include the cord and vessels. The "royal sutures" consisted in opening the sac and stitching the edges together. Petit and Leblance operated on several cases as in stangulated hernia, but the mortality was so great that the operation was abandoned. Injections into the sac, of irritating substances, were practiced by Velpeau and Pancost, and sometimes with a fatal result. Belmas and Riggs introduced small pieces of sponge and gold-beaters skin into the sac, so as to set up adhesive inflammation, but this was also followed by disastrous results. All of these methods have been abandoned, and it remains to mention those used more or less at present.

Among those methods used at present, in civilized countries may be mentioned the truss; injections around the sac; invagination; subcutaneous operations, and the direct method.

The truss will undoubtedly effect a cure in some instances, especially if the hernia is in young children, or if it has recently occurred, but the percentage of cures does not seem to be over 10 per cent. And often we meet with cases which cannot be supported by a truss, or in which a truss cannot be worn by the individual. The manufacturers state that when once a truss is worn, it is, as a rule, worn till death.

Injections of astringent or irritating substances were advocated by Velpeau 50 years ago. Since that time they have been practiced by Heaton, Warren, Bull, Janney and DeGarmo, of America, and in England by Mr. Keetly and others. The operation is said to be free from danger, and cures in rather more than half the cases in which it is tried, but it is only adopted for small hernias.

Invagination. — Geray invaginated the integument and sac with the finger, and then passed two doubled silk ligatures transversely through the pillars of the ring and invaginated portion, the ends of which he tied over pieces of catheter. Signorini used a catheter to invaginate and then transfixed with three long pins, over which he passed figure of eight ligatures. Wutzer invaginates with a cylindrical plug, through the centre of which pass one or more long curved needles which make their exit through the abdominal integument above the internal ring. Agnew invaginates the sac, after having made an incision through the integument, then passes a suture through the apex of the invagination which emerges through the abdominal integument so as to retain the sac in the canal. After this he closes the external ring by sutures. Little danger follows the various methods of invagination, but the cures are permanent in only a very few cases.

Subcutaneous Operations. — Prof. Dowell, of Texas, united the pillars subcutaneously, and claims to have cured 60 out of 100 cases operated on. Mr.

Spanton, of England, uses a cork-screw-like instrument, the distal spirals of which are longer than the proximal, so that when it is introduced, through a scrotal incision, and made to transfix the pillars of the ring, the opening is closed as the instrument is advanced. This is left in for one week to set up inflammation, after which it is removed. He has operated on 60 cases without a death, and claims many cures. Mr. Jno. Wood, of London, has had more experience with the radical cure of hernia than any living man, having operated 414 times, 370 of which were for inguinal. The mortality by his method was a little less than 2 per cent. and the cures were about 73 per cent. His method consists, essentially, in ligating the sac subcutaneously, while at the same time the pillars are drawn together.

None of these methods, in my estimation, fulfil all the requirements for the radical cure of hernia.

In the healthy individual, we find the parietal peritoneum perfectly smooth, with no pouches or pocketings, and this is firmly supported by the abdominal parieties, the inguinal canal being closed in a valvular way; and this is what we must try to bring about when we undertake its cure—*i. e.* obliterate the sac, flush with the parietal peritoneum, and close the inguinal canal. This is what is aimed at in the direct method.

The Direct Method consists in cutting down on the sac, under careful antiseptic precautions, removing or obliterating the sac, and closing the hernial opening. This application of Listerism seems to have been first employed by Mr. Chas. Steel, of Bristol, England, though Dr. J. O. Marcey, of Boston, first published cases in October, 1871. That the direct method gives more cure than any other method is not to be questioned, for in studying the cases reported by various operators I find that at least 90 per cent. of those operated on are cured, and I think that in future we can safely look for better results. It now remains to look at the mortality. This of course varies according as the hernia is strangulated, adherent to sac, accompanied by

omentum and large or small. It is also affected by the health of the patient, the length of the operation, and subsequent diseases.

In the following table I have placed only cases of reducible hernia.

Operation.	Where Reported.	No. Operat'ns.	D'ths
Mr. Jno Wood, London.	Br. Med. Jour., June, 1885.	16	1
Dr. J. O. Marcey, Boston.	J. Am. M. Ass., May, 1887.	30	0
Dr. W. M. Banks*, Liverpool.	Br. Med. Jour., Dec., 1887.	52	2
Dr. Wm Macewen, Glasgow.	Br. Med. Jour., Dec. 1887.	49	0
Mr. C. B. Ball, England.	Br. Med. Jour., Dec. 1887.	23	0
Mr. W. Y. Stoker, Ireland.	Br. Med. Jour., Dec. 1887.	3	0
Mr. K. Franks, Dublin.	Br. Med. Jour., Dec. 1887.	24	0
Mr. A. E. Baker, Ireland.	Br. Med. Jour., Dec. 1887.	35	0
Mr. A. W. M. R. Boston, England.	Br. Med. Jour., Dec. 1887.	11	1
Dr. Ward Cousins, England.	Br. Med. Jour., Dec. 1887.	50	0
Mr. Wheeler, England.	Br. Med. Jour., Dec. 1887.	13	0
Dr. A. Rabagliate, England.	Br. Med. Jour., Dec. 1887.	1	0
Dr. A. W. Austin, U. S. M. H. S.	Annual Report, 1887.	2	0
Dr. W. H. Long, U. S. M. H. S.	Annual Report, 1887.	3	0
Dr. T. W. Kay, Beyrout.	Not Reported.	7	0
		318	4

I will now proceed to describe the operation.

The patient having been prepared for the operation, the parts must be shaved, well washed with soap and water, and then with a solution of the bichloride of mercury. Hands, instruments, and sponges are disinfected in a solution of carbolic acid. The incision two or more inches in length, is made over the external ring, and parallel to the inguinal canal. The neck of the hernial sac must then be carefully separated from the cord and vessels, and also well separated from the walls of the canal, up as far as the parietal peritoneum. If the contents of the sac cannot be returned, it must be opened and, if gut, dissected loose and returned, or, if omentum, ligated and cut away. The neck of the sac should now be well drawn down and stitched across with gut, by the shoe-

makers stitch, as described by Marcey, of Boston. By some, it is simply ligated, and Ball, of England recommends twisting it. If the hernia is small, the sac should then be cut across, just below the suture and the lower end left in the scrotum. But if large, it will be well to follow the advice of Macewen in dissecting the sac out, plaiting it upon itself in its long axis, by means of a gut thread, and inserting it across the opening, next the peritoneum, so as to act as a barrier. Having thus treated the sac, it remains to attend to the inguinal canal. In most cases, it is no longer a canal, but only an opening, the valvular arrangement having been lost from the pressure of the hernia, so it is only necessary to bring the pillars together by several interrupted sutures, and, as a rule, the more the better, for they excite inflammation. Should the valvular arrangement be present, one cannot do better than to follow Macewen in passing a suture by means of a curved needle, through the conjoint tendon, from without in, and then through the conjoint tendon, a little higher up, from within out, thus piercing it at two points. The two free ends of the suture are thus carried through the external pillar, so that when tied the external pillar rests on the outer side of the conjoint tendon. As material for sutures, silk, catgut, wire and kangaroo-tendon are used Catgut is unreliable, being too readily absorbed, and giving way before adhesion has taken place. Both silk and wire are liable to set up irritation by their presence in the tissues. Kangaroo-tendon is, in my estimation, the most reliable material for sutures that we have, not being readily absorbed, and causing very little irritation by its presence. In finishing the operation, all bleeding points must be secured, either by torsion or gut ligatures; the wound cleansed and washed out with the bichloride solution, strength 1-1000; a few pieces of catgut put in for drainage; the cutaneous wound closed by silk sutures, and then dressed with iodoform and antiseptic cotton, a compress and bandage being put over the whole. In one of my cases, a large scrotal abscess made its

*One, a small child died from shock after a prolonged operation to separate the gut from adherent sac.

†Died from ether bronchitis.

appearance, and in this same case, in which I used catgut, the sutures gave way on the fourth day, after violent coughing. Wearing a truss for a few months after I consider a wise precaution, though, by no means, necessary. Any curved needle will do for the operation, but I consider those as used in vesico-vaginal fistulæ the best.

Original Translation.

LACERATION OF THE CERVIX AND UTERINE DISEASE.

A Lecture, delivered before the Gynecological Section of Sixtieth Congress of Naturalists and Physicians,

BY PROF. E. NOEGGERATH, M.D.,
OF WIESBADEN,

Translated by

J. EDWIN MICHAEL, M.D., OF BALTIMORE.

When Dr. Emmet read his first paper on the laceration of the cervix before the New York County Medical Society, he emphasized the words: "I examined, discovered a laceration, operated and the patient was cured." The gynecologists agreed with the author of this new operation, that because it had relieved certain symptoms, the laceration of the cervix had been the cause of them. He only, who has witnessed the early popularity of trachelorrhaphy can form an idea of the results of the practical application of this conclusion. The journals contained accounts of miraculous cures, just as in the time of Bennet, they were flooded with cures by cauterization of ulcers of the vaginal portion, and the application of pessaries. Since Dr. Thomas, very lately, made the remark, in a paper on puerperal fever, before the New York Academy of Medicine, "I am convinced that the operation for lacerated cervix, as introduced by Dr. Emmet, is one of the greatest achievements of gynecology in the last quarter of a century," it will be seen that the first impression produced by Emmet's procedure still maintains its position. As to the latter, his theoretical convictions with regard to the results of lacerations as causes of dislocation and carcinoma,

remain unshaken. I heard from his own lips in the winter of 1885-6, that the only sure way to cure a retroflexion was by trachelorrhaphy. Yet it is with him as with the conjurer who "can not lay the spirits" he has caused to appear. He has protested against injudicious operation; for it had gone so far that if in the examination of a gynecological case a laceration were discovered, be it ever so insignificant, it precluded any further diagnostic investigation. The new doctrine was transported to England, especially by Dr. Pallin in a paper read before the International Congress in London, where it met with general recognition and support. In France its reception was less favorable, and Germany gave her consent with even more reserve, feeling her way experimentally, for although a certain number of prominent gynecologists recommended the operation for a distinct class of pathological conditions, yet in comparison to America and England its scope was limited. Nevertheless, I have observed that also here in Germany many cases of lacerated cervix are operated upon, which demand no surgical treatment. And as I am of opinion that every addition—even if it be only in confirmation of what has been justly advanced from the other side—which formulates more clearly the indications for the operation, can only be of service, I take the liberty of briefly laying my experience before you. Firstly let us notice a category of the results of laceration as depicted in the special journals:

1. Eversion of the lips.
2. Catarrh of the uterus.
3. Ercsion.
4. Hyperplasia of the cervical mucous membrane.
5. Metritis colli.
6. Stricture of the cervix.
7. Subinvolution of the womb.
8. Inflammation of the neck.
9. Development of Nabothian follicles.
10. Retroversion and flexion of the womb.
11. Prolapse of the uterus and vagina.
12. Chronic parametritis.
13. Atrophic chronic parametritis.

14. Ovaritis.
15. Salpingitis.
16. Carcinoma.
17. Abortion.
18. Sterility.
19. General anæmia.
20. Convulsions.
21. Epilepsy.
22. Catalepsy.
23. Dementia.
24. Salivation.
25. Puerperal melancholy and mania.
26. Somnolence.

I can show that each of these twenty-six affections have been described as direct or indirect results of laceration of the cervix, and among the authors I find a good many German names. I have collected them all out of late journals and monographs. They are continually set before us in larger or smaller portions. Is it surprising then that some of the best are somewhat unsettled in their opinions?

I have selected 100 cases out of my practice, 50 without laceration and 50 with bilateral laceration, extending on both sides to and above the vaginal junction. The records show name, age, length of married life, number of children, position of the uterus, length of the cavity of the uterus, condition of the cervix, and diagnosis of the disease. The position of the uterus was as follows:

Normal or slight anteversion or flexion, without laceration 24; with laceration 25.

Marked anteversion, without laceration 5; with laceration 3.

Marked anteflexion, without laceration 2; with laceration 5.

Retroversion, without laceration 3; with laceration 2.

Retroversion and flexion, without laceration 2; with laceration 2.

Retroflexion, without laceration 3; with laceration 6.

Retroflexion with prolapse, without laceration 2; with laceration 1.

Prolapsus uteri without laceration 2; with laceration 3.

Prolapsus uteri et vaginæ, without laceration 1; with laceration 0.

Lateroversion, without laceration 3; with laceration 3.

That is one-half of the cases with the uterus in normal position with one majority in favor of those with laceration. Inaccurate views on the mechanism by which the uterus is maintained in its position lead to the conclusion that laceration of the cervix must necessarily cause retro-flexion and version and prolapse. I find, however, that of the cases showing those malpositions 13 occurred to the women without laceration and 14 to those with that condition; truly a small majority in favor of laceration. With regard to pregnancies:

1 child, 16 women without laceration, 8 women with laceration.

2 children, 6 women without laceration, 11 women with laceration.

3 children, 6 women without laceration, 6 women with laceration.

4 children, 7 women without laceration, 9 women with laceration.

5 children, 7 women without laceration, 9 women with laceration.

6 children, 2 women without laceration, 2 women with laceration.

7 children, 2 women without laceration, 2 women with laceration.

8 children, 2 women without laceration, 1 woman with laceration.

10 children, 1 woman without laceration, 0 woman with laceration.

11 children, 0 women without laceration, 2 women with laceration.

12 children, 1 woman without laceration, 0 woman with laceration.

It appears from this table that there were just twice as many sterile women without laceration as with it. 26 women without laceration had from two to five children each. 35 women with laceration had an equal proportion. The aggregate births among the non-lacerated were 173; among the lacerated 185. 12 women without laceration aborted; 8 women with that condition. Of the former 8 aborted once, 3 twice; of the latter, two aborted once, one two times; one, three times; two, four times; one, seven times. The influence of laceration of the cervix on length of the uterine canal is shown in the following table:

6 cm. in 1 woman with laceration.

6.5 cm. in 12 women without laceration, in 16 with laceration.

7 ctm. in 5 women without laceration, in 10 with laceration.

7.5 ctm. in 13 women without laceration, in 12 with laceration.

8 ctm. in 2 women without laceration, in 3 with laceration.

8.5 ctm. in 13 women without laceration, in 6 with laceration.

9 ctm. in 5 women without laceration, in 0 with laceration.

10 ctm. in 0 women without laceration, 2 with laceration.

The aggregate length of 50 uteri without laceration was 352 ctm.; of 50 uteri with laceration 361 ctm. The aggregate canal of the 50 with bilateral laceration was therefore 21 ctm. shorter than in those without. As the exact measurement in extreme cases of eversion is very difficult and from obvious reasons generally too short, I will concede the 21 ctm. as error in measuring 21 cases of eversion, and the two classes will then still remain equal. The normal length, 6.5 ctm., was found in 12 without laceration and in 16 with laceration. A comparison of the condition of the cervix under both classes shows the following results:

Erosions and ulcers occurred in non-lacerated cervixes in 33 cases, on lacerated cervixes in 27 cases. With regard to intensity they are divided as follows:

Erosions on one lip, non-lacerated 5; lacerated 5.

Erosions on both lips, non-lacerated 12; lacerated 10.

Superficial erosions, non-lacerated 10; lacerated 7.

Erosion and granulation of marked intensity, non-lacerated 6; lacerated 6.

Smooth lips, non-lacerated 17; lacerated 23.

And indeed smooth normal condition of mucous membrane was observed in cases with the highest grade of eversion.

The condition of the cervical tissues is noted as to size, thickness and color.

Normal, non-lacerated 18; lacerated 26.

Reddened, non-lacerated 0; lacerated 2.

Much reddened, non-lacerated 2; lacerated 0.

Reddish and thickened, non-lacerated 10; lacerated 7.

Slightly thickened, non-lacerated 2 lacerated 0.

Thickened, non-lacerated 0; lacerated 3.

Much thickened, non-lacerated 13; lacerated 0.

Indurated and thickened, non-lacerated 0; lacerated 6.

Indurated, non-lacerated 3; lacerated 1.

Much indurated, non-lacerated 1; lacerated 0.

Softened, non-lacerated 1; lacerated 1.

Softened and thickened, non-lacerated 1; lacerated 0.

Softened and covered with fissures and ulcers, non-lacerated 0; lacerated 1.

Post. lip. much thickened, non-lacerated 2; lacerated 0.

Ant. lip thickened and indurated, non-lacerated 0; lacerated 2.

Ant. lip thickened, indurated and pale, non-lacerated 0; lacerated 2.

Here also a majority of healthy tissue in the cases with laceration. There were three cases of Nabothian follicles among the non-lacerated, four cases among the lacerated, two of these with marked hypertrophy of the internal mucous membrane.

I now turn to the consideration of the diseases of the body of the uterus associated with the above described conditions. There were 35 different affections of the uterus and its appendages as follows:

Endometritis catarrhalis, non-lacerated 7; lacerated 15.

Endometritis catarrhalis subinvolutio, non-lacerated 3; lacerated 1.

Endometritis catarrhalis cervicitis, non-lacerated 0; lacerated 2.

Endometritis catarrhalis cervicitis subinvolutio, non-lacerated 1; lacerated 3.

Endometritis catarrhalis metritis chronica, non-lacerated 0; lacerated 2.

Endometritis catarrhalis ovaritis, non-lacerated 0; lacerated 2.

Endometritis catarrhalis perimetritis, non-lacerated 1; lacerated 2.

Endometritis catarrhalis perimetritis ovaritis, non-lacerated 1; lacerated 0.

Endometritis catarrhalis metritis

chronica neuralgia ovaritis, non-lacerated 1; lacerated 0.

Endometritis catarrhalis et hyperplastica, subinvolutio, non-lacerated 2; lacerated 1.

Endometritis catarrhalis et hyperplastica, metritis chronica perimetritis, non-lacerated 1; lacerated 0.

Endometritis catarrhalis subacut. cat. vagin. et vulvæ, non-lacerated 0; lacerated 1.

Endometritis hyperplastica fungosa, subinvolutio, non-lacerated 3; lacerated 6.

Endometritis hyperplastica fungosa, metritis chronica, non-lacerated 2; lacerated 1.

Endometritis hyperplastica fungosa, cervicitis subinvolutio, non-lacerated 5; lacerated 3.

Endometritis hyperplastica fungosa, cervicitis partiales (L. post.), non-lacerated 1; lacerated 0.

Endometritis hyperplastica fungosa, carcinoma cerv. incipiens, non-lacerated 1; lacerated 0.

Endometritis polyposa, non-lacerated 1; lacerated 0.

Endometritis polyposa subinvolutis, non-lacerated 0; lacerated 0.

Endometritis ulcera, rhagades, subinvolutis, non-lacerated 1; lacerated 1.

Metritis chronica, non-lacerated 7; lacerated 1.

Metritis chronica, perimet. chronica, non-lacerated 2; lacerated 2.

Metritis chronica, ovaritis. chronica, non-lacerated 2; lacerated 0.

Cervicitis partialis (L. ant.) subinvolutio, non-lacerated 0, lacerated 1.

Cervicitis partialis (L. post.), non-lacerated 0; lacerated 1.

Induratio cerv. prolaps. ovarii, non-lacerated 0; lacerated 1.

Carcinoma cervicis incipiens, non-lacerated 0; lacerated 1.

Dysmenorrhœa, neuralgia uterina, non-lacerated 1; lacerated 0.

Retroversio, hyperæmia, subinvolutio, non-lacerated 2; lacerated 0.

Retroflexis, neuralgia uterina, non-lacerated 0; lacerated 1.

Retroversio, descensus uteri, cervicitis, non-lacerated 2; lacerated 0.

Retroversio, non-lacerated 1; lacerated 0.

Retroflexis, descensus uteri et vaginæ, non-lacerated 0; lacerated 1.

Descensus uteri et vaginæ, non-lacerated 0; lacerated 1.

Ovaritis subacuta, non-lacerated 0; lacerated 1.

Ovaritis chronica et perimetritis, non-lacerated 2; lacerated 0.

It was shown above that there was a tendency to excessive length of cavity in cases without laceration. Hence it appears from a comparison of both sides that such diseases as are associated with sub-involution, especially metritis chronica, metritis colli, endometritis hyperplastica and fungosities were seen less frequently in cases with laceration than in those without, (28 without, 20 with). With the exception of metritis chronica the cases complicated with subinvolution are equally divided (17-17). Endometritis hyperplasia with subinvolution and disease of the cervix the very condition supposed to be due to laceration occurred without laceration 13 times, with laceration 12 times. The only especial difference in favor of laceration was shown in uncomplicated catarrhal endometritis, 7 without laceration, 12 with laceration.

If it is to be determined that that disease is a result of laceration, I have only to remark that considering its frequency, the numbers (7 to 15) are too small to be conclusive.

I now consider eversion. It occurred in 24 out of the 50 cases of laceration. The position of the uterus was as follows:

Normal, everted 11; non-everted laceration 13.

Anteverted, everted 5; non-everted laceration 0.

Anteflexed, everted 1; non-everted laceration 2.

Anteflexed and lat. vert., everted 2; non-everted laceration 0.

Lateroverted, everted 1; non-everted laceration 2.

Retroflexed, everted 1; non-everted laceration 7.

Retroverted, everted 1; non-everted laceration 0.

Prolapsed, everted 2; non-everted laceration 2.

The tissues of the cervix were:

Normal, everted 7; non-everted lacerated 21.

Hyperæmic, everted 0; non everted laceration 1.

Soft-hypertrophic, everted 0; non-everted laceration 1.

Slightly hypertrophic, everted 0; non-everted lacerated 1.

Hypertrophic, everted 0; non-everted laceration 1.

Indurated and hypertrophic, everted 6; non-everted laceration 0.

Inflamed with Nabothian follicles, everted 2; non-everted laceration 0.

Markedly inflamed and swollen, everted 4; non-everted laceration 0.

Anterior lip thickened, everted 1; non-everted lacerated 0.

Posterior lip thickened and inflamed, everted 0; non-everted laceration 1.

Inflammation of anterior lip, with inflam. Nabothian follicle, everted 1; non-everted laceration 0.

Dev. of Nabothian follicles on anterior of lip, everted 1; non-everted laceration 0.

Small polypus of cervix, everted 1; non-everted laceration 0.

Both these tables which noted the position of the uterus and the condition of the cervical tissues showed the cause of the eversion. On the whole, the position of the uterus has little to do with the question as on one side it was normal 11 times, on the other 13. It is, however, to be seen that in the everted cases it lies forward, in the non-everted, backward. So far as the condition of the cervical tissues is concerned it is quite apparent that in the everted cases it was normal only 7 times while in the non-everted 21 times. On the other hand there were 12 cases of mild or severe, acute or chronic inflammatory swelling of both lips among the everted cases, among the non-everted only three. We must therefore admit swelling of the vaginal portion as the prime cause of ectropion. Whenever a laceration with bilat-

eral thickening of the cervix occurs there is eversion and we note that the highest grade of the latter is associated with much hypertrophy and induration of the cervix. With unilateral hypertrophy, one lip alone is everted. The correctness of this view can be shown experimentally. If one will, as I have often done in eversion of the highest grade, cut out by a wedge-shaped incision, all of the diseased tissue and sew together the bases of the wounds in mucous membrane, without touching the laceration, the eversion will be relieved and the lips be in contact. Moreover, we have also eversion of the normal cervix dependent on a certain position of the uterus. In moderate anteversion with the first degree of prolapse, the uterus rests on the lower segment of the sacral wall, and the lips are mechanically everted by the movements of the abdominal wall. It is very rare that the scar tissue is arranged with such peculiar regularity that it can evert the lips. We must look upon the use of Sims' speculum as another factor in eversion. When it is introduced along the posterior wall, and the so-called retractor is pressed against the anterior, there are few lacerated crevices which will not yield. Since among our American colleagues such great weight is laid upon ocular inspection in this kind of an examination, it is natural that laceration should be associated with ectropion. Eversion is never the direct result of laceration. It is due to conditions with which laceration has nothing to do. I can give an example of the truth of this dogma. In 1878 I operated on a Mrs. S——, of N. Y., for sterility after the method of Sims by splitting both lips to the junction. After healing I used a Conant's intra uterine pessary, which by its construction causes eversion. The patient wore it seven months, and after its removal the lips flapped together as if they had never been separated.

The following conclusions are to be drawn from these observations:

1. Women with disease of the womb

are more likely to conceive when they have laceration of the cervix than when the cervix is uninjured; they are also less likely to abort.

2. The position of the uterus is not influenced by lacerations.

3. There is no lengthening of the uterine axis as a result of lacerations.

4. Erosions and ulcers occur just as often upon lacerated as upon un-lacerated cervixes, and diseased cervical tissue is not more frequent when the cervix is lacerated than when it is not.

5. Lacerations of the cervix exercise no influence on the development of uterine diseases with regard either to their number or intensity.

6. Eversion of the lips is never the direct result of laceration. Should my observations and conclusions be supported by other investigators, I believe the time will come when the condition which is described as laceration or laceration-ectropion will be entirely obliterated from the category of chronic uterine diseases, for excepting the time immediately after parturition, when the freshly opened blood and lymph vessels may dispose to hemorrhages and septic absorption, laceration has no further significance. We are to treat complications, be they superficial or parenchymatous diseases of a part or the whole of the womb, or simultaneously occurring scars. The latter naturally offer very important therapeutic indications, occasionally, as causes of local pain or (distant) reflex nervous disturbances; chiefly on account of the danger of more extensive lacerations and hemorrhages at a second labor. There is, however, no indication for restoring the laceration by the removal of a small bit of scar tissue from the two sides. We should be clear on this point: that the restoration of the form of the vaginal portion as such can exercise no influence on the womb.

DR. EDWARD JACKSON has been elected Professor of Diseases of the Eye at the Philadelphia Polyclinic.

Correspondence.

LARYNGEAL DIPHTHERIA OR TRUE CROUP.

ROCKVILLE, MD., Feb. 11, 1888.

Editor Maryland Medical Journal.

DEAR SIR:

I noticed a discussion in your issue, of February 4th, on the subject of Laryngeal Diphtheria or True Croup, which I consider one and the same thing. I feel deeply interested in the subject as it has been my misfortune to meet with a good many cases of stenosis of the larynx. I think the doctrine that membranous laryngitis is non-contagious is calculated to do a great deal of harm for unquestionable cases of diphtheria do occur where no membrane is in sight and the disease often goes through whole families unrecognized, as the following incidents will show. Some years ago I was sent for to see a child with sore throat; not being at home the lady of the house sent some chlorate of potash, and I heard nothing of the case for some days, when I was summoned to see a child suffocating from what the mother said was croup, and it died about nine hours thereafter. Then it was that I heard of the first case and examined the throats of the other members of the family. I found a large amount of false membrane in a sloughy and offensive condition in the throat of the child I was first sent for to see, and also in that of his brother. I was sent for last winter to see a child on account of impacted bowels; he had obstruction in the larynx also and died from the latter some twelve hours later. On enquiry I learned that all the family had had bad sore throats the nature of which was unsuspected. I think physicians are very much to be blamed not only for putting people off their guard but for not warning them of the contagious nature of throat diseases. I have never been able to procure the services of a surgeon familiar with tracheotomy when the necessity for the operation arose and

have lost every case of membranous obstruction of the larynx, notwithstanding the use of steam, mercury, and stimulants. Several of my patients have been relieved of obstruction in the wind-pipe, but I believe the matter expelled was always hardened mucus.

Very Respectfully,
EDWARD ANDERSON.

Society Reports.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING, HELD FEB. 8, 1888.

The PRESIDENT, J. SOLIS-COHEN, M.D.,
in the Chair.

Dr. Mordecai Price read a paper
on

A CASE OF NEPHRECTOMY FOR GUNSHOT WOUNDS.

Maggie McG., of Avondale, Chester County, Pennsylvania, aged fourteen years, white, pale, anæmic girl, was accidentally shot on Wednesday, December 21, 1887, at 9 o'clock in the morning while handling a four-barreled Sharp's pistol, 30 calibre. She had the muzzle of the pistol turned toward the right side; while attempting to raise the lock with the thumb of her left hand it slipped from her hold and fired the cartridge, which entered her body at the junction of the ninth rib with cartilage, passed directly through the left lobe of the liver, entered the upper third of the kidney, and passing through lodged in the deep muscles of the back near the spine. When we first saw her—twenty-four hours after the accident—her condition was an exceedingly alarming one: Pulse 150; temperature 103°. She had passed, soon after the accident, a large quantity of blood from the bladder. But at the time of our seeing her she was not passing blood from the bladder, showing that if there was still hemorrhage it was into the peritoneal cavity, and also that the bladder was not wounded, for the urine was normal.

Symptoms of peritonitis were well marked; abdomen considerably distended. We had no difficulty in coming to a conclusion as to what was best to be done. Dr. Charles Penrose and myself at once advised the removal of the kidney. This was concurred in by Dr. Hudders and Dr. Ewing, the attending physicians. The patient was etherized and opened. A large quantity of clotted blood was removed from the abdomen, the wound of the liver was examined, both entrance and exit. No hemorrhage was found coming from it. The abdominal incision was then enlarged, and the blood removed from the region of the right kidney, when it was plainly seen that the hemorrhage was from that organ. The kidney was examined and found to have a hole in its upper third, large enough for a finger to enter. I then made a button-hole opening through the peritoneum with scissors, introduced finger and enlarged the opening by tearing, and without much difficulty nucleated the kidney from its bed. The ascending colon was pushed back or inward toward the spine, and the opening in the peritoneum, through which the kidney was removed, was made in such a manner that the vessels of the bowel were not disturbed. The ligaturing of the pedicle was exceedingly difficult, Dr. Penrose having to tie the ligature the full length of his hand in the peritoneal cavity. Two ligatures were applied, one through the pedicle tying it in halves, the other, a large, heavy ligature with one knot; then the kidney was cut away and the ligature tightened before making the second knot. The stump of the pedicle or button, as it is called, to keep the ligature from slipping, had a portion of kidney structure in it. There was complete irrigation. A glass drainage tube was left in the kidney wound and the abdomen closed. The patient rallied nicely from the ether, and, on the morning of the second day, Epsom salts was given in large and repeated doses, but could not be retained. On the morning of the third day, a second attempt was made to have her bowels moved. Rochelle salts was used, followed by two or three evacuations and passage of flatus by the

bowels, which gave great relief. Patient did uninterruptedly well with temperature not over 102° up to the time (eighth day) of the removal of the glass drainage tube, when rubber drainage was substituted and was left too long, producing quite a rise of temperature and fetid pus at the bottom of the tube, which was at once relieved by the attending physicians removing tube and cleaning drainage track.

On January 4th was telegraphed for, patient's temperature having been up to 103° the previous night. Abscess was suspected either in the liver or the muscles of the back. I met Dr. Hudders and Dr. Ewing, her attending physicians in consultation and found no positive indication of abscess—the girl being in a moderately good condition at the time, with a slight tendency to diarrhoea—temperature $100\frac{1}{10}^{\circ}$; pulse 100. She continued to do well until the 11th of January, when Dr. Ewing wrote me, "Some new trouble seems to be developing in our patient, her temperature is $103\frac{2}{10}^{\circ}$, her liver is enlarged and tender; complains of pains in left side and shoulder." On the 12th there was quite a gush of pus and bile from the drainage tube opening—about two ounces—this at once relieved her of high temperature and quick pulse. She has had many changes in the last three weeks, with slight discharge of bile and pus from the drainage tube, but has constantly, but very slowly, improved. Her physicians have given her every attention, and to them I am greatly indebted for the care they have given her; nothing but their interest in the case could compensate them for their labors. For the result in this case I am greatly indebted to Dr. Charles Penrose, for assistance rendered during the operation. Length of incision six inches. Kidney removed for hemorrhage.

DISCUSSION.

Dr. Ewing, of West Grove, said: I have nothing to add, except that the condition of the patient is better than Dr. Price states. To-day there was only a drachm of pus discharged. There is refreshing sleep; temperature is normal

in the mornings, though there is a slight evening rise; appetite is good; the bowels are regular. I feel that recovery is assured. This child was on the verge of death when the operation was done—the pulse was 150; temperature 103° ; the extremities were cold; the body covered with clammy perspiration. Improvement was manifest at once. I am personally much indebted to Drs. Price and Penrose for this operation, and I attribute its success to the neatness and dispatch with which everything was done, exhibiting a high order of skill.

Dr. J. B. Roberts said: The case speaks for itself. While I cannot speak from experience, it has occurred to me and the same suggestion has been made by others, that the difficulty of tying the stump so far down and behind the peritoneum, might be lessened by getting the kidney enucleated and then twisting it so as to apply torsion to all the renal vessels, veins as well as arteries. Afterward the ligature might be applied with more ease, and this whether abdominal or lumbar incision be made, though in the absence of experience I judge that it would be easier to do this with a lumbar incision. I presume that there was no intestinal wound in this case, no mention having been made of any.

In connection with the operation by lumbar incision, I might refer to an error of my own which illustrates the mistakes our lack of familiarity with operations in this region may lead us into. The operation was undertaken for a supposed stone in the kidney; but as no stone was found, it resolved itself into an exploratory incision and acupuncture of the kidney. The ordinary lumbar incision had been made with care, and I had come upon the kidney with ease. It was suggested that I should enlarge the wound upward and explore the upper end. A few muscular fibres stretched across the upper angle of the wound, and these I divided by a small cut, when a rush of air into the pleural cavity informed me that I had cut a small hole in the diaphragm. The accident did no harm; it was easily remedied with a few sutures; and the dyspnoea that persisted for a few days

was attributed by the patient to the tightness of the abdominal bandage. I was not sufficiently familiar with operations in this region to realize to what extent the posterior attachment of the diaphragm to the vertebræ dips down here, especially when I saw, as I did, the main mass of the diaphragm bulging down as a great sheet in front of the point where I made the additional incision.

The President said: How does Dr. Price account for the bile?

Dr. Price said: I cannot say where the bile comes from, except the liver. The wound in the liver is about two inches from the gall-bladder. The ball took a diagonal course and came out at the margin of the liver, and then entered the kidney. I did not know what the effect of twisting the pedicle would be. I could bring the edge of the kidney within an inch of the wound. I consider the abdominal incision the proper one. In this case there were several considerations in its favor. Hemorrhage had already taken place into the peritoneal cavity; it gave us the chance to examine for wounds of the liver and intestines. We found only wounds of the liver and kidney. The liver was not bleeding, and we had only the kidney to deal with. In view of the discharge of pus from the liver, I now believe that it would have been better to insert into the track of the bullet in the liver a small glass drainage tube—this of Bantock's, which is of about the same diameter as the ball—and drained it. If, as has been stated to me by Dr. Wood, there has been no case of recovery from bullet-wound of the liver, we are not going to make the prognosis any worse by draining, and I think we might make it better.

Dr. Frank Woodbury read a paper on

A CASE OF NEPHRECTOMY FOR PYONEPHROSIS.

In connection with the case reported this evening, I will briefly relate the notes of a case of nephrectomy performed for me by Drs. Deaver and

Agnew, last year, at the German Hospital:

The woman first came to me in the spring of 1886, for vesical irritation, with blood urine. She had had several such attacks following exposure to cold and wet some two years previously. In September of the same year there was another attack. The urine contained pus, but no blood. I washed the bladder with boric acid and alkalies, and subsequently with a weak solution of nitrate of silver. The pus continued, epithelial tube-casts appeared, and a tumor slowly developed in the right side. Dr. Deaver saw the case in consultation and concurred in the diagnosis of pyonephrosis of right side consecutive to inflammation of the bladder. Dr. Agnew saw the case on December 25th, and agreed in recommending operation. On January 10, 1887, nephrectomy was carefully and skilfully done by Drs. Deaver and Agnew. Death occurred five days later, from exhaustion.

DISCUSSION.

Dr. Deaver said: The steps of the operation were lumbar incision, which exposed the kidney closely adherent to the iliac vessels. It was distended with pus, six ounces being evacuated prior to its removal. The mass was very large, and in delivering without wounding the peritoneum required great care. I now regret that we extirpated, as I believe it would have been better surgery to incise the kidney, wash out the abscess cavity, insert a drainage tube, and to dress it antiseptically as in nephro-lithotomy.

Much difficulty was experienced in ligaturing the pedicle, as in Dr. Price's case. I believe the abdominal incision to be preferable in dealing with greatly enlarged kidneys. In performing the abdominal operation, the mesocolon descending, instead of the internal mesocolon, which carries all the blood vessels, should be divided, thus avoiding the danger of gangrene of the gut. Delivery is easier, and better access is given to the adhesions, especially those to the iliac vessels.

Dr. J. B. Roberts said: The case of

Dr. Woodbury suggests some studies I made and reported to the American Surgical Association a few years ago. Something can be gained in the way of diagnosis in the early stages of perinephritic abscess and other lesions in this region by the study of certain trains of symptoms, pointing to the localization of the disease. Inflammatory affections about the upper end of the kidney, for example, will often show on careful examination a limited pleuritis; when the lower part is involved, there is apt to be spasm of the psoas muscle with flexion of the thigh; in the middle part, pressure on the renal vein and other vessels may cause an otherwise inexplicable albuminuria.

Dr. C. B. Penrose presented a specimen of

DERMOID CYST OF THE OVARY,

which he had removed two days ago. The woman also had a uterus filled with many subperitoneal and interstitial fibroids, and a large blood cyst of the other ovary.

Dr. Penrose reported a case of

OBSTRUCTION OF THE BOWEL BY CANCEROUS MASS; OPERATION, WITH FORMATION OF ARTIFICIAL ANUS.

The operation was performed seven days ago. There had been complete obstruction of the bowel for twenty-eight days prior to the operation. Fecal vomiting occurred two days before operation. At time of operation there was immense abdominal distention, a temperature of 101°, and a pulse of 150. An abdominal incision four inches in length was made, revealing complete occlusion of the descending colon by a cancerous mass twelve inches long, involving also the meso-colon.

Resection was made of the gut and meso-colon, and all indurated tissues were removed. The two ends of the divided gut were brought together laterally and united to each other, and the long axis of the abdominal incision, with continued suture, so as to make an artificial anus. A bucketful of fluid

feces was discharged immediately after the operation. Relief was immediate; quiet sleep lasted for thirty-six hours. To-day the abdomen is flat; the pulse is 80 to 90; temperature 99°; there is no pain; the tongue is clean; appetite good, and the patient doing remarkably well.

STATISTICS OF CONSUMPTION.—A very noticeable fact in the mortality statistics of consumption is the predominance of females among its victims. This is in a measure due to the indoor life of women, but not altogether. The many accidents and diseases incidental to the physiological life of women greatly predispose to consumption. These are, however, nearly all of an avoidable character, and have their fountain-head in carelessness during the menstrual period and during the puerperium. Women should be taught from childhood that these are sacred epochs, and that during them nature demands rest and especial care. The Semitic six weeks' rest after childbirth is true to nature, and should be observed by every woman who becomes a mother. Lactation frequently predisposes to consumption, but usually in those cases which have made bad recoveries after confinement, and are in want of the proper food and care, which are necessary for a nursing woman.—Dr. Lawrence F. Flick, *Journal of the American Medical Association*, February, 1888.

A CURE FOR WRINKLES.—A curious application has been made of the absorbable properties of lanolin in the treatment of wrinkles. Although not strictly speaking a pathological condition, it is one which is even a more serious, because less avoidable, even than freckles. When well rubbed in lanolin passes directly into the skin and acts as a nutrient to the subjacent tissues, with the effect of smoothing out the folds produced by the attenuation of these structures incidental to age. Several elderly ladies, who were induced to give this method of treatment a trial, are said to have been delighted with the result.—*Medical Press*.

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BALTIMORE, MARCH 3RD, 1888.

Editorial.

MEDICAL LEGISLATION IN VIRGINIA.—There is now before the General Assembly of Virginia a bill which amends the present law relating to the State Board of Medical Examiners to the effect that all examinations for license to practise medicine shall be made by the Board of Examiners in session and not by individual examiners as heretofore. This bill has been drawn by the State Board of Examiners and is being urged by this body upon the attention of the General Assembly. We learn from the *Virginia Medical Monthly* (Feb., 1888) that the bill has passed the House of Delegates and is now waiting its turn on the Senate calendar for consideration. It is believed by our contemporary that it will pass this latter body and will become a law within a few days. Should such be the case it is held that "Virginia will be able to claim a more perfect law on the subject than any other State in the Union. "It cannot be denied that the old law has worked a great improvement in the status of the profession in Virginia, and as the present law confers additional powers upon the State Board of Medical examiners its execution and enforcement will be attended with decided advantages. The present law does away with many of the objections urged

against the old law inasmuch as it places all candidates for license, whether graduates of State Institutions or outside schools, upon the same general level and requires that all shall come up to a common standard fixed by the Board. The method by which applicants will be examined makes it impossible for the Board to know the name of the applicant or the name of the Institution from which he has graduated, his sole recommendation to the consideration of the Board being based upon his examination papers submitted to that body.

The applicant for a license to practice medicine in Virginia has no other alternative than to meet the standard raised by the State Board of Examiners. The bill, which we hope will become a law, has been urged before the consideration of the General Assembly by strong professional influences. The University of Virginia has given the weight of its influence to the measure, and strong pressure has been brought to bear by the State Medical Society and by a number of prominent medical men in the State who have appeared before the General Assembly and worked in its behalf. The only opposition to the bill has come from the Faculty of the Medical College of Virginia, which urges that an exception to the proscribed examination be made in favor of students holding its diplomas. We are glad to state that the State Board of Examiners would assent to no such proposition and have rightly insisted that all medical schools should stand upon a common level in seeking its authority to practice medicine in the State. This act will commend the Board of Medical Examiners to the favorable approval of every member of the profession who really desires a reform in our present methods of medical education.

Just such a law as has been sought after in Virginia we hope to see in operation in the State of Maryland. The time has come, we think, when the possession of a diploma should not be accepted as conclusive evidence of a right to practice medicine in any community. The graduates of all

schools should be required by law to go before a legally constituted body of Medical Examiners and present proper evidence of a qualification for the duties of a professional career. It is only in this way that communities can be protected and the standard of medical instruction be raised.

ONE DANGER OF FORCING CHILDREN.—

At a recent meeting of the Academy of Medicine, Dr. Hiram Woods read a very able paper on detachment of the retina, and in connection with it took up the subject of myopia as the cause. In the discussion which followed, Dr. J. J. Chisolm, and other members, spoke of the great increase of myopia, and the means necessary for its prevention. Aside from some cases of inherited myopia, an enormous number of children acquire near-sightedness from improper use of their eyes during the earlier years of their life, before the eyes are fully developed. One great source of this evil is undoubtedly the Kindergarten. Although the system of instruction as now used in America is perhaps not carried on with that severity that Fröbel advised in Germany, and indeed most children seem to enjoy it, still the using of the eyes at such a tender age is hardly advisable. It is not very likely that the little learned at this time can compensate for the various bodily ailments which are brought with it. Fröbel began his instruction in some cases at the age of two months.

Any one who has observed the student class in a German city is at once struck with the large number of eye-affections as shown by the glasses worn. Let any one in the lecture room of a large German University count the number of myopes, and he will find it almost invariably the fact that as many wear glasses as those who do not; that is about 50 per cent. wear glasses and most of these for myopia or asthenopia. Again, one has only to compare the students of a large German gymnasium and those of an advanced American school or college. The boys from the gymnasium are pale, look overworked, carry a large load of books, and walk slowly home.

These schools are held six days in the week for about four or five hours in the morning and two or three hours in the afternoon. Take an American school with boys of the same age. They are ruddy, happy, they rush out of school, some carrying many books, but the most of them with a few slung in a strap. It is needless to go into a comparison of German and American education. The German youth starts on his career in the University far in advance of his American contemporary who has perhaps left college. The German youth all through his special study in one of the professions has infinitely more to learn than he can possibly remember or use. Fortunately this fact has begun to be recognized, and a mild revolution may take place in time.

There are a few schools in this city which have it as a rule that no scholar is allowed to take more than one or two books home for study; and in some cases no book is allowed. As Dr. Chisolm suggests, the law which prohibits young children from working in factories should also prohibit young children from working at school. In the long run it is not the infant prodigy or forced child which reaches the goal first.

THE DYSPŒNEA OF BRONCHITIS.—

Simple bronchitis, or what the laity calls a "cold on the chest," is so often self-limited and without danger that it readily yields to the ordinary domestic remedies. It is only when it continues for some time and brings with it an array of alarming symptoms that the physician is called in. Here in all such patients, but especially in the old and debilitated the circulation being weak constant cough and dyspŒnea render the disease unbearable and it is for the relief of these symptoms that medical skill is necessary. It is the dyspŒnea that is especially distressing and let this and the cough once be removed and the patient is freed from much anxiety. As to the cause of the sonorous and sibilant râles which accompany most cases of bronchitis writers have hitherto generally agreed.

These râles were supposed to be due to the movement of thin liquid mucus in the trachea and bronchi, and it has always been the belief that if stimulating expectorants would remove those secretions the moist râles would cease. Dry râles were supposed to be caused by the friction of the air upon the congested mucous membrane of the bronchi. Dr. Thomas R. Fraser (*American Journal of the Medical Science*, Feb., 1888) having noticed that dry râles were liable to change their seat in a short time and not willing to believe that an inflamed mucous membrane could disappear so quickly in one place and appear at another, attributed the dry râles to friction of the air in tubes narrowed by a spasmodic contraction of the muscular fibres around the bronchi. He thinks this theory more satisfactorily explains these sudden changes of place of the râles. Knowing the effects of the nitrites to reduce spasm as shown in cases of asthma, he conducted a series of experiments on patients with bronchitis. He used nitrite of sodium, nitrite of ethyl, nitrite of amyl and nitro-glycerine. By carefully auscultating the chest at intervals of a few minutes he was able to notice a wonderful improvement immediately after giving a single dose of one of the above named preparations.

Occasionally one preparation fails while another rewards. When the rationale of this treatment comes to be more fully understood, it will undoubtedly receive a fair test at the hands of the profession at large and thus show its value to the medical worker.

THE PROGRESS OF MEDICAL LEGISLATION AT ANNAPOLIS.—A bill was introduced into the Senate of Maryland during the present week by Dr. Goldsborough, of Caroline County, to regulate the practice of medicine in this State. The bill provides that all applicants seeking a license to practice medicine in the state shall go before the State Board of Health and present satisfactory evidence of having graduated from a reputable Medical College. The Board of Health has the right under the bill to

to define the meaning of the word "reputable Medical College." The value of the proposed legislation to the profession in the State will be measured altogether by the standard of requirement raised by the Board of Health.

As it is highly probable that the present bill will be amended before it becomes a law, it is rather previous to discuss the probable workings of such a law as is now being formulated in the minds of the law-makers at Annapolis. We hope for the good of the profession, and of the public, that the present bill will be carefully considered before it is passed, so that its requirements will be made to meet the chief end for which medical legislation should be sought, *i. e.* the elevation of the standard of medical education, and the protection of the public from ignorant and incompetent practitioners and charlatans. If this end is reached, it will matter little by what authority the end is obtained. In West Virginia, in Illinois and in North Carolina the authority to regulate the practice of medicine is delegated to the State Board of Health in each State. These Boards have done good work for the profession and for the public in these States. We hope that such will be the case if the enforcement of the law is left to the discretion of the Board of Health in this State. The chief objection we would urge against the bill now pending before the Legislature consists in the fact that the bill does not require a medical examination as the standard of qualification, but recognizes the possession of a diploma as an equivalent. We believe this a grave error. Let the Board of Health do its full duty in excluding certain institutions from the privileges of the law, this will not meet the real indications of the times. The important fact to be determined by a law regulating the practice of medicine is whether the individual seeking this right has the proper educational qualification and not whether he is the owner of a diploma. If the diploma is the only evidence to be required the test is not complete, but, on the contrary, in many instances, will prove faulty. The enforcement of a

strict medical examination by a Board of Examiners in which all applicants are placed upon the same level, applies such a test as will make the law just to the public and to the profession. The successful applicant will then be invested with authority which he will prize. The effect of this method will be shown in the work done by the medical schools. Colleges will be careful how their graduates are invested with their authority to practice when their work must come under the supervision of content and impartial Boards of Medical Examiners. Elsewhere we have presented a statement of the work which the Board of Medical Examiners is seeking to do in Virginia and the fact which we here refer to is illustrated in the relations which the two medical schools of that State sustain to the work proposed by the Board of Examiners.

It is thus shown that such institutions as are aiming to give their degrees a high standard are coöperating with legally constituted licensing bodies and invite their supervision. Those schools would lower the standard of the medical degree for ends best known to themselves very naturally oppose any attempt at the usurpation of their authority.

DR. GEORGE BEN. JOHNSTON.—Appropos to the action of the Faculty of the Medical College of Virginia, in its opposition to the bill referred to, it is due to a member of the Faculty of this school, Dr. Geo. Ben. Johnston, to state that he differed from his colleagues, and, we learn from the *Virginia Medical Monthly*, openly expressed opinions favoring examinations of graduates of his college by the Board of Medical Examiners. Dr. Johnston's position was the correct one. We fail to see how the interests or popularity of a school can be enhanced by such methods as were approved of by the Faculty of the Medical College of Virginia.

It is stated that Dr. W. A. Hammond, of New York City, will remove to Washington, D. C., during the coming fall and permanently reside in that city.

Miscellany.

TREATMENT OF HEPATIC COLIC.—Olive oil in large quantity is vaunted as a certain cure for hepatic colic due to gall-stones. Dr. Just Touatre, of New Orleans, has written an interesting account of self-cure of biliary colic and gall-stones, in the second number of a bimonthly Roumanian journal (*Archives Roumanies de Médecine et de Chirurgie*), whose editor is M. Georges Assaky. The method of procedure was as follows: At seven in the evening a blue pill of the weight of fifteen centigrammes was taken, and this was followed twelve hours later by the taking in one draught of twelve tablespoonfuls of olive oil; a quarter of an hour later a similar dose of olive oil was taken, and then the patient undressed himself to sleep on his right side. At nine o'clock the blue pill acted, producing a copious biliary evacuation, but no gall-stones. Three o'clock in the afternoon saw another bilious stool without stones, but from seven in the evening till midnight six stools were passed; the first two contained seventeen calculi of the size of a large pea, of conical shape, grayish-yellowish aspect, and soft consistence. Altogether sixty stones were evacuated, and six of these had the volume of an olive, and were of a black color. The passage of these calculi by the cystic and biliary canals was for the most part unattended with pain, a few spasms being felt probably at the time of the movement of the large calculi. An inexpressible relief was obtained from the pains over the liver and shoulders, which had previously caused much distress; the liver also diminished in size. For three months Dr. Touatre enjoyed perfect health, when the trouble commenced again; the olive oil was repeated in similar fashion, and with the result that eighteen more calculi were discharged by the bowel. Since then he has enjoyed excellent health. He admits that some courage is required to swallow the large doses of olive oil.—*London Lancet*.

PICRONITRATE OF AMMONIA IN MALARIAL FEVER.—In the Bulgarian *Medi-*

tzinsko Spisanie, Nos. 31 and 33, 1887, Dr. A. Golovina, lady physician to the Varna Town Hospital, writes that at the suggestion of Professor Fr. Goll, of Zürich, she tried picronitrate of ammonia, in 3-centigramme pills, four times a day, in seven cases of malarial fever of quotidian type. In five the paroxysm ceased to recur (in one case from the second day of the picronitrate treatment, in three cases from the third day, and in one from the sixth). Three of the successful cases were of recent origin, and two fairly old. The quinine treatment had been previously tried in three of them (including the inveterate ones) without result. In the sixth patient, however—a lad with quotidian fever of two and a half months' standing—a seven days' course of picronitrate utterly failed to arrest the paroxysm, the latter subsequently disappearing in two days under quinine (50 centigrammes twice daily). The picronitrate apparently gave negative results also in Dr. Golovina's seventh case. No unpleasant secondary effects were ever observed.—*British Medical Journal*, February 11, 1888.

A HANDY CURE FOR HICCOUGH.—There may be some occult connection between hiccough and the auditory apparatus. Not long ago we published an account of somebody's method of stopping hiccough by applying a drop of water to the external ear. Now Dr. Dresch, of Foix, in France, has written a letter to the editor of the "Bulletin général de thérapeutique," in which he describes another method, almost as simple, also relating to the ear. Dr. Dresch states that the procedure was not original with him, but that he can not remember how it was made known to him. The method is as follows: The sufferer should close his external auditory canals with his fingers, exerting a certain degree of pressure; at the same time he is to drink a few sips of any liquid whatever, the glass or cup being held to his lips by another person. The effect is said to be immediate.—*N. Y. Medical Journal*.

VIGIER'S CORYZA POWDER.—This remedy, which is greatly prized and

often prescribed by French physicians, has the following formula, as given by M. Vigier himself (in the *Gazette Hebdom. de Méd. et Chirurg.*): Finely-powdered starch, boracic acid, tincture of Siam benzoin, of each equal parts. To be used as a snuff, frequently and plentifully. We would remark here that powdered gum benzoin should not be used in lieu of the tincture, as is frequently done by American pharmacists in preparing snuffing-powders. When the gum is used, the resulting powder is tenacious, packs easily, and is difficult to draw into the nostrils. The same may be said of camphor. It is far better to use the tincture and allow the alcohol to evaporate, as in this manner a granular powder is obtained which has not the vice above referred to.—*National Druggist*, January 15, 1888.

CHEWING-GUM CONSUMPTION IN AMERICA.—St. Louis alone annually requires \$250,000 worth of chewing-gum, one-fourth of the amount consumed in the United States, which is over \$1,000,000 per annum. The article has become such an important factor in the trade that it is now a staple of every druggist's stock, and regularly quoted in price-lists. However, the gum-chewing habit—for it has reached that stage—is confined to the Western States, most of this immense sum of chewing-gum being consumed west of the Alleghanies. The Westerner has become a gum-chewer. The habit keeps five large factories in existence for the manufacture of standard brands, while there are innumerable small makers.—*Chemist and Druggist*, London, January 28, 1888.

A NEW HYPNOTIC.—Mering announced before the Starasburg Meeting of Neurologists the discovery of a new hypnotic, viz., hydrate of amylen, which represents a tertiary amylic alcohol. The drug has a specific gravity of 0.8, is little soluble in water, but readily so in alcohol. Mering tested the hypnotic power of the new remedy in sixty different cases, giving it altogether 250 times in paralysis, mental affections, insomnia caused by nervous excitation, and some

cases of infectious fevers. The dose of hydrate of amylen is from 45 to 75 grains. The sleep induced by its lasts six to eight hours. The drug has a more pleasant taste than paraldehyde, and produces no after-effects. A convenient form of its administration is the following mixture:

R—Amylen hydrat. grs. lx.
 Aq. dist. f ʒj.
 Extr. glycyrrh. f ʒj.
 Sig.—Shake well before taking.
 —*Munchener Med. Wochenschrift.*

SUCCESSFUL EXCISION OF A TUMOR OF THE SPINAL CORD.—Surgery is a science, or perhaps we should say a fine art, which will tolerate no limits to its domain. It has of late taken up the invasion of the brain in earnest; it has just made its first successful dash at a tumor in the spinal cord. Last Tuesday evening, before the meeting of the Medical and Chirurgical Society, a private patient of Dr. Gowers and Mr. Victor Horsley very generously allowed the Fellows and visitors of that Society the opportunity of seeing all that had been done for the improvement of his condition. He had spent about three years in severe pain, which was most intense just below and inside the angle of the left scapula, and was accompanied by absolute loss of motion and sensation of the body and limbs below that level. The upper border of the anæsthesia was distinctly in the region of the fifth intercostal nerve on the left side, on the right it was less accurately defined, but did not extend higher. All the symptoms agreed with those of tumors of the spinal cord, and the intense pain afforded ample justification for making an attempt to excise the tumor. Mr. Victor Horsley accordingly removed the spines and parts of the laminæ of the fifth and fourth dorsal vertebræ, but not until the third vertebra had been similarly treated did the tumor come into sight. It was a small oval myxoma compressing and making a deep impression on the left side of the spinal cord below the third vertebra. It was easily shelled out, and under careful antiseptic treatment the

temperature did not rise more than 1° F. The wound healed rapidly, except at the uppermost point, where a drain had been left in by which a little cerebro-spinal fluid flowed away very slowly. For three or four weeks the former acute pain did not lessen, and even at times seemed more agonizing; but after that it gradually and intermittently decreased, and now, after seven months, is entirely gone; the sensation and motion of the body and legs are almost completely restored. This is, we believe, the first time that such an operation has been attempted, and we must, most heartily congratulate both the patient and his advisers on the triumphant character of its success. However far, and however quickly surgery may advance, it will long be a memorable day when it gained its first victory on so new a field and over so formidable an enemy.—*British Medical Journal*, Jan. 28, 1888.

IODINE IN ASCITES.—Dr. Rivadeneyra, writing in *La Correspondencia Médica* on ascites due not to lesions of the heart, kidneys, or liver, but to the general condition of malarial poisoning, speaks highly of the success of iodine applications. He applies the tincture to the surface of the abdomen in strips or fringes, leaving a breadth of clear skin between each. The untouched parts are similarly painted when the iodine has caused the skin to begin to peel off. In cases where the ascites is very considerable, paracentesis is first performed, and the iodine applications commenced a few hours afterward.—*Lancet*, January 28, 1888.

INEBRIETY FROM GINGER DRINKING.—The extracts of ginger on the market are, without exception, dangerous, because of the dangerous alcohols they contain. Neuræsthenics and neurotics should avoid them as poison, and inebriates of every form will always find them treacherous remedies for every condition. For all the various functional disturbances they are supposed to relieve, pure alcohol is far safer, and less injurious.—*The Quarterly Journal of Inebriety*, January, 1888.

Original Articles.

APEX EXPANSION VERSUS
PURE AIR IN PULMONARY
CONSUMPTION.*

BY THOMAS J. MAYS, M.D., OF PHILADELPHIA.

Next to the tubercle bacillus, impure air stands most prominent among the many agencies which have been assigned as the causes of pulmonary consumption. Innumerable plans and methods have been devised and proposed for improving the ventilation of our dwellings, hospitals, and workshops; volumes have been written on the ill effects of breathing vitiated air; and the immaculate freshness of the country and mountain air has come to be universally regarded as a certain guarantee against pulmonary consumption. These, like many other popular notions, contain a germ of truth, but actually are delusive, inasmuch as they exaggerate the effects of a small evil, and afford a false sense of security against the real source of danger in the production of this disease. This we shall endeavor to show in the following pages.

At the very outset we desire it to be well understood that we do not in the least underrate the value of fresh, wholesome air in the prevention and treatment of pulmonary consumption, and while it is probably true that on the whole country people enjoy greater immunity from this disease than city people—though this is not proven on account of a lack of adequate statistics—yet we are convinced that the purity of the atmosphere plays a very small part in bringing about this probable result. If we are permitted to make a homely, hypothetical proposition, we will state that if two individuals who respire the same quantity of air, and who are equally well off so far as heredity, food, clothing, warmth, comfort, etc., are concerned were both enjoined to maintain a sedentary and a stooped position of their bodies for an unlimited period, one inside of a house and the other outside in

the open air, we have no reason for believing that the one inside will fall a victim to this disease sooner than the one on the outside.

If it were true that this disease is the result of breathing a vitiated and impure atmosphere, how can we account for the fact that the inhabitants of Iceland, Greenland, Lapland, and of other cold countries of the north, who live in dwellings which are notoriously wanting in ventilation, are practically exempt from this disease? Of the Icelanders, Mr. Warnford Lock,† who is very familiar with these people and who speaks their language, says that their life is “one long exposure to the elements, and during the night they live in dwellings devoid of ventilation, and which, if not buried beneath the earth, are built of turf and often become grass-grown. A very bad feature being the excessive stuffiness of the common living and sleeping room, when, owing to the absence of fires, the greatest possible crowding and plugging are necessary in order to maintain a tolerable degree of warmth.”

And yet Dr. Cullimore,‡ from whose work the above quotation is taken, says (p 73) “that consumption in Iceland is never indigenou, but is always, when it does occur, imported from abroad and but seldom extends to the second native generation.”

On the other hand, it may be stated that the people of the tropical region of the globe who enjoy an uninterrupted revelling in pure, fresh, air, both day and night, winter and summer, are by no means free from pulmonary consumption. The only difference so far as the physical life of these two classes of people is concerned, is that the warm climate, which produces such a luxurious atmosphere, also creates a tendency to physiological sluggishness and an indisposition toward physical exertion among its inhabitants, while the people of the cold rigorous north are compelled to maintain the warmth and vitality of their bodies in great part, by

*Read before the Philadelphia County Medical Society, February 22, 1888.

†The Home of the Eddas. S. Low, 1879.

‡Consumption as a Contagious Disease. Balliere Tindal & Cox, 1880.

day, through physical exercise, of which their occupations of hunting, fishing, herding, etc., give them a full share. It is also well known that miners and laborers employed in coal mines, who continually respire an atmosphere which is not only loaded with impurities, but is damp and musty, suffer but very little from this disease.

One fact which lends color to the belief that pure air is such an essential element in limiting the ravages of consumption, is that those who occupy elevated or mountainous regions are less liable to this disease than those who live near the sea level. Thus Fuchs shows from extensive data that "at Marseilles, on the seaboard, the mortality from this disease is 25 per cent.; at Oldenburgh, eighty feet above the level of the sea, it is 30 per cent.; at Hamburg, forty-eight feet above the sea, it is 23 per cent.; while at Eschevege, four hundred and ninety-six feet above the sea level, it is only 12 per cent.; and at Brotterode, eighteen hundred feet above the sea, it is but 0.9 per cent."

Carrying this line of observation further, it appears very probable that consumption is almost unknown among any native people who live more than 6000 feet above the level of the sea.

Now that which concerns us here chiefly is the reason why mountain climates are, as a rule, so free from pulmonary consumption. Is it because the atmosphere is pure and free from septic germs? This is hardly possible, for if it were true that the aseptic condition of the air played any very prominent part, why should the Icelanders, who nightly reek in a most filthy atmosphere; or the dwellers along the Nile, who, according to Mr. B. Phillips, live "in huts where the pure air has neither ingress nor egress, except through a small hole near the ground;" or the coal miners, who continuously respire a foul and poisonous atmosphere, all be comparatively free from this disease? Is it due to the general absence of humidity? We think not, for Bogota the capital of the United States of

Colombia, located on the Andes, near the equator, and at an elevation of over 9000 feet, is said to be entirely exempt from this disease, although dampness prevails to quite a large extent. We think there is much reason for believing that it is principally, if not entirely, on account of the attenuated condition of the atmosphere, and shall, therefore, at once proceed to consider the physiological influence of high altitudes on the human body.

It is estimated by Dr. Denison that at an elevation of 6000 feet the surface of the body is relieved of nearly 7000 pounds pressure. When such an enormous weight is lifted from the body it is quite evident that its interior must also be markedly affected—the pulse is accelerated from fifteen to twenty beats per minute; the respiration is quickened from ten to fifteen breaths per minute; evaporation from the skin and lungs is increased, and the amount of urine is diminished. These are some of the immediate effects. Protracted residence in such a high region enlarges the chest capacity. The Quichau Indians, who dwell on the elevated table lands of Peru, have enormous-sized chests, containing capacious lungs with large air cells. The Mexican Indians possess chests, which are out of proportion to the sizes of the individuals. Dr. Denison says that children born in the Rocky Mountains have chests of unusually large capacity, and M. Jaccoud states that at St. Moritz the respirations are not only more frequent, but fuller.

The reason why the number of respirations increase while ascending a high elevation becomes clear when we take into consideration the fact that at the sea level a cubic foot of dry air contains about 130 grains of oxygen while at an elevation of 6000 feet it only contains about 106 grains—nearly twenty-five per cent. less than the body is accustomed to breathe at or near the seaboard—therefore, in order to supply the wonted amount of oxygen to the body, the respirations must either increase in number or in extent. From all accounts it is very probable that respiration becomes accelerated only during the early

period of exposure to such an attenuated atmosphere, and that subsequently this function becomes slow again because the air penetrates more deeply and completely into lung tissue but little utilized before.

That man does not suffer under such a deprivation of oxygen is evident from what we know to be true of his lung capacity under ordinary conditions of life. Prof. Mosso has recently proven experimentally that man possesses a lung capacity which is nearly one-fourth larger than the actual necessities of life at the sea level demand; hence by employing his whole lung capacity he can extract a sufficient amount of oxygen from this attenuated atmosphere without difficulty. And herein lies the secret why so many consumptives, and others with weak lungs, derive such a great benefit when they resort to a mountain climate. It may be trite, but it is nevertheless true, that all consumption practically begins at the lung apices, because these parts are habitually inactive. They are inactive because, in the first place, the bronchial tubes are so arranged that they conduct the air with greater facility to the base than to the apex of a lung, and, in the second place, because the lung is larger than necessary; hence the base, which is filled most readily, is filled first, and the apex, if at all, toward the end of inspiration. The apices, therefore, become the superfluous parts of the respiratory organs. It is quite different, however, when the body is immersed in a highly attenuated atmosphere. Every available space in the chest is now brought into requisition to furnish the needed amount of oxygen, the apices are called out of their lethargic state, and the alveoli are inflated, and if the infiltrated areas are not dispersed the surrounding alveoli are kept permeable, and so the disease is, at least, limited and called into abeyance.

This statement is corroborated by those who have had large experience in the climatic treatment of pulmonary consumption. Thus Ruedi reports*

"that of 600 consumptives under his care at Davos, expansion of the thorax took place in no less than 584." Dr. Denison says† "the increased circumference of the chests of consumptives after undergoing the high-altitude treatment is shown in many of Prof. Weber's, as well as in my own, cases." Dr. Lindsay, in the work already quoted, states (p. 32) that "Davos does not cure consumption by its sunshine, or the purity and dryness of its air (although these conditions undoubtedly coöperate in the beneficial effect), but mainly by the rarefaction of its air, which stimulates respiratory activity, promotes healthy expansion and soundness of tissue in the lungs, and hence aids them to resist the spread of morbid deposits."

So much, then, for the immunity which is afforded by mountain climates; but that which is of still greater interest to us is the fact that those who follow active employment are less liable to this disease than those who pursue sedentary and quiet occupations. Thus M. Lombard found "in Paris, Geneva, Vienna, and Hamburg, that there are a greater number of persons leading a sedentary life afflicted with phthisis than of those leading an active life, in the proportion of 141 to 89. In the Brompton Hospital the relative liability was found to be 63 per cent. of indoor males to 30 per cent. of outdoor, and all the consumptive females followed indoor occupations. Dr. Guy found, in the close workshops of a printing establishment, the compositors, whose employment is sedentary, fell victims to phthisis in the proportion of 44 per cent. to 31½ per cent. of the pressman who, although breathing the same air and in every other respect subject to the same habits of life, differ only in the active bodily exercise which the press imposes on them; and among the same class of operatives the deaths from the same cause did not exceed 25 per cent. in those who use exercise in the open air." (Ansell.)

There can be no doubt, too, that those of our Indians who are still allowed to

*Climatic Treatment of Consumption. By Dr J. A. Lindsay, p. 62.

†Rocky Mountain Health Resorts, p. 85.

obey their roaming instincts of hunting and fishing, or to follow their vocation of farming, which a number have, owe their immunity from this disease, which we know they possess, in great part, if not entirely, to the physical exercise which they obtain in this manner; while those who are subjected to the idle and improvident reservation life die rapidly from it, principally because they are deprived of their wonted exercise. This is of special interest to us here, because it has such a direct bearing on the main point at issue. Some of the former class of Indians, like the Pimas, for example, who may be called wild, although they are agricultural in their habits, are living in half underground huts with very little or no ventilation, yet, from all accounts, consumption is an exceedingly rare disease among them.

Thus far we have seen that on the whole, those who occupy elevated habitations, as well as those who follow active exercise, are more exempt from the disease under consideration than those who live near the sea level or those who live a life of quietude. In connection with this we will consider the influence of physical exercise on the lungs, and endeavor to ascertain how it affords protection against consumption. During physical exercise more oxygen is consumed by the muscles, and more blood and air circulate through the lungs than during rest. Just how much more air enters the lungs during activity than during rest can easily be estimated when it is known that during inactivity a man breathes 480 cubic inches of air per minute, and while walking at the rate of four miles per hour, or while tramping a treadmill, he breathes 2400 cubic inches, and if he walks at the rate of six miles an hour he takes in 3260 cubic inches of air per minute. The difference between 480 and 2400 cubic inches of air-capacity shows that during the exercise of walking even at the rate of four miles per hour, five times more lung surface is thrown into action than during rest; which proves very conclusively that bodily activity possesses a marked influence in determining the degree of lung expansion, and that under

such conditions regions of lung will be called into service which are never fully reached by air during bodily rest.

This is in entire accord with what practically exists. Thus Darwin* says that the lungs in improved breeds of cattle, which naturally take little exercise, and are domiciled much of the time, "are found to be considerably reduced in size when compared with those possessed by animals having perfect liberty," and Waldenburg† states that the vital lung capacity is smallest in persons who lead sedentary lives, such as professional men, students, clerks, etc., and is greatest in those who follow active outdoor occupations, such as sailors, recruits, etc. Chasagne and Dally, in their joint work on the *Influence of Gymnastics on the Development of Man*, report that at the Military School of Gymnastics of Joinville-le-Pont, out of four hundred and one individuals subjected to gymnastic exercises for five months, three hundred and seven; or seventy-six per cent., showed an increase of an average of two and one-half centimetres in the mammary circumference of the thorax. According to Dr. Abel, seventy-five per cent. of those who practise gymnastics in Germany experience an increase in the measurements of the chest. There can be no doubt that the principal reason why consumption increases with the advent of civilization is that everything in civilized life tends to produce physical inertia in our bodies. Walking is substituted by riding in carriages and in cars; manual labor is in great part replaced by machinery; active outdoor labor is supplemented by quiet indoor occupations—in fact, everything which tends to produce physical activity is exchanged for a life of ease and indolence. The American Indian, as has already been stated, is known to be comparatively free from the disease in his wild state, but as soon as he acquires the habits and customs of civilized life he becomes its victim.

In converging the two lines of reasoning which have been thus far developed

*Anima's and Plants, vol. ii. p. 136.

†Pneumatische Behandlung Resp. u. Circul. Krankheiten, p. 119.

in this paper, it appears that the immunity from consumption which is established by residing in a mountain climate, and by practical physical exercise, is chiefly brought about in the same manner, viz., by increasing the capacity of the chest. And from a practical point of-view it is of some moment to know whether the former has more weight in bringing about such restoration than the latter—or, in other words, whether those who live in high altitudes continue to enjoy this exemption if they refrain from active physical exercise and take up a sedentary occupation in such regions. From recent inquiry into this subject we are inclined to believe, at least so far as the Rocky Mountains climate is concerned, that as soon as out-door pursuits are exchanged for sedentary indoor occupations, consumption increases in frequency. It is, therefore, quite certain that physiological exercise plays a more important part in the problem of the prevention and cure of consumption than a residence in an elevated or mountain climate, however valuable the latter may be. We have, moreover, good reason for believing that the immunity which is established through physical exercise is more permanent in character than that which is secured through residing in a mountain climate, for it is a common observation that consumptives flourish only in high altitudes so long as they remain; a protracted stay at the sea level is always regarded as perilous. Such consequences are in perfect harmony with what one would be led to apprehend from a knowledge of the physiological factors involved in the restoration of the patient. These factors are entirely local, and their influence does not extend very far beyond their immediate dominion. This objection does not hold good in regard to physical exercise. One thing may be said, however, in favor of mountain climates which is not true of physical exercise, viz., it produces its beneficial results without conscious effort on the part of the individual; therefore, when the remedy is viewed from a standpoint of ease and comfort, and not from one of permanence, the mountain climate is to be preferred.

In discussing the influence of mountain climate it must not be overlooked that, on account of its rarefaction, it increases the circulation and cellular activity of the body, and in this way undoubtedly aids the process of nutrition; but even this influence cannot be denied about in a more direct and positive manner.

While increased chest capacity is, therefore, the great desideratum in preventing and treating consumption, we have the strongest evidence for believing that it is not so much a question of developing the base of the lungs as it is one of expanding the apices. This is well shown by the fact that the civilized female, although she has on the whole much less chest capacity than the male, yet, owing to her increased costal expansion, which has been cultivated through the protracted influence of tight lacing, she is less liable to pulmonary consumption than the male.*

Pulmonary gymnastics.—Such, then, are the comparative effects of mountain climate and of physical exercise in the treatment of pulmonary consumption, and it now remains to be shown how the effects of the latter can be obtained without resorting to those of the former. Reference has already been made to the fact that muscular effort increases respiratory motion, and in taking up the question of pulmonary gymnastics it is not our purpose to discuss those exercises only which have a direct influence on the chest capacity, but also those which, through the body, have an indirect influence on the pulmonary organs. In all exercises it is very important that none should be carried to the extent of decided fatigue; and that, whenever possible, the body and head should be kept erect, the shoulders thrown back and the lungs thoroughly filled with each breath; that breathing should only take place through the nose; and that sufficient food is taken during the intervals.

Bodily exercise.—The power of walking is common to most people, and its

*Female Dress as a Determining Factor in Pulmonary Consumption. Thomas J. Mays: Med. News, Jan. 7, 1888.

influence on the lungs, as we have seen, is very marked. It is regarded of great service even by those who exclusively advocate the utility of high altitude treatment. Dr. Brehmer, of Görbersdorf, according to Schreiber, was the first to prescribe, for consumptives, walking up a gradual ascent. A semi-daily walk of half an hour or an hour, either on the level or on a slight upward grade, is of immense advantage to the invalid. Running, dancing, skipping rope (especially when the rope is swung backward), bowling, etc., are to be highly recommended. Whatever the mode of exercise may be, it must be performed under as little compulsion as possible. One reason why the above named exercises are so conducive to health consists in the fact that the excitement which they induce is so attractive that the consciousness of muscular effort is lost.

Among the many indoor exercises the following movements are very valuable. The arms, being used as levers, are swung backward as far as possible on a level with the shoulders during each inspiration, and brought together in front on the same level during each expiration. Or the hands are brought together above the head while inspiring, and gradually brought down alongside the body while expiring. When a deep inspiration is taken in accordance with either plan and held until the arms are gradually moved forward or downward, or even longer, the process of chest expansion is materially enhanced.

Another very effective exercise is to take a deep inspiration, and during expiration only the patient, in a loud voice, will count as long as possible. A male person with a good chest capacity can count up to sixty or seventy, while in a female with ordinary lungs this power is somewhat reduced. Practice of this sort will gradually develop the chest, and the increased ability to count is a measure of the improvement going on with the thorax.

Many of these movements may have their effects greatly enhanced by the use of dumb-bells, chest weights, etc., which are made especially for the purpose.

Compressed and rarefied air.—The

breathing of compressed and rarefied air is attracting wide attention at the present time in connection with pulmonary consumption, and is another most useful method whereby the chest capacity can be markedly improved. Nearly four years ago Dr. Cohen, the honored President of our Society, advocated the substitution of compressed and rarefied air for a change of climate, in a paper which he read before the American Climatological Association. Here he says:

“In many cases fully as much good can be secured by this treatment as by change of climate, and in a few much more; though, in the vast majority of cases in which change of climate is advisable, it is but a poor substitute.”

There can be no doubt that compressed and rarefied air is inadequate when used alone in many cases, but when combined with pulmonary gymnastics and other judicious treatment, we are not sure that the results obtained are inferior to those which are derived from climatic treatment. Recent experience has shown us that when consumptives, who had spent one or two winters on the Rocky Mountains, or on the Pacific Slope, without benefit, were subjected to the use of compressed and rarefied air in association with other pulmonary exercises, such as are above described, their improvement became marked and decided. On the whole, our experience with their treatment, combined with pulmonary gymnastics, has been very favorable, and we think that this is in consonance with the observation of others. Thus the late Prof. Flint, in his work on *Phthisis*, says (p. 406)

“It does not appear, from the analysis of my cases, that changes of climate have in a marked degree a beneficial influence, as compared with the hygienic measures available at home.”

We believe, however, that, as a rule, these measures are applied too infrequently to be of the greatest service; and, therefore, insist that the pulmonary gymnastics is repeated every hour and a half during the day—the first thing in the morning and the last thing at night—and for from the fifteen to twenty min-

utes at each time; and that the air inhalations be given at first twice and in the course of two or three weeks gradually increased to four or five times a day, and even oftener. It is very true that this method of treatment involves more labor and perseverance on the part of the patient than is required in a high mountain climate; but then it is a question whether the patient is not more than compensated by the consciousness that a separation from friends is unnecessary, that the heavy expense, the dangers and discomforts incidental to travel are avoided, and, above all, that the improvement which may take place will be persistent and be practically unaffected by a change of residence.

Now, after reviewing the whole subject, we are driven to the conclusion that the line of immunity from consumption, which, in the early history of our country, was located at the Atlantic seaboard, and which has gradually receded westward with the tide of civilization, until at present it has reached the latitude of Colorado, will not stop in its course until it touches the shores of the Pacific; that the question of curing the disease does not depend on the purity or freshness of the air, or upon the number of bacilli which the atmosphere may contain, or upon the amount of oxygen which may be introduced into the body—for these are all secondary considerations; but it is simply a mechanical question—a question as to the best mode of expanding the lungs, and especially the apices of our round-shouldered and flat-chested patients, of removing the infiltrated products already existing, and of enhancing the constitutional resistance.

EXCISION OF JOINTS USELESS AND DEFORMED AS THE RESULT OF INFANTILE PARALYSIS.

BY RANDOLPH WINSLOW, M.A., M.D.,

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Baltimore, and Lecturer on Clinical Surgery
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But few affections appeal more strongly to our sympathy than those de-

formities which result from infantile and other forms of paralysis. Sometimes the extremities are distorted extensively from the unopposed action of muscles which still retain their power of contraction; sometimes permanent contractions of muscles, tendons and ligaments occur, and sometimes the extremities hang uselessly, assuming whatever position the pressure of the moment may induce. These conditions are more frequently found in the lower than in the upper extremity, and are always a burden to the bearer, on account not only of the physical deformity which is caused, but from the interference with the patient's powers of locomotion, and his chances of obtaining a livelihood. Until recently these affections have been considered beyond operative art, and braces and orthopedic appliances have been resorted to for the purpose of enabling the patient to walk. If the deformity is not great, the use of suitable braces may bridge over the difficulty, but at the best they will be burdensome, expensive, and more or less unsatisfactory. Where the patient is in affluent circumstances, orthopedic apparatus will in most cases enable him to go through life with a reasonable degree of comfort, but even those in this class sometimes are unable to endure the discomforts of the appliances which are used for their relief. With the poor the matter is worse, they are unable to procure the needful instruments, and in many cases must depend upon the assistance of the charitable in order to secure the necessaries of life. It is with this class especially that this paper deals. Within a few years an attempt has been made, in England chiefly, to stiffen these loose joints by excision of a portion of the tendo Achillis, but without very great success. In some cases where the tendons, fascia and ligaments have become shortened, and the limb distorted in consequence, much may be done by dividing these structures, but we are occasionally confronted with limbs which are useless and deformed, not because of any structural changes in the parts, but because there is nothing to support the part in its natural position. The deformity can

perhaps be readily overcome, but is immediately reproduced owing to the paralysis of some or all of the muscles which would hold the limb in its normal position. It is in such cases that excision of the ankle, for the purpose of producing ankylosis, has been performed a few times with an encouraging degree of success.

For some years I had a colored girl under my observation, who was the subject of infantile paralysis of both legs. On one side the flexor muscles were paralysed, but the extensors of the toes and the tibialis anticus retained their power, and caused the foot to assume an aggravated form of talipes varus; on the other side the whole limb was paralysed below the knee, and the foot assumed the position of varus or valgus in accordance with the amount and direction of the pressure. The girl was in a pitiable condition and was able to wear shoes but a short time, owing to the chilblains and excoriations which were produced; in fact it was impossible to get her foot into a shoe on the worst side, except one that would simply enclose it, as in a box without any pretence of conforming to the natural configuration of the foot. Without shoes she was able to hobble around a little, with them not at all. In consequence of the pressure of the outer side of the right foot upon the ground, callosities and excoriations were formed which materially added to her discomfort. An attempt was made to restore the foot to a natural shape by division of the tendo-achillis and plantar fascia subcutaneously some years ago, with the effect of letting the heel down, but without much permanent benefit. At another time the fibrous structures in the sole of the foot were divided, as far as possible, subcutaneously, and the foot forcibly redressed, and put up in plaster of Paris. This effort was productive of no permanently good results, and as the patient was an inmate of an asylum, and was entirely incapacitated from earning a livelihood I determined to excise Chopart's joint, and produce ankylosis of this articulation. The girl was accordingly admitted to the Hospital of the Good Samaritan in August, 1886.

M. F. S., colored, about 14 years of age, a large and healthy girl, with the exception of the above mentioned paralytic affections of both lower extremities. Both limbs atrophied, feet very small, circulation sluggish and limbs colder than natural. Left leg below knee simply an appendage, the foot hanging like the end of a flail, from the leg. Right leg paralysed, except tibialis anticus and extensor of the toes, which muscles being unantagonised cause the foot to assume the position of varus, with elevation of its inner side. Upon the outer side of the dorsum, the head of the astragalus forms a prominence which can be seen and felt, whilst upon the inner side the tuberosity of the scaphoid has sunken into a hollow, and the internal malleolus and the metatarsal bone of the big toe approximate. She is unable to bring the foot flat into a shoe, and though it can be nearly restored to its natural shape, there is a resistance to complete restoration. When the pressure is removed the deformity is immediately reproduced. The girl is able to walk with an unsteady gait and frequently falls, so that she cannot perform any kind of household work. On September 27th, 1886, under antiseptic precautions, I made an incision on the outer side of the foot from os calcis to 5th metatarsal bone, and another running up on the dorsum of the foot at right angles to the first. Dissecting up these flaps Chopart's joint was exposed, and the calcis and head of the astragalus were found to be over-developed, and to offer resistance to restoration of the foot. A wedge-shaped portion of the calcis, astragalus, cuboid and scaphoid was removed with pliers and metatarsal saw, and the foot was readily restored to its normal shape. Esmarch's bandage was employed which materially facilitated the operation. No ligatures were necessary. Dusted wound with iodoform and after introducing a drainage tube closed the incisions with silk sutures. Dressed with iodoform gauze and absorbent cotton, and on the 3rd day put the limb in a fracture box, and subsequently into a plaster of Paris splint. Changed dressing and removed tube on 3rd day. and

as there was a drop of pus in two or three stitch holes, I cut a few sutures to relieve the tension. Little or no pain or discomfort followed the operation, and the subsequent condition was essentially afebrile. The incisions healed per primam, and when the plaster of Paris dressing was removed on Nov. 13th the foot was found in its natural shape, and on the next day she was able to wear a shoe properly, which she had never done before. Her powers of progression were also materially improved.

CHART.

September 27, P. M., temperature 100 $\frac{3}{4}$; pulse 90.
 28th, A. M., temperature 99, pulse 84;
 P. M., temperature 100, pulse 100.
 29th, A. M., temperature 99 $\frac{3}{8}$, pulse 96;
 P. M., temperature 99 $\frac{1}{2}$, pulse 90.
 30th, A. M., temperature 99, pulse 86;
 P. M., temperature 99 $\frac{3}{8}$, pulse 98.
 October 1, A. M., temperature 88, pulse 88;
 P. M., temperature 99, pulse 90.
 2nd, A. M., temperature 98 $\frac{3}{8}$, pulse 84;
 P. M., temperature 99, pulse 86.
 3rd, A. M., temperature 98 $\frac{1}{2}$, pulse 80;
 P. M., temperature 99, pulse 84.
 4th, A. M., temperature 98 $\frac{3}{8}$, pulse 78.

Being pleased with the result of the resection of the mediotarsal joint, and the resulting ankylosis, which largely counteracted the action of the unantagonized muscles, I concluded to attempt to improve the left limb by resecting the ankle joint and producing a firm union between the bones entering into the formation of this articulation. I hoped in this way to afford a firmer base upon which she might be able to walk and stand with sufficient security to earn her subsistence in some domestic occupation. Consequently she was readmitted to Hospital in January, 1887, and upon the 30th of the same the operation was undertaken, with rigid antiseptic precautions. The joint was opened by a straight incision in front, on the fibular side, and the vessels, tendons and nerves were held aside with retractors. The articular surfaces of the tibia and astragalus were

denuded of cartilage with the chisel, leaving the malleoli intact. The bones were brought together, but were not wired or pegged, which in the light of subsequent experience was shown to have been a mistake. Drains were introduced anteriorly and posteriorly, the wound sutured, and dressed with iodoform gauze. The patient had no temperature above 99 $\frac{3}{8}$. The stitches and tubes were removed on the ninth day, no suppuration having occurred. The limb was now encased in a plaster of Paris dressing and not disturbed for two weeks. The wound healed kindly, having pursued an afebrile course. Contrary to expectation the bony ankylosis did not result, and the limb though somewhat more rigid than formerly was not materially improved as an organ of locomotion. I am inclined to attribute the failure to obtain consolidation to the fact that the circulation was defective owing to the complete and long continued paralysis of the limb, and to the neglect to suture or peg the bones together.

CHART.

January 30, P. M., temperature 99.
 31st, A. M., temperature 98 $\frac{2}{8}$; P. M., temperature 98 $\frac{1}{8}$.
 February 1st, A. M., temperature 99;
 P. M., temperature 99 $\frac{3}{8}$.
 2nd, A. M., temperature 99; P. M., temperature 90 $\frac{3}{8}$.
 3rd, A. M., temperature 98 $\frac{3}{8}$; P. M., temperature 98 $\frac{1}{8}$.
 4th, A. M., temperature 98 $\frac{3}{8}$; P. M., temperature 99 $\frac{1}{8}$.
 5th, A. M., temperature 98 $\frac{3}{8}$; P. M., temperature 99 $\frac{1}{8}$.
 6th, A. M., temperature 98; P. M., temperature 98 $\frac{3}{8}$.
 7th, A. M., temperature 97 $\frac{3}{8}$; P. M., temperature 98 $\frac{3}{8}$.

Turning from our partially successful case, let us see what has been the result of similar operations in the hands of others. In February 1879, Dr. L. von Lesser, of Leipsic, resected the ankle joint for the purpose of producing ankylosis, in a case of paralytic talipes varus. The result was entirely satisfac-

tory, the boy $7\frac{1}{2}$ years subsequently being able to walk well without splints or a stick. The paralysed extremity was about $1\frac{1}{2}$ inches shorter than the other, but this was almost compensated for by the tilting of the pelvis. The rigidity of the ankle is compensated for by an increased mobility of Chopart's joint.

Dr. Rydygier, of Culm, reported at the 59th Naturforscherversammlung held in Berlin in September, 1886, two cases upon which he had performed a similar operation. He said, in order to relieve these patients of the burdensome wearing of orthopedic apparatus, which was frequently requiring to be repaired, he attempted to produce ankylosis between the tibia and astragalus with the foot in its normal position, and operated upon two patients with the following results. In the first case the desired result was entirely attained, but the second was not so satisfactory. He opened the joint on the dorsal surface by an incision along the fibula, denuded the articular surfaces, drained and sutured the wound and put the foot in the correct position.

Dr. Ap Morgan Vance, of Louisville, also reports two cases operated on by himself. In one case of paralytic valgus he excised the ankle-joint and secured a useful limb upon which the youth could walk well without the aid of crutches or apparatus. He repeated the operation upon an adult female with an equally favorable result. In the limited time at my disposal these are all the references to operations of this character that I have been able to find, but I think they are sufficient to prove that in some cases, otherwise irremediable, good results will follow the production of ankylosis at the ankle or mediotarsal joints. There are dangers incident to the procedure, but these may be almost entirely avoided by the observance of rigid antiseptics. When an individual is incapacitated from being a useful member of society by the affection, when he is likely to become a pauper and dependent upon charity for his sustenance, and when from any cause apparatus either cannot be procured or does not fulfil the purpose I think these operative procedures are justifiable and proper. Even

in the cases of those who are able to procure all the necessary appliances and apparatus, and to command whatever assistance they may require, the wearing of apparatus may be so burdensome, as to justify the operation. In addition to paralytic varus and valgus, I would especially suggest the applicability of resection of the ankle for calcaneus and equinus, which being dependent upon distortion at the ankle would be permanently and effectually cured by producing tibio-tarsal ankylosis. The method might also in a few cases be applied to paralytic conditions of the knee, and perhaps to some similar condition of the upper extremity.

TWO CASES OF INTUBATION OF THE LARYNX.

BY J. W. HUMRICHOUSE, M.D., OF HAGERTOWN, MD.

The first case was a strong boy, two years and ten months old, who had had croupy symptoms two nights.

At date of first visit, Nov. 8th, 1887, the voice was reduced to a whisper but no membrane was seen in throat or nose. Inhalation of trypsin and soda from steam atomizer every half-hour, and internally $\frac{1}{8}$ grains bichloride of mercury and $7\frac{1}{2}$ minims tincture of chloride of iron every two hours were ordered.

9th. Membrane in left nostril. Shreds of membrane were expectorated; they were discovered by floating the sputa in water. Trypsin grs. xxx, bicarbonate of soda grs. x, water \bar{z} i, frequently injected through the nose by means of a medicine dropper. The urine did not contain albumen. Glands of neck were not swollen.

10th. Laryngeal stenosis so pronounced that O'Dwyer's tubes were telegraphed for.

11th. Child tossing its arms and legs, not quiet for an instant in any position, cyanotic, supraclavicular and infra-mammary depression with every inspiration. With the assistance of Dr. J. McPherson Scott a tube was introduced into the larynx. After the expulsion of some mucus the noisy and hurried

breathing became quiet, the cyanosis disappeared, and the restlessness was followed by a sleep so quiet that the parents thought the infant dead. The swallowing of fluids and even crushed ice caused violent cough, and consequently were not allowed. The bichloride was also stopped. The inhalations were continued. Nose was kept open and clean by the trypsin injections. No membrane upon fauces. Examination of lungs showed a spot of dulness the size of a dollar on left side. Milk and whiskey were given by rectum every three hours. The night was passed by the child sleeping in its bed without any signs of laryngeal obstruction.

12th. In the morning a saucer full of boiled shredded oats was taken with great relish, and swallowed without producing cough. For a time the child was amused with its doll. This promising condition did not last long. Examination of chest showed that while the spot of dulness on left side had cleared up, a larger area of dulness had developed on right side with bronchial respiration. The infant died at 6 P. M., about thirty hours after intubation. Catarrhal pneumonia was regarded as the cause of death.

The second case a boy eighteen months old was seen Thursday, Jan. 12, 1888, with Dr. A. S. Mason.

Tonsils were covered with membrane. Death from laryngeal stenosis was imminent. A tube was inserted into the larynx, and after the infant had recovered from the exhaustion attending the two attempts to insert the tube, it showed great improvement in color, in breathing, took notice of its surroundings, and asked for nourishment. Fluids, together with the bichloride of mercury which had been used for two days, were withheld. Ice cream and frozen custard were freely taken, and swallowed without difficulty. Milk and whiskey were given by enema every three hours.

Thursday and Friday nights chloral was given by rectum to quiet restlessness.

Saturday morning the still hurried breathing and the presence of rales in the tube determined us to remove it.

No improvement in respiratory symptoms followed, but on the other hand laryngeal stenosis became again so pronounced that in the afternoon it was reinserted. While the tube was out the infant nursed freely, and drank as much water as it wanted: Saturday night it slept about five hours.

Sunday morning the tonsils were still covered with a membrane, the respirations were sixty to the minute, the face cyanotic. There were no physical signs of pneumonia. The tube was again removed on account of tracheal rales, but no relief followed. Six hours afterwards death occurred on the fourth day after intubation, in our opinion, from extension of membrane to bronchi.

Hospital Report.

ANNUAL REPORT OF THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL 1887.

BY JULIAN J. CHISOLM, M.D.,
Surgeon in Charge.

The tenth year of work at the Hospital is now completed and we can look back to ten years of good work. The Hospital has accomplished more than was ever expected of it. Its steady growth has been phenomenal, and has exceeded any charity work that has ever been started in Baltimore. The number of individual patients treated is 42,132, and 237,651 persons have visited professionally the free dispensary during these ten years of hospital work. Poor persons from every street, and we may say from nearly every house in the city occupied by the laboring classes, have been treated at the Hospital. This cannot fail to satisfy those who inaugurated this Presbyterian charity and under whose careful and judicious management such colossal results have been achieved. From the very beginning each year has shown an increase in the number of the applications for relief, and in the attend-

ance, the year 1887 being no exception; 6,631 new patient were admitted for treatment during the year just closed, being 506 in excess of the last year's number, with an attendance at the free dispensary aggregating 29,808 persons, or nearly 100 patients for each working day of the entire year. Of the new cases 4,681 were suffering with diseased eyes, 992 with ear troubles and 958 with throat disease. 1420 operations were performed for the relief of eye, ear and throat affections; 927 on the eye, 385 on the ear and 108 on the throat.

The most conspicuous good work done at the Presbyterian Eye, Ear and Throat Charity Hospital during the year just closed is in the removal of all restraint after cataract operations. Not only has dark rooms, bed treatment and eye bandages been dispensed with, but now the eye not operated upon is left open for the guidance of the patient. He is retained in his room for one week, and is prohibited only from using the eye left exposed in reading and writing. For all other purposes he has the full use of it. He can dress himself, feed himself, take exercise in walking about his room, enjoying the visits of friends and with the room light enough to have them read to him. In this way the week of restraint rapidly passes by, after which he is allowed the freedom of the house. This liberty of action adds immensely to his comfort while the blind eye operated upon is being restored to sight.

This very great improvement in the after treatment of cataract cases, in only closing the eye operated upon by a piece of diaphinous isinglass plaster was started in this Hospital during the past year. From this place as a centre, the new treatment has spread to all parts of the country, and has been of inestimable benefit to the blind members of the human race. It liberates them from a bandage that formed the most oppressive part of the after treatment of eye operation, viz.: the long continued and dungeon-like darkness of bandaged eyes in dark rooms, with confinement in bed.

Society Reports.

BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING, HELD FEB. 21, 1888.

DR. JAMES CAREY THOMAS in the chair.

REPORT OF A CASE OF DOUBLE ANEURISM
OF THE ASCENDING AORTA.

Dr. Thomas F. Murdoch reported the following: On February 13th, at 8 P. M., he was summoned to see Mr. B., and found him complaining of nausea, great pain in the epigastric region, very sensitive to pressure, eructating great quantities of wind and his heart beating tumultuously, so that it was impossible to hear the sounds of the heart to determine if there was any disease of the valves. The patient informed him that he had dinner at 3 o'clock at a restaurant, consisting of a beefsteak and a potato, and shortly afterwards was seized with nausea, pain in the stomach, and tumultuous action of his heart, which obliged him to go home, but did not send for Dr. Murdoch until the hour above named. He prescribed an antispasmodic mixture and after taking two doses, he left the patient somewhat relieved and ordered a dose of castor oil to be taken in the morning. Would have given him an emetic, but he informed Dr. Murdoch that he was never able to vomit. Called at 1 A. M., the 14th, still suffering, ordered an enema, and at his own suggestion gave him half a tumbler of Hunyadi water. The enema brought away some hardened feces, and, at the same time, he *did* vomit some fluid, but nothing that he had eaten. He expressed himself as feeling much better than he had done since he was first taken. Remained with him until 4 A. M., and left him comfortable, although his heart was acting tumultuously. Called again at 7:30 A. M. Prescribed

℞ Tr. digitalis, ʒi.
Morphia sulph., gr. i.
Aqua camphora, ʒij.

Sig.—Teaspoonful ever two hours.

Of this he took one dose.

Dr. Salzer met Dr. Murdoch in consultation at 9 A. M. Dr. Salzer had attended Mr. B. last summer at Bedford Springs. He agreed with Dr. Murdoch that the action of his heart was sympathetic and informed him that he had frequently examined his heart and also his urine, and he was *certain* there was no disease of either heart or kidneys. Had treated him for gastric trouble. After much consideration they determined to give him 20 grs. of ipecac in compressed pills; *this* instead of vomiting him, had the most soothing effect, and he got some sleep, the first he had had. After fifteen minutes, repeated the ipecac and he slept for nearly two hours, waking occasionally. Dr. S. left at 11:30, considering him much better. Dr. Murdoch remained until 12:30, thinking he could leave him for an hour or so, but had not been away more than thirty minutes when the patient expired suddenly.

Report of autopsy made on the body of Mr. B.

FEBRUARY 15th, 10 A. M., 20 hours after death. Body of medium size slightly built. Rigor mortis well marked.

On the right upper arm about 1½ inches below the head of the humerus was depressed stellate cicatrix, and on the anterior aspect of the body between the cartilages of the second and third ribs and one-half inch to the right of the sternum was a similar cicatrix. Left lung free from adhesions. Its tissue œdematous. The right lung firmly united to the chest-wall by old adhesions. Its tissue œdematous.

In the left pleural cavity about one ounce of clear serum.

The entire heart was enlarged, both ventricles, especially the left, somewhat dilated. The wall of left ventricle slightly thickened. The muscular tissue of heart flabby. All the valves of the heart were normal. The aorta athero-

matous in its entire extent. In the aorta just above the aortic valves were two aneurisms, one opening in the sinus of Valsalva behind the right anterior valve and one behind the posterior valve, The one to the right was size of a black walnut, its opening into the aorta about three-fourths of an inch in diameter. The aneurism opening behind the posterior valve was not larger than a small hazel-nut.

In the wall of the right auricle there was an area about one inch in diameter where the wall was thin, anæmic and in the middle of this a ragged opening the size of a No. 14 catheter which passed directly into the larger aneurysm. Both aneurisms contained red coagula.

Liver, kidneys and spleen congested. In the abdominal cavity about 3 per cent. of clear serum.

W. T. COUNCILMAN, M.D.

DISCUSSION.

Dr. T. A. Ashby said that through the courtesy of the attending physicians he had witnessed the autopsy in the case reported by Dr. Murdoch. He had known this gentleman for a number of years and was as much surprised as were his medical attendants at his sudden death. He had never attended the gentleman professionally and therefore had never examined his heart, but was aware of the fact that he was a frequent sufferer from attacks of indigestion which gave him much uneasiness and distress. At times he complained to his family of thoracic pains and of dyspnoea after exercise. He also complained of palpitation and of frequent action of the heart. The valves of the heart were normal and there were no physical signs present pointing to cardiac trouble. His medical attendants were therefore correct in assuming that illness was not referable to circulatory changes. The cause of sudden death was explained by the rupture of the aneurismal sac. In his judgment the disturbance of the circulation was primarily induced by the retching and vomiting which induced sufficient pressure upon the already

weakened aortic sac as to occasion rupture and sudden death. It is probable that rupture was in this wise hastened but it would in all probability have occurred at an early date from mere attenuation, or physical exercise, had not the attack of indigestion occurred. Changes in the aorta had evidently been going on for some time though no means of determining this fact were presented to his medical attendants. In the light of present circumstances it was easy enough to construct a theory and establish a chain of evidence which would explain a result, but in dealing with conditions we were guided by facts in view and not by suppositions which only became clear after they are obtained from positive information. It was easy enough now to account for the presence of a condition since it had been discovered by post-mortem evidence, but this information was not possible before death. The treatment of the case was rational and not open to criticism. Who could have done better? This is a practical question to which each one must give a candid answer.

Dr. James Carey Thomas thought it was an extremely interesting case. He asked if atheroma could be diagnosed when not far advanced. He also spoke of venous engorgement which occurred in such cases.

Dr. John R. Uhler thought there was much room for improvement in the study of heart diseases. If the physics of auscultation were better understood and more thoroughly studied we might be better able to understand obscure cases. He referred to a similar case in his own practice. He was called to see a man one morning at nine, and found him with a pain in the chest, and unable to lie down. The patient died at 9 P. M. the same day with a sharp pain at the centre of the sternum. A diagnosis during life had not been made. The autopsy showed an aneurism which had burst in the mediastinum. The aneurism had probably been open for twelve hours, and the blood was leaking out all that time.

Dr. F. T. Miles said the history of this case helped to show that it was not necessary for the chambers of the heart

to empty themselves to carry on its function. The right auricle in this case was probably always distended with blood. He recalled the case of a man who had attacks of spasm of the glottis, and whose circulation and breathing were impeded. No one had made a diagnosis. The autopsy showed an aneurism pressing on the trachea, and probably carrying on its effects through the recurrent laryngeal nerve. It was not easy to see why such attacks were paroxysmal, and not continuous. He thought that when an aneurism once burst, nothing could be more sudden than death.

Dr. William B. Canfield said he thought many cases were on record in which the patient had lived for 24 or 48 hours, or even longer after the aneurism had broken. He had reported a case last year in which the symptoms, produced by pressure on the pneumogastric and recurrent laryngeal nerves were well marked. In this case there was hoarseness and stridulous breathing, and the pupil was also affected. The case had improved under the use of the iodides, the worst symptoms disappearing, but the patient passed out of his sight, and the diagnosis had never been confirmed by an autopsy. Several other physicians had also seen the case, and had pronounced it an aneurism of the aorta. The iodides, and particularly the iodide of sodium, had been much used of late in these cases. He had under observation at present a man who suffered with violent palpitation, cough, contraction of the left pupil, and he suspected an aneurism, but none could be found. The man had worked in lead, and had had lead colic. The iodides had done him good.

A CASE OF LABYRINTHINE VERTIGO.

Dr. F. T. Miles reported a case of a boy, 16 years old, who had attacks like epilepsy. He would suddenly fall down and get up again, and when asked would say nothing was the matter. His eyes would roll. The important point was the loss of consciousness. The boy said he did not lose consciousness, and his friends said he did. It was difficult to

say whether he did or not. Patients with petit mal often lose their consciousness without knowing it. This patient had fallen at times. He could walk a straight line without hesitation or deviation, but when he stood with closed eyes he went over to the left side. It was not locomotor ataxia; he could get no knee jerk out of him. He thought it was a case of labyrinthine vertigo. He had had otorrhœa and loss of the drum membrane. This case was as interesting as some of Mr. Gowers. He laid much stress on the way in which he fell to the left. He thought tinnitus aurium was not sufficient to cause it. It was much like epilepsy.

Dr. William B. Canfield, in referring to this vertigo and falling to the left with closed eyes, asked Dr. Miles if a perfectly healthy individual, with one ear artificially stopped, would be apt to fall over on closing the eyes. The sense of hearing has much to do with preserving the equilibrium in total darkness, as any one might notice. It would be interesting to know if one totally deaf suffered any less from sea-sickness than others.

ANTIFEBRINE AS A HYPNOTIC.

Dr. T. A. Ashby asked if any one had used antifebrine as a hypnotic.

A PECULIAR IDIOSYNCRASY.

Dr. Thos. E. Murdoch, in treating a child with double lobular pneumonia, had used beef, wine and iron, and noticed that the child put its hand to its head, and on stopping this preparation the child grew better. He thought it was not the alcohol, as he had continued that. He attributed it the iron, as the grandmother had always been unable to take iron. It was a remarkable case of heredity.

WILLIAM B. CANFIELD, M.D.,
Reporting Secretary.

The claim of Dr. J. S. Billings for mileage, while travelling in Europe under orders of the Secretary of War—which was disallowed on the ground that there was no legal authority for the expense—has been allowed by the Court of Claims. The claim was for \$1,500 and judgment was given for the full amount.

Reviews, Books and Pamphlets.

A Manual of Medical Jurisprudence, with Special Reference to Disease and Injuries of the Nervous System. By ALLAN McLANE HAMILTON, M.D., One of the Consulting Physicians to the Insane Asylum of New York City. New York; E. B. Treat, pp. 390, price \$2.75.

The author begins with a condensed and consequently somewhat unsatisfactory description of the various forms of insanity. Anyone who has gone over much of the literature of insanity must realize how difficult, nay almost impossible it is to condense into short space, even the clinical history of insanity. This section of the book, however, is intended merely as introductory to the general subject of the legal relations of mental disease. The author has made the volume very readable, and useful by introducing a large number of carefully selected cases from the courts of various States, and the clinical cases used for illustration are pointed and well reported. The medico-legal aspect of cranial and spinal injuries is clearly presented, and the careful perusal of this section will help many an unfortunate medical witness through the wages of a "damage suit." While in some respects the book is not up to date, on the whole it fulfills its mission, that of a *manual*, and will be useful, especially to the general practitioner.

Doctor and Patient. By S. WEIR MITCHELL, M.D., LL.D. Philadelphia: J. B. Lippincott Co., pp. 177, price \$1.50.

It is a rare event in medical literature to have a book put in our hands that is neither what is known as "popular medicine" nor yet strictly technical. The successful physician usually has his hands so full that any time that is left him, he devotes to strictly professional writing. In this little volume Dr. Mitchell has given us a handful of delightful essays. Nowhere do we see a formula, nor do we catch the slightest odor of carbolic acid. The gem of the

collection is the first and largest of the papers, *The Physician*. In our eagerness for knowledge we hardly ever stop to think what kind of a man the doctor is. We hear him talk in the medical society and see him operate on a patient, separate the man from his work. Dr. Mitchell has given us a delightful picture of our friend, everybody's friend, *The Doctor*. He has touched playfully on his frailties, and has brought out in strong relief the noble part of his nature. There is a deal of wise advice embodied in the forty odd pages about the physician. There is none of the "medical etiquette" twang, but in a charming literary style we are told a great many things that the doctor ought to do as well as those things to be left undone.

There are five other chapters, one on *Convalescence*, one on *Pain*,—but there is no need to enumerate more; he who reads the first will read all, and put the little volume down feeling that the physician in the true sense of the word is a man whose impulses and motives reach higher than those about him ever discern.

We hope that Dr. Mitchell's busy pen may find time for many more books like *Doctor and Patient*.

BOOK AND PAMPHLETS RECEIVED.

Fever Nursings, designed for the use of Professional and other nurses, and especially as a text-book in training, by J. C. Wilson, A.M., M.D., author of "A Treatise on the Continued Fevers," Visiting Physician to the Jefferson College, Fellow of the College of Physicians, Philadelphia; Member of the American Association of Physicians. Philadelphia 1888: J. B. Lippincott Co., pp. 210, price \$1.00.

Contribution to the Study of the Heart and Lungs, by James R. Leaming, M.D., New York: E. B. Treat, 1887, pp. 30, price \$2.75.

Clinical Analysis of Healthy and Diseased Urine, Qualitative and Quantitative, by T. C. Van Nüys, Professor of Chemistry, Indiana University; with 39 Wood Engravings. Philadelphia: P. Blackiston, Son & Co., 1888, pp. 187. price \$2.00

The Endoscopic Instruments of Joseph Leiber of Vienna and the Present Development of Endoscopy, by Otis K. Newell, M.D., Assistant Demonstrator of Anatomy at the Harvard

Medical School. Reprinted from the *Boston Medical and Surgical Journal* of December 1, 1887.

The Intestinal Suture, by Otis K. Newell, M.D., Assistant in Anatomy at the Harvard Medical School, Boston. Reprinted from the *Boston Medical and Surgical Journal* of Jan. 6, 1887.

Translations of the Medical Society of the State of Pennsylvania, 35th Annual Session, 1887.

FOR INFANT DIARRHŒA.—

℞ Oxide of zinc	gr. viii.
Subnitrate of bismuth	ʒi.
Fl. ext. dewberry root	ʒii.
Syr. acaciæ, ad.	ʒii.

M. Sig.—A teaspoonful every three hours.—*Medical Register*.

BISMUTH POISONING.—A case recently occurred in France in which it is alleged that the application of pure subnitrate of bismuth to ulcers following a burn, at intervals of two days, caused sore-throat with false membrane on the uvula, palate, and tonsils, foul breath, vomiting, and loosening of the teeth.—*British Medical Journal*.

Dr. Horwitz, chief assistant to the surgical department of Jefferson Hospital, frequently uses the following as a favorite prescription for *injection in gonorrhœa*:—

℞. Plumbi acetatis,	3 ss.
Zinci sulphat.,	gr. xvj.
Extract. kramerizæ fluid.,	f ʒjj.
Tinc. opii,	f ʒss.
Aquæ, q. s. ad	f ʒvj. M.

Sig.—Give as injection.—*Col. and Clin. Rec.*

CORN CURE.—Vomacka (*Rundschau Prag.*) recommends the addition of lactic acid to the now well-known salicylic acid collodion. His formula is:

Salicylic acid	10 parts.
Lactic acid	10 "
Collodion	80 "

—*Druggists' Circular*, February, 1888.

MARYLAND MEDICAL JOURNAL

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GEORGE J. PRESTON, M. D., Associate Editor.

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BALTIMORE, MARCH 10TH, 1888.

Editorial.

HOW A GOOD INSTITUTION THRIVES UNDER GOOD MANAGEMENT. — Ten years since the Presbyterian Eye, Ear and Throat Charity Hospital was started in a hired house, by a few charitably disposed persons, who were told of the wants of the city in that direction. Immediately the Hospital attracted the attention of the poor in need of such an institution, and the patronage from the sick became large. Its growth was annual and steady. It now does a large amount of work, as its Annual Report in another column of the JOURNAL shows. The financial condition of the Hospital is equally prosperous as its charity work. From a hired house it has grown into a large, handsome Hospital building, located on the main thoroughfare, with every convenience for the treatment of the sick, suffering with eye, ear or throat diseases. It is a 60 bed Hospital. For a Special Hospital this is a large one. Even a 1,000 bed General Hospital cannot afford to give up 60 of its beds for the treatment of eye diseases. Relatively this is a much larger Hospital than the Hopkins' Hospital, which will be opened for the treatment of the poor of the city of Baltimore this coming October. The

Presbyterian Hospital is free of all debt for purchase of lot, erection of building, and the furnishing of the same. It has no outstanding debts of any kind. The amount collected by the friends of this charity, to put it in its present prosperous condition, is upwards of \$100,000. Those who watch over the success and growth of the Hospital are now turning their attention to the endowing of memorial beds, which will give the Hospital a permanent and unfailing support. Its continued prosperity is the result of good management from its incipiency.

500 patients have been admitted into the wards of the Hospital during the year 1887. These have received 4,930 days of Hospital treatment, an average of 10 days to each person occupying beds in the Hospital building.

The year's success in Hospital work is mainly due to the assiduous labors of Drs. J. J. Chisolm, Herbert Harlan, Hiram Woods, Jos. F. Perkins, Rob't L. Randolph, P. G. Dill and E. Oliver Belt. These physicians comprise the visiting surgical staff of the Hospital. They give daily their best professional services as a gratuity to the relief of any poor persons who apply for treatment. The surgical staff attend at the Hospital building, 1007 East Baltimore Street, every day from 1 P. M. to 4 P. M., giving three hours of every day to the treatment of patients who apply for relief from eye, ear or throat affections.

RECENT ADVANCES IN GASTRIC PATHOLOGY.—At a recent meeting of the French Academy of Medicine, M. Germain Sée made a very important communication on the subject of dyspepsia. It seems that a doctor of Frankfort while engaged in studying the subject of the gastric juice, came upon a new reagent which made it possible to detect the hydrochloric acid in the gastric juice without affecting any other acid present. This new reagent enjoys the high-sounding name of phloroglucinevanilline.

M. Sée, untiring in investigation, immediately took up this subject and

brought it to some practical use. First of all he found that hydrochloric acid was often entirely absent from the gastric juice in some cases of phthisis and Bright's disease, and thus wholly disproved the statement that the absence of hydrochloric acid in the gastric juice indicates cancer. This condition, as M. Sée affirmed, indicated simply a state of inanition present in cancer, phthisis, Bright's disease and other wasting diseases.

To carry out these tests a portion of the stomach's contents must be syphoned off and examined, and this unfortunately is not always practicable. Still in cases of long-continued dyspepsia, where many remedies have been tried in vain, patients are willing to submit to almost anything rather than undergo the tortures of a badly acting stomach. The condition of dyspepsia, depending on different things, it is manifest that the treatment is more dependent on the diagnosis here than it does in many other troubles. In cases where the hydrochloric acid is entirely absent, and where the other acids are present, then dilute hydrochloric acid after meals will certainly do good, but when all the functions of the stomach are suspended, and the contents of the stomach are found to be unchanged, then the administration of hydrochloric acid is not only useless but may even be harmful.

In dyspepsia, depending upon a hypersecretion of hydrochloric acid, as in the chlorosis of young girls, alkalies in large doses are indicated, and M. Sée finds great advantage in the administration of the bicarbonate of soda in drachm doses and over. In some cases lavage should be practised, and whenever necessary active purges should be prescribed. The diet should also be regulated, and milk in large quantities is often well born, until the functions of the stomach are restored.

MEMORY.—It may often serve as a consolation to possessors of bad memories to reflect that phenomenal memories

and great mental development are only exceptionally observed in the same person. Many have of late thought that the royal road to a good memory had been found, and that for five dollars or one pound sterling the most wonderful kind of memory could be purchased. Notwithstanding assertions to the contrary all methods of improving and strengthening the memory are based in some way upon association of ideas and mental pictures of the subject. Ideas and facts which form themselves into a vivid mental picture are naturally much more easily retained than a single dry fact without connection or association. The medical student from the very beginning of his course has an enormous difficulty to overcome at the onset in memorizing the anatomical terms. The large majority of American medical students having little previous training and with no idea to Latin, labor almost in vain with anatomical terms, as teachers in that department doubtless very well know. Indeed for one versed in Latin, memorizing the names of muscles and calling them correctly by name, is no easy task.

As Cones and Shute (Neuro-myology) say in commenting on the system of naming the muscles. "Some muscles are named from their size or position, some from their origin or insertion, some from their function or office. Some names are historical or complimentary, others fanciful or whimsical. Some are words, others are phrases; some are names, others adjectives or participles; some are singular, others plural; some are Greek or Latin, others English or dog-Latin or nondescript."

Again in materia medica doses are set down against each drug, but as there is ordinarily nothing in the name of the drug to indicate the size of its dose, memory must be exercised to its utmost to retain these dry facts and even then few practitioners trust to memory alone.

MEDICAL LEGISLATION AT ANNAPOLIS.—Up to the time of going to press

we are unable to obtain any information as to the fate of the bill now before the Legislature of Maryland, which provides for the Regulation of the Practice of Medicine in Maryland. The bill has passed to its engrossment for its third reading before the Senate, after a number of amendments, with only two dissenting voices, and the indications are that it will pass this body before the end of the present week. It will then go before the House of Delegates for final action. What fate it will meet with at the hands of this latter body we are unable to surmise. We trust, however, it will become a law, for after a careful examination of the bill, we are satisfied it is as good an act as we could expect to obtain from the present Legislature. It does not provide such a law as we should prefer to see in operation in this State, but it will be far better than no law, and we hope will be the opening wedge which will lead to a more perfect law in the near future. The bill has been drawn after the plan of the laws now in force in several other States which have worked well, and we have no reason to assume that it will not work well in this State. The execution of the law is left to the discretion of the State Board of Health, and we hope this body will enforce its provisions in a strict, just and impartial manner.

We have lived so long under the dominion of free-trade in medicine in this State that we hail the advent of a new regime with feelings of satisfaction. Let us hope that we are on the eve of protection from a free-license system that has made our State an Asylum for every species of charlatan that could find a way into our midst. If experience demonstrates that the law is inadequate to the wants of the profession and public, then it will be incumbent upon the friends of medical reform to seek further redress from existing grievances.

We believe the legislation proposed would work infinite good, and we urge the profession to co-operate with the Board of Health, should it become a law, in securing its careful execution.

Miscellany.

DRAINAGE AND PRIMARY UNION.—Chenieux, of Limoges, in an article on this subject, draws the following conclusions:

1. Drainage is prejudicial to primary union of wounds.

2. Wounds whose edges are perfectly approved and made aseptic should heal by primary union.

3. In operations such as ovariectomy and hysterectomy, in which ligatures must be concealed and in which there are large bleeding surfaces, drainage seems to be rather hurtful than useful.

4. Exuded fluids seem to constitute reserve fluids, and to be reabsorbed into the system, in case of drainage they are lost, and become poisoned by microbes.—*Revue de Chirurgie*, November, 1886.—*Annals of Surgery*, Jan. 1, 1888.

CORROSIVE SUBLIMATE FOR DIPHTHERIA.—Strumpf gives the following prescription for diphtheria:

Corrosive sublimate	1-4 parts.
Distilled water	3-400 parts.
Ex. of mentha pipuita	600 parts.

One teaspoonful of this solution atomized upon the throat, at first every hour and then every two or three hours.—*Union Medical*.

A DRAUGHT TO BE ADMINISTERED IN DELIRIUM TREMENS.—Savignac prescribes the following:

Gum arabic water,		
Claret	āā	3 15
Syrup of tolu		3 7½
Aqueous ex. of quinquina		3 1
Tincture of musk		ṽ 75.

A teaspoonful hourly.—*Revue de Thèrapieutique*, February 1, 1888.—*Med. News*.

ABORTIVE TREATMENT OF FURUNCLES.—Dr. Jorissenne treats commencing furuncle by an ointment composed of 1 part of red oxide of mercury to 100 parts of lanoline, and claims that suppuration is prevented when the application is made early. The same treatment is of service, he says, in acne.—*Med. Rec.*

AN EMULSION OF TEREBENE.—England, in the *American Journal of Pharmacy* for February, 1888, reports the following formula:

℞—Terebene,
 Ol. gossyp. sem. . . . āā̄m clx.
 Pulv. acaciæ 3 vj.
 Pulv. saccari 3 ij.
 Aquæ q. s. fiat. . . . f̄ 3 iv.—M.

Dose, 1 to 2 teaspoonfuls (=10 to 20 drops).

The product is a milk-white, perfectly suspended liquid, having the odor and bitter, turpentine-like taste of terebene, and is miscible with water, without separation.

Medical Items.

The Arkansas State Medical Society will meet at Fort Smith on April 25th, 26th, and 27th.

It is stated that the Transactions of the Ninth International Medical Congress will appear in a short time the manuscript now being in the hands of the printer.

The total amount collected by the Hospital Saturday and Sunday Association in New York City this year was \$50,408.10. This was \$6,500 more than was obtained last year.

By the will of the last Dr. Robert Nebinger, of Philadelphia, a sum of money estimated to be about \$300,000 is bequeathed to the Sisters of the Order of St. Francis, for the erection and maintenance of a hospital.

The Eighth Annual Commencement of the Baltimore Medical College was held at the Lyceum Theatre on Friday evening, March 9th, at 8 P. M. The address was delivered by Hon. John H. Handy of this city.

The number of Physicians in Italy according to official statistics published in 1887, was 17,586, not including the army and navy surgeons, whose number was upward of 1,000. There were also 11,873 apothecaries.

D. Appleton & Co., the well-known publishers, offer a prize of books to the value of \$25, from their list of medical works, to the licentiate who passes the best examination at the Fayetteville meeting of the North Carolina Medical Society.

The Loomis Laboratory of the University of the City of New York has been opened for inspection. The building has been erected at a cost of \$100,000, and is the gift of a friend who withholds his name. The building has been

erected on the most improved plan, and is provided with every arrangement and apparatus necessary for a laboratory of research. The donor has signified his purpose of endowing the laboratory with a sum sufficient to meet all running expenses.

The annual meeting of the North Carolina State Medical Society, will be held in Fayetteville, on May 8th, 9th, and 10th, 1888. At the same time and place the Board of Health and State Board of Examiners will assemble. The latter body will meet a day in advance of the general meeting.

The senior medical students at the University of Pisa have agreed upon a strike of a novel kind. They have decided not to attend lectures until the five important chairs of clinical medicine, medicine, hygiene, general pathology, and materia medica, which have now been vacant for some time, have been filled up.

The condition of the Crown Prince continues to grow more serious from day to day despite the fact that his physicians are still in doubt as to the true nature of his affection. Sir Morell Mackenzie still holds to the opinion that the clinical symptoms are entirely compatible with non-malignant disease, and that the microscopical signs are in harmony with this view.

Owing to the prevalence of small-pox in adjacent cities north of this City, the Health Commissioner of Baltimore suggests the importance of vaccination and re-vaccination as the surest way to prevent the spread of the disease in this city. It would be well for the profession to cooperate with the Health Authorities in urging the importance of this measure.

Dr. H. Bohn, Extraordinary Professor of Pædiatrics in the University of Königsberg, died on February 5th, after a long illness. His best known works are *Diseases of the Mouth in Children*, *Handbook of Vaccination*, the *Description of the Acute Exanthemata* in Gerhard's *Handbook of Children's Diseases*, and numerous contributions to the *Jahrbuch für Kinderheilkunde*.

Professor Wölfler, of Graz, recently communicated to the Society of Physicians of Styria a case of empyema cured by simple puncture. The empyema had developed spontaneously, and was probably due to tuberculosis. Puncture was performed with a trocar between the sixth and seventh ribs, on the left side, and the pus was evacuated by siphon drainagè. The lower end of the india-rubber tube communicated with a bottle filled with antiseptic fluid, and was left in till no more pus escaped. Healing took place very rapidly, and this method was apparently preferable to extensive resections of ribs. Prof. Wölfler has lately successfully treated three patients by this simple method. They were instructed to carry the bottle, together with the drainage-apparatus, until no more pus escaped.—*British Medical Journal*.

Original Articles.

ON THE SWEDISH MOVEMENT AND MASSAGE TREATMENT.

BY HARTWIG NISSEN,

Director of the Swedish Health Institution, Washington, D. C., Instructor in Gymnastics at Johns Hopkins University, Baltimore.

GENTLEMEN:—I am here to-night to tell you a little of what I know about "The Swedish Movement and Massage Treatment" and, if some things should seem strange, or, you should think, that I have claimed rather much for it, I beg you to remember, that *all*, what I have say, is based upon *facts* and, that I am here not, as a special agent for myself, but as one, who wants to lay before you a clear and true representation of what has been done.

It is a known fact, that bodily exercise was used as a curative agent in the earliest days.

Aeskulapius, Apollo's descendent, is said to have been the first inventor of the art of gymnastics. Medea procured health and youth by gymnastics.

It was 400 to 500 years before Christ, that Iccus and later Herodicus reduced bodily exercise to a system; and Herodicus made it a branch of medical science to preserve the health and cure disease by the use of gymnastics.

Hippocrates was his pupil, although he did not agree with his master in all his gymnastical applications.

Diocles, Praxagoras, Herophilus, Asclepiades, Athenaeus, Celsus and Galen recommended "Movement Treatment" and gave rules for it.

Mercurialis wrote in the sixteenth century a book, "De Arte Gymnastica," or the science of bodily exercise, which he divided into, "gymnastics for athletes, for the military and for the cure of diseases;" he gave special attention to the last one, as it was used by the Greeks and Romans, and pointed out the use of the different movements in different diseases, and gave rules for their application in special cases.

Thomas Fuller, an English physician, published in 1704 "Medicina gymnas-

tica" or a treatise on the power of exercise in preserving health and curing disease.

Clement J. Tissot, a French physician, who several times gained the prize of the *Academie Royale de Chirurgie* for his lectures, published in Paris, 1781 "Gymnastique Medicinale."

Gutsmuths, Jahn, Olias and Spiess worked with energy to spread the German gymnastics or "Turnkunst," but they did not pay any attention to gymnastics as used for the treatment of diseases.

As Herodicus observed the curative effects of gymnastics on his own delicate health and thereby was brought to use movements in therapy, so did the Swede, *Pehr Henrik Ling*, in the beginning of this century, study the movement treatment, because he had cured himself of rheumatism in the arm by gentle percussions.

Ling had been a fencing-master and instructor of gymnastics, but now he studied anatomy and physiology, and the influence of the different movements and manipulations in different chronic diseases.

He brought gymnastics into a system corresponding with the knowledge of physiology and, this is the reason why it is called "the Ling's System," or the "Swedish Movement Treatment."

By ardent study and labor, Ling succeeded at last in making his new ideas recognized, and in 1813 the first "College for Pædagogical, Military and Medical Gymnastics," called the "Kongl. Gymnastiska Central Institutet," was established in Stockholm at the expense of the Swedish Government.

The principal studies for graduation are: Anatomy, Physiology, Pathology, Hygiene, Diagnosis, Principles of the Movement Treatment, and the Use of of Exercises for general and local development.

Ling died in 1839. His pupils Brandting, Georgii, Liedbäck and G. Indebetton published Ling's theories. Hereby and on account of the many foreigners, who studied at the Central Institute of Stockholm, Ling's art soon became known in a great part of the world.

Dr. Joseph Schreiber, of Vienna, (in his Manual of Massage and Muscle Exercise page 21) says: "The most powerful impetus, however, given to the revival of mechano-therapy originated with a Swede, the creator of the modern "Movement Cure," whose doctrines spreading to England and to Germany, have after many decades, and in spite of being marked by some extravagancies, gained universal recognition."

Dr. Ron, in St. Petersburg; Georgii, Indebeton, Bishop, and Roth, in London; Rothstein, and Nenmann in Berlin; Richter in Dresden; Schreiber in Leipzig; Melicher in Vienna; Eulenburg in Baden; Laisné at the "hospital des enfants malads" in Paris; Taylor in New York, and many others, established special institutions for movement treatment and published their results partly in medical papers, partly in books.

Endowed with depth of thought as well as creative genius, fortified by scientific information, and sustained by an untiring devotion to his task, Ling was early led from result to result by a careful classification of movements, and by a scientific examination of their different results. Ling distinguished in the first instance between *Active* and *Passive* movements; *Active Movements*, being such as the subject performs entirely by voluntary muscular contraction; and, *Passive Movements*, such as the subject takes no part in, beyond allowing the operator to *move* the whole or any portion of his body—as *flexion*, *extension* and *rotation*—and to *manipulate* it as in *stroking*, *kneading*, *pressing*, *percussion*, etc.

These simple movements Ling combines into, *Resistive* or *Duplex Movements*, viz: *Active-passive*, or "*concentric duplex*" movement, such as the operator resists, and, *Passive-active*, or "*excentric duplex*" movements, such as the operator overcomes when the patient resists.

Duplex, because two individuals engage in it; concentric, because the patient's muscles have to overcome a resistance which prevents flexion—a movement toward the trunk; excentric, because the force acts in a direction away from the body.

These movements cause an increased flow of blood to the muscle and soft parts, increasing thereby the circulation and removing accumulation of tissue waste. They cause resorption of exudations, transudations, and infiltrations and a separation of adhesions in tendon sheaths and in joints. They increase the oxidizing powers of the blood. They relieve the congestion of the brain, lungs, intestines, uterus, liver and kidneys by increasing the flow of blood to the muscles. They stimulate directly the sympathetic nervous system, thus increasing secretion, and reflexly the activity of unstriated muscle fibre, and so relieve various functional derangements. And they educate morbidly affected muscles, to convert abnormal into normal actions, and to suppress useless movements.

Dr. J. Schreiber in his book (page 67) says: "We understand by passive movements, all movements performed by the physician upon the patient, the latter remaining passive. The following results are obtained:

1. Extravasations occurring about dislocated joints are, by pressing and rubbing the tendons and ligaments in which they are embedded, finally liquefied, and thus more quickly absorbed.

2. In stiffness of joints the contracted muscles and tendons are forcibly but gradually elongated, and any existing exudations or vegetations within the joints are disintegrated and absorbed.

3. By the forcible stretching of the muscles their nerves are likewise stretched; molecular changes being thus set up in both.

4. Forced extension of the muscles causes pressure on their blood and lymphatic vessels, thus accelerating the circulation.

5. Finally, such muscles as have by rheumatic or neuralgic pains been kept in a state of inactivity, have some of their much needed exercise restored to them. Passive movements thus form in certain diseases, as in neuralgia and rheumatism, the introduction as it were, for the more painful active motions which have to follow."

Dr. J. Graham, Treatise on Massage, page 23, says, in 1844 the Supreme medi-

cal Board of Russia appointed two members of the Medical Council to inquire into the merits of movement and manipulation treatment as practised by M. de Ron, one of Ling's disciples at St. Petersburg, who had been using it then for a period of twelve years. From the highly commendatory report of the councillors we quote the following: "All passive movements, or those which are executed by an external agent upon the patient, as well as active ones produced by the effort of the voluntary muscles, and the different positions with the aid of the apparatus or without it, are practised according to a strictly defined method, and conducted rationally, since they are based upon mechanical as well as anatomical principles.

Experience teaches us the usefulness of the institution, as many patients thus treated have recovered their health after having suffered from disease which could not be cured by other remedies."

Before speaking about more details of this system, I must say a few words about what is meant by the word "Massage." Dr. J. Graham says: "Massage—to knead or handle—is a term now generally accepted by European and American physicians to signify a group of procedures which are usually done with the hand, such as kneading, manipulating, rolling, and percussion of the external tissues of the body in a variety of ways, either with a curative, palliative, or hygienic object in view. Its application should in many instances be combined with passive, resistive or assistive movements, and these are often spoken of as the Swedish movement cure. There is, however, an increasing tendency on the part of scientific men to have the word massage embrace all these varied forms of manual therapeutics, for the reason that the word 'cure,' attached to any form of treatment whatsoever, cannot always be applicable, inasmuch as there are many maladies that preclude the possibility of recovery and yet admit of amelioration."

In this I cannot fully agree with the author. Massage means *kneading*, and

when we go so far as to say that massage means the handling and manipulation of the flesh as in, kneading, pressing, stroking, tapping, etc., I think we have embraced all, that can come in under this term. To say that a passive movement such as flexion and extension, or even a duplex movement is massage or *kneading*, is too much to say, and has been a source of great harm both to patients and to the original Swedish system, as I shall have occasion to show later on.

"Scientific men will use the word *massage* to avoid the word *cure*." If these men had read a little about Ling's system, they would not have found the word *cure*, as Ling called it, "Sjukgymnastik," that is, "gymnastics for invalids," or better, "the treatment of diseases by movements," which also embraces the different manipulations, now grouped under the term *massage*.

Rosback (Lehrbuch der physikalischen Heilmethoden, Berlin, 1882) calls it, "Gymnastics and Massage." Schreiber's term is, "Mechano-Therapy."

Rothstein, Neumann, Eulenburg and others call it, "The Swedish Health gymnastics," but very few take to the term "massage," to mean both manipulations and active and passive movements. It is true, that we frequently see "movement cure" on circulars and in some books, but the term is used partly on account of lack of knowledge and part on account of fraud.

I should think, that the most correct and all embracing term would be "*Swedish Movement and Massage Treatment*."

Massage embraces the processes of kneading, pressing, stroking, rubbing, tapping, hacking, and percussing when applied to the muscles in question for the propulsion of blood, lymph, and exudations from the periphery toward the centre.

In Europe this is used, combined with movements, in local troubles such as: Neuralgia, muscular rheumatism, sprains, stiffness of joints and tendons, cerebral congestion, chronic dyspepsia and constipation, chorea, writer's cramp, etc.

Dr. Weir Mitchell, of Philadelphia, in his "Treatment of Nervous Diseases by Rest", has applied massage, as he says in his "Fat and Blood," page 71 "to deprive rest of its evils." This massage consists of gentle but firm rolling, kneading, friction, etc., of the skin and muscles of the whole body in order to bring about a free circulation of the blood and thereby improve or maintain the nutrition of the muscles.

No doubt this way of using massage in nervous diseases is of very great value, but all over the United States we find men and women pretending to give "massage" in the broadest sense of the term as used by Dr. Graham. These professionals claim to have received their training from Dr. Mitchell.

According to Dr. Graham's book, page 34, "Dr. Mitchell states over his own signature, that he does not teach massage." But suppose we admit that some of them have learned from Mitchell's masseurs, still, what do they know? How is it possible, that a man, who has been taught how to use his hands, only in a certain way, for a special malady can know how to use them, and how and when to apply proper movements in all the different diseases, which are treated by "Swedish movements and massage?"

Much experience and hard study is required in order, understandingly, to give a full treatment. The different manipulations may be for some persons easy enough to learn; but the active and passive movements, so indispensable for the cure of certain forms of disease, require an exact knowledge of anatomy and physiology for their proper application and performance.

I will now in a few words describe the mode of treatment which Ling systematized.

Ling distinguished between five different fundamental positions, viz: *standing, kneeling, sitting, lying and hanging*; these he subdivided into a number of starting positions with the arms, legs, trunk and head, which combined in various ways make nearly 12,000 positions, in which the different movements may be either taken or given. And so

the number of movements may be said to be endless to suit each particular ailment.

The movements may be spoken of as: *Strengthening* movements, such as flexion, extension, torsion, etc.; *Stimulating* movements as, percussion, vibration, etc.; *Quieting* movements as, rotation, friction, etc.; *Derivation* movements of the extremities; *Purgative* movements as, kneading, pressing and active movements on the bowels. Some movements have a special effect on the *respiration*, others on the *circulation*, etc.

To illustrate how these movements are applied in different cases, let us take, for instance, a patient suffering from *anæmia*. If he is well enough to sit up, we will give him:

1. "Chest lifting," a respiratory movement; the chest is expanded, the inspiration becomes deeper and is followed by a stronger expiration. Thus a greater amount of oxygen is taken in and waste matter given off. This must stimulate the functions of the organs and thus accelerate the process of renewal and an exchange of material in all parts of the body.

2. "Foot rotation" to equalize the circulation by increasing the flow of blood to the feet.

3. "Stomach vibration," which has a direct effect on the stomach and will improve the appetite and the digestion.

4. "Forward arm rotation," a respiratory movement, which has a similar effect on the first one.

5. "Trunk rotation," which brings the muscles of the waist and bowels into play, and acts on the circulation, especially in the portal system.

6. "Knee flexion and extension" with resistance. This has a strengthening effect on the flexors and extensors of the leg and promotes the circulation.

7. "Bowel friction" to promote operations of the bowels.

8. "Back percussion," which stimulates the nerve centres.

These movements can of course be applied to the patient in different positions according to his strength; and when the patient improves other and

more vigorous movements are used.

In a case of *constipation* a prescription of movements like the following would be the most effective :

1. "Leg flexion and extension", an active movement under pressure on the sacral region and the bowels. This movement brings into play the flexors and extensors of the legs and has a purgative effect on the bowels.

2. "Backward leg traction," a duplex movement alternately from a standing position the patient resisting forwards. Here the muscles of the bowels, the flexors of the thigh and extensors of the calf are in action. Wherefore this movement has a purgative as well as, a derivative effect on the organs of the pelvis.

3. "Forward trunk flexion" pressure being exerted on the sacral region and the bowels, from a lying position—active movement.

4. "Trunk torsion," from a kneeling position duplex—movement.

5. "Trunk rotation," from astride, sitting position—passive movement.

The third, fourth and fifth movements bring into play all the muscles of the bowels, increasing the circulation of blood in the portal system; they have a good effect on the digestive organs and act purgatively in a measure.

6. "Breech percussion, deep," standing position—passive movement. This acts on the sacral nerves, and has a stimulating effect.

7. "Bowel kneading and friction," reclined position, with the muscles of the bowels perfectly relaxed—passive. This acts directly on the intestines and promotes the operation of the bowels.

8. "Vertical arm flexion and extension," sitting position—duplex movement. This has a strengthening effect on the muscles of the arms, chest and back and tends to equalize the circulation of the blood.

In cases of *heart disease* movements must be given, which shall diminish the pressure of the blood and decrease the activity of the heart. Inspiration acts as a pump on the circulation towards the heart. Muscle contractions produce a pressure on the walls of the blood-ves-

sels, whereby the blood is forced towards the heart; hence, respiratory and circulatory movements are here of great value,

Dr. Gustaf Zander of the Mechanico-Therapeutic Institute in Stockholm says: "In heart disease, movement treatment is an uninterrupted necessity, at least during the winter. It is a pity for any such patient, who has the opportunity not to use this treatment. It is astonishing what excellent effects regular, gentle, but many-sided muscular exercises have on diseases of the heart. Some of these when not too far gone, can be entirely cured, others can be stopped from further development, and all can be relieved."

In *scoliosis*, where the muscles on the convex side are weakened and pathologically changed, and the muscles on the concave side normal, it is clear that the weakened muscles on the convex side must be strengthened and developed. According to Dr. T. J. Hartelius, the principal of the Central Gymnastik Institute in Stockholm, "The restoration of a pathologically changed muscle cannot be produced by mechanical extensions, but only by muscular exercise and electricity."

"But," he says, "for the restoration of a curved spine extension is necessary. The question is, therefore, whether this can be effected by the organisms own remedies. This is easy enough to prove. In mild cases of lateral curvature, where there is not yet any deformity in the vertebræ, the spine is straightened at each extension of the back. By flexion to the convex side, the spine is not only straightened, but it can be bent so far as to display a curve to the other side. In cases where the deformity of the vertebræ makes a full extension of the spine impossible, it is still possible by its own strength to produce an extension in its highest degree.

For instance, in a "Forward trunk flexion and extension" the patient stands supported on the thighs and bends forwards; when he raises himself up the operator resists him on the neck. Or, in "Backward trunk flexion" the patient is lying on the front of his legs, and raises the back up backward.

These, and a few other active movements, can better than any other mechanical remedy straighten out the curved parts. In a one-sided scoliosis, for instance, with the convexity to the left, "lateral trunk flexion to the left" may be given. The operator puts his hand on the highest point of the curve, and resists the patient when he bends down. This can be performed either with the patient sitting, standing, or lying on his right side. Several other movements are also given, with the view and intention of strengthening the muscles on the convex side, and straightening out the spine, and should be used according to the strength of the patient, and the particular shape of the deformity.

Dr. Schreiber (page 86) says: "The treatment of scoliosis by the Ling system, which has scored some of its greatest successes in this very department, requires however quite a special study, and can hardly be carried out without both apparatus and trained assistants."

Dr. M. Eulenberg in "Die Schwedische Heilgymnastik, Berlin, 1853, says:

"Ling's method is the only truly rational therapeutic means for the cure of chronic disturbances of motivity, such as result from spinal curvature, and for pseudo-ankylosis, the phthisical-tendency, pigeon-breast, peripheral paralysis, etc.

Even in cases of paralysis from lesions of the cord, it may still effect a cure, where all other measures, undertaken after the original disease has run its course will be found useless. Ling's gymnastics have an even greater and more certain effect upon innervation and nutrition, than the common form of gymnastic exercises. Spinal (lateral) curvatures, resulting from faulty carriage (in consequence of a preponderance of muscular force on one side of the body) are nowadays never treated by any good orthopædist by any other means than the Swedish system."

In various joint affections this treatment has been used with great success. It may be used to increase the circulation in and around a joint, or to promote absorption and to squeeze exudations out of the joint.

In treating a *sprain* of the ankle we begin with gentle centripetal frictions, commencing at the toes and gradually proceeding upwards as far as the painful spasm reaches, using the finger-tips, then the whole surface of both hands. As the pain diminishes more and more force may be employed, and when the contraction has so far relaxed as to leave the joint movable, gentle passive flexion and extension, and rotation of the foot should be performed. After the second or third sitting the movement of the ankle-joint will generally be quite free and almost painless; then more force may be applied and active and duplex movements used. Usually the treatment is repeated two or three times daily. Provided there is no fracture, four to ten days is enough to cure the patient, and the sooner treatment is begun the quicker will be the cure. Other joints are treated on the same plan. But the hip and shoulder joints are more difficult to treat, and require a much longer time in order to produce a cure. And so on, each different disease has its own peculiar treatment.

It may be stated as a fact that not only in the Central Institute in Stockholm, but in a number of Swedish movement institutions in many parts of Europe, that the following diseases have been treated successfully according to this method: *Chlorosis, Anæmia, Scrophulosis, Scorbutus, Different Neuralgias, Rheumatism, Gout, Different Venous Congestions, Adhesions of the Pleura, Emphysema, Hysteria, Hypochondria, General Nervousness, Insomnia, Epilepsy, Paralysis, Chorea, Writer's Cramp, Bronchial Catarrh, Heart Diseases, Dyspepsia, Constipation, Hyperæmia of the Liver, Paralysis of the Bladder, Disordered Menses, Prolapsus and Adhesions of the Uterus, Round Shoulders, Chicken-Breast, Scoliosis, Chronic Joint Diseases, Stiff and Sprained Joints and Tendons, Hydrarthrus, Muscular Atrophy, and a few others.*

After what has been said, it may be easily understood that it is absolutely necessary that the operator should not only be fully acquainted with the move-

ments and their uses in different cases, but should also have a full knowledge of Anatomy and Physiology, and of the exact character of the disease which he is to treat. Still it has happened several times that I have been called in by physicians to treat some of their patients, and when I have asked what the trouble was I have been told that it was not my business to know.

Gentlemen, it is co-operation between the medical profession and the gymnasts, which is desirable and necessary in order to produce the best results.

Having now given a short description of the Swedish movement and Massage Treatment, I shall here give a few cases to prove its value.

From Dr. Hartelius, of Stockholm, I quote the two following cases:

1. "A lady, 30 years old, with a dangerous organic heart disease—*Stenosis of left ostium atrio-ventriculare, with insufficiency of mitralis*. The action of the heart was very weak. The patient suffered with great shortness of breath and painful palpitations; a great deal of subcutaneous effusion in the lower extremities; and also considerable effusion in the peritoneum. Her aspect was cyanotical.

Mild *chest-liftings and vibrations* were given to produce strong inspirations, also rotation of the arms and legs to increase the circulation, gentle rotation and torsion of the trunk to act on the portal system, and centripetal friction on the lower extremities to promote resorption of the subcutaneous effusion. In the beginning the movements were very mild, but gave relief for a few hours at a time. Later the movements were applied several times daily, and now more lasting effects were produced. The patient received great relief, and more strength, and the effusion was lessened; but of course her organic trouble could not be cured. Experience tells us, that each difficult heart disease must nearly always be under the influence of movement treatment in order to secure permanently good results."

2. *Hyperæmia of the liver*.—"A gentleman of middle age had been ailing a couple of years. He had grown very

lean, the skin was yellow, and his feet and ankles were swollen. The liver was considerably enlarged, especially the left lobe. There was no organic heart disease; there was a mild catarrh of the lungs; operations of the bowels were slow and difficult. He was treated twice every day by means of movements, and no other remedies were used. After one month the patient was considerably better; the liver was smaller; swelling had disappeared; appetite and flesh had increased. After the second month, having been treated once a day, the patient was cured."

Insomnia.—The 1st of October, 1887, I was called to see a gentleman, 40 years old, who had been without sleep for three weeks. He was very weak and complained of pain in the back, legs and wrists. He was considerably nervous, and had no appetite. The attending physician prescribed the diet and medicine, and I applied the movement treatment.

In the beginning, gentle compression of nerves was applied and frictions from the shoulder toward the fingers, from the hip to the toes; also mild chest-lifting and vibration; gentle friction across the bowels and down the back, and at the last over the head. The patient had some sleep the first night, which was increased a little every following night. After a few days the force of the manipulations was increased, and kneading and vibration, flexion and rotation of the extremities were applied. After two weeks the patient slept the whole night, and duplex movements were added to the former. One month after the treatment commenced the patient was well, but continued to take treatment at the institute for another month, during which he gained considerable strength, and became twelve pounds heavier than ever before.

Paralysis as a result of apoplexy.—A gentleman, 50 years old, was stricken with apoplexy resulting in a partial paralysis of the right arm and leg. Two months later I was called in by his physician to apply movement treatment. The patient was at this time still in bed, unable to move himself.

After three weeks' treatment the patient was up, walking about in his room, and now improvement was noticed from day to day. Six weeks after beginning the treatment was it stopped; the patient being able to walk as well as before the stroke, and having full use of his arm.

Here it may be well to say, that such persons, who have been troubled once with apoplexy, ought never to stop taking treatment, or at least only at short intervals—unless he has plenty of other healthy exercise—as it is the best means to prevent another stroke.

Rheumatism and neuralgia.—On September 24th, 1886, a lady, 55 years old, came to see me. She was five feet and six inches tall, and weighed 230 pounds. She complained of rheumatism in her legs and arms, and could only walk up one flight of stairs with the greatest difficulty. On her arrival she was gasping for breath and sat down to rest for nearly an hour.

Eight weeks later, having taken treatment every day, the lady asked me if she might walk up to the top of the Washington Monument (about 900 steps). Although I knew that she had improved marvellously, and had lost nearly 30 pounds, I told her that it would be better not to try it yet, because who should carry her down again if she got tired.

She laughed and told me that she had walked up the previous day, looked around for half an hour, and walked down and home, about a quarter of a mile. She felt very well after it, and had no lameness or pain. After ten weeks' treatment the lady was entirely well, having had rheumatism for the last five weeks, and her weight was now 196 pounds. Last summer she called to tell me that she still felt like a young girl, and was going west for the rest of her life.

A gentleman, 31 years old, had suffered with muscular rheumatism in his right shoulder and arm for two weeks. He had not had any relief nor sleep for several days, when he came to me. Five days later he was cured.

Dr. N. N., 45 years old, had been in bed about three weeks with a very pain-

ful lumbago, and was unable to move himself. I gave him movement treatment six times, after which he was out attending to his own business.

A gentleman, 42 years old, had suffered from lumbago and indigestion for nearly eight months, and had given up all kinds of treatment. In April, 1883, I was called in by one of his friends. The patient who had once been a very strong and healthy laborer, was now run down to a thin, very feeble looking man. He did not believe in my treatment, but he submitted to a trial of it. The first treatment being satisfactory, it was continued every day. The improvement was remarkable. The pain became less and less; and the appetite and strength were increased every day.

After three weeks' treatment the patient was well enough to attend to his business, and discontinued the treatment. Half a year later, when he felt some symptoms of the lumbago, he came to my institute and took one month's treatment. He has been well ever since.

A lady, 29 years old, suffered from *sciatica* for ten months. She had been in bed most of the time, and all kinds of treatment had been tried without any relief. One day, in August, 1885, she felt well enough to be taken in a carriage and carried into my institution, where the treatment was applied. It pained her a great deal, but after a while it gave her relief, and she returned the next day. The fifth day she walked alone to the institute, and after three weeks' treatment she was cured.

Stiffness of joints and tendons.—A rather feeble lady, about 45 years of age, was struck on her right forearm. There was no fracture nor sprain, but the arm was kept in a sling for two months. Then the lady found that she could hardly move her arm, at the shoulder joint. The adhesions were broken up. During the operation the shoulder was mechanically dislocated and reset. Inflammatory adhesions followed, and the operation was repeated with no better result. The joint was stiff, with great inflammation of the deltoid and the adjacent nerves and tendons, and so tender

and sore that it could not be touched, when the physician prescribed massage.

The patient being under the influence of an injection morphine, administered by the physician; I was enabled to apply treatment, consisting of centripetal kneading and stroking. After a few days the injection was discontinued and passive movements were applied, in addition to the manipulations. Two weeks later active and duplex movements were used. After two months' treatment the patient was well.

Sprains.—A gentleman, 36 years old, sprained his right ankle by a fall, and had been on two crutches for eight months, when he came to me for treatment. There was no flexibility of the ankle, which was very tender and swollen. After six weeks' treatment, once a day, the patient was cured.

Last year one of my assistants sprained his left ankle in a gymnasium. He was brought home by his friends, and told to keep quiet in bed. He kept on all night bathing the leg with hot and cold water, and came next morning to the institute. The joint was slightly dislocated, the foot was turned upward and inward, and twice as large as usual. He was a strong young man, so I at once went to work and succeeded in putting it straight, after which a full treatment was applied. After four days' treatment, twice a day, he was well.

Hydrarthrus (Water on the knee)—Prof. Dr. J. Nicolaysen of Kristiania, in (*Norsk Mag. f. Lægevidenskab*, 1874), communicates the following case:

"A man, 32 years old, had suffered from hydrarthrus for six and one half years. Repeated puncture and evacuation had always been followed by a re-accumulation of the fluid. Massage was used for several months, and the patient returned to his work. There was no relapse."

Another gentleman, 26 years old, had suffered from hydrarthrus of the knee for two months, when he came to the same professor, who sent him to me, being at that time in Norway. After two weeks' treatment the collection of fluid in the knee-joint disappeared, but the swelling of the capsule continued.

After five weeks' treatment the patient was well.

The following are a few extracts from reports of the Swedish Movement Institution in Bremen:

"Of 10 digestive disorders, constipation, cardialgia, flatulency, dyspepsia: 6 were cured, 3 greatly improved and 1 improved.

"Of 59 spinal deformities: 23 were cured, 17 greatly improved, 14 improved and 5 still under treatment.

"Of 6 cases of muscular weakness; 5 were cured and 1 greatly improved.

"Of 8 rheumatic disorders: 7 were cured and 1 greatly improved.

"Of 13 sprains, wrist, finger, knee and ankle being involved all were cured in from four to twelve sittings."

A number of other cases could be given both from my own institution and others, but I believe these to be sufficient to show that the Swedish movement and massage treatment is well worthy of adoption by the medical profession in the United States.

A NEW SUTURE IN CÆSAREAN SECTION.*

BY W. P. CHUNN, M.D., OF BALTIMORE,

Chief of Clinic to the Chair of Diseases of Women and Children of the University of Maryland, and Assistant Surgeon to the Woman's Hospital of Baltimore, Md.

The very short paper here presented is to call attention to a method of suturing designed to be used to close the incisions made during Cæsarean section. So far as I know it is original and it is left to the Society to judge of its usefulness. In regard to the details of the operation I have a suggestion to make which I think might shorten the time required and prove of great advantage. We know that many patients die of shock on account of length of time, etc., some of septicæmia, etc., septic trouble being produced by escape of fluid from the uterine wound into the peritoneum. The escape of fluid is found to occur by reason of shrinkage of the uterine

*Read before Clinical Society of Maryland, February 17th, 1888.

tissue and consequent loosening of the sutures and gaping of the uterine wound. I offer then as a suggestion and for what it may be worth, the following method of using the same row of suture for both abdominal and uterine wound and thus lessening the chances of shock and septicæmia. The uterus having been evacuated I would if necessary sew up the upper angle of the abdominal wound in the ordinary way *until* the abdominal wound and the uterine wound were both of the *same length*, then by introducing the ordinary suture through one lip of the abdominal wound then through the corresponding lip of the uterine wound and crossing over and passing the sutures out through the other lip of the uterine wound and then out through the corresponding side or lip of the abdominal wound we would obtain a single row of sutures which it seems would close both wounds effectually. The sutures should be entered one-half to three-fourths of an inch from the margin of each wound. In this way the suture being secured a strip of parietal peritoneum comes in contact with a strip of uterine peritoneum along the whole length of the uterine wound on both sides of the incision and then the peritoneal cavity is shut off from the uterine discharges. In addition to the adhesive inflammation surrounding the uterine wound we would have parietal peritoneum pressing directly upon the closed uterine incision.

That there are some advantages in this method cannot be denied. The question remains for decision, however, whether the disadvantages will not counterbalance the advantages. There would certainly be a great saving of time and labor as one row of sutures can be put in much more quickly than three rows. If any fistula resulted the discharge would occur outside of the peritoneal cavity.

Any resection of muscular tissue for the purpose of bringing in contact opposing surfaces of peritoneum would be avoided. Surgical shock would be diminished and the operation greatly simplified. The ends of the sutures be-

ing outside of the abdomen could be lightened as occasion might require. Let us now consider the disadvantages.

1st. Would there be sufficient traction exerted to cut out the sutures? I think not. We know that a retroverted uterus may be dragged up out of the pelvis and stitched to the abdominal peritoneum and continue in position. The abdominal walls admit of sufficient *depression* to form firm adhesions about the cervix after an extra peritoneal stump is left behind. This fact shows how depressible the abdominal walls are. Immediately after labor the uterus is at least eight inches in length. At the end of a week it is six and half inches in length; so that we see the relaxed abdominal walls about the upper angle of the wound would only have to sink in an inch and a half during *seven days*. If the parts should remain in contact so long, union would be complete. If a fistula should occur in all probability the discharge would flow outside of the abdomen. We know many cases of cattle horn laceration have gotten well not only without any fistula, but without any stitches having been inserted whatever.

The uterus would not remain permanently elevated anymore than a supravaginal cervix after an extra-peritoneal cystectomy. The writer was induced to make these suggestions by watching the results of a similar operation on the bladder where the whole length of that organ was cut open during an exploratory laparotomy for a fibroid tumor of the uterus. The bladder and abdominal walls were stitched together with one row of sutures as already described in such a manner that the two layers of peritoneum stuck fast together, thus preventing a single drop of urine escaping into the peritoneal cavity. Theoretically there would seem to be no objection to the operation as described. To be demonstrated or practical it will have to be tried.

No progress has been made, so far as can be seen, in the passage of the Bill, now before the Legislature of Maryland to Regulate the Practice of Medicine in the State.

CAN A GANGRENOUS LIMB BE AMPUTATED, AND BE UN-ATTENDED WITH HEMORRHAGE?

BY JAS. G. WILTSHIRE, M.D.,

Clinical Assistant at the Baltimore Eye, Ear and Throat Charity Hospital, Physician in Charge of the Baltimore Orphan Asylum.

That there have been in gangrene small, yea, vessels of large caliber cut through without the occurrence of hemorrhage, was a source of wonderment to our forefathers up to, at any rate, the seventeenth century; indeed, when we recognize in mortification such a lowered vitality of the tissues of the part affected, and of the blood to which they look for their nourishment, we are somewhat prone to accept with a degree of incredulity the truth that nature can and does make provision against loss of blood when such a limb is amputated, whether by the knife or nature.

We will now give some of the methods employed by nature to preserve herself in such a danger; and when we throw open the windows of research, and look in upon nature's work and wisdom, so to speak, we can but marvel at her economy; and the first and most striking thing that engages our attention is that the integrity of the blood vessels is preserved for some time after the other tissues have perished; this, however, is but the starting point in the revelations of her mechanism for protection of self against the loss of blood. It has been further demonstrated that an artery, passing through a gangrenous territory, is occluded by coagula of blood as far up as the next collateral branch.

In Petit's writings the above fact is put in the following forcible way: "When a gangrenous limb is cut off in the dead part, no hemorrhage occurs, because the blood is coagulated a *great* way in the vessels." A similar statement is made in the *Mém. de Acad. des Sciences*, 1732: We have several examples of limbs amputated on account of gangrene in which no hemorrhage occurred, although the amputation was made a con-

siderable way in the living tissues, because the clot was not confined in these cases to the dead part, but was continued forwards into the living as far as the inflammatory disposition extended.

Notwithstanding the fact that the arteries are occluded by coagula of blood, yet we are not willing, with the light that pathologists of recent years have thrown upon this subject, to trust alone to the power of a coagulum in a state of necrosis to support a column of blood, but admit the aid of a fibrinous deposit which is now thrown out by an adhesive inflammation into the vessels and tissues of the diseased area; into the former to more completely occlude their lumina, and fix the plugs to their walls; in the latter to limit the process of sphacelation; this is most apt to follow when the gangrene is the result of arterial occlusion.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD FEB. 3RD, 1888.

The 204th meeting of the Clinical Society of Maryland was called to order by the President, Dr. N. G. Keirle in the chair.

Dr. Wm. H. Welch described the
PATHOLOGICAL ANATOMY OF INFECTIOUS
PLEURO-PNEUMONIA OF CATTLE WITH
DEMONSTRATION OF SPECIMENS.

He said the subject was an interesting one, aside from its pathology, on account of the economic interest it bore to stock raisers and dairymen. It prevails in this country extensively and large sums of money have been appropriated to stamp it out. If it is not checked it is bound to cause greater loss as time goes on. It has doubtlessly existed from remote times, but only in the last two centuries has its description been accurately carried on. It prevails in this country chiefly in localities east of the Alleghanies. New York and

Brooklyn representing one center and Baltimore another. So far it has never gained a firm foothold west of the Alleghanies. The disease is a contagious one, not spontaneous so far as is known, and always due to infection. The period of incubation varies from three weeks to three months and it may be as long as six months. The onset is insidious. The animal begins to cough, its temperature becomes elevated, with loss of appetite, etc. Often much can be determined by physical signs when practised by experienced hands. Sometimes these acute symptoms subside and the disease passes into a chronic state. Again it may run a latent course and it is then not easily recognized. The disease is a fatal one with an average mortality varying from 30 per cent. to 50 per cent. The distinguishing feature in the normal anatomy of the lungs of cattle is the connective tissue around the lobules. It is not abundant, but characterized by the looseness of its meshes. If the animal dies in the early stage of the disease we find in the lung one or more foci of inflammation. Sometimes the whole lung becomes affected. The affected portion is consolidated, more or less of its elasticity is lost and it is friable. The pleura is always affected and in some cases a well-marked pleurisy is observed. A cut section shows a variety of appearances. Not only are the lobules affected, but the interstitial tissue also. Some lobules may be red, some gray, others dark, etc., and moving through this are bands of tissue. The early stage of the disease is marked by œdema, later it is red and still later the appearance is gray. The interlobular tissue appears as broad bands due to its infiltration with serum and fibrin. The small bronchi are inflamed in the immediate vicinity of the inflamed area and contain muco-pus and fibrin. The microscope shows that the air cells are filled with the ordinary products of inflammation. In the interlobular tissue the lymph spaces are filled with large blocks of fibrillated fibrin. Emigration of white corpuscles does not penetrate deep into the interior. They are found to undergo coagulation-necrosis.

As regards the termination of the disease there is no proof that the lung ever reaches again its normal state. Sequestra form in the areas of inflammation and fresh plero-pneumonia may set up from these. The formation of these sequestra always takes place in the interlobular tissue and bands of tissue run into these which correspond to the bronchi and bloodvessels. The sequestrum may disappear by invasion of granulation tissue from the outside and the exterior becomes peculiarly worm-eaten in appearance. There is no proof that the disease affects other organs than the lungs.

The disease is infectious beyond all doubts. A great many have described organisms and this is the most sensible hypothesis. It has never been produced artificially. The *materie morbi* as yet is open to investigation.

During the course of his remarks Dr. Welch illustrated the points he made with some very beautiful specimen of the disease in its different stages.

DISCUSSION.

Dr. Patterson in response to an invitation from the members of the Society, said that he was unable to go into discussion very deeply because Prof. Welch had brought out all of the points of interest pertaining to the disease in question. He did not believe there was any way to eradicate it except by destroying the animals. The subject is such an important one that National legislation should be directed to aid in its suppression.

Dr. L. McLane Tiffany asked if the droppings from an infected herd would cause infection in other herds should they come in contact with it.

Dr. Wm. H. Welch said the disease may be transmitted without contact. There is a singular insusceptibility to the disease in some cattle. An animal may be carried to a place and no disease develop. He thinks, too, that it is necessary to have a National law to eradicate it. National and State laws sometimes cooperate to that end, as in Maryland for example. Destruction of the animal

is the only way to destroy the disease.

Dr. Patterson, in reply to a question, said that he had not experimented with the milk of animals affected with pleuropneumonia, and, therefore, he could not say whether the disease could be transmitted in that way or not. One thing, however, the milk does not secrete in the acute stages and therefore it does not get into the market. Meat in the acute stage is dangerous.

Dr. E. O. Belt read an interesting paper in which he gave the report of

100 CATARACT EXTRACTIONS

at the Presbyterian Eye and Ear Charity Hospital.

Dr. Hiram Woods read a report of cases of

HALLUCINATIONS FROM LARGE DOSES OF SODIUM SALICYLATE.*

DISCUSSION.

Dr. I. E. Atkinson said that he had had no experience with hallucinations from the use of sodium salicylate. We are all acquainted with the action of the drug and many of the failures reported are due to the fact of not pushing it far enough. He always does so. He is now treating a case where all of the serious symptoms of its physiological effect come on. He stopped the drug and since its effect has worn there has been no return of the rheumatic pain for which it was given. He was surprised to know that 20 grains every four hours would cause such symptoms as were related by *Dr. Woods*. He gives 20 to 25 grains every two hours and if bad symptoms come on its use has to be suspended.

Dr. J. S. Conrad said he had been treating a patient suffering with acute melancholia. During its course an attack of acute rheumatism came on which was treated with sodium salicylate. Under its use the hallucinations disappeared and she soon got well of both troubles.

Dr. Samuel Theobald said that he uses 15 or 20 grains every three hours of sodium salicylate and in those doses it seems to become cumulative. He usually tells his patient to lengthen the intervals at which it is given if the administration is to be kept up for any length of time.

Dr. Hiram Woods said *Dr. Colston* had found 5 cases out 100 where hallucinations were present. In three of these delirium occurred with a temperature over 103°. His case was the only one of the kind he had ever seen and he would have attributed it to some other cause if he could have found it. We have to use large doses if we want to get the effect. In the case reported by *Dr. Chisolm* where such large doses were taken no delirium occurred.

STATED MEETING, HELD FEB. 17, 1888.

Dr. Randolph Winslow read an interesting paper, entitled

RESECTION OF USELESS AND DEFORMED JOINTS, RESULTING FROM INFANTILE PARALYSIS,*

Dr. N. G. Keirle exhibited a specimen of

ADENO-CARCINOMA OF THE RECTUM.

The patient, from whom it was taken, was about 60 years of age, and had been an assistant nurse in the hospital previous to death. The growth was seated high up the pelvic cavity, and out of the reach of the finger. Patient had suffered once from hemorrhage from the rectum, but attributed it to piles. There was also another hemorrhage just previous to death. Pathologically the growth consists of the epithelium of the part which has undergone hyperplasia.

Dr. L. McLane Tiffany showed three specimens of

CANCER OF THE RECTUM.

The first one was taken from a patient

*See MARYLAND MEDICAL JOURNAL, February 25th, 1888.

*See MARYLAND MEDICAL JOURNAL, March 10th, 1888.

on whom he had done colotomy in 1877.

The second one was from a case operated on in 1882, and there was no recurrence in 1887.

The third was from a patient operated on in November last. Patient was a male, æt. 46 years, who came into the Maryland University Hospital, suffering with difficult defecation and a bad smelling discharge came from the rectum. Examination of the parts showed a faint vertical line of rectal mucous membrane not involved. The rectum was movable. About half of the sphincter was saved by operation. The anus was slit backward to the coccyx, and the incision was carried forward, so that part of the sphincter was left intact. The bowel was then cut, and the growth taken away. There was a good deal of hemorrhage, which was controlled with pinch forceps. The patient was put to bed with seven forceps hanging to his rectum. A very little temperature arose after the operation and this soon subsided, when all went well. The wound was washed with bichloride of mercury. The pinchers came off within a week, and at the end of one month the patient went out with the bowel coming down to the skin. There was every prospect of a good rectum from the operation. In the woman operated on in 1882 there is no incontinence of feces.

He said that his method of operating now in such cases is different from what it used to be. In cases like the first one shown, instead of doing colotomy, as he did then, he would now extirpate the rectum. That patient did well for eleven months, after which she suffered horribly from a discharge of the bowels. He thinks that failure in former years in the operation was due to drawing down the rectum. Now free incision is made toward the sacrum, and the parts are kept perfectly clean.

DISCUSSION.

Dr. W. B. Platt said that he had done one case of proctotomy where free drainage was done by dividing the stricture down to the sacrum. The

patient fully recovered in three weeks, and has good stool at present. Sometimes in this operation the hemorrhage is very considerable.

Dr. Randolph Winslow said he thinks there is no occasion to fear hemorrhage in proctotomy. He had operated on one case where only a No. 8 bougie would penetrate the structure.

W. J. JONES, M.D.,

Secretary.

THE TREATMENT OF ANEURISM OF THE THORACIC AORTA BY MOORE'S METHOD.—*Charneil* collects twelve cases, and adds three, hitherto unpublished, treated in the clinic of *Lépine*. The method consists in the introduction through a canula into the sac of a foreign substance—usually a steel wire or watch spring—about which coagulation of the blood may take place, and obliteration thus brought about.

It is sufficient for our purpose to give the conclusions of the paper, which are as follows:

The procedure was not followed by recovery in any of the fifteen cases thus far reported.

Nevertheless, the operation seems to involve no risk to the patient: post-mortem examination gives some grounds for hope in the future; clinically, this method of treatment has almost always been followed by an improvement in the local condition, as well as in the subjective symptoms of the patient. Therefore, further attempts are not only justified, but should be encouraged.

As regards the details of the operation, it would seem that the best results are likely to be obtained by

(1) A preliminary exploration of the aneurism by acupuncture needles.
(2) The introduction of a watch spring through a flat canula, as advised by *Bacelli*.

(3) By the observance of the strictest antiseptic precautions. It is understood that *Tufnell's* form of treatment should be carried out at the same time.—*Boston Med. and Surg. Journal*.

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BALTIMORE, MARCH 17TH, 1888.

Editorial.

IS DENTISTRY A PROFESSION OR TRADE?—During the past quarter of a century dentistry has made great progress as an art and as a practical science. Dental schools have been established and the education of the dental student has been so broadened that the graduate in dentistry is in many respects fully qualified to rank among the classes of liberally educated men. The claim that dentistry should be classed as a specialty of medicine has been insisted upon by a number of dentists and the profession of medicine has not discouraged this idea. In fact a Section in Dentistry has been created by the American Medical Association in furtherance of this idea. That good will result from this attempt to raise the calling of dentistry to the position it should occupy as a special branch of medicine we doubt not; but before the claim to full recognition as a specialty is conceded and the clear title of profession, as distinguished from that of a trade, is accorded, certain reforms in methods now practiced by dentists must be insisted upon. We have no doubt that many of the best men in dentistry will agree with us in the statement that a profession should not trade on its in-

ventions or discoveries, yet this practice is still employed by dentists to the discredit of the science and to the lowering of its practice. A dentist invents a dental chair, a dental engine, a tooth or instrument, all of which may be of value to his craft. What does he do with it? Give it to his fellow-associates? No. He immediately covers it with letters-patent and sells it as an article of trade. What would have been thought of Marion Sims or Lennox Hodge, or of any physician who may have enriched his profession by his mechanical ingenuity, had he have covered his appliance with a patent and have used the same to his pecuniary advantage? By general consent he would be regarded as a tradesman of the meanest order. We have a practical illustration of this in the history of medicine. Many years ago one Chamberlaine discovered the obstetrical forceps and for years held the same as a family secret. The instrument was used as a means of private gain and its employment was practically forbidden so long as the Chamberlaines could use it as an instrument of extortion. What think we of the Chamberlaines? Is the practice of the dentists in any respect an improvement upon that of the Chamberlaines or is it in any respect less open to criticism and disapproval? We think not, and in this opinion we have the support of a number of dentists. We believe the time will come when all respectable dentists will repudiate the methods to which we refer, and when such becomes the case the claim that dentistry is a profession and not a trade will be generally conceded. The distinction between a profession and a trade is sharply defined. A profession is a trade and something more, a trade is a profession and something less.

THE PRESYSTOLIC MURMUR.—Once more the subject of the presystolic murmur is brought forward. It has received different explanations and has been the subject of much discussion, but the majority of writers seem to agree that a presystolic murmur points to a stenosis of

the mitral valve. The fine shades of distinction necessary in auscultation, and the large number of unskilled auscultators, make it very easy for a presystolic murmur to be passed by unclassified, or to be diagnosticated as a systolic murmur. Therefore to most persons the fact of the presence of a presystolic murmur was evidence of a diseased mitral orifice.

Dr. Byron Bromwell (*Am. Jour. of the Med. Sciences*, March, 1888,) in reviewing this subject, and evidently not satisfied with the explanation, brings forward the theory of the late Dr. Austin Flint, who after long years in the study of diseases of the heart was always looked up to as the leader in auscultation and percussion.

As early as 1862 Dr. Flint saw a case of aortic insufficiency with mitral presystolic murmur, which led him to believe that a mitral presystolic murmur could be produced without mitral lesion, and since that time having seen similar cases in all of which a presystolic murmur was heard, and yet the mitral valves were healthy, he ventured to give the following now well-known explanation:

Immediately after the time when the blood has passed from the auricle to the ventricle and before the systole, the insufficient aortic valves allow the blood to regurgitate backward from the aorta into the left ventricle, and the blood in the overfilled left ventricle, causing the mitral valves to float together just as the current of blood is passing through the left auriculo-ventricular opening, the valves are made tense, and the current causes a murmur.

In 1874 Dr. Frank Donaldson reported, before the Medical and Chirurgical Faculty of Maryland, a case (observed in 1867) in which there was an aortic insufficiency and a stenosed mitral orifice, and yet the patient had no presystolic murmur. In this paper Dr. Donaldson reported fourteen cases of insufficiency of the aorta, of which eleven were cases of affected mitral valve without the presystolic murmur, and three cases (Flint) of normal mitral valve with the presystolic murmur.

Dr. Bromwell reports one very interesting case, with valuable tracings, to support the explanation of Dr. Flint and Dr. Donaldson.

EMPEROR FREDERICK III. AND HIS MEDICAL ATTENDANTS.—When a man of great social or political prominence has the misfortune to need the services of the profession of medicine, an attempt is made by a certain class of journalists to misconstrue facts and to throw mud upon the professional and ethical relations of physicians in attendance upon the distinguished personage. This was the case during the illness of President Garfield, and the same attempt was made during the illness of General Grant. During the prolonged illness of the present Emperor of Germany, various statements have found their way into the press to the effect that his physicians were quarrelling and differing in regard to the treatment of his case. * The attempt has been made to create false impressions, and by misrepresentation to detract from the dignity and good ethics of the medical profession.

Why such statements should be spread broadcast we are unable to understand, especially when there is no foundation in fact for their propagation. We are glad to see a bulletin issued by the physicians in attendance upon the Emperor, to the effect that all reports published in the press alleging differences of opinion among his physicians are without foundation. The bulletin states that as regards their ideas of the nature of the illness, no differences of opinion exist. The sole responsibility for the conduct and treatment of the case, as prior to the operation, remains, they say, in the hands of Dr. Mackenzie. In the interest of the august patient they ask that foreign papers abstain from all discussion concerning his illness, or the methods or instruments used in his treatment.

THE DOCTOR AND HIS FEE.—A certain medical teacher once said that there should be a chair in every medical school to teach how to charge. The Fee Table

is supposed to be a standard; but how many can and will follow it? The established practitioner with a reputation puts his consultation fee up according to this reputation, while the young man beginning life and discouraged with small gains, put his fees down to suit the pockets of the poorer class. Both of these extremes may be wrong, but it is putting down the fees which degrades the profession. The doctor with his high charges soon becomes known, and whoever consults him willingly in spite of this need not complain; but men who charge small fees, such as fifty cents even for an office consultation, (and many of them unfortunately do it,) find patients able to pay more who gladly avail themselves of the chance to pay little. Such patients speak of these doctors as "fifty-cent doctors" and rate them accordingly. Such men charge small fees, because, as they argue, it is better to get that than nothing, and the servant class is unable to pay more. It is the servants above all people who are able to pay the doctor if they will. Servants receive from \$10 a month up, with board and lodging. In the large majority of cases the wages go for finery, and they put the money on their back. Medicine is no trade, and no member of this noble profession should be willing to "sell out below cost" to gain a certain kind of reputation and to make a few more dollars.

Miscellany.

DIGITALIS IN THE TREATMENT OF PNEUMONIA.—In a recent graduation thesis, Dr. Ilie N. Antomu, of Bucharest, reports one hundred and forty-two cases of pneumonia treated by Professor Petrescu with large doses of digitalis, and compares the results obtained with the average statistics of pneumonia. The digitalis was given in very large doses—from one to two drachms of the leaves in infusion in the twenty-four hours. In no cases, however, were any evil effects from these large doses observed, and the fatal secondary heart-

depression, so feared by some authorities, did not occur. From a careful comparison of the cases reported, it does not appear that the disease was materially shortened, the defervescence occurring in most of the cases at the usual time. The mortality, however, was much below the average, the percentage being only a little over one, while in all the other tables, collected from various sources, the mortality is given as from three to twenty-four and a half per cent.

The author's conclusions, which are somewhat extravagant, are that it is possible to abort pneumonia by large doses of digitalis, especially if the treatment be begun early in the course of the disease. He maintains, also, that from sixty to one hundred and twenty grains of digitalis-leaves may be given in infusion in the twenty-four hours without any fears of heart failure resulting from over-stimulation and subsequent fatigue.—*Med. Record.*

LONGEVITY IN JAPAN.—According to the census of January, 1, 1887, the population of Japan numbers 38,507,177. There are 1,086,001 between seventy and eighty years of age; 247,055 between eighty and ninety; 12,220 between ninety and one hundred, and 97 over one hundred years of age. There are two women one hundred and nine years of age, and one who has attained the venerable age of one hundred and eleven. Of those over one hundred years of age, 73 are women, and but 24 men.—*Med. Rec.*

COCAINE POISONING.—Dr. J. Déjerine records an interesting case of poisoning by subcutaneous injection of cocaine. The patient was a young dentist, aged 25. M. Déjerine found him in a semi-comatose state, with generalised muscular contraction of the arms and legs. The arms were slightly bent, the legs were stretched out; the knee-jerk was regular (120), the breathing hurried; the eyes were closed, the pupils dilated and insensible to light. There was complete unconsciousness. The following lesions were detected on the skin: There was a

pustular crusty eruption, consisting of pustules the size of a pea, covered with a blackish-grey dry scab, on the anterior legs and thighs. This eruption resembled the scabs of syphilitic rupia. On returning to consciousness the patient rose and walked about with his eyes closed on account of the painful sensation caused by light on the eyeballs. He gave the following particulars as to the cause of the attack: Six weeks previously he began to give himself subcutaneous injections of cocaine. He began with doses of 1 centigramme, and gradually increased the quantity until he used 50 centigrammes. The injections produced agreeable sensations and sexual desire followed by emission. The evening on which the attack above described took place he had injected 1 gramme of cocaine at 10 o'clock. He employed three syringes and a warm solution. At the third injection he fell down unconscious. The next day Déjerine again examined the eruption which seemed to be due to localised gangrene of the cutis resulting from the injection with cocaine, which the patient introduced into and not under the skin. At the spot where the injections were made there were white patches insensible to the touch. The patient stated that when M. Déjerine pinched him in different places during the state of coma he was aware of the fact, but felt no pain whatever. He was, therefore, sensible to the contact of an external object, but insensible to pain. The patient recovered. M. Déjerine considers that if the patient had not gradually accustomed himself to progressive doses of cocaine the dose of 1 gramme would have proved fatal.—*British Medical Journal*, February 25, 1888.

FORMULA IN BRIGHT'S DISEASE.—Semmola's formula for albuminuria dependent on nephritis, is:

R̄.	Sodii iodidi	gr. xv.
	Sodii phosphat	gr. xxx.
	Sodii chloridi	gr. xc.

M. Sig.—Dissolve in water, and give in the course of twenty-four hours, either alone or with milk.

FLATULENT DYSPEPSIA.—(Dr. Huchard):

R̄.	Bismuth salicylat.	part 2.
	Magnesiæ calcin.	" 2.
	Pulv. carbonis salicis	" 3.
	Ol. anisi	" 1.

Dose: One teaspoonful half an hour or an hour before each meal.

If there is gastralgia:

R̄.	Syr. menth. pip.	part 250.
	Acid. hydrochlorici	" 1.
	Cocain hydrochlorate	" 1-10.

Dose: A wineglassful before each meal.—*Med. Register*.

"Dr. Sudduth, of Philadelphia, says:—Fournier's statistics, as to the class of women from whom gonorrhœa is most frequently derived, are interesting. Out of 387 cases in which males had contracted gonorrhœa, there were from

Public prostitutes	12
Clandestine prostitutes	44
Kept-women	138
Shop girls	126
Domestics	41
Married women	26

Thus, it will be seen that, out of the whole number, with the exception of 38, the remainder were those generally considered as coming under the 'soft snap' head."

A RELIABLE ANODYNE (FROM PROF. ROBERTS BARTHOLOW):

R̄.	Chloroform	ʒj.
	Hydrate chloral,	
	Gum camphor	āā ʒj.
	Morphia sulph	grs xvj.

Mix by trituration in a mortar. Dose, 5 to 20 drops as often as necessary.—*Medical Summary*.

A NEW CONTRIVANCE TO AID IN THE DIAGNOSIS OF HEART MURMURS.—Dr. W. Whitla (*ibid.*, Nov. 26, 1887; *Practitioner*, February, 1888) describes this contrivance, which he has termed a sphygmometer, and its mode of application as follows: It consists of a small saucer-shaped disc of metal, about half an inch

in diameter, from the concave surface of which arises a hollow stem, which receives a fine silver wire capable of being retained by the tiny thumb-screw in the socket formed by the hollow stem. The end of the wire is bent at a suitable angle, and, tipped with a small bead, is made probe-pointed. The convex side of the disc is warmed, and, being tipped with lead plaster, will firmly adhere when pressed against the chest-wall over the region of the apex-beat of the heart. The motion of the impulse is thus communicated to the wire, which, acting as a lever, can be made to exaggerate each movement in proportion to the length of wire. If, now, in the vicinity of the apex-beat the ordinary stethoscope is applied and the wire so adjusted that it taps slightly against the wood of the stethoscope, the ear will hear what may be practically regarded as an artificial standard systolic sound by which murmurs can be timed with ease and accuracy.—*N. Y. Med. Journal.*

PUTRID DIARRHŒA.—Bouchard's formula is:

Naphthalini,	
Sacchari	āā 3 iss.
Essentiæ bergamot	gtt. j-ij.

Div. in chart. No. xxv. Dose, one powder every hour.

THE LATE PROF. ALONZO CLARK.—In speaking of the late Dr. Alonzo Clark Dr. F. Delafield, says: "Here was a man whom everyone knew, who had attained to the highest honors in the profession, and the largest success in practice, and yet no one could accuse him of a mean or an unworthy act—no man was his enemy. He shunned publicity and notoriety in every form; medical politics was unknown to him; he appeared but rarely in medical journals or societies; and yet everything came to him. He never tried to do anything but to learn all he could about the science and art of medicine, and to communicate this knowledge to others; and behold, honors, practice, wealth were added to him. How many a struggling and discouraged physician has looked at Dr.

Clark and taken heart once more to walk in the narrow and straight way of integrity.—*Med. Rec.*

DR. K. BETTELHEIM, of Vienna, recommends the treatment of tape-worm with keratinized pills made according to the following formula:

Ethereal extract of male fern,	} each
Extract of pomegranate,	
Powdered jalap	45 "

Mix and divide into seventy pills, to be keratinized.

In the case of adults he gives from fifteen to twenty pills on the fasting day, the day before that of the cure; and on the latter day he gives the rest of them. Exclusive of the day of fasting, when laxatives must be taken, the cure takes from seven to nine hours. When a laxative is required on the day of cure also, he orders an enema of *aqua laxativa viennensis*. Since he has used the keratinized pills he has observed vomiting during the treatment only once, and in that case the coating was imperfect; and it is only exceptionally that he has found the pills to be undigested.—*Vienna Cor. N. Y. Med. Jour.*

In an article in the *Paris Médical*, Bilhaut strongly recommends *grindelia robusta* in whooping cough. The active principle of the plant is a resinous substance possessing antispasmodic properties, and at the same time stimulating the mucous membrane. It is efficacious in bronchitis, and also in chronic cystitis. It is eliminated by the kidneys. The tincture, fluid extract or syrup of *grindelia robusta*, in cases of whooping cough, stops vomiting and other painful symptoms, and transforms severe whooping cough into a mild affection of short duration. The dose is from one-half to one gramme a day. The tincture is preferable. He cites ten successful cases.—*Archives of Gynæcology.*

Dr. Henry F. Lyster, has been appointed successor to the late Dr. A. B. Palmer, in the chair of the Principles and Practice of Medicine in the Medical Department of Michigan University.

Medical Items.

The Kansas State Medical Society meets at Topeka on May 1st, 2d, and 3d.

At the recent commencement of the Baltimore Medical College the degree of M.D. was conferred on seventeen graduates.

Dr. Street has been elected Dean of the Baltimore Medical College, vice Dr. Wm. Lee who has resigned the position on account of other pressing duties.

The third annual meeting of the Association of American Physicians will be held in Washington, D. C., on the mornings and afternoons of September 18, 19, and 20, 1888.

The forty-second annual commencement of the Medical Department of the University of Buffalo took place February 28th. There were forty-four graduates in medicine and twelve in pharmacy.

Admiral Hutton Versturme, a retired British navy officer, recently committed suicide by thrusting into his stomach a thin brass-handled poker, red hot, and inflicting three severe wounds. He died the next day.

THE LAW OF COMPENSATION.—"It is reported," says the *Evening Wisconsin*, "that a Georgia farmer made \$100 off an acre planted in water-melons, and a physician in the neighborhood made \$200 off the same acre."—*N. Y. Med. Jour.*

The Medical Department of the University of the City of New York held its forty-seventh annual commencement exercises on Tuesday evening March 6th, at the Metropolitan Opera House. Diplomas were awarded to a hundred and sixty-three gentlemen.

Surgeon-General John B. Hamilton, of Washington, D. C., late Secretary-General of the Ninth International Medical Congress, will deliver the annual address before the Alumni Association of the Medico-Chirurgical College of Philadelphia, on Thursday evening, April 5th, at 8 p. m.

The medical friends of Dr. D. Hayes Agnew will celebrate the fiftieth anniversary of his entrance into the profession by entertaining him at dinner on April 6th. Later in the month the medical students of the University of Pennsylvania will give a reception at the College in commemoration of his Jubilee.—*Med. News.*

The Cartwright Lectures for 1888 of the Alumni Association of the College of Physicians and Surgeons will be given by Professor Wm. H. Welch, of Johns Hopkins University, of this city, on Friday evenings, March 29th, April 5th, and 12th, at the college, at 8:30 p. m. The subject will be the General Pathology of Fever.

NUTRIENT ENEMATA.—Physicians will generally indorse the conclusions of Professor

Ewald, of Berlin, who has recently made some experiments with nutrient enemata and has found that enemata of eggs were of decided service, and that they were as efficient and satisfactory without being peptonized as when they were subjected to this process.—*Med. Rec.*

Dr. Crozer Griffith reports encouraging success from the treatment of whooping-cough by antipyrine. He uses the drug in doses of from gr. iss to iii for children from one to five years, and repeated from three times a day up to every two hours. In many of the cases, at the acme of the disease, immediate improvement was noted to follow the use of the drug.—*Ther. Gaz.*

Blizzards, apparently, are becoming ordinary occurrences in Dakota, for a Western exchange remarks casually that, "after a blizzard the other day," Dr. Wheeler, of Grand Forks, and a number of friends took a ride on the doctor's ice-boat, going at the rate of 23 miles an hour.—*Med. and Surg. Rep.*

The uterine lochia in the normal puerperal state contains no micro-organisms, and may be introduced into the bodies of animals without harm. The vaginal lochia, however, always contains a number of germs of various kinds, which will, when introduced into animals, cause abscesses. In fever there are septic germs in the uterine lochia. Such are the results of a bacteriological research made by Dr. Döderlein, of Leipzig.—*Med. Rec.*

The sixteenth annual reunion of the Alumni Association of the College of Physicians and Surgeons was held at Eutaw House Thursday night, March 15th. About 100 members were present. Dr. George H. Rohé was the toast-master, and speeches were made by Drs. J. H. Branham, Harris M. Branham, A. V. Wendell, Prof. A. Friedenwald, Thomas Opie and Richard Gundry. The officers for 1888-89 are: President, Dr. J. H. Branham; Vice-Presidents, Drs. A. V. Wendell and B. D. Evans; Secretaries, Drs. A. F. C. Bressler and L. F. Ankum; Treasurer, Dr. George H. Rohé.

The sixteenth annual commencement of the College of Physicians and Surgeons was held at Ford's Opera House, in this city, on March 15th. The degree of M.D. was conferred upon 77 graduates by Prof. John S. Lynch, of the Faculty. The address to the graduating class was delivered by Rev. A. C. Dixon, of this city. Prizes were awarded as follows: Brown memorial medal, Dr. H. W. Branham, of Georgia; Howard memorial medal, Dr. A. V. Wendell, of New Jersey; Erich memorial medal, Dr. W. R. Lowman, of South Carolina; Nicholson prize, a gold medal for proficiency in anatomy, Dr. J. W. Wickliffe, of South Carolina. Rickert prize for proficiency in obstetrics was conferred upon Dr. A. V. Wendell, of New Jersey. Special prizes in the graded course were awarded to Dr. Howard Allen, W. W. Brown, W. Clyde Brown, George T. Kemp, A. J. Laciari, Frank Morton and Geo. E. Weber.

Original Articles.

UNUSUAL SYMPTOMS FOLLOWING THE LOCAL APPLICATION OF COCAINE.*

BY H. CLINTON MCSHERRY, M.D.,
OF BALTIMORE.

Fellow of the American Laryngological Association, etc.

The physiological and therapeutical actions of cocaine have been so fully considered that one would hesitate to say more on those subjects, and would feel an apology almost necessary for adding to the happy experiences recorded by a very large number of writers. Of these matters I will have nothing to say beyond giving my favorable testimony, based on the use of this valuable alkaloid in hundreds of cases of throat and nose troubles.

But, since it is admitted that the drug is very potent for good and in view of its extensive, almost indiscriminate, use, I will take the risk of writing on a hackneyed subject, hoping that the *audi alteram partem* maxim is always appropriate when one side has been fully heard from and but little said on the other.

In a small number of cases I have seen dangerous symptoms following the local use of cocaine, and in looking over the journals I find that some others have had like similar experiences. Of these cases I will speak presently for they have made me more chary in using the preparation than I was formerly.

Poisoning from the internal administration of the drug is generally admitted, but that a few drops, of a very weak solution applied to the mucous membrane, could be in the least dangerous, seems so improbable that not many except those who have seen instances of such apparent effects believe it.

My own cases and those of others have convinced me, however, that:

1st. Extremely small quantities of cocaine solution locally applied to the

mucous membranes will occasionally produce toxic symptoms.

2nd. The symptoms presented under such conditions are variable, sometimes showing nervous excitation and at others nervous depression, and marked vascular disturbances. These variations of the influence not being dependent apparently upon the quantity used.

3rd. In selecting the antidotes, both the usual physiological actions of the drug, and the symptoms exhibited by the individual should be considered.

The first case of which I will speak, I saw with a physician who called on me in a very unpleasant emergency. The patient was a strong-looking man somewhere about forty years of age, who was being treated for nasal polypi. On this occasion to reduce the sensitiveness of the membrane prior to using the instruments, pledgets of cotton saturated with a five per cent. solution of cocaine were introduced into the nose. The physician told me that shortly after he introduced the cocaine the patient complained of a constriction in the throat, became very pale and commenced to gasp for breath. Although he used various means for the relief of the condition, instead of improving it became worse, and the difficulty of respiration increasing, he called on me. It was about ten minutes after the use of the cocaine that I saw the man. Then there was stridulous breathing, a pallid, anxious countenance, twitching of the muscles of the body and a frequent clutching at the throat. In fact there were all the symptoms of great nervous excitement and of alarming laryngeal spasm. Recognizing that some nervous sedative and antispasmodic was indicated we determined to try nitrite of amyl, which acted so satisfactorily, that, after the inhalation of three pearls of five drops each, the spasm had so relaxed that the breathing again became easy, and the general nervous excitement quieted down.

The symptoms in the second case were not so alarming, but were unusual. This was a young lady about 20 years of age. I sprayed into her larynx a small quantity of a four per cent. solution of

*Read before Clinical Society of Maryland, March 18th, 1888.

cocaine before applying galvano-cautery to a small laryngeal excrescence, which was on the free edge of the anterior portion of the left vocal cord. Immediately after using the spray her face and lips became pallid and I feared she would faint. She seemed almost to have lost control of the motion of the tongue, the speech became very indistinct. She complained of feeling a large lump in her throat and told me that her lips were perfectly numb. On testing this I found her statement correct, although I am sure the spray had not touched them. When she left my office she was still speaking with a "thick" tongue; and afterwards she said that this continued all that day (about ten hours) and that for twenty-four hours she had violent headache and sick stomach.

At other times I used various other sprays and both before and after this experience the cautery was applied without cocaine, and no disagreeable symptoms ensued. It will be well to state, also, that neither this case nor the one following knew what preparation was being employed.

The third case is that of a lady who had been under my care a considerable time for naso-pharyngitis and relaxed throat. I frequently made applications to her larynx, pharynx, posterior and anterior nares, without her showing or expressing any extraordinary discomfort. While under treatment an acute coryza developed which produced some puffiness of the nasal mucous membrane. For this I determined to make a local application of cocaine, as it frequently has a very comforting effect. So a flexible rubber probe having on the end a pledget of cotton saturated with a four per cent. cocaine solution was passed through the nose. Shortly after this was passed through both nostrils, her face and lips became very pale; she said she was going to faint. Her pulse became rapid and small and as she was falling from the chair I caught her and laid her down. The syncope was extreme, pulse gone, respiration not perceptible and her face had the pallor of death. The clothes were opened, ice water was thrown in the face, the hands and body

rubbed, smelling salts held under the nose, but notwithstanding this she remained an inert body for at least ten minutes, when to my great relief she gave a gasp for breath. It seemed to me that her condition was alarming and I believe that the friend who was with her, thought I had pushed some instrument into the brain and killed her. The patient vomited repeatedly for an hour afterwards, and for two days was confined to the house with a headache and sick stomach.

These three cases represented my bad experience with cocaine, and in them so little of the drug could have been absorbed, that had such effects been observed but once, or without corroborative experiences, I might have doubted the relation between the use of the drug and the symptoms presented. But I find others have met with such cases, "Ziem of Dantzig recorded seventeen cases in which decided toxic effects occurred simply through the instillation of the drug within the eye, and in which the amount of cocaine reaching the general system must have been very small indeed." (*Med. News*, April 9th, '87.)

"Mayerhausen narrated a case of which there is an abstract in the October issue of the *Centralblatt für Gesammte Therapie*, page 457; in which less than a one per cent.—so diluted was the solution by a copious secretion of tears—caused, when instilled into the conjunctiva, headache, nausea, constriction of the throat, weakness of the tongue, impaired speech and other severe symptoms, lasting twenty-four hours. (*Amer. Jour. Med. Sciences*, Jan., 1886.)

"Schilling records a case of severe cocaine poisoning in which, after the intratingivæ injection of two drops of a twenty per cent. solution of this drug, motion and sensation entirely disappeared. Complete amaurosis and deafness were present. The patient complained of coldness and darkness." (*Med. News*, March 6, '86.)

Mattison in the *Med. News*, April 6, '87, mentions a paper of his own which referred to forty authorities, English, French, German, Austrian, Russian and American, and cited more than fifty

cases of dangerous conditions arising from the use of this drug. In four cases it caused death. The amount of the drug used varied from a fraction of a grain to 24 grains, and was applied to the eye, ear, nose, throat larynx, teeth, gums, stomach, bowel, bladder, uterus, urethra and under the skin. This writer noted that the following symptoms were given by these various authorities: nausea, vomiting, headache, lividity, deafness, blindness, loss of taste and smell, profuse sweats, cold perspiration, gastric cramps; frequent, feeble, irregular, intermittent, unaccountable pulse; shallow, gasping, irregular, difficult, convulsive, suspended breathing—artificial respiration required in some cases; speech, gait, and swallowing greatly impaired; rigid muscles, palpitation, sense of suffocation and great constriction about the chest; loss of motion and sensation in arms and legs; intense restlessness. Extreme prostration, vertigo, faintness, feeling of impending death; unconsciousness, convulsions, paralyses, hallucinations, mania, delusions, delirium—death.

In the *British Med. Journal*, Feb. 4, '88, Whistler, of London, notes that after a four per cent. solution is sprayed into the nose the pulse rate increases, (in one case from 86 to 110 in five minutes,) and usually there is great exhilaration of spirits. He also relates two cases in which, after the application to the nose, there was vertigo, nausea and faintness. One of these was a man and the other a woman. In the same journal, Feb. 18th number, Dr. Fortesque Fox relates a case where after the use of a two per cent. spray there was coldness and numbness of the tongue, weakness of the lower limbs and staggering, mental distress and great depression from the very first. The husband of the lady, who was stout and healthy, except "for irritability of the windpipe," stated that she was more or less unconscious and unable to articulate for five hours.

Dujardin-Beaunetz recommends in the *Journal de Medicine* that the circulation of patients who are anæmic, or the subjects of cardiac or aortic disorders and liable to syncope, should be carefully watched (*Med. News*, Sept.

3, 1887). He refers here particularly to the internal administration, but it will also apply to the local use of the drug.

In regard to the treatment there is but little to say beyond the statement that it seems best to meet the peculiar symptoms exhibited. Sometimes one remedy will act well, and again some other will do equally as well. In the first case that I spoke of, where nitrite of amyl acted so happily, there was, the physician tells me, a recurrence of the symptoms which were controlled by giving the man large doses of alcohol.

Among the most prominently mentioned antidotes for cocaine are nitrite of amyl, chloroform, ether, ammonia, digitalis, alcohol and nux vomica, and among the useful remedial measures are warm drinks and friction to the body.

In this paper I have treated particularly of the effects of cocaine applied to mucous membrane of the nose and throat, and I have referred to but few journals, for in them are recorded a sufficient number of cases to give substance to the belief, at which I had arrived from observation in my own practice, that once in a while we are liable to find persons whose idiosyncrasy makes them intolerant of even an extremely small amount of this anæsthetic.

Society Reports.

BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD MARCH 6, 1888.

In the absence of the President, Dr. S. C. CHEW occupied the chair.

ELECTROLYSIS IN STRICTURE OF THE RECTUM.

Dr. S. T. Earle reported progress of a case of stricture of the rectum from syphilis which he was treating by electrolysis. This treatment was necessarily slow. She had had the stricture six or seven years and had been operated on two years ago when linear proctotomy was performed, which was not followed by

dilatation and so it grew up tighter than before. It was the worst cast Dr. Earle had ever seen. On introducing the little finger into the rectum he could not even feel the indentation at the point of the opening. He succeeded in introducing a small silver probe. She was able to have fluid stools only with straining. His first intention was to do linear proctotomy, but concluded to use electrolysis as a matter of trial. He used a Barrett battery introducing the electrode with steady pressure without force for ten to fifteen minutes and using ten cells. This was done at first once a week, and the opening grew larger as the size of the electrode was increased. He had so far eight sittings and that very day he had introduced a boujie, two inches in circumference at the large end, almost all the way in. There was less straining and little pain now and the stools were partly solid. There was a neoplasm in Douglas' cul-de-sac and this was being absorbed by the current and the last was better than before. The positive pole was placed over the abdomen and not on the buttocks. Is very much pleased with the progress thus far. He will report future progress. In answer to Drs. Uhler, Ashby and others Dr. Earle stated that a sitting generally lasted from fifteen minutes to a half an hour. The negative pole was in the stricture and the irritation and pain from it soon subsided. He had used as high as fifteen cells with the largest electrodes.

SALICYLATE OF AMMONIUM IN TYPHOID FEVER.

Dr. John R. Uhler stated that he had, a short time ago, treated typhoid fever on a different plan. He had been fearful of death from the onset, the patient being a very delicate person. He had given the salicylate of ammonium, in hot water, a trial, based on the work of Dr. G. M. Sternberg in regard to the thermal death point of the different germs. He noticed that the temperature at which the typhoid fever germ was killed was lower than many others, and hence he decided to use hot water

on the abdomen. He did not see this patient in time. The temperature was 101° to 104°. He used the ordinary remedies for a day or two, and then he gave the salicylate of ammonium. A water bag was filled with water, and at as high a temperature as the patient could bear, and as the patient was much emaciated the heat was easily conveyed through to the intestines. The salicylate of ammonium reduced the temperature but created debility, which might have been from the disease but it was more than one would expect from the disease alone. The temperature came down, and the tongue was clean and most of the symptoms disappeared, but the case was, notwithstanding, quite prolonged, lasting seven to eight weeks. At no time after this treatment was there high temperature. The patient went on to convalesce. The drug was given in 7 to 8 grain doses.

ICHTHYOL IN ACNE.

Dr. Uhler also spoke of ichthyol, or the sulpho-ichthyol of ammonium, which is said to prevent suppuration in boils. He has been trying it in acne and scrofulous glands. If there was anything in the prevention of suppuration by sulphur, he thought it was worth the trouble to paint it over ulcerations.

Dr. S. T. Earle said he had frequently used the salicylate of sodium in continued and malarial fever where he wanted to continue the febrifuge action. He recalled a case in which 15 grains every three hours caused a cure in forty-eight hours.

Dr. Uhler had also used the salicylate of sodium, but thought it was objectionable on account of its action on the bowels.

Dr. C. C. Bombaugh asked if Dr. Uhler's treatment arrested the perforation of the bowel.

Dr. Uhler thought it did, but the duration of the disease was not cut short by it.

Dr. William B. Canfield, in referring to the effects of the salicylate of sodium on the bowels, said he had seen the drug used in the Vienna hospitals for acute

rheumatism in doses of one gramme (15 grains) every hour, and he had not noticed any effect on the bowels.

WILLIAM B. CANFIELD, M.D.,
Reporting Secretary.

THE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

STATED MEETING, HELD FEB. 14, 1888.

The President, DR. H. P. C. WILSON in the chair. DR. C. O'DONOVAN, JR., Secretary.

SUBMUCOUS FIBROIDS IN THE NEGRESS.

Dr. Wm. E. Mosely remarked that at a previous meeting he had stated that submucous fibroids were rarely found in the negress. He had recently met with a number of cases of this condition and he was prepared now to retract his former statement. He then reported several cases recently observed in which he had operated for this condition. He requested that the members would relate their experience.

Dr. John Morris recalled the case of a negress to whom he had been called in consultation with two other physicians. The woman had been delivered of child twenty-four hours previously, and the doctors had not interfered, believing there was a second child in the uterus. The enlarged condition of the abdomen gave rise to error. Dr. Morris, on examination, found an adherent placenta and that the woman was also suffering from an intra-mural fibroid. In brief, after introducing his hand into the uterus to remove the placenta he discovered, in addition to the intra-mural tumor, a sub-mucous one, the size of a small orange. This tumor was pendulous and he could easily have twisted it off the pedicle had he so desired.

Dr. Morris saw another case in which the tumor was as large as a child's head. The lady was the wife of a physician. Under the advice of Dr. Washington Atlee, of Philadelphia, large doses of ergot were administered. The os dilated

and the tumor presented in the manner of a child at full term. The pains were very severe, but ineffectual. Dr. Atlee labored for hours, the patient being under chloroform, with crochet and forceps, but failed to entirely remove the tumor. The patient died on the fifth day of septicæmia.

Dr. H. P. C. Wilson said he had found submucous fibroids of the uterus very common in white women, and the exception in negroes; whereas subserous fibroids were the rule in negroes, and the exception in whites. He had removed a great many fibroids from the uterine cavity, many of which were pedunculated and sessile, and some, intramural. The pedunculated were usually removed by long saw-scissors, the sessile by Thomas' saw scoop, and the intramural, by splitting the capsule with a knife and enucleating the tumor with the finger, after having previously fully dilated the cervical canal. In all such operations, the amount of blood lost is very small, and in no such operation has he lost a single patient. After an operation he always thoroughly washes out the uterine cavity with carbolyzed water and then mops out the uterus with Monsell's solution and glycerine. The mouths of all open vessels are thus closed, and their power to absorb septic matter destroyed.

He narrated a case of an intramural fibroid, in which the tumor was so large that after fully dilating the cervix with tents and steel dilators he was obliged to split the cervix bilaterally up to the vaginal junction before he could get at the tumor for removal. He then split the capsule and enucleated as far as his finger could reach, gave large doses of ergot, which brought on strong expulsive labor pains, and he was enabled to remove the tumor on the following day with obstetrical forceps. The patient—a white woman—made a good recovery. He thought Thomas' saw scoop an invaluable instrument, especially in the removal of sessile tumors.

He had once to remove a sub-mucous fibroid tumor so large that it completely filled the whole pelvic cavity, so that at the time he was called to see the case,

neither bladder or rectum could be emptied. After trying for many hours to slip chains and wires of ecraseurs over the tumor, and thus cut it away, he utterly failed, and broke some six or eight instruments in the attempt. He then cut directly into the tumor with scissors and thus removed block after block of the tumor, till he had cleared the whole cavity of the pelvis. He was then able to pass the wire of an ecraseur over the remains of the tumor, up to the fundus uteri, and remove it completely. There was not excessive hemorrhage during the operation and the patient made a good recovery. This operation was done many years ago and he was not aware at the time that anyone had ever preceded him in this method of removing a fibroid tumor, but after his case was published, Dr. Emmet's work on the Principles and Practice of Gynecology appeared, from which he learned that he had preceded him by a few months in similarly removing a large fibroid tumor.

Dr. L. E. Neale recalled two cases of submucous fibroid in white women, both expelled during the puerperal period, and both recovering perfectly.

Dr. W. P. Chunn remarked that pedunculated fibroids are readily removable and with little pain. When inversion of uterus has occurred they may be easily cut off. He had met with only one polypus in a negress that protruded externally.

Dr. T. A. Ashby said he knew of no pathological condition so constant in the negress as fibroid growths. He believed that nearly every other negro woman at sometime of her life developed a fibroid of some character. Whilst this was true in his experience, he had never met with the submucous variety or with polypi. Interstitial fibroids were not uncommon and often give rise to copious hæmorrhage. He believed that the subperitoneal variety was by far the most frequent. They grow in exceptional instances to very large size and by their mechanical presence become exceedingly burdensome to some women. The amount of blood lost from fibroid growths bears no relation to the size of the tumor.

Hæmorrhage does not proceed from the tumor, as has been erroneously supposed by some, but from the entire endometrial surface. The amount of blood lost therefore depends upon the condition of the endometrium and not directly upon the size of the growth. He had observed hæmorrhages in cases where the tumor was comparatively small and, on the contrary, comparatively little hæmorrhage in other cases where the tumor was very large. In the treatment of these growths the condition of the mucous membrane lining the entire uterus was entitled to consideration.

CANCEROUS UTERUS REMOVED BY SLOUGHING INDUCED BY THE ACTION OF CHLORIDE OF ZINC.

Dr. B. B. Browne showed a specimen of a cancerous uterus that had been removed from a white woman, æt 35, by a slough following the application of chloride of zinc upon cotton tampons; a saturated solution was used, the tampons were removed on the tenth day, and the entire uterus with part of one broad ligament sloughed out and was removed without the exercise of any force.

The patient suffered with great pain for a few days, but this was controlled by hypodermic injections of morphia. There was no rise of temperature at any time; she is now free of pain and rapidly convalescing.

Dr. T. A. Ashby remarked that Dr. Browne's case was exceedingly unique. It illustrated one important fact, and that was the amount of interference these patients afflicted with uterine cancer can withstand without seeming harm. He had had occasion during the month of November, 1887, to remove a papillomatous growth from the uterus as large as a medium-sized orange. Hæmorrhage had been exhaustive, and the discharges were extremely offensive. The patient was extremely emaciated, anæmic and feeble. The only hope of relief lay in a prompt removal of the cancerous growth. This was done with the curette and thermo-cautaire. The involvement of the uterus was found to be much greater than was at first supposed, and

after cleaning out the uterine cavity a mere shell of tissue was left. In further efforts at removal of the growth near the fundus the thin walls gave away, and before he was aware of it the rent extended to such a length that the intestines came bulging down into the vagina. They were carefully restored into proper position and, after careful antiseptic dressings, the torn walls of the uterus and vagina were closed with continuous suture. Iodoform was freely applied, and the vagina was tamponed. The patient did not have an unfavorable symptom. The wound readily united, hæmorrhage ceased, and the patient was soon able to be up and attending to her domestic duties. It was found impossible to remove the entire cancerous growth, as it had extended beyond the reach of the curette and thermo-cautaire. There has been some return of the papillomatous growth, but as fast as it has put in an appearance it has been removed with nitrate of silver or the curette. Hæmorrhage in this way has been kept under control, and the offensive discharges have disappeared. The patient is enjoying, up to the present time, a fair degree of comfort. Her life has been greatly prolonged by this method of boldly attacking the disease, and opposing every advance that it makes. Death from uterine cancer, as a rule, is induced primarily by hæmorrhage and septicæmia. If these symptoms are met promptly as they arise life may be prolonged in comparative comfort until vital organs are involved.

THE SÄNGER CÆSAREAN SECTION.

Dr. L. E. Neale reported a Säger Cæsarean section, recently performed by him, and read a brief paper on the indications for the operations (*Dr. Neale's* paper has been published in another journal.). The patient was a negress with contracted pelvis. The relation between the size of the child and pelvis were so disproportioned, that Cæsarean section was performed after other efforts at delivery had failed. The mother died within 48 hours of shock, but the life of the child was saved. The Säger opera-

tion in all of its details was employed.

Dr. P. C. Williams, being called upon, said that *Dr. Neale's* very interesting paper brought a very large and important question to our consideration, and one that is surrounded by many difficulties.

The history of *Dr. Neale's* case, as given in his paper, appears fully to justify the resort to Cæsarean section.

A medical man is placed in a very trying dilemma when he is called upon to decide between Cæsarean section and craniotomy. The considerations involved in both operations are so grave that they demand the most thoughtful discussion. We at once realize the difference involved in the decision of this question in Hospital practice and in private practice.

In the hospital we have much fuller control of our patients, and we can decide each case upon its own merits, unembarrassed, in many cases, by the advice and the interference of friends and family. In private practice our professional judgment must be submitted to the wishes and opinions of the husband and the families of both sides.

In many cases, nay in all cases, we are compelled to give full and frank explanation to the husband and friends, and we are oftentimes compelled to accommodate our conduct to the wishes of those consulted. Our professional judgment may indicate the necessity of Cæsarean section; but it is over-ruled by the husband and friends who positively decline to consent to the proposed operation. The husband refuses to subject his wife to the hazards of Cæsarean section, and we are compelled either to abandon the case, or we must adopt the alternative of craniotomy.

We all feel the full force of the ethical questions involved in craniotomy, and must respect the scruples of those who recognise the necessity of yielding to these ethical considerations. But our medical judgment must be governed by our desire to do the best thing for our patient.

Many of us feel that the safety of the mother is the paramount consideration, and we are called upon to accept a less

evil in order to avoid the greater.

This is a question that must be decided by the conscience of each practitioner for himself, keeping in full view his responsibilities to God and man.

Whatever may be said to the contrary Cæsarean section involves very grave danger to the mother, while it may or may not save the child.

Craniotomy involves very little risk to the mother, but it consigns the child to certain death.

Dr. Williams stated that he had never performed Cæsarean section but once, and that was at the old Baltimore Almshouse, in conjunction with Dr. Farnandis.

In that case the operation was performed *in extremis*, after the failure to deliver the child by craniotomy.

The mother did well until the 9th day, when peritonitis supervened, and the mother died.

He had performed craniotomy only four times. Of these four one terminated fatally. This fatal case presented a very interesting feature, in the fact of the very early development of peritonitis.

After fruitless efforts to deliver with forceps, it was determined to perform craniotomy. This was easily done, and the child was extracted without difficulty.

Everything promised well, but a few hours after the delivery—on the same day—acute pain began in the left iliac region, and the next morning peritonitis was readily recognised, with a temperature of 104 to 105, and *she died on the fifth day after delivery*. Here the peritonitis was *coincident* with the delivery, the first case of the kind the doctor had ever seen.

Leaving out all questions of ethics, and looking at the subject from a purely professional standpoint, it would seem proper to resort to Cæsarean section when the antero-posterior diameter was at or below *two inches*.

In such a case Cæsarean section is not only justifiable, but is the best for mother and child. With a diameter, *at or above two and a half inches*, craniotomy is the safest operation for the mother.

The success of either operation will depend very greatly upon the promptness with which it is performed.

If craniotomy is to be done, it should be performed before the mother's strength has been exhausted by prolonged efforts at delivery.

On the other hand if Cæsarean section is to be chosen, it should be performed before the mother has been exhausted by fruitless efforts with the forceps.

Dr. W. P. Chunn thought that the way the operation is performed made all the difference in the results; it being best to have no preliminary interference, he recognized that it is almost impossible to resist the impulse to apply the forceps first. The great objection is the length of time consumed in operating, and especially in suturing. He suggested a method of suturing the uterus and abdominal wall together, and mentioned the various advantages and defects of such method.

Dr. T. A. Ashby remarked that he did not believe the method of Sanger could be improved for if this procedure is to be judged by results it was well nigh as perfect as we could hope to obtain. Dr. Neale has given the statistics of the first fifty Sanger operations. Had he have divided these statistics into two classes covering the first twenty-five and the second twenty-five cases, the facts would have appeared in a different light. The record of the first twenty-five Sanger operations bears poor comparison to that covered by the second period. In the latter series 23 women and 24 children were saved out of twenty-five operations. Such results have been reached by the perfection of the steps of the procedure and the promptness with which it was instituted. It is to this last fact that statistics must bend the knee.

It has been shown by Dr. Harris, of Philadelphia, that in America the cattle-horn laparotomy has saved more women and children than the old Cæsarean section. Why? Because the former accident has taken place when the woman was in a condition to withstand the injury, whereas the Cæsarean operation has only been approached

when both mother and child were *in extremis*.

We must learn to approach the Cæsarean section when mother and child are in a condition to profit by it, and not after fruitless hours of delay and interference. The time employed in the operation should be considered as bearing an important relation to the result. Much time could be gained by careful preparation of instruments, suture and attention to other details before opening the abdomen, and by expeditious work in closing the wound. Well-trained assistants could render efficient service in aiding the operator to introduce and tie the suture.

Dr. John Morris agreed with *Dr. Chunn* that manipulations should not be attempted before the operation of Cæsarean section as they only led to the exhaustion of the patient and the almost certain danger of septicæmia. He also believed that too many sutures were a source of danger, and ventured to prophesy that the time will soon come when the use of sutures in the uterus will be entirely abandoned. The discharges by the natural loss of gravity would flow into the vagina and not into the peritoneal cavity.

Dr. L. E. Neale said in closing that many conditions may offer, especially during labor, wherein he doubted if anyone could say positively and accurately that the pelvis measured two and a half inches. Internal pelvimetry was often difficult and inaccurate, sometimes impracticable, and external measurements in minor degrees of contraction were unreliable.

Some pelves were contracted in one diameter, some in another, and some in all (his own case) and this fact certainly had a practical bearing.

Again it is practically impossible to measure the head (or any other part) of the unborn child and this must detract from the *absolute* importance of pelvimetry in minor degrees of contraction.

The consent of the patient, a matter of some weight, was obtained in his case, but he believed that an operator should *as a rule* insist upon doing what he honestly and conscientiously believed to

be best and if denied this privilege should *as a rule*, especially in city practice, withdraw from all responsibility in the case, rather than do what in his opinion was not the best. Various attending circumstances must more or less influence the nature and result of the operation here as elsewhere in surgery. He considered the forceps operation the worst feature in his case. *Dr. Chunn's* idea was a long step backward, for the sero-serous suture *as applied to the uterus* was one of the greatest improvements in the operation.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING HELD FEB. 22, 1888.

W. W. KEEN, M.D., was in the Chair.

Dr. W. W. Keen read a paper on

A CASE OF MACEWEN'S OPERATION FOR THE RADICAL CURE OF HERNIA, FOLLOWED BY A SPEEDY RETURN OF THE HERNIA.

I think it important to report failures as well as successes. Macewen's operation, also, has been so generally successful that it is the more important to report the failure of this case as the immediate result of the operation seemed to promise a cure; but as you will see, the hernia has quickly reappeared. For the notes of the case I am indebted to *Dr. Lambach*, the Surgical Resident.

The patient is a man thirty-two years of age, a fresco painter, but for some time at work dredging oysters. When seventeen years old he first noticed a right oblique inguinal hernia, for which he wore a truss for a year and then laid it aside. The hernia remained cured for thirteen years. A year ago, while at work dredging for oysters, the hernia returned, and descended into the upper scrotum.

He entered *St. Mary's Hospital* on the sixth of January, 1888, on account of

the distress and inability to pursue his occupation. The operation was done on the 13th; on the fifth day I removed five of the nine external stitches, and on the twelfth day the remaining four. There was no pus at any time. The highest temperature was 100.2°. He had then two chills, the first on the fifteenth day, his temperature rising to 103°; but as there was no evidence of suppuration, as it yielded promptly to quinine and arsenic, and as his occupation had exposed him to miasmatic infection, we were justified in attributing this to malaria.

He was kept in bed for twenty-nine days—*i. e.*, until February 11th. At this time I examined him, and found the hernia perfectly cured. He was then allowed to get up, a spica and compress being applied. Examining him yesterday (February 21), I found the hernia had returned, with, however, one gain—at the time of the operation the external ring was very large, requiring four double sutures. Now it will only admit the point of the index finger. Moreover, he is exceedingly comfortable, so much so that I doubt if I can persuade him to undergo another operation.

The steps of the operation I will illustrate on this model:

An incision was made over the site of the hernia to its lowest point in the scrotum. With the blunt end of the scissors and the finger, the sac was then dissected from the surrounding parts, care being taken to leave no attachment to the spermatic cord. The index finger was then passed within the abdominal wall, and the peritoneum was dissected for half an inch around the circumference of the internal ring. A moderately stout ligature of chromicized catgut was tied to the lower portion of the sac to its mouth. The stitch, by means of Dr. Ellwood Wilson's curved trachelorrhaphy needle, was then passed through the abdominal wall from within outward at a point a half inch above and external to the internal ring, the skin being drawn upward and out-

ward so as to allow the stitch to emerge through the abdominal muscular wall, but not through the skin. Then traction was made on this stitch, thus puckering up the sac, which latter was drawn through the ring and rested against the inner surface of the abdominal wall to become adherent there, closing the hernial opening by a firm pad. The stitch was then carefully secured in place.

The external ring was then closed by four double stitches of chromic catgut, passed from side to side.

I was extremely careful in denuding the inner surface of the abdominal wall to get a large raw surface at the internal ring, so as to gain firm union at that point; and the patient was kept on his back for four weeks; yet it gave way a few days after letting him up.

I shall repeat the operation if he is willing.

DISCUSSION.

Dr. H. R. Wharton: I have no personal experience with Macewen's operation for the radical cure of hernia, but I have seen two cases in which Agnew's operation was employed, and three or four in which MacDowell's method was resorted to; these are subcutaneous operations, and do not compare with this operation in thoroughness. The immediate results seemed good in the cases referred to, but in a short time the hernias were down again. Recent reports from England, though still too recent to allow us to estimate the permanency of the cure, are very encouraging. As to Macewen's operation, I think it one of the best that has been proposed, and if any radical procedure is to be undertaken it seems to promise the best results. Of course, any operation is more apt to be successful in children than in adults.

Dr. C. Dulles: I would like to ask Dr. Keen if any appliance other than the bandage was used after the patient began to go about. The hernia looks as if it had been down some time, and not as if it had descended recently. I think it

would be best not to trust solely to the strength of the tissues for a little while after these operations. There is a point in the mechanics of hernia which I have noticed, and which I have not seen described by others, and that is, that a patient with an inguinal hernia usually has a pendulous abdomen. I was curious to see if this spare patient of Dr. Keen's would follow the rule, and I saw that he did. I may lay too much stress upon the matter, but I believe that the best appliance is not one which makes pressure over the ring alone, but one which corrects this abdominal outline, and changes the direction of the thrust of the intestines from one at right angles to the plane of the hernial opening to one parallel to its plane. The diagram which I draw on the blackboard illustrates what I mean. Such an abdominal supporter as women wear would answer the purpose, and I believe that it would add to the chances of permanent success after operations for the radical cure of hernia.

Dr. Keen: Of the cause of failure, I can only say that apparently the reparative power did not suffice to obtain adhesion of the sac to the abdominal wall. Why, unless the two chills referred to had some influence, I do not know. The usual practice of those who have had a large experience with these operations has been not to use any truss. I must take exception to Dr. Dulles's diagram. He is right as to the shape of the abdomen, and in correcting it to a more oblique outline, but the pressure will always be at right angles to the pelvis. That would, however, correctly express the direction of the rebound. As to the exact time when the hernia reappeared I cannot say. When I examined him, February 15th, four days after letting him up, it was not there. I did not see him again until February 21st, when I found it had reappeared. I shall not wait long before repeating the operation. He wants to be earning wages, and I do not want to burden the hospital with any patient longer than necessary. Any danger will have passed over in a week or

two, and I will then operate if he consents.

Dr. Dulles: When we bear in mind the comparatively mobile state of the contents of the abdomen, we must see, of course, that the intra-abdominal pressure is exerted in all directions, and we might draw any number of arrows to indicate it; but there is only one direction of "thrust" which is the resultant of all the lines of pressure; and by supporting the abdomen, as I suggest, by a firm and comparatively unyielding support, we turn the direction of that thrust into a line following the axis of the pelvis, and take off the ring.

Correspondence.

IS DENTISTRY A PROFESSION OR TRADE?

BALTIMORE, March 17, 1888.

Editor Maryland Medical Journal.

DEAR SIR—Your article on page 395 MARYLAND MEDICAL JOURNAL, comparing Chamberlaine's method of practice with inventive dentists is unjust and one-sided.

The case stands at the present day just the reverse, and I will try to show by statement of facts, that the dental profession has gained in every respect more by members who are inventors and patentees, than the medical department has by its policy of exclusion.

In the first place how many new appliances have been given the medical profession, and announced in your JOURNAL in the last five years? No. 4. While the Dental Journal goes over 100.

In protecting an invention and giving the right of manufacture to one firm the instrument is cheapened to the general practitioner more than 50 per cent.; take for example, an elaborate piece of mechanism to be made by hand even by the best instrument makers, cost twenty dollars, add to it a fair per cent. of profit

and it is kept exclusively for the use of the few.

Produce the same instrument by machinery (which demands an outlay of a thousand dollars), and you can sell the instrument better furnished at ten dollars and get a profit for the maker, with a small royalty for the inventor, and bring the purchase within reach of all practitioners, while the maker is able to send a perfect instrument made correct in every detail to all the dealers in the State.

Dental inventions differ from traders, inasmuch as simple purchase carries with it the right of using without charge for the term of the patent and are not a monopoly as in the Chamberlaines' case.

Our dental inventions are not shut up like those of our medical confreres in one city or one society, but are shown in practical use at all the clinics of the State societies, either by the inventor in person or a practitioner appointed by the dental firm who holds the right of manufacturing, and our clinics are given in the most practical form either upon members of the profession or a patient chosen specially to demonstrate the usefulness of the invention.

Apropos of chairs, teeth and engines, named in your article. The first named which places the patient at ease and spares the operator so much fatigue, costing \$150, could not be produced in small numbers by local tradesmen at less than double the price for inferior work. Our engines vastly improved have been produced for \$45, whereas the inferior production of long ago cost \$75. And teeth that one maker wanted 25 cents each for purchasing one hundred at a time, are now sold at 10 cents each and the right of choosing for individual cases given the practitioner. Are these facts cause for fault-finding or praise?

If you will refer to the *Dental Cosmos*, and other journals of this country, you will find the reports teeming with information upon all branches of dental surgery that any medical college or society might be proud of, and at the monthly

and yearly meeting of the Dental Societies practical demonstrations of new methods in treatment, appliances, and everything appertaining to the advancement of our profession is freely circulated throughout every State in the Union and reports sent to our confreres across the waters.

As for being traders, that is a matter of opinion.

The practitioner neither buys, sells nor manufactures.

He perfects his invention often at great loss and labor and when found to be an improvement over methods in use, time saving, to both patient and dentist, he gives his invention well made at a nominal price, free of restriction to his fellow practitioners, and is no more a trader than the medical man who writes or compiles a book and has it copy-written. I remain,

Yours respectfully,

D. GENESE.

Reviews, Books and Pamphlets.

Chemical Analysis of Healthy and Diseased Urine, Qualitative and Quantitative, by T. C. VAN NUYS, M.D., Professor of Chemistry, Indiana University; with 39 Wood Engravings. Philadelphia: P. Blackiston, Son & Co., 1888, pp. 187, price \$2.00.

In looking through this book the reader is at once struck with the fact that it is nothing more nor less than it pretends to be, namely, a manual of chemical analysis of the urine. The author also, who has done his work fully and concisely, is a thorough chemist and no physician. This is a rare and perhaps fortunate exception, for it gives us a more thorough insight into the chemistry of the urine which the majority of similar books do not usually do. The properties of the normal urine are disposed of in a few pages, and tests for the bodies in diseased urine, a thing which interests the practitioners, follow. The tests for albumen are as scanty as the tests for sugar are abundant. It seems

strange to note the absence of the layer test with nitric acid by Heller, as also the English test for albumen and sugar with picric acid. The sugar tests are given with greatest care. The newest or phenylhydrazin test which has been used successfully by a few men in this city, becomes a difficult operation in the hands of the author who after obtaining the crystals of phenylglucoazone in the usual way, proceeds, as "the only positive evidence" to separate them from the urine by filtering, washing, dissolving in alcohol, and crystalizing at a low temperature. The directions for searching for casts when not abundant are very good and will repay the trouble. Chapter VI. containing a scheme of the qualitative analysis of healthy and diseased urine is the most valuable chapter in this section of the book. It is rarely necessary for a quantitative analysis of the urine to be made by a physician, but it is often important to state the amount of albumen present in a given specimen of urine, and on account of the diversity of figures in making statements in regard to the amount of albumen in a specimen of urine, some giving the percentage of albumen by volume and others the percentage by weight, it would be well if a standard could be fixed. Approximately the amount of albumen may be estimated in the manner suggested by Ultzman, by taking a known amount of urine and a known amount of acid and noting the height of the precipitate in the test tube after it has settled. On the whole the manual is an excellent handbook, but the medical part, of it and reference to disease, as in Ultzmann and others, are a defect which the medical man feels.

Contributions to the Study of the Heart and Lungs, by JAMES R. LEAMING, M.D., New York: E. B. Treat, 1887, pp. 300; price \$2.75.

This book, made up of a collection of monographs and addresses on diseases of the heart and lungs, contains not only interesting information, but shows up

some original theories on the subject, which are well worth investigating. In treating of lung diseases, he begins by laying emphasis on the difference between the respiratory murmur and the vesicular sound, which are so often used interchangeably. As the residual air is situated in the respiratory system, he holds that we can have no vesicular sound here; but further up in the bronchial or connective system. The division of phthisis into different forms, is here lengthy, and some of the views, which were uttered years ago, would probably be changed in the light of recent investigations. The articles on heart trouble are extremely interesting, and give much food for thought. On the whole the book contains excellent reading, although the general appearance of the printing and binding gives it a cheap look.

A Manual of Physiology, by GERALD F. YEO, M.D., Dublin, F. R. C. S., Professor of Physiology, in King's College, London, etc. Third American from the Second English Edition, with 319 Illustrations and a Glossary. Philadelphia: P. Blackiston, Son & Co., 1888, pp. 758; price \$3.00.

It is no easy matter to make a textbook of physiology an attractive volume to a beginner in medicine. From a book alone, physiology can never be understood, but by actual work and demonstrations under the guidance of a good teacher and a good book, the subject becomes one of the most fascinating in medicine. Dr. Yeo has succeeded in adding a very useful book to the series of manuals for students. The text and illustrations on histology and anatomy are indispensable to the understanding of the physiological section of the book. In looking at the physiology of the urinary secretion the different theories are set forth, and justice is given to the filtration, as well as to secretion theory. The chapter on the nervous system has been much enlarged since the last edition, and the whole forms a very valuable handbook for students.

Diseases of the Heart and Circulation in Infancy and Adolescence, by JOHN M. KEATING, AND WILLIAM A. EDWARDS, M.D. Illustrated with Photographs and Wood Engravings. Philadelphia: P. Blackiston, Son & Co., 1888, pp. 215; price \$1.50.

This book, forming a collection of papers from the "Archives of Pediatrics," is a very welcome addition to paediatric literature. There are few if any books in the English language devoted to diseases of the heart in childhood, and yet the number of cases seen by the general practitioner must show the importance of their study, and the frequency of their occurrence in the practice of a children's specialist.

The most interesting chapters are those on valvular disease, and on diseases of the blood; the latter receiving a full and clear exposition. The prognosis on many valvular diseases in children being good, and the frequency of mitral troubles, is a matter of experience to all physicians. The book is clearly written, but the style is rather elementary, and evidently intended for beginners, a thing which is by no means a fault. Two clear photographs and one colored plate ornament the book, as well as some wood cuts in the text.

Fever Nursing, designed for the use of Professional and other Nurses, and especially as a text-book in Training, by J. C. WILSON, A.M., M.D., author of a "A Treatise on the Continued Fevers," Visiting Physician to the Jefferson College, Fellow of the College of Physicians, Philadelphia: Member of the American Association of Physicians. Philadelphia, 1888: J. B. Lippincott & Co., pp. 210; price \$1.00.

A valuable book in any household. It is clearly expressed, and full of practical common sense suggestions, and can be easily understood by any intelligent person. The nurse is warned of the danger of acting on her own responsibility, without regard to the physician, and is yet told what to do in cases of emergency.

How to prevent contagious diseases by careful and thorough disinfection, is one of the strongest maxims of the book, and to all who read it intelligently it will not fail to benefit them.

STONE IN THE STOMACH.—Concretions, or stones, are not often found in the human stomach, though the bezoar of the abomasum and intestines of ruminants is well known, and in olden days was very highly esteemed as a remedy against poisons and infectious diseases, being even worn as a charm. Human intestinal agglomerates are occasionally found in oatmeal-eating districts, and have sometimes been dignified by the name of "avenoliths." An enterolith was found by Laugier in a human subject, the nucleus of which was formed by a piece of liquorice root. True gasteroliths are, however, occasionally found in human stomachs; thus Schönborn was able to collect seven such cases, all of which appeared to have formed round a nucleus of hair; one of these weighed two kilogrammes. Quite recently a Dutch physician, Dr. H. A. Kooyker, has described a case of a true gastric concretion weighing 29 ounces, in which there was no nucleus at all. The patient was a middle-aged man, who was so averse to examination and manipulation of all kinds that it was very difficult to form a diagnosis of his disease. He occasionally vomited blood, and gradually became more and more emaciated. A tumor was felt in the epigastrium, but its nature was not made out until the post-mortem examination revealed a stone measuring seven by three inches, nearly filling the cavity of the stomach. There was also a smaller stone situated at the pyloric extremity. These stones were of brownish color, and the large one contained several cavities. It had an offensive smell like that of fæces. A number of vegetable cells were found in it, but it was devoid of concentric or other structure.—*Lancet*, January 28, 1888.

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THOMAS A. ASHBY, M. D., Editor.

GEORGE J. PRESTON, M. D., Associate Editor.

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BALTIMORE, MARCH 24TH, 1888.

Editorial.

THE MEDICAL CORPS OF THE NAVY.—Attention has more than once been called to the fact that the Medical Corps of the Navy was suffering in popularity to such an extent that much difficulty was experienced in securing applicants to fill vacancies in the service. At one time a position in the Navy Medical Corps was eagerly sought after by the young graduate in medicine. A few years at sea and a journey around the world in Government service were tempting allurements. Young physicians were induced to enter the Navy under the impression that exceptionable opportunities were thus offered for an extended travel and large observation. The medical work was comparatively light and professional experience was limited to the few maladies observed among sailors, who, with the exception of venereal affections, enjoy good health. It seems, however, that the advantages of the Naval Medical Service have been exaggerated and that the Service has lost prestige through methods which the Surgeon-General of the Navy thinks should be corrected. The statement has been made that the young assistant-surgeon in the Navy is poorly paid, that his quarters on board ship are in the

steerage, and that the opportunities for improvement in his profession are so limited that he is soon seized with disgust and resigns. We apprehend there are gaver reasons than those assigned for the frequent withdrawals from the service. The novelty of travel soon wears off, whilst the monotony of a purely routine life, and one to a great extent cut off from social and domestic surroundings, is enough to depress the spirits and hopes of an ambitious man of action. The young physician must soon realize that advancement in the naval service is extremely slow, and every year he remains in the service to that extent incapacitates him for civil life. We do not wonder that resignations follow under these circumstances. We rather wonder how it is that so many physicians remain in the service at all. A comparison has been drawn by the Surgeon-General of the Navy between the Medical Corps of the Army and that of the Navy, in favor of the former. He argues that the Army surgeon is better paid, that his accommodations are better, and other allowances make his position more desirable. The Surgeon-General now asks Congress to place the assistant surgeon in the Navy on the same footing as that enjoyed by the same officer in the Army. This is manifest justice. Apart from the question of payment for service, and that of accommodation and allowance, the Army surgeon has numerous advantages in his favor which make his duties more pleasant and advantageous. His opportunities for the prosecution of professional interests are superior to those enjoyed by the surgeon in the Navy and he is less disqualified by his surroundings and training for practice of medicine should he at any time in the future retire to civil life. The two branches of service do not therefore seem to us to stand upon the same plane as regards the advantages they offer to the profession. The suggestions of Surgeon-General Gunnell in his petition to Congress for increased allowance of pay and of accommodation for the medical officers of the Navy are entitled to consideration and we shall be glad to see them adopted.

THE ANATOMY BILL.—A bill has been introduced into the Legislature of Maryland entitled, "An act for the promotion of medical science by the distribution and use of unclaimed human bodies for scientific purposes, through a board created for that purpose, and to prevent unauthorized uses and traffic in human bodies." The importance of such an act of legislation as is here outlined must be apparent to every thoughtful person. The study of anatomy is an essential feature in medical education, and the time has passed when restrictions should be imposed upon this study by prejudice and antiquated views. Up to the present time no efficient legal provision has been made in this State for the supply of the necessary material for dissection, and the Medical Schools of this State have often been compelled to obtain this material in ways both objectionable and, at times, shocking to public sentiment. The bill now before the Legislature simply provides that the material used by the Medical Schools shall come through proper channels, and not through irregular methods. It provides that no wrong shall be perpetrated upon the living, by subjecting their deceased friends or kindred to the dangers of the so-called "body-snatcher." In every large city the tramps and vagabonds exist in sufficiently large numbers to supply the demands of the dissecting-room. These individuals oftentimes have neither home nor friends, and must be buried at the expense of the City or State. Many of them ultimately find their way to the dissecting-room, it is true, but the method by which their bodies are obtained is wrong both in theory and practice. There is no good reason why these bodies should have to be stolen, when a law to regulate the proper disposal of them would accomplish the object sought without tacitly encouraging a criminal offence.

An appeal has been made in behalf of this bill by the gentlemen engaged in teaching anatomy in each one of the Medical Schools of this City. The bill is an important one, and we hope will become a law. If any of our readers have an influence with any of the mem-

bers of the present Legislature we would urge them to use the same in influencing the passage of the bill.

AN ELECTRO-THERAPEUTICAL SOCIETY IN BALTIMORE.—A number of well-known physicians, in this City, interested in the subject of Electro-therapeutics, have, during the present week, organized a society which has for its object the study of electricity from the standpoint of physics and as an aid to the diagnosis and treatment of disease. There can be little doubt of the fact that we have in electricity an agent of great value, and one which has been employed up to the present time in an empirical manner, rather than in accordance with the strict teachings of science. The few members of the profession who have given close study and observation to the clinical uses of electricity, have been able to report encouraging results. In Europe by Apostoli, Webb, Skene Keith, Sir Spencer Wells and others; and in this country by Berne, Engelman, Ranney, Rockwell, Martin and others, the employment of electricity as a therapeutic agent had been followed with results which indicate its wide adoption by the profession at large. The experimenters named have thrown much light upon the methods of utilizing electricity in medicine, but it may be fairly claimed that at present we know comparatively little of the true value of the agent as applied to the treatment of morbid processes.

A careful and close study of the subject is needed before its position can be defined or its indications scientifically outlined. The field is a large one and the subject is abstruse. One can scarcely hope to obtain a clear knowledge of the same without a patient and close study of the physics, chemistry, physiology and therapeutics of electricity. Dr. Rockwell has well said, "No one can be a master in electro-therapeutics without also being a master in electro-physics." That a need exists for an Electro-therapeutical Society few will question. Whilst such an organization will have a different value to different men, there are few physicians who will not be

profited by a closer study of the subject of electricity.

APEX EXPANSION IN THE TREATMENT OF PULMONARY CONSUMPTION.—In the treatment of pulmonary consumption above all diseases, favorable hygienic and climatic influences are the most important elements of success. Unfortunately in large cities so many cases are not in a position to have the advantages of the best food and surroundings, that numberless drugs are used in the hope of doing good, until gradually, as in the ordinary hospital treatment when the patient has received cod-liver oil with some cough mixture and a tonic, all has been done.

In the history of pulmonary consumption one thing strikes all observers, and that is the proneness of the disease to begin at the apex of one lung, and when the larynx does not sound the first alarm; then the slight cough with consolidation at one apex is what attracts the physician's attention. With the idea that removal of the cause is one-half the battle in the treatment of most diseases, investigators have tried for a long time to find out why the majority of cases of pulmonary consumption begin at the apex. Probably more than a dozen reasons for this fact could be collected, and many of them plausible enough, but none of them reliable. That it does begin at the apex, is a well-known fact, and much of the struggle against the spread of this disease has been made in this direction, namely, by bringing medication in some form to bear on the apex.

Dr. Thomas J. Mays, (*MARYLAND MEDICAL JOURNAL*, March 10th, 1888), in a very clear and interesting paper, brings up the subject, which is by no means new, of the great importance of apex expansion as compared with pure air in the treatment of consumption. In looking into the geographical distribution of phthisis, he noticed that inhabitants of cold climates such as Iceland, Lapland &c., who live crowded in close and badly ventilated huts enjoy a remarkable immunity from this disease, while the dwellers in the tropics who spend so much of their life in the open

air, are so prone to this disease. Reasoning from this point, Dr. Mays thinks however necessary pure air may be, and, without underrating its value, it is not the only requisite. This may be true, but all may not be willing to agree with him when he says that coal-miners suffer little from phthisis, as any one who has seen many cases of coal-miner's lung and fibroid phthisis, will testify.

In carrying out the pulmonary gymnastics which are to take the place of mountain resorts, the idea is to expand the whole lung substance, so that even the apices, which do not as a rule take active part in respiration (except to a limited extent), may be expanded. Of course in an altitude of over 6000 feet or more where phthisis is practically unknown, the increased respiration is brought about, as Dr. Mays says, by the rarefaction of the air. But this is not the only benefit; in addition to the increased metabolic functions and the increased heart activity, the respiration is increased by lengthening the inspiration and shortening the expiration, which more decidedly hastens the circulation in the lungs.

The exercise of walking, running, climbing, bowling, etc., should be varied according to the stage of the phthisis, whether suspected or already begun, or still further advanced. Above all things this exercise should not be carried on to fatigue, nor should the individual be too conscious of the exercise, but enough pleasure should enter into it to make it attractive. If the patient can be induced to take a little exercise at home daily, taking care not to carry it too far, doubtless much may done to improve or even to cure a case, and the sad experience of having a patient far gone sent off to die in a strange place can be avoided. Dr. Mays paper is in place at this time when the drug treatment of phthisis has a tendency to push the more natural treatment aside.

Miscellany.

COFFEE DRUNKENNESS.—It is more than probable that the evils from excessive use of coffee increase yearly. One prac-

tioner of our acquaintance claims in public print that coffee induces insanity. Doubtless he will soon give the reasons for such a belief. All professional men are able to recall numerous instances in which coffee has induced more or less serious symptoms. It seems that personal idiosyncrasies often determine the extent of the evil. From our own personal experience we must say that the evils upon the eyes and ears of people are more frequent from coffee than from tobacco or alcohol. It does not absolutely destroy vision or hearing, but it induces functional troubles very annoying to their possessors. That the coffee is the efficient agent appears from the fact that upon the entire discontinuance of the use of coffee the symptoms complained of disappear.

Guelliot, in the *Revue Generale de Clinique et de Therapeutique*, publishes his observations upon twenty-three cases of chronic caffeism. Of these cases seventeen were women.

He gives as the characteristics of caffeism: anorexia, disturbance of sleep, trembling of the lips and tongue, attacks of gastralgia, different kinds of neuralgia, dyspepsia and leucorrhœa, often profuse. In the twenty-three cases he found in eighteen anorexia; in sixteen, disturbance of sleep; in sixteen, trembling of the lips and tongue; in twelve, leucorrhœa; in eleven, gastralgia; in ten, dyspepsia; in ten, neuralgia of various forms; in eight, cephalalgia; in four, vertigo and convulsive attacks; in four, obstinate constipation; and in three, constipation and diarrhœa alternating. The evil effects of coffee are especially observable in children. The coffee drunkard is described as thin, pinched features, pale, wrinkled face, and a grayish yellow complexion. The pulse is weak, frequent and compressible. The sleep is troubled with anxious dreams.

No doubt coffee does on the whole far more good than evil. But it is important that the medical profession constantly bear in mind the evils that it is able to produce under favoring circumstances. In a general way it may be said that indoor brain workers do not bear coffee as well as outdoor muscle

workers. Persons of nervous temperament bear coffee badly.—*American Lancet*.

SALT IN MILK FOR CHILDREN.—Dr. Jacobi says that the physiological effect of chloride of sodium is very important, no matter whether it is directly introduced through the mother's milk, or vegetable diet. Both of the latter contain more potassium than sodium, and neither ought ever to be given, to the well or sick, without the addition of table salt. A portion of that which is introduced may be absorbed in solution; another part is, however, broken up into another sodium salt and hydrochloric acid. Thus it serves directly as an excitant to the secretion of the glands and facilitates digestion. Therefore during diseases in which the secretion of gastric juice is interfered with, or in the beginning of convalescence, when both the secreting faculties and the muscular power of the stomach are wanting, and the necessity of resorting to nitrogenous food is apparent, an ample supply of salt ought to be furnished. The excess of acid which may get into the intestinal canal unites with the sodium of the bile in the duodenum, and assists in producing a second combination of chloride of sodium, which again is dissolved in the intestines and absorbed. Its action in the circulation is well understood; it enhances the vital processes, mainly by accelerating tissue-changes through the elimination of more urea and carbonic acid.

A very important fact is also this; that the addition of chloride of sodium prevents the solid coagulation of milk by either rennet or gastric-juice. The cow's milk ought never to be given without table salt, and the latter ought to be added to woman's milk when it behaves like cow's milk in regard to solid curdling and consequent indigestibility.

Habitual constipation of children is also influenced beneficially, for two reasons: not only is the food made more digestible, but the secretions of the alimentary canal, both serous and glandular, are made more effective by its presence.—*Archives of Pediatrics* January, 1888.

RARE CASE OF LEAD POISONING.—At a meeting of the Medico-Chirurgical Society of Edinburgh, November 2, 1887, Dr. Byrom Bramwell showed a man suffering from peculiar symptoms, the result of lead-poisoning. The patient had presented himself at the Infirmary a fortnight before, complaining of dimness of vision, severe headache, and tremor affecting especially the right hand, but distributed generally over the body. The acuteness of vision was found on examination to be reduced to less than one-tenth, and the fields very much restricted. Greens and blues could not be distinguished, and the color fields were much reduced. There was no optic neuritis. The fundus was, in fact, perfectly normal—a very interesting, and, so far as Dr. Bramwell knew, a very rare condition in cases of lead blindness. Under large doses of iodide of potash, and sulphate of magnesia purgatives, the headache had disappeared, and vision was now normal.—*Edinburgh Medical Journal*, February 1888.

TREATMENT OF LUMBAGO.—Dr. Clarence G. Hellister, of Meadville, Pa., recommends the following in the *Medical and Surgical Reporter* for February 18th:

R̄ Potass. iodidi	ʒ ss.
Potass. bromidi	ʒ ss.
Tr. colchici sem.	f ʒ jss.
Syr. aurantii cort.	f ʒ ij.
Aquæ q.s.ad	f ʒ vj.—M.

Sig.—One teaspoonful three or four times a day, or increased until the bowels are slightly acted upon.

THE HUMAN BREATH A POISON.—At a recent meeting of the Académie des Sciences, Professor Brown-Séquard referred to some experiments he had conducted with a view to determine what, if any, were the toxic effects of the human breath. In condensing the watery vapor coming from the human lungs he obtained a poisonous liquid capable of producing almost immediate death. This poison is an *alkaloid* (organic) and not a *microbe* or series of

microbes, as might have been imagined. He injected this liquid under the skin of a rabbit, and the effect was speedily mortal. The animal died without convulsion; the heart and large vessels were engorged with reddish blood, contrary to what is observed after ordinary death, when the quantity of blood is moderate and of a dark color. In conclusion this eminent physiologist said that it was fully proved that respired air contained a volatile toxic principle far more dangerous than the carbonic acid which was also one of its constituents, and that the human breath, as well as that of animals contained a highly poisonous agent.—*The Medical Press*, February 1, 1888.

SALICYLIC COLLODION.—Bivert, an apothecary of St. Petersburg, finds the following a successful formula for preparing salicylic collodion:

R̄.—Collodii	parts 100.
Acid. salicylic. crystall.	parts 10.
Terebinth. venet.	part 1.
Chlorophyli	q. s.

This collodion is especially useful as a remedy for corns.—*London Recorder*, Jan. 20, 1888.

SALOL IN CYSTITIS.—Professor Demme, of Berne, has recorded (*Therap. Monatshefte*) a case of cantharidin poisoning following the application of an enormous blister over the sacrum. The patient was a boy, aged 5, and the blister was recommended by a "friend" as a cure for nocturnal incontinence of urine. The general symptoms were very severe for two days, and subsequently the boy suffered from cystitis, which, however, yielded to salol. The quantity given daily was gradually increased from twenty-three grains to thirty-eight grains; improvement commenced on the second day, and the cure was complete on the fourteenth day of the treatment. In another case of cystitis, which has been caused by measles, salol was also given with benefit.—*Brit. Med. Jour.*

Medical Items.

The Long Island College Hospital graduated thirty-six students at its late commencement.

The annual commencement of the Baltimore University Medical School was held on March 20th. The degree of M.D. was conferred upon fifteen graduates.

The Seventh German Congress for Internal Medicine will be held at Wiesbaden from April 9 to April 12, 1888. Herr Leube of Werzburg will preside.

Sixty-five illegal medical practitioners were convicted in the State of New York during the past year. This illustrates how medical legislation is working in that State.

Of the 10,679 students of the University of Paris, 3,696 are studying medicine, and 1,767 pharmacy. There are 167 female students—108 of medicine, 7 of science, and 1 of law. There are 593 foreign students of medicine, 58 of science, and 21 of pharmacy.

The Alumni Association of the Bellevue Hospital Medical College unveiled a tablet in memory of the late Austin Flint, M.D., LL.D., at the Carnegie Laboratory, New York, on Saturday evening, March 10th.

According to the *Vratch*, No. 4, 1888, p. 75; on January 1st, 1888, the Moscow University numbered 3,259 students, 1,218 of whom belonged to the medical faculty. During 1887, 231 obtained the diploma of medical practitioner (*lekar*).

The first annual address before "The Society of the Alumni of Bellevue Hospital" will be delivered at the New York Academy of Medicine, on Wednesday evening, April 4th, at half-past eight o'clock, by Dr. Wm. T. Councilman, Associate Professor of Pathology in the Johns Hopkins University on the subject, "Predisposition in Tuberculosis."

THE PROGRESS OF CREMATION.—There are twenty-two crematories in Europe, of which ten have built within the past year. There have been 600 incinerations in Germany and 800 in Italy. There are seven crematories in the United States, and six in process of construction.—*Med. News*.

Dr. Bramann, the surgeon who successfully performed tracheotomy on the present Emperor of Germany, enjoys a high reputation as a skillful operator. He is only thirty-five years of age. He has been gazetted in Berlin as the recipient of the Commander's Cross of the Hohenzollern House Order as a reward for his services.

Cremation in England, according to the returns of the Cremation Society, appears to be gaining in favor, as during the present year they have cremated five bodies at their working crematorium. In the case of a child eight

months old, the ashes weighed only eight ounces. Up to the present time thirty-one cremations have occurred at the Society's crematorium.

M. Pasteur proposes to compete for the reward of £25,000 offered by the Government of New South Wales for the best method of exterminating rabbits. According to the *Lancet* he has sent three delegates with a supply of chicken cholera microbes which he hopes to introduce among these rabbits and lead to their destruction by disease. In this way he hopes to win the prize.

The *Journal de Médecine* states that hypodermic and intra-muscular injections of hydrochlorate of quinine are most effectual in obstinate cases of malaria, when internal treatment has proved inefficacious. One-third of hydrochlorate of quinine is mixed with two-thirds of water. The alkaloid is dissolved by the action of heat. A Pravaz's syringe is introduced perpendicularly in the gluteal region, and fifteen centigrammes of the salt are injected. This method is not painful, and neither irritates nor hardens the tissues.

The London Correspondent of the *Journal of American Medical Association* says: "The fee of £6000, which it is stated Sir Morrell Mackenzie has been offered to go to America to see a patient, is probably the biggest thing in the way of a single fee that has been heard of in these days. Sir Morrell himself got £1000 for going to Cannes to see Mr. Stirling Crawford, and Dr. Hahn had the same amount for coming from Berlin to Mr. Montague Williams. Sir Henry Thompson received £2000 (of which he returned half) once, but these are trifles compared with the fee Mackenzie has declined."

Mr. G. J. Romanes has been elected Fullerian Professor of Physiology at the Royal Institution, London. He intends to devote the three years of his professorship to one continuous course of lectures on "Before and After Darwin." This year's course—"Before Darwin"—will give an historical survey of the progress of scientific thought and discovery in biology from the earliest times till the publication of "The Origin of Species." Next year's course will be on "The Evidences of Organic Evolution," and the third year's course on "The Factors of Organic Evolution."—*Med. and Surg. Rep.*

Dr. R. F. Weir, of New York, presented at a meeting of the Academy of Medicine a man he had operated for cancer of the lip in 1878. There had been no return of the disease. Nearly the entire lip had been involved. The method of operating was that of Burow. He had seen good surgeons fail to take the precaution of so shaping the flaps as to have it lined with mucous membrane. Regarding the results of operation in this class of cases, Wörner had collected six hundred and ninety-eight cases, with recovery in twenty-nine per cent., the length of time the cancers were under observation after the cancer was removed being at least three year.

Original Articles.

ON THE EARLY RECOGNITION
OF EXOPHTHALMIC GOITRE
(GRAVES' DISEASE).*BY J. MADISON TAYLOR, M.D.,
OF PHILADELPHIA.

In the paper which I shall have the honor to read to you to-night, I shall not attempt to do more than call your attention to the importance of early recognizing a disorder which often eludes one, to point out certain features which should enable us to do so, and to offer in illustration, very briefly, the salient points in half a score of cases.

Exophthalmic goitre, or Graves' disease, is not a rare malady. At first it is merely a disorder, but frequently becomes a serious disease, and is known to cause death. More often it unfits its victim for active usefulness, or, at least, limits this and sadly disfigures him.

Like certain other ailments the outcome of irregular nervous discharge, what in its incipency is a very manageable complaint, produces in time a disastrous effect upon the tissues, and forms a practically unconquerable disease.

Dr. Jonathan Hutchinson says:

"Graves' disease appears to me to be of the utmost importance, not only on its own account, but as what we might call a type malady. It is the most definite and striking example of which we know, of a severe and protracted malady which, despite its severity and persistence, yet has a natural tendency to recovery."

In reviewing a large number of cases in the search for a complete symptomatic picture, I find that the most constant early feature is sudden and marked evidence of loss of nervous equilibrium. The vasomotor nerves seem quite unstrung. Hence arise flushing, sweating and other skin changes, diarrhoea and transient albuminuria. If at this time a careful watch be kept, I think we should find irregularities in the action of the pupil.

The skin usually loses its healthy hue, grows sallow or dark, and becomes greasy to sight and touch. This oily look was present in most of the cases I have seen, though I have not seen it mentioned elsewhere. Begbie recounts one case of pigmentation, or bronzing, of the skin; Reynaud calls attention to vitiligo; and Edward Squire, to a discoloration in an isolated instance. The oleaginous appearance seems to me quite constant on face and body. This grows less when salt sponging and belladonna form part of the treatment.

Gowers calls attention to muscular tremor. I have seen this rarely. In Cases III. and V. there is a tremulousness in the voice, which I ascribe to nervousness; yet it is constant.

The emotions become often so overwrought that various mental peculiarities excite apprehension. Or a wiser person may regard the case as one of pronounced hysteria; and, indeed, all through the malady hysteria remains present, more or less, leaving one not seldom in grave doubt.

Frequently delusions occur, and these so closely in unison with the ordinary habits and thoughts of the individual as to render them most difficult of detection (see Case VI.).

Dr. Hilton Fagge warns us to be on the lookout for "slight cases in which one or two of the cardinal symptoms may be absent throughout." Trousseau also insisted on this point.

Von Graefe expresses the opinion that among women it is not rare to find instances of this malady where the only symptoms are disordered action of the heart, not accompanied by valvular trouble or hypertrophy, nor the faulty action of the lid as described by him.

Heart disturbance most often leads the sufferer first to seek medical advice. The pulse is always quick and irritable, usually intermittent. The heart-beats, as a rule, bear surprising relationships to the pulse. Overaction of the heart is well known to be a frequent feature of anæmia and chlorosis. Begbie thinks it a powerful factor in causing Graves' disease. Ross regards the anæmia which is usually present as rather a result,

*Read before the Philadelphia County Medical Society March 14th, 1888.

Throughout the whole vascular system there is a manifest lack of *tone*. So constant in this that it may yet be found competent to explain the causation of the disorder. Certainly the graver features bear causal relation to this state. The vasomotor nerves seem all out of balance; nor can it be confined to one part, though the cervical sympathetic is most prominently involved. There are cases where limited areas not governed by the upper ganglia show derangement, as in a woman now under the care of my friend, Dr. E. T. Bruen, where one side sweats from shoulder to toe, and the opposite eye is prominent. Arterial tension varies rapidly, and unaccountably; hence the oft complained of noises in the head, amounting at times to terrific roarings (as in Case V.). This may explain the maniacal attacks, as well as blood spitting, thirst and transient albuminuria.

The heart itself is rarely diseased. The overaction in time brings on hypertrophy; more commonly, dilatation. It also suffers from the general malnutrition which is noticeable throughout the circulatory system. The small amount of structural damage which this viscus sustains is a matter for remark, however, when the profound functional disturbance is considered. Systolic bruits are commonly heard, even over the auricles and the great vessels of the neck. Dyspnoea is distressing. This at times, even early in the history, alarms one who feels naught else to complain of.

The thyroid enlargement is liable to appear long before the eyes become prominent, but readily escapes attention. It may happen that a sense of constriction is felt when swallowing, especially in men who wear tightly fitting collars. Both lobes are, as a rule, enlarged; but if one only, it is generally the right. When recovery takes place, this badge remains to chronicle the victory.

The eye prominence is late to appear, as a rule, and it would seem to mark the height of the disorder. Before the exophthalmos, there may generally be noted the sign asserted by von Graefe to be pathognomonic, a belated action of the lid in following a downward movement

of the ball. Sometimes the lower lid is tardy in following an up glance. This obtusion of the eyeball is the most picturesque feature, but happily it is not constant, and is often very late. It is of both eyes, mostly, but if one only, again the right suffers. Sight is seldom affected, except where the outstanding, unprotected cornea suffers hurt or irritation; then opacities may result. If errors of accommodation exist, this correction, in my opinion, greatly aids in reducing the exophthalmos. Fundus lesions are not characteristic; though pulsation of retinal vessels may serve to confirm suspicions.

Knee-jerks are rarely abnormal; often in slight excess.

Electrical examination has been, very recently, shown by Charcot, and confirmed by Vigoroux and Norris Wolfenden, to aid greatly in foretelling the onset of this disease. This may prove a valuable aid in diagnosis.

CASE I.—Illustrates extremely well the more distinctive features other than exophthalmos, which is not present—especially the marked vasomotor disturbance.

Jennie H., aged twenty-three years, single; no neurotic history, intelligent, hopeful temperament; somewhat emotional and talkative. Vague history of a fall at two and a half years, followed by a convulsion, and, from time to time, "fits" are described, but not clearly. At first they seem to have been epileptiform, but later resemble emotional overflow. At fourteen years had typhoid fever, and for twelve months was "weakly." Some swelling of the limbs noticed—then came a period of good health. At seventeen years menstruated first, but not regularly for a year or more. At nineteen years began to work in a shoe factory, in a very exposed room, excessively cold in winter; frequently sat in wet shoes all day long. At twenty years after a very painful day from cold, walked home in slush, profoundly exhausted; soaked her feet in hot water and went to bed. Then followed a nervous chill with throbbing pain at heart—it beat rapidly; an overwhelming sense of suffocation arose. From

that moment the heart has been disordered. Then followed a series of medical pilgrimages to different dispensaries, with small benefit.

I think many of her symptoms were, even then, hysterical, masking effectually her real trouble. She had hæmoptysis, cough, great emaciation, and was treated for phthisis. The fits brought her under treatment for epilepsy. So far as I can learn, no one noticed anything amiss with the eyes or neck. I think there has been at no time exophthalmos, but a peculiar fluctuation in the condition of the pupils, which I infer is not recent. The dyspnœa grew worse steadily, till it became impossible to lie in bed, and for six or eight months she slept fitfully propped up in a chair. In May last a profuse blood-spitting prostrated her for four weeks; soon after the urine was suppressed for three days, with no pain—then a very dark, thick, offensive fluid passed. During the past summer was very weak and thin, but attempted repeatedly to work. Overexertion at the wash-tub bowled her over again; several hemorrhages followed, and on October 1st she applied to me at the Howard Hospital.

I found a very pale, thin woman, suffering great dyspnœa; respiration 24; pulse fairly regular, 130 to 135; coughing incessantly; carotids throbbing widely; pupils widely dilated; von Graefe's sign absent. There was complete mydriasis, as we found later, but no fundus lesion. The heart was laboring, loud musical murmur over base; apex beat downward and outward; "bruit de diable" in vessels of neck; thyroid gland enlarged, especially to right side, conveying thrill to hand; neck fourteen and three-quarters inches; skin pale and oily looking, readily sweated, and became chilly; legs œdematous; menstruation had been absent for three years; bowels always loose; urine, small amount, bright red with blood; sp. gr. 1.009; no casts; knee-jerks excessive in both legs; station bad from weakness.

Treatment.—The treatment consisted of carefully regulated feeding and rest; to drink plentifully of flaxseed tea;

iron, in form of Basham's mixture and digitalis, and hot hip-baths; belladonna plasters to the over-excited heart; later, cod liver oil and bromides, with digitalis. In a week the pupils became responsive to light; cough greatly moderated; the urine only smoky; heart-sounds more defined.

To be brief, in two months the cough ceased; she could lie comfortably in bed; ate well and slept well; pupils became normal; had two or three "spells"—a little scolding aided these. In six months the girl pronounced herself cured, but she is readily upset by trivialities; twice the pupils have widely dilated on catching a slight cold, and once recently the urine showed traces of albumen. The menstruation was established twice, and slight showing at other times. She can now work at house chores with small fatigue. Pulse about 85 to 95, standing.

CASE II.—Mrs. H., about twenty-eight, no neurotic history, two living children, came under my care in 1881 during a miscarriage with adherent placenta. A similar disaster had occurred also some months before. My attention was drawn to a most disfiguring degree of exophthalmos. This had been observed within a few months by a well-known physician, who also warned her that she could scarcely hope again to bear a living child—probably on account of the disorder thus indicated. There was then menstrual derangement and great dyspnœa. Digitalis and ergot were ordered, also care to avoid exertion, but no clearly defined schedule of living. This I supplied and rigidly enforced—insisting upon systematic feeding and rest. I also found an irritable pulse and temper, muffled heart sounds, etc., but very slight right thyroid enlargement, a markedly livid oily skin, sweating surface, loose bowels, and occasional albuminuria.

Under treatment consisting, as stated, of regulated living, digitalis, ergot, along with iron and other tonics, she steadily improved, till in seven or eight months there remained only dusky skin and the eye and lid symptoms. These last I felt sure would improve under

use of glasses rightly adjusted—she having a high degree of myopia. After some persuasion this was accomplished with most admirable results, for the exophthalmos materially lessened thereafter.

I may say, as a matter of interest, that I have since delivered this lady of three healthy children at term, each of which she suckled for a full year, and that she now enjoys excellent health. There is no heart trouble, no goitre.

CASE III.—*Graves' disease; obscure and abrupt cause; extreme nervousness, cardiac distress; death. No autopsy permitted.*—Mrs. S., aged thirty-six, no neurotic history, one child. Two years ago she seemed in perfect health, weighed one hundred and sixty pounds. Happily married, surrounded by every luxury and loving care. Sustained no shock, no fright or exhausting disease. Fell into the hands of gynecic surgeons, who found displacements and tears, and repaired these, as it proved none too well. While sitting in perfect health at a theatre, not in the least excited or especially interested in the play, she suffered a nervous chill and from that time the disorder rapidly grew. The chills frequently recurred, changing to what she described as “waves of feeling up and down the body;” on the slightest exertion sense of constriction in chest, and skin broke into a sweat. Afraid to step about the room. Bowels loose, slept badly, lying awake for hours feeling afraid. The disorder was not recognized.

Sent to Dr. Weir Mitchell with a description of “neurasthenia and heart disease,” and through his courtesy I was allowed to see her repeatedly. She was a very excitable, nervous woman, rather thin, weighing one hundred and ten pounds, with a frightened, restless expression. Eyes slightly prominent, some little slowness of upper lid, injection of cornea, tremor in voice, tremulousness of hands on movement, constantly plucking at bed-clothes or handkerchief, or arranging her hair or dress; throbbing carotids, pulse of 125 to 135 lying, and very irregular, loud musical murmur, etc. Bronzed, glistening skin, chilly

hands and feet, sweats readily etc. Thyroid enlarged almost symmetrically conveying thrill to the hand. Some improvement under rest and tonics. Another operation was found necessary, and though slight she sank and died. No autopsy allowed.

CASE IV.—*Graves' disease; slight exophthalmos; slight thyroid enlargement; cardiac disturbance; delusions and rapid loss of flesh; cause probably exhaustion from bearing ten children, and precipitated by sharp dysentery; recovery.*—(By permission of Dr. Weir Mitchell and partly under my care.) Mrs. J., aged thirty-nine years, family history good, most favorable surroundings; ten children; began a year ago to lose flesh rapidly during severe dysentery; appetite very poor since. Slight delusions; vertigo. Eyes only noticeably prominent; conical vessels injected; restless expression; slight tremor; skin clammy and glistening; dyspnoea. Thyroid enlarged a little; heart noisy; no valve defect; very emotional; albumin and muco-pus in urine. Under tonics and rest gained steadily. Referred to me at seashore in summer; rapidly picked up flesh and strength there; gained forty pounds. Now describes herself to be in good health.

CASE V.—*Graves' disease; slight exophthalmos; slight thyroid enlargement; cardiac disturbance and tremor; marked improvement.*—Miss R., aged twenty-five, family history good. At ten years had typhoid fever, at eleven very severe dysentery; long in gaining strength; much headache at nineteen years, an illness began by neuralgia in face and marked prostration; noticed rapid breathing; soon eyes were remarked as being “curious looking;” tried to gain strength by exercise in open air. In 1881 again fell ill. In March, 1882, consulted Dr. Seguin, who pronounced unfavorably; at that time had much œdema in legs; ordered digitalis; quiet. Following November grew much better; partly in bed for several months. December, 1883, she saw another physician who relieved the increasing diarrhœa. May, 1881, to May, 1884, menstruated only once; thence irregular till a year

ago, since then fairly regular. Weight about one hundred and thirty-five; skin moist and shiny; beads of sweat on upper lip; tremulous lip and tremor in voice, this seems a constant feature; at times tremor in muscles elsewhere. Exophthalmos slight; von Graefe's sign in both eyes; pupils normal; corneal vessels injected; flushes readily; not pale; heart tumultuous; no valve defect; pulse intermittent, one beat in three or seven, very difficult to count. Thyroid enlarged symmetrically; well-marked thrill; loud bruit in right neck; buzzing in head; sweats almost constantly; respiration 28, sighing; dyspnoea great on slight exertion; cannot lie in bed at night; bowels loose.

Rapidly improved in most respects under treatment by regulated living, digitalis, and belladonna; tonics, iron, etc.; salt sponging; hot hip baths; menstruation more comfortable. In January had an attack of nervousness at night time, sense of great pressure in head and flashes of heat over body; ringing in ears. Eyes were examined by Dr. de Schweinitz, who found slight hypermetropic astigmatism; no fundus lesion. Alternate hot and cold water to nape of neck relieved the sounds in head. Is steadily improving to date.

CASE VI.—Miss D., aged twenty-four, family history decidedly neurotic. Mother "queer." At one year scarlet fever followed by "water on the brain;" soon recovered good health. Menstruated at fifteen.

August, 1885. Dysentery.

December, 1885. Heart began to alarm her. Vertigo sitting or walking; grew weak, short of breath and extremely nervous; could not sleep, began to groan loudly in sleep, which continued till recently. Skin itches intolerably; sweats readily on exertion. Roaring noises in the head. Legs swelled, also feet—"the buttons were burst from the shoes."

March, 1886. Neck enlarged. In May the eyes started forward. Appearance; eyes very prominent, sclerotic shows half an inch or more above and below, lids puffed, corneal vessels injected, face bloated and livid; skin greasy. Thyroid enlarged in three

directions, most on the right; neck thirteen and three-quarters inches. Heart sounds clear; impulse heaving; slight systolic whirr. Pulse regular, 112 standing. Bowels very loose; tremulous voice. Eyes examined by Dr. Hansell show some accommodative defects, but no fundus lesion. Urine albuminous. Decided delusions. No improvement.

CASE VII.—Miss M. D., sister to above, well-grown girl, well till a year ago, when she had "walking typhoid;" afterward very weak; fainting spells; vertigo on walking; sweats readily; constantly chilly, especially the hands and feet. Buzzing in the ears. Menstruated at thirteen, but extremely irregular; rarely lasts over two days. Eyes showed no lid sign; no exophthalmos. Thyroid enlargement right; neck twelve and three-quarters inches. Heart quick and feeble; muffled sounds; roaring noise over the right clavicle and through the thyroid, also marked thrill. Carotids pulsating visibly. Pulse 128 to 130. Very pale. Is improving.

CASE VIII.—Mrs. S., aged forty-six; mother living, a "fidgety" woman, has two children. Fairly good health till 1881, when she had typhoid fever, followed by large abscess in the abdomen, opened in two places. Treated in the Jewish Hospital. After this shortness of breath began, along with diarrhoea; sweated a great deal on both sides. Buzzing in the ears. Appearance; strongly built woman, weight 130 pounds; skin muddy and dusky. Left eye very prominent, right less so; lid signs of both eyes. Carotids throb moderately. Heart sounds clear and distinct; slight bruit. Has been under treatment for eight or nine months. Digitalis and iron and belladonna. Dyspnoea greatest on cold days. Urine at times profuse; no albumen. Œdema of legs fluctuates. Is steadily recovering, though susceptible to fatigue, cold, and shocks.

I hope to discuss the treatment, on which I have some decided opinions, on another occasion. This consists mainly of rest, judicious feeding, tonics, and carefully sedative measures.

Competent glasses, too, are essential; at times sharp counter-irritation, espec-

ially diuretic remedies and attention to the emunctories. Galvanism, too, has immense value in some instances, but requires judgment in selection of cases.

In brief, whatever measures tend to repair the tone of the vascular system and allay nervous excitability will best bring about gratifying results.

Society Reports.

OBSETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD MARCH 1, 1888.

THOMAS M. DRYSDALE, M.D., in the chair.

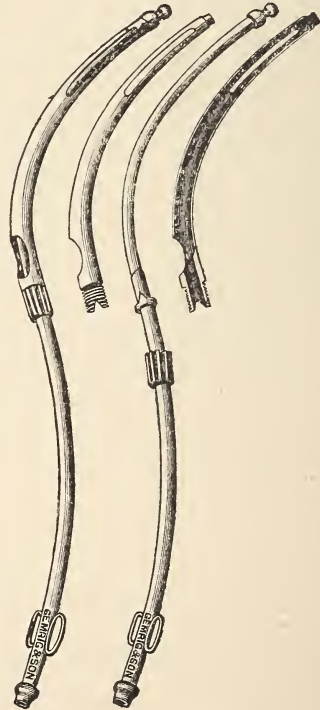
Dr. H. A. Kelly exhibited

AN ASEPTIC TWO-WAY CATHETER.

A two-way catheter, which will conduct and discharge water and solutions with the utmost freedom and at the same time allow of perfect and ready cleansing after use, is a great desideratum. In the light of the antiseptic surgery of today the use of such two-way catheters as were constantly found in the surgeon's bag a few years ago, is in the highest degree dangerous, owing to the necessarily painfully tedious process of cleansing and the impossibility of ever being able to assure ourselves that they are clean.

One of the best ever devised for the use of the gynæcologist is Bozeman's. This has been modified by Fritsche and Olshausen in such a way that the delivery pipe and discharge pipe are two separate pieces, so made that the delivery pipe enters the larger discharge pipe and is held in place by a cap which is screwed down on it while in use. This will be understood better in examining his modification. The objection to this still holds, that although easier to clean than any previous forms, it was still difficult, and impossible to assure one's self. I have now added my own modification to this instrument making it now perfect in its utility and answering all antiseptic requirements.

The syringe as constructed by me consists of three parts. First the delivery tube which conducts the stream from the hose connected with the reservoir into the uterus. This tube is well curved and at its entrance is furnished with a knob to hold the hose better. Its extremity ends in a button, with a series of holes around and a little below the outer margin in the form of a rose, so placed that the stream is thrown out on all sides and directed a little backwards. The remaining two pieces are the two lateral halves of the *exit* pipe, which is attached very simply by entering each end in the shallow collar under this *rose*, bringing them together around the inlet pipe and screwing the nut down on the thread on their upper end.



Each side has a fenestra in it, near the point and is scooped out near its upper end, so that when the two are fitted together there is a good sized hole here.

When in use water flies with force from the holes at the end, washes with it debris and fluid, which enter at once

the large fenestra on the sides, are washed down and out of this large hole into the receptacle. When out of use the cap is unscrewed, the halves fall a part and every part which has come in contact with infection is at once exposed and readily cleaned.

The interior ought to be as highly polished as the exterior. Mr. Gemrig of this city, has made these instruments for me in a very satisfactory manner. He has made one of solid silver for Dr. Sweetnan, of Canada, which I exhibit here, with that I am now using as well as the older form.

If the nomenclature is to be kept up as in the past, it is the *Bozeman-Fritsch-Olshausen-Kelly Catheter*.

Dr. Kelly also exhibited

A COTTON PACKER.

This instrument has been many months on the shelf by my examining table, and is one of the few I am constantly using.

I have showed it to number of my friends and at the meeting of the Alumni of the Woman's Hospital in New York, this winter.

Its use is simply to pick up a loose wad of cotton placed near the vaginal outlet, and with the vagina properly exposed and the uterus redressed, to carry it up into place in the fornices and pack in one wad after another with perfect exactitude and any degree of firmness required.

It is made of a delicately tapering needle which ballances nicely in the hand, terminating in three diverging tips, a little flattened on the upper and under surfaces.

Dr. B. C. Hirst exhibited

THE PLACENTA FROM A CASE OF UNIOVAL TWINS.

It was very large in extent, having about twice the ordinary dimensions of a placenta. It formed one mass, with the most intimate anastomosis between the two sets of rectal vessels. There was in this case hydramnion of one foetal sac.

Dr. Hirst also showed

A PARIETAL BONE PRESENTING A SPOON-SHAPED DEPRESSION.

It had been taken from an infant that died about two days after birth. The labor had been a difficult one, terminated by the forceps; the child had presented by the vertex in R. O. P. position; the pelvis was slightly flattened, head large, O. F. circumference $36\frac{1}{2}$ cem. At the corresponding point internally there was a deep broad depression of the brain substance. The child apparently died from congestion and serious effusion into the brain.

Dr. Wm. Goodell remarked that Ambrose Paré had compared these depressions to the indentation on kettle-drums. The indentation in this case was very typical. After turning in the flat and narrow pelvis, these indentations were very marked. They occupied then the temporal region and not the parietal—the shorter bi-temporal diameter being the one implicated. Hence in turning two mechanical advantages resulted, the small end of the cephalic wedge offered at the conjugate and also a cephalic diameter shorter than the bi-parietal.

Dr. John C. DaCosta wished to know if *Dr. Goodell* thought turning could always be done in these cases.

He spoke of a case which had occurred in his practice when the bone was much more depressed than the specimen shown. The whole left side of the head was bulged in by a large fibroid of the uterus which fitted into the depression like a mortise and tenon joint. The pelvis was of good shape and roomy—os uteri wide open and soft and yet the head which was at or above the superior strait, in L. O. A. position, would not descend on account of the tumor. As the woman was in good condition and nothing seemed to be going wrong he let her alone for a time. After a little while, by the aid of some manipulation the head began to unlock from the tumor and rotated from O. A. to O. P. position and the child was delivered alive.

The case could not have been turned

(as membranes had ruptured and uterus gripped the child's body itself) and even if it could have been, there would probably have been a dead baby from pressure on the cord during the long delay that would ensue in delivering the head, as the tumor would most likely have locked under the baby's chin. The forceps could not be put on, on account of obstruction to the left side by the tumor.

Dr. Goodell thought that *Dr. DaCosta* would have had less trouble if he could have turned the child. He did not think the neck would have been caught. He had been speaking before of the mechanical advantages only and not of the difficulties in the performance of version.

Dr. W. S. Stewart exhibited

AN IMPROVED OBSTETRIC FORCEPS.

It is not my intention to consume the time of this Society by giving the history of the origin and use of the obstetric forceps nor to enter into a general discussion of its merits and demerits. I take it for granted that there is a large majority admitting their necessity and the great benefit they are to the lying-in patient. Therefore I will content myself in endeavoring to point out the advantages of having parallel handles so that the application of either blade first can be made at will as the exigencies of the case may require. It is in order to meet this necessity, which I have more than once experienced that I have the honor and privilege of presenting for your consideration an instrument which will demonstrate its superiority and consequently can be relied on in almost any emergency. The improvement is not restricted to any special form of blade, but can as readily be applied to the straight or the curved, its use being equally effective with either form.

The first object for which I was most solicitous was to be able to have an instrument which could be used in presentations where it might be desirable to apply the second blade first, as sometimes in the second position of the head when jammed into the cavity of the pelvis and rotation to the antero-posterior diameter has been prevented by a nar-

row contracted passage. In all such cases there will be no difficulty in applying and adjusting the first blade but occasionally it is impossible to apply the second in this condition of the presentation; the only remedy being to reverse the order by applying the second blade first, removing the risk of injury to both mother and child in the recrossing of the handles in order that they may be locked before making traction. This we have overcome by having the handles made parallel to each other and without overlapping as in the ordinary instrument. Each handle has its own independent lock, the two being connected by a plain bar which will admit of adjustment no matter which blade is applied first.

To overcome the danger of slipping and to secure the grasp on the fœtus, it was necessary to devise some method of reversing the direction of the handles in order that traction could be applied. To accomplish this a double lever was devised, one part on each handle and each working on the same pivot or fulcrum—to this the traction is applied resulting in a power perhaps superior to anything we could have expected. The compression to the fœtus is no longer in proportion to the power in the grip of the hand applied to the instrument, as in the cross handles, but is regulated simply by the resistance to be overcome and will beautifully illustrate mathematical relationship between the force and the resistance; consequently all fear of slipping of the instrument is obviated and the only force that is necessary to be applied is for the delivery of the fœtus.

The compression is, however, controlled by a shoulder which is made on the toggle joint, preventing any risk to the child and its limit corresponding to the position of the blades of the cross handle instrument when the handles are in close apposition.

Should there be any irregularity of application and consequent difficulty in locking, we have devised a coned hub with a winged nut which, though the handles may be at an angle of 30 degrees, enables us to adjust them accurately.

The advantages of this improvement as experience has demonstrated are summarized as follows :

1st. The application of either blade first.

2nd. The impossibility of the blades slipping when properly applied.

3rd. Moderate and even compression, the degree of compression being regulated by the amount of resistance.

4th. Greater facility for making traction.

Dr. H. A. Kelly had examined these instruments with a great deal of interest, and was surprised how the difficulty of parallel handles had been overcome. He, however, thought that the axis-traction principle should have been added to them.

Dr. Baldy was not particularly fond of using forceps of any kind, and had often seen a head delivered spontaneously, on which the use of instruments had been urged. However there were cases where the instrument became necessary, and in such cases it was desirable to have as perfect a forceps as possible. In the forceps presented he had no objection to make to the parallelism of the handles, but thought that a very serious objection was to be found in the so-called toggle-joint. With this instrument as it stood there was no possible way of regulating the compression force applied to the child's head, and although *Dr. Stewart* had not yet marked or injured a child, he would surely do so sooner or later, if he continued their use. He thought with *Dr. Kelly* that the axis-traction principle should be applied to modern obstetric forceps.

Dr. G. E. Shoemaker had on a previous occasion called attention to the dangerous compression power developed by the toggle-joint, spoken of by the last speaker. He thought that to make the instrument safe there should be an adjustable attachment, such for instance as a sliding ring about the handles, to limit at will the compression force, as the present shoulder was fixed and was too far back.

Dr. Longaker found serious objection to the number of joints on the instrument, making it so difficult to keep

aseptic. He did not think the Simpson forceps could be improved on.

Dr. Stewart was surprised at the number of objections found with his instrument, as well as at the doubts expressed as to the results in using them. He had now delivered eight children with them without injury. He could deliver cases with his instrument which could not be delivered with any other made. The members must take his word for the results obtained thus far, or go with him, and see if there were any evidence of injury to any of the children, as all of them are living on whom the forceps were used.

Dr. Longaker presented the following for *Dr. Holmes*.

The case of *Mrs. B.*, 50 years, married at 15 years, nulliparous, menstruation always scant and painful, is remarkable on account of series of reflex symptoms, of death from exhaustion and from pain, without organic disease other than ovarian, and of simplicity of operation needed as revealed by autopsy.

"*Mrs. B.* consulted me April, 1886, having been treated elsewhere for muscular rheumatism. Pains were of lancinating character along left sciatic, shooting down to ankle; examination showed ovarian tumor, probably cystic. *Prof. Goodell* confirmed diagnosis, and advised operation, which patient then and subsequently refused. The chief complaint was at first the pain posteriorly along left leg and thigh, which finally also involved similar relations on right side. In the course of a few months, a persistent tremor attacked both lower extremities, at first alleviated by manual pressure, subsequently not and later still extended to arms and hands, and later yet to muscles of face and lips, giving much the appearance of violent chorea, interfering markedly with clear enunciations.

During the latter part of life there was oft-repeated and painful micturition, with bloody urine, with violent pains starting in lumbar region and shooting along into the bladder and urethra, raising a strong suspicion of renal calculus.

This with the other lancinating pains,

the tremors and nervous exhaustion consequent upon the many months' illness, caused great suffering, the patient often wringing her hands and grasping her hair in agony. Hypodermics of morphia $\frac{1}{4}$ to $\frac{1}{2}$ gr. gave markedly greater relief than same doses by mouth or rectum, even frequently repeated. The apparent increase of tumor was very slow.

Autopsy indicated only slight omental adhesions—kidneys healthy. The bladder, uterus and the two attached cysts were removed a few hours after death. The dermoid cyst has a long slender pedicle attached to the left cornus uteri. It was situated on the right side of the spinal column, opposite the third and fourth lumbar vertebræ, covered by loops of small intestine and by omentum, to which latter it was slightly adherent. It was at first supposed to be a floating kidney which had undergone conversion into a cyst. Its size, shape and location were suggestive of such an origin. The cyst contained chocolate-colored sebaceous matter. No hair or teeth. The wall contained calcareous plates. The right ovary is the seat of a multilocular cyst, the size of an average full term, fetal head. The corpus uteri is undeveloped, the cervix constituting the larger portion of the organ. Evidences of chronic cystitis were present."

Dr. M. Price said that this question was coming up daily; cases of pelvic disease were being constantly treated by the general practitioner for malaria, rheumatism, neuralgia, and other kindred diseases, without making any investigation into the actual condition of the patient. In fact malaria is becoming extremely fashionable, when there is no apparent reason for the condition. He was then treating a case of ovarian disease in a lady, now 47 years old; was married at 15 years; contracted gonorrhœa from her husband at that time; has ever since remained sterile, with scant menstrual discharge, and great pain from the approaches of her husband, sometimes the pain being agonizing. She suffers at times from severe pain, running down the left leg. Upon examination the ovary was found to be

as large as an orange, excessively tender, and when pressure was made in bimanual examination the patient went into convulsions on the table. He did not know what relation this condition may have had in connection to the trouble in her early married life; of this he was sure, that it was the cause of her barren condition.

Dr. Longaker also exhibited

THE POST-MORTEM SPECIMENS FROM A
CASE OF CARCINOMA UTERI.

The following brief notes of this case are presented for Dr. S. Gibbs. L. A., married, æt. 39, always enjoyed good health until five years ago, when her last child was born. Since that time she had suffered much from pelvic pains. Menstruation had been excessive. Patient first seen in June, 1887, when a diagnosis of carcinoma of the cervix was made. The disease had invaded the vaginal walls, and the pelvic cellular tissues.

From this date I saw no more of the case until Feb. 6, 1888. She had been free from pain, but hemorrhage persisted.

Vaginal examination revealed advance of the disease. It provoked such a profuse hemorrhage that applications of Monsell's solution were required to arrest it. When the hemorrhage was under control, pledgets of cotton saturated with terebene and olive oil (1-4) were packed against the cervix according to the plan of Betrin of Geneva. This medication diminished the offensive odor, but I strongly suspect it had something to do with the rather untimely demise of the patient.

In a few hours from the time of the application she sank into a somnolent state, from which it was difficult to arouse her, with almost complete suppression of urine and strangury, and death in 36 hours.

A peculiarity of the case was absence of cachexia and emaciation.

Autopsy.—The cervix was extensively infiltrated and ulcerated. The corpus shows a few nodules. The ureters are dilated, as are also the pelves of the kidneys.

Dr. G. E. Shoemaker thought that the statement that death was probably due to an application of terebene should be carefully considered. He was constantly using and observing the use of the drug internally in much larger quantities than could be absorbed from such an application, without sign of irritation. Might not the death from uræmia have occurred, independent of its use?

Dr. Longaker believed that the application of the terebene did hasten death. The strangury and suppression came on quickly after it had been used. The case lacked some of the ordinary symptoms of uræmia.

Dr. Wm. Goodell exhibited

A SPECIMEN OF CONJOINED TWINS,

which had been presented to him by *Dr. Junius F. Fuller*, of Roxborough, N. C.

The specimen was a perfect one; the bodies were united at the hips, and there were three feet in common. Some years ago an analogous living specimen of conjoined twins was on exhibition in this city, and he had brought them before his class at the University, and had given a lecture upon the subject. From investigations then made he found that this form of conjoined twins was not a very rare one, as *Aldrovanus* and other old writers had described and figured them. The specimen which he presented must have been aborted at the third month of utero-gestation.

Dr. Goodell also presented

A SPECIMEN OF HYDRO-SALPINX.

It was the largest specimen he had ever seen; although he had met with much larger specimens of pyo-salpinx. The case had been treated by many gynecologists, and the true condition had not been recognized. There had followed the operation a complete relief from pelvic pains, but menstruation had continued up to the present time. The periods were, however, becoming less frequent. Since it was contended by some eminent surgeons, that when menstruation continued, after the removal

of the uterine appendages, some of the ovarian stroma must have been left behind, he wished to call the attention of the Society to the complete extirpation in this case of both ovaries and tubes. Although the former were more or less adherent, it was evident from the specimen that not a particle of ovarian stroma was left behind.

Dr. M. Price said he had seen two cases in his practice where the menstrual discharge did not cease after the removal of the appendages. In one case it lasted for a year and a half, in the other six months. He had no doubt but that *Dr. Goodell's* case would show the same result. There was but little doubt in the mind of most operators that the removal had not been complete.

J. M. BALDY, M.D.,

Secretary.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING HELD MARCH 14, 1888.

W. W. Keen, M.D., was in the Chair.

Dr. J. Madison Taylor, read a paper

ON THE EARLY RECOGNITION OF EXOPHTHALMIC GOITRE (GRAVES' DISEASE).*

DISCUSSION.

Dr. S. D. Risley: I would like to ask *Dr. Taylor* whether there is any indication by which the development of exophthalmos can be expected in cases in which it has not yet appeared.

Dr. J. B. Roberts: I believe that the great ocular deformity which is so unpleasant to the patient and attracts so much attention, can be remedied by a very simple operation: merely putting a stitch at the outer canthus, after freshening the edges of the lids, to diminish the optic commissure after the case has made such progress

*See page 421.

that it is reasonably certain there is to be no further diminution of the prominence of the eyeballs. The patient can be made more comfortable and less conspicuous.

Dr. Edward Jackson: The procedure suggested by Dr. Roberts might be resorted to for other than cosmetic reasons. I recently saw a case of this disease with very great exophthalmos, in which one eye had been lost through sloughing of the cornea due to exposure; and I afterward learned that the second eye had been lost in the same way. Such an accident might be prevented by narrowing the fissure of the lids.

Dr. A. V. Meigs: I know of one person who has completely recovered from this disease, a woman who had a very severe attack many years ago, under the care of my father. The prominence of the eyes, which was very great, is now hardly noticeable, and yet no operation was ever done. I do not think much would be gained by sewing up the canthus, for while the disease is in its acute stage, it is hardly likely the operation would afford much relief, and later, if the patient recovers at all, the difficulty cures itself. I think I know the case Dr. Roberts had in his mind when he spoke, and Dr. de Schweinitz, who has seen the woman in question, will probably agree with me that nothing would be gained by an operation. One thing I have learned of recent years, and it is that it is not necessary in all cases to put the patient in bed. I could mention three or four cases I have successfully treated with tonics and proper regimen, without its becoming necessary to have rest in bed; the cases, to be sure, were not severe. Dr. Taylor speaks of the early recognition of the disease. For my own part, I do not see how a positive diagnosis can be made until we have at least two of the features of the disease present, namely, the cardiac palpitation and some thyroid enlargement; the prominence of the eyes occasionally does not manifest itself, but a diagnosis can undoubtedly be made in its absence.

Dr. G. E. de Schweinitz: I have examined the case that Dr. Meigs refers to, and I saw nothing to be gained by sur-

gery. The eyes were at first very prominent, but they were then receding, and now the normal relation of lids to eyeballs is restored. Inasmuch as there was considerable myopia, and hence not uncommon prominence of myopic eyes to begin with, they will always be more or less conspicuous.

Dr. S. Solis-Cohen: I have been extremely interested in this valuable paper of Dr. Taylor's, the more so that I think I recognize in his first case a patient whom I have seen, but in whom I did not recognize this disease. She was treated at the Jefferson Hospital some three years ago for anæmia, and was apparently cured. A year ago she returned with the history of "fits" spoken of by Dr. Taylor, and was irregular in attendance and unreliable in statement, the hysterical element so noticeable, probably preventing the careful investigation the case should have received. I consider it the more remarkable that thyroid enlargement should have escaped notice at the clinic in this case, as the comparatively frequent discovery of it at one time, in cases of cardiac and vaso-motor disturbance, has put all the clinical assistants on the lookout for the phenomenon. I can thoroughly agree with Dr. Taylor that vaso-motor paresis plays an important part in the development, if not in the genesis of this disease. The only case I have seen in the male subject occurred in a young man subject to frequent attacks of flushing of the face, sometimes accompanied with high temperature, in whom the rapidity of the heart's action had led to a diagnosis of hypertrophy of the heart, not warranted by physical exploration. The eyes were not involved at the last time I saw the patient, nor was thyroid enlargement sufficient to attract attention without special examination. I have now under my care in private practice a young lady not at all hysterical, subject to similar attacks of flushing which sometimes leave behind for a short time wheals like those of urticaria, who has also had two attacks of sudden transient blindness, after which all that could be detected in the fundus was moderate congestion; and whose cardiac action, rapid

and irregular at these times, is at other times perfectly normal. No organic lesion of any kind has been detected either by me or by more competent observers. It is possible that this may be an early stage of Graves' disease. Improvement has taken place under minute doses of picrotoxin, a drug which Dr. Bartholow has prescribed in cases of exophthalmic goitre, at the hospital, with very good results. One case especially I recall which was associated with purpura. I would like to know whether Dr. Taylor has met with this association. A very interesting case of acute exophthalmic goitre presented at the clinic, which Dr. J. C. Wilson may remember as the subject of one of his clinical lectures; an anæmic young girl affected from childhood with nystagmus, in whom goitre and exophthalmos were asserted to have developed within a short time after a fall from a ladder. She was unable to button her collar, which friends had opened in attending to her after the accident.

Dr. J. C. Wilson recalled the case mentioned by Dr. Cohen, but not with sufficient distinctness to add anything of importance to the account already given. Dr. Wilson briefly narrated two cases of Graves' disease, recently seen in his private practice, in which the symptoms developed rapidly after mental shock. The patients were young women. The first, a servant, aged twenty-four, of previous good character, was engaged to be married to a young man who was by occupation the driver of an ice cart. Within a day or two of a visit to her, he was accidentally killed, and her first knowledge of his death came through the newspapers. Cardiac overaction at once developed, and within a month thyroid enlargement, and slight exophthalmos. Under rest and large doses of Fowler's solution complete recovery took place in a year. The second case was that of a lady, aged twenty, who rapidly developed the characteristic symptoms of Graves' disease after the shock and grief occasioned by the disappearance of a near and loved relative, and the discovery that he was a defaulter to a very large extent. The prominence of the eyeballs was in this case very slight; the

other symptoms were characteristic. Under treatment by rest and arsenic decided improvement took place. It is now a month since she last reported.

Dr. Taylor: In reply to Dr. Risley's query, Does any sign clearly foreshadow the exophthalmos? I can only say that I know of none, nor did I see anything in the literature of the subject to aid us. It usually marks the height of the disorder, though this may be the first feature noticed, especially when it arises suddenly as from shock or overwrought emotion.

To Dr. Meigs' objection that the three classical symptoms can alone and in conjunction constitute the disease, I can only say that it seems to me readily possible to recognize in the peculiar vasomotor disturbances the extreme and unaccountable nervous excitability, the appearances of the skin, etc., the early stages of this disorder. In fact the object of my paper was to call attention to this very possibility, so that a quietus might be placed upon it at the very beginning if possible.

In the use of galvanism we have a valuable aid in diagnosis, as Charcot and Vigoroux have pointed out, but in the treatment it has not been of greater use than some other measures, though it should always be used in the severer cases. Many of my own patients live out of town, but upon those in reach I use it.

In my endeavor to be brief I did not intend to say much on plans of treatment, leaving that for consideration elsewhere, but rather to speak of early recognition and *early* treatment, which should consist of rest, carefully regulated living, food and tonics.

Correspondence.

BONN, GERMANY, March 9th, 1888.

Editor Maryland Medical Journal.

The all absorbing topic among medical men here continues to be the case and the condition of the Crown Prince. The bitter feeling in Germany against Morrell Mackenzie, which the English speaking world at first attributed to

jealousy and chagrin on the part of the German physicians, has steadily increased until it is stated in a telegram received last evening in Bonn, that the Police Prosidium in Berlin had informed the Kaiser (the noble old King is at this moment dying) and Bismark that under no condition should the distinguished English *Specialist* (as the *Cologne Gazette* invariably describes him) be allowed to come to Berlin, for so intense is the feeling that his life would not be safe and could probably not be protected—that the Germans have good ground for anger I for one heartily believe.

Anyone who has had experience in diseases of the larynx knows how difficult it often is to make a positive diagnosis in certain cases of intra-laryngeal growths and ulcerations. Again no such set of German physicians and surgeons are infallible, but is it likely that, in the case of the Crown Prince, whose life, as Gladstone said, is of inestimable value to Europe, such men as Bergman, Gerhardt, Tobald, Kausal, Moritz Schmidt, Waldeyer, and others should make a hasty or wrong diagnosis, and *a priori* can the diagnosis of Morrell Mackenzie stand against such men?

Certainly not I should say. However, thanks to the influence of the Crown Princess—Morrell Mackenzie prevailed—the councils of the most distinguished clinicians and surgeons in the world were set aside, and now comes the *dénouement*. The Crown Prince is dying by inches. It is universally recognised that he must die. The last authority consulted, Waldeyer, of Berlin emphatically declared the disease cancer, and the evening paper announces a great outbreak of the disease on the right side of the larynx, and yet Mackenzie, with that stubbornness so characteristic of Englishmen, still declares in the papers, that the growth is *not cancer*. It has come to be looked upon as almost a joke by the German physicians.

Now that the disease is fully recognized to be cancerous, the supporters of Morrell Mackenzie say, (and the *Paris Figaro* credits Mackenzie himself with the same,) "Yes but Mackenzie's treatment has prolonged the patient's life, and he probably would have died under

an operation." Which is all very true, but the operation for partial extirpation of the larynx is by no manner of means so dangerous as the laity and the profession think, as perhaps the following figures will show: Hahn, Berlin, has now done *six*, with *one* death. Lately *four* have been done in Italy, *two* in Paris, *one* in Halle, and one here in Bonn by Trendelenburg (which I have seen) *without a death*.

The chances are that the Crown Prince would have survived the operation over very many, for he was a superb specimen of manhood.

Again I have heard the objection that even had he survived, he would have been maimed for life in the loss of his voice. This does not hold, the voice in such cases being very good. For instance in the case of a distinguished English lawyer upon whom Hahn practiced a partial extirpation for cancer, while he can no longer use his voice for practice in the courts, his voice in ordinary conversation is excellent.

And so indeed it seems a sad alternative, that Bergmann was not allowed to operate in May. It is not generally known that a room had been fitted up at *Potsdam* and all was ready for the operation when the Crown Princess called in Mackenzie.

That the course of this case has brought discredit upon laryngology as a "*specialty*," goes without saying. The world will some of these days learn to recognize the fact, that as diagnosticians and pathologists the German medical profession stand easily first in the world.

Of course we do not know what Krause, Schrader, Mark Hovell and the others, as the Germans would say think of the case—they were launched into greatness by Mackenzie, and they have nothing to do but to sign the official bulletins and keep quiet.

There is absolutely nothing of interest here just now, except perhaps the complete collapse of Scheurlan and his *Krebs' bacillus*. The work originally came from *Leyden's* laboratory, which of itself does not recommend it to scientific Berlin.

Respectfully yours,

F. DONALDSON, JR., M.D.

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BALTIMORE, MARCH 31st, 1888.

Editorial.

THE INDEX MEDICUS.—Several years ago when the *Index Medicus* was in the very throes of suspension, on account of an inadequate pecuniary support, an enterprising and public spirited publisher, Mr. George S. Davis, of Detroit, came to its rescue and voluntarily undertook to keep the publication afloat. Mr. Davis counted largely on the liberality of the medical profession when he assumed the responsibility of such an undertaking and he has uncomplainingly carried the burden he generously assumed without a halt.

We learn, however, that the *Index Medicus* is not yet self-sustaining and that its publisher is carrying it on at a heavy pecuniary loss. The question naturally arises, how long will Mr. Davis persevere under this load? Is it right that he should be burdened with a work which has such a peculiar value to many members of the profession that its suspension would be an irreparable loss? Mr. Davis has not said so, but it has been intimated that the suspension of this publication will become a necessity if a more liberal support is not accorded it. We offer an appeal in behalf of this work and urge those members of the profession who are able to do so to subscribe to it. There

were at last reports only 463 subscribers to the *Index Medicus*, all told, and of this number only 13 copies are taken in Maryland. This is a better showing for our State than in many larger and more populous States. Maryland stands fifth on the list, still it is not what it should be, for we are quite sure there are more than 13 physicians in this State who could take this work and not feel the burden assumed.

To emphasise the force of our remarks we quote the following from the *Therapeutic Gazette* of January, 1888:

“There is no profession in which the spirit of research and of literary activity is as strong as it is in the medical profession. Indeed, according to our thinking it would be better for the profession if its activity was somewhat checked; at least it would be much easier for those of us whose position requires that they should keep ahead or abreast of the ever oncoming tidal wave. Some little time since we made a careful estimate by going over a volume of the *Index Medicus*, and found that in round numbers about fifteen thousand doctors had written books and articles on medical subjects in the year. These doctors probably averaged three articles apiece, and if unsigned and uncatalogued editorials etc., are counted in, probably not much less than fifty thousand articles were cast adrift upon the waters of medical publication in 1885. It is a fair estimate that one out of thirty of these articles was worth reading by a serious man, and the labor of hunting out the good pieces of timber in the vast mass of drifting wood is certainly gigantic. Indeed it would be impossible to do the thing satisfactorily at all were it not for such publications as the *Index Medicus*. Of all keys of current medical literature that have been published since the world was, on this or on any other planet, the *Index Medicus* is the most complete and the most satisfactory. To the literary doctor who has once used it, it has become as necessary as the morning cup of coffee or the evening meal, without which life is a burden and effort a despair.”

TAINTED ROYAL BLOOD.—The army of newspaper correspondents, ever on the alert for sensational news, has succeeded in unearthing a number of facts concerning the hereditary ailments of the Royal families of Europe. It appears from accounts that the present condition of the German Emperor can be traced to hereditary influences transmitted through his mother, the Empress Augusta, who has been a victim of hereditary scrofula for many years. The Dowager Empress is said to have inherited her trouble from her mother, Marie Paulowna, who was the daughter of the Czar Paul, one of the most thoroughly diseased men of his generation. The Czar Paul transmitted scrofula to all of his children and through these channels many of the royal families of Europe have become tainted with scrofulous affections. The Crown Prince of Germany is said to have scrofula in its worst form, which comes to him as a legacy from his Russian ancestor, the Czar Paul, and not as was at one time asserted by Bismarck, through his mother, a member of the family of Guelphs. It seems that as far back as 1858 Bismarck was not without influence in Prussia and he opposed the marriage of the Crown Prince with the daughter of Queen Victoria as he objected to any "alliance with these scrofulous Guelphs." So far as we know the Royal family of England has shown in the present generations only one instance of hereditary taint. The Hohenzollerns, however, seem to be pretty well saturated with hereditary maladies.

THE DANGER OF ELECTROLYSIS.—Statements have been made in the columns of the *British Medical Journal*, to the effect that the treatment of fibroid tumors by the use of electricity, even in the hands of its originator, Apostoli, is full of danger. That this statement is exaggerated the experience of other observers will show. Skene Keith asserts that Apostoli's statement is correct in so far as his own experience and that of his father, Dr. Thos. Keith go to show. These two physicians have

made 2,567 applications for fibroids and other diseased conditions of the uterus, and, following Dr. Apostoli's directions, have had but one case where there has been any trouble. This patient disobeyed instructions and a cellulitis was induced through her own imprudence. She, however, was speedily relieved. The two Keiths are in a position to give a fair and impartial test to the work of Apostoli. No surgeon in the world has such a record in hysterectomy as the elder Keith, and when he is willing to lay aside the knife for electricity, and affirms that it should be given preference over all other procedures, there is a strong influence in his example which can not be disregarded. Even admitting the danger of electrolysis is greater than Apostoli and the two Keiths have experienced, the cause for this danger must be sought in the conditions which surround the method of employment rather than in the agent itself. Statistics owe all their value to the circumstances which make them. If exceptional skill and experience show that results are obtainable we must appeal to these facts and not to opposite conditions for the authority to draw conclusions.

LONG LIFE.—In looking into the family history of applicants, Life Insurance Companies often attribute death after seventy to old age. Old age cannot be applied indiscriminately to all individuals; it is purely a relative term. One man is old at thirty, while another is young at sixty. It truly seems as if old age receded as we approach it. The question is why should life cease at the time of three score and ten, when no apparent lesion either before or after death can be found to cause death? Foster says that life ceases not because the molecular powers of the whole body are lost, but because a weakness in some part of the machine throws the whole out of gear. The question of long life has been studied by Hofeland of Germany and more recently by Humphry of England. Dr. Burney Yeo (*Nineteenth Century*, March, 1888), asks how we may prolong

life? In an examination of 66 cases of centenarians and 500 over eighty, collected by Dr. Humphry, he found some interesting facts the result of which may be briefly stated. Of the centenarians, a large number were spare and of medium stature and erect. The most of them had good hearing and good teeth, and what was most important a good digestion. As to their habits, they were moderate in eating and drinking, taking little animal food. There was much moderation in the use of alcoholic drinks, only two or three drinking freely, while fifteen were total abstainers. They went to bed early and arose early, but getting in this respect no more sleep than the man of late habits. The majority of them lived out of doors, and hence out-of-door exercise is considered a great factor in prolonging life.

Moderation in all things seemed to be one of the secrets of long life. It is astonishing how care and caution will prolong a life. Exceptionally, however, a careless man will indulge in all sorts of excesses and live to an old age, while another with the greatest caution dies at middle age. Very often the sickly child is so coddled and cared for that he out-lives his stronger brother. Occupation has, of course, a great deal to do with long life. Take, for example, the medical profession. The mortality among medical men is just twice as great as with the clergy (in England). Indeed even in this city the mortality among the physicians in 1887 heads the list, the clergymen coming next and lawyers next, while the few editors who die are hardly worth counting. The numerous old body-servants of George Washington who chronically die off every year, have always tried, and with some success, to lie themselves into notoriety. The probable reason why such extreme old age is attributed to so many of the African race in the South, is because they were slaves, and having lost all record of their births, and having also aged from hard work, they appear much older than they really are, and take any age which a passer-by may put upon them.

DEATH OF MRS. DR. J. J. CHISOLM.—The many friends of Dr. J. J. Chisolm throughout the country, both in and out of the medical profession, will be deeply pained to learn of the loss he has sustained in the death of his devoted wife, which occurred at his residence, in this city, on March 29th. Mrs. Chisolm had been quite ill for some days past, but her death came with great suddenness to her husband and family, who were poorly prepared for the sad affliction which has come upon them. Mrs. Chisolm was a lady greatly beloved by all who enjoyed her friendship and by all who had the privilege of knowing of her many virtues and gifts of mind and character. Her home in this city was noted for its generous hospitality and sunny atmosphere. Its doors were ever open to the claims of friendship, of social requirement and religious duty.

Few wedded lives have been more highly favored than those which have been severed by this affliction. With an affection which has been conspicuous for its loyalty and harmony of act and purpose, Dr. Chisolm and Mrs. Chisolm have shared each others' joys and sorrows in a relation of mutual dependence seldom observed between husband and wife. The blow which fell upon husband and upon children is only tempered by the memory of the sunshine and happiness which have been crowded into a cheerful and joyous home for many years.

Miscellany.

TREATMENT OF CHRONIC BRONCHITIS IN CHILDREN.—Dr. T. J. Mays says in *Medical News* (March 17, 1888):

Quite an extended experience in the treatment of these cases teaches us that persistent counter-irritation is of the first consideration. If there is much impediment to the ingress and egress of air, or, in other words, if there is much dyspnoea, the child is at once placed in bed, the chest is enveloped with a hot flaxseed meal poultice (covered well with oiled muslin) which must be changed every three hours. In most cases, however, it is not necessary to order the child to bed, and counter-irrita-

tion is produced with a mild croton oil liniment. Croton oil and sweet oil well mixed in the proportion of one to two parts of the former to six of the latter, is well rubbed into the skin of the child's chest—in front, under the arms, and between the shoulder-blades, not with a flannel or cloth, but with the mother's or nurse's fingers, twice a day, and then the chest is well covered with a layer of cotton-wool. It is important that as much as ten or fifteen minutes be spent in rubbing the liniment well into the skin, after which the hands must be thoroughly washed. In the course of four or five hours a red blush of the skin will appear, ending in fine, yellow-pointed pustules. Simultaneous with this eruption the cough becomes easier, the expectoration more free, the dyspnoea less—in fact the most remarkable change will be brought about in the little patient.

Our attention was first called to the usefulness of this application by Dr. Park in a short contribution to the London *Practitioner* for March, 1882 (p. 170), and although he principally recommends it in acute bronchitis, we can say that we have found it as useful in the form of the disease here described, as he did in the acute form. Indeed we may add that we have also given it a fair trial in acute catarrhal affections of the chest in children and never had any reason to feel disappointed with its action.

The internal treatment must be directed toward a stimulation of the bronchial mucous membrane, and toward a recovery of the appetite. The former will be attained in a great measure by the following combination :

℞ Ammoniaë murias. 3j.
 Ex. euphorbia pil. fld.,
 Tinct. digitalis, āā fl. 3 iijj.
 Atropiæ sulph., gr. ʒ.
 Chloroformi, gtt. xij.
 Syr. tolu,
 Syr. picis liquid, āā q.s. fl. ʒj.
 Aquæ, ad. q.s. fl. ʒiv. M.

Sig. One teaspoonful every three hours.

For the purpose of aiding digestion, and as a general tonic the following will be found useful :

℞ Acid. phosphorici (dil.),
 Acid. nitromuriatic. (dil.),
 Acid. sulphuric, aromat.,
 Tinct. ferri chloridi, āā fl. ʒss. M.

Sig. Thirty drops in sweetened water after each meal three times a day.

The diet should be exceedingly liberal, although no food must be allowed which is likely to disagree. Our main reliance must be placed on rich milk, soup, oat-meal, beef, mutton and other kinds of nutritious food. At no time during the treatment is it necessary to confine the child within doors during pleasant weather. Indeed, out-door exercises should be encouraged as much as possible.

ANTIFEBRIN IN FEVERISH CONDITIONS IN CHILDHOOD.—This paper, by J. Wedervitz (*Wiener med. Wochenschr.*, Nos. 17, 18, 1887), records fifty-three cases, including scarlatina, measles, simple and with pneumonia, erysipelas, croupous pneumonia, etc., which were treated with antifebrin. Two noticeable points, not previously observed, were brought out.

First, that the effect of the drug was seen within from ten to twenty minutes after it was taken, and the fall of temperature was very rapid till it reached its lowest point, when it began slowly to rise again, the rapidity of the fall depending more on the individual and the disease than on the dose given. The second point was the surprisingly favorable influence of the antifebrin on the general condition of the children. In almost every case restlessness was overcome, and sleep followed within a quarter of an hour after the dose was taken. Of the various diseases under treatment scarlet fever and erysipelas were the least affected by the drug; measles and pneumonia responded more certainly, and tubercular affections complicated with measles most quickly of all. The pulse was not affected to the same extent as the temperature. The dose given was

about two grains to children three or four years old, and four to five grains to older children. The smaller doses, as a rule, were sufficient in the badly nourished, who as a rule react more energetically to the drug. As much as 30 grains was occasionally administered daily. Antifebrin had no noteworthy effect on the general course of the disease.—*Edinburgh Med. Journal*, December, 1887.

NEWTH (A. H.) ON THE TREATMENT OF HYDROPHOBIA BY HYPOSULPHITES.—

Nearly thirty years ago Professor Polli of Milan suggested the use of sulphurous acid in cases of icorrhæmia. He proved by experiment that dogs who had putrid blood injected into their veins quickly died. But if hyposulphite of sodium was previously mixed with the blood, they were not affected. Further, if the hyposulphite was administered to the dogs either before or immediately after the injection of putrid blood, they did not suffer.

I have used this remedy repeatedly in cases of blood poisoning with most marked success. For instance, a patient has received a punctured wound which has inflamed, the lymphatics have become swollen and reddened, the parts are extremely painful, and there are rigors. Within a short time after the exhibition of the hyposulphites the pain has decreased, the parts are less inflamed, and all the symptoms of poisoning have abated.

I find even children take hyposulphites readily, and I have never met with the slightest unpleasant symptoms from their use. Probably this may in some measure be due to the fact that I am in the habit of prescribing the hyposulphites in combination with bicarbonate of soda and sulphate of magnesia in peppermint water. For children I simply give it with syrup and caraway-water. I would suggest a fair trial of this remedy, not only when hydrophobia has developed itself, but as a prophylactic. After a bite by a mad dog I would give five or ten grains of the hyposulphite of sodium or magnesium (the latter is richer in sulphurous acid) for the first three or four days every four hours; then three times

a day for a week; then twice a day for another week; then every morning early for one month; recommending a Turkish bath twice a week. When the disease has developed I would prescribe the hyposulphite every hour or every two hours, with vapor or dry hot-air baths, or prolonged warm-water baths containing some hyposulphite in solution. The hypodermic injection might also be tried, especially if the patient is unable to swallow.—*Lancet*, Feb. 18, 1888.

COMPLEXION BEAUTIFIER.—The *Chemist and Druggist* suggests the following formula for removing freckles and roughness and pimples from the face, neck and hands:

Diluted Nitric Acid	2 fl. dr.
Alcohol	3 fl. oz.
Extract of White Rose	½ fl. oz.
Oil of Neroli	10 minims.

Mix and add:

Peroxide of Hydrogen	2 fl. oz.
Glycerin	3 fl. oz.
Tincture of Cochineal	1 fl. dr.
Water	enough to make 40 fl. oz.

Let the mixture stand three weeks and filter.

Wet a corner of a napkin with the lotion, and apply it to the face, neck, arms and hands, each time after washing; then dry.

FOR DIPHTHERIA AND ULCERATED SORE THROAT:

℞ Brandy	ʒj
Sulphate quinine	grs. v

℥ Sig.—Dose, ʒj–ij every three hours. Use nitrate silver (grs. iij ad aqua ʒj) alternated with solution of perchloride of iron, each application being made every six hours. Keep bowels open and feed patient well.

A GOOD RESTORATIVE AND TONIC AFTER ILLNESS:

℞ Sulphuric acid, diluted	℥xl
Sulphuric ether	ʒij
Sacchari albi	ʒss
Aqua Mentha	ʒvj

℥ Dose, a teaspoonful every three hours.

Medical Items.

The salary of the office of Coroner for this city has been increased from \$600 to \$900 per annum.

The Medical Association of Georgia, will meet in Rome on April 18th, and continue in session four days.

The bill to regulate the practice of medicine in Maryland has passed the Senate and will now go before the House of Delegates.

A sanitary convention will be held at Minister, Mich., June 6th, and 7th, 1888, under the auspices of the Michigan State Board of Health.

Sir Henry Ackland, the well-known English physician, has recently undergone an operation for the removal of the left eye on account of hemorrhagic glaucoma.

Three cases of vomiting in pregnancy have been reported cured by Dr. Duncan in the *Lancet*. A 15 per cent. solution of cocaine was applied over the vaginal vault and to the cervical canal.

The Association of American Medical Editors will meet in Cincinnati on Monday evening preceding the meeting of the American Medical Association. The address will be delivered by Dr. William Porter, of St. Louis, the President.

Dr. B. B. Halsey, a graduate of the University of Maryland, of the class of 1885, was married in Prescott, Arizona, on March 15th, to Miss Delia Chadwick Robinson. Dr. Halsey is practicing his profession in Prescott with marked success.

A bill has been introduced in Congress by Mr. Randall, of Pennsylvania, which appropriates \$5,000 for the purpose of publishing a national pharmacopœia, which is to be edited by two officers of the army, two of the navy and two of the Marine hospital service.

An act has been passed by the General Assembly of Iowa which requires druggists to label every package of poison they sell with two antidotes of the drug, as well as with the word "poison," which is now placed on every package.

A new medical journal under the name of *Medical Science* has made its appearance in Toronto Canada. The journal presents a neat appearance and promises to be a valuable addition to the already creditable list of Canadian medical publications.

A bill has passed the House of Delegates of Maryland appropriating \$10,000 for the use of the College of Physicians and Surgeons, of this city, to be used in the erection of a building adjoining the City Hospital on Calvert Street. The bill provides that the College shall support one free bed for each County in the State

Dr. Oliver Wendell Holmes has presented to the Medical Library, Boylston Place, his very valuable and extensive collection of medical books. This library is already so well filled with books that in order to accommodate this donation, which fills eighty lineal feet of shelf, it was found necessary to build additional shelves.

A prize of \$1500 has been offered by the Empress of Germany for the best essay on the furnishing and carrying on the work of a portable hospital for the sick and wounded persons; there will be also three gold and nine silver medals. The competitors must send in their exhibits before August 15th.

Dr. Wm. Osler states that it is very unusual to find aneurism of the right ventricle of the heart. This condition is most common on the left side. The majority of aneurisms are the result of local weakening, due to pericarditis, which is less frequently the case, or to a fibroid condition of the left apex.

Medical Director John M. Browne was appointed Surgeon-General of the Navy on March 27, to succeed Dr. F. M. Gunnell. Dr. Browne is one of the best known medical officers in the Navy. He was a member of the National Board of Health and also of the Committee on Invitation of the Ninth International Medical Congress.

Prof. George H. Rohé will deliver a systematic course of lectures on the Syphilitic Diseases of the Skin, with special reference to their differential diagnosis, during the spring session at the College of Physicians and Surgeons. The lectures will be given on Fridays at one o'clock, and will be fully illustrated by cases and colored plates.

The Post-Graduate Medical Schools in New York are in a most flourishing condition and show each year a gradual gain in the number of matriculants. At the annual dinner of the New York Polyclinic, held at Delmonico's, on March 20th, the Dean, Dr. Wyeth, stated that during the past year 353 medical practitioners had matriculated at that school. The total in attendance since the school had opened in November 1882, had been 1,343.

A medical student attending lectures at one of the medical schools in New York City, writes to the *Medical Record* complaining that the amphitheatre is so crowded that seats are almost impossible to be had, so great is the rush for them. He also says he put his name down for a subject for dissection. He waited for three months and his turn did not come, so that he had to take out dissecting tickets in a homœopathic college not so well patronized. The worst part of his complaint is that he had no personal contact with his professors, and suffering from some gastric trouble, he made a call upon a member of the faculty, who received him courteously, prescribed for him and charged him five dollars. Medical students who come to this city are not treated in this manner. They are well instructed and courteously treated.

Original Articles.

CASE OF SUCCESSFUL SIMULTANEOUS TRIPLE AMPUTATION FOR RAILWAY INJURY, WITH REMARKS ON THE TECHNIQUE OF MULTIPLE AMPUTATION.*

BY JOHN ASHHURST, JR., M.D.,
OF PHILADELPHIA.

[Stenographic report of a verbal communication made March 7, 1888.]

This patient is brought before the College largely on account of the rareness of simultaneous triple major amputations. It is quite possible that some of the Fellows may not have had an opportunity of seeing such a case.

The patient is a Moor, twenty years of age. He was admitted to the University Hospital, November 28, 1887, having been run over on the Pennsylvania Railroad. I saw him within two hours after his admission. I found a compound comminuted fracture of the right leg, the laceration extending above the knee; complete avulsion of the left leg, the limb having been torn off in its lower third; and a compound fracture of a severe character of the right hand and wrist. There was also a compound fracture of the skull, involving the frontal bone. This, however, was an impacted fracture, of course without much depression, and did not require interference. In addition to these injuries, there were numerous brush-burns and contusions, some of a grave character. One upon the left buttock was so severe that the separation of the slough left a cavity fully two inches in depth. Notwithstanding these serious injuries, the patient's general condition was very good; he had reacted thoroughly, and his axillary temperature was 99° F. Under these circumstances, I felt justified in proceeding to the immediate removal of the injured limbs, and amputated successively the right thigh by the antero-posterior flap method; the left leg,

about its middle, by a modified Sédillot's external flap operation, the modification consisting in making both flaps from without inward, instead of cutting the external flap by transfixion; and the right forearm by an oval incision, making use of the uninjured skin of the back of the hand and wrist. Certain variations from the ordinary procedure in amputations I shall refer to when I come to speak of what I have ventured to term the technique of multiple amputations. After the operations were completed, the temperature had fallen only to 98° F. The patient had no bad symptom and rapidly recovered, and as you see him now all his wounds are perfectly healed, and he is entirely well.

I have collected some statistics of synchronous multiple amputations. I am able to find but one instance of *quadruple* synchronous amputation—a case in which the operations were done for frost-bite by Dr. George E. Jackson, Dakota. There are several cases recorded of quadruple amputations, not synchronous, the one which approaches nearest to a synchronous operation being that of Champenois, a French surgeon, who amputated three limbs on one day and the fourth a few days later.

Of synchronous triple amputation there have been reported four successful cases, not including that presented to-night; one by Dr. Köhler, of Schuylkill Haven, Pa.; one by Dr. Lowman, of Johnstown, Pa.; and two referred to by Professor Agnew, in his *Surgery*, one occurring in the practice of Dr. Stone, of New Orleans, and the other in York, the name of the surgeon not being given. There are reported four or five triple amputations not synchronous. I have myself resorted to synchronous triple amputation in two cases. Several years ago, I had occasion to perform this operation, removing both legs and the right forearm of a man, aged forty-five years, of intemperate habits. The patient died on the tenth day, the fatal result being due rather to the visceral lesions resulting from alcoholism than to the operation.

Double amputations are comparatively numerous. I have personally per-

*Read before the College of Physicians of Philadelphia, March 7th, 1888.

formed fifteen such operations, this number not including two successful cases of double partial amputation of the feet. I have done fifteen double major amputations, of which five have ended in recovery. One of the patients who recovered, I had the honor of exhibiting to the College some years ago; the amputations in his case were through the right hip-joint and through the left leg. In the fatal cases, seven of the deaths occurred within less than one day, and were, therefore, the immediate result of the shock of the injury and of the operation. Three patients died, one in three days, one in four days, and the third in eighteen days. The latter would probably have recovered, but that he also had suppurative disease of the middle ear, which appeared to be the cause of the pyæmia which proved fatal; for when the stumps were examined, after death, they were found to be in good condition.

With regard to what I have termed the technique of multiple amputations, there are some points which my experience justifies me in urging upon surgeons as of importance in promoting success. In the first place, it is very important that the time occupied by the operations should be brief; that the operations should be done systematically, so as to keep the patient under the anæsthetic as short a time as possible. The next point, perhaps of even more importance, is to keep up the temperature of the patient during the operations. I have been led to think that this is, perhaps, of more importance than anything else. Of course, loss of blood must be scrupulously guarded against, and loss of blood directly causes loss of temperature. In this case, hot cans were kept around the patient during the entire operation; and, in order to save time, I operated systematically, the tourniquet and Esmarch bandage being both employed to prevent any loss of blood. I began with the most serious injury, and this is, I think, a point of importance. It may happen that, after the removal of one limb, it will be found that further operation must be postponed on account of the patient's

condition, and then it is, of course, better to leave him with the less severe injuries. In this case, I began with the thigh. After amputating the limb, I secured the main vessels, which were readily found. I attempted to tie the arteries with catgut, but as the ligatures broke, I substituted silk, and, in order to save time, left both ends uncut. I next amputated the right leg, securing the vessels in the same manner, and then passed to the forearm. I then came back to the right thigh, screwed up the tourniquet and removed the Esmarch bandage, and secured all the vessels that required ligature, then passing to the other limbs in the same order as before. After the vessels had been secured in each case, a towel dipped in a hot antiseptic solution was placed between the flaps. The wounds were then dressed in the same order, and in this way the operation was completed in a comparatively short time.

The points which I have mentioned I believe to be of great importance, and I think that much of the disappointment of surgeons from these operations is due to a want of attention to these matters.

I should also say that, in order to preserve the bodily heat, I did not use irrigation during the amputations. I think that this often seriously reduces the temperature; and even in comparatively slight operations where it has been used, I have seen the temperature fall to 97° F., and even 95° F. I think that in any grave case, it is better to omit it and to rely upon washing with hot antiseptic solutions before and after the operation. Also, the packing of wet towels around the seat of operation, as is very commonly done, tends to depress the temperature, and in grave cases should be omitted.

I think that it is to an observance of these precautions that I have owed success in this case, and in many other serious operations of various character.

THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI will hold its next annual meeting in Kansas City, Mo., April 17, 18 and 19, 1888, at Music Hall. A large attendance is expected.

GASTRO-INTESTINAL IRRITATION, CAUSED BY IMPURE DRINKING WATER, WITH REPORT OF 26 CASES.

BY W. B. PLATT, M. D.,
OF BALTIMORE.

The following cases of diarrhœa have come under my notice at the Grace Church Free Dispensary, Caroline St. near Monument, since January 1st. Quite a number among former patients are omitted from the list, since they were inserted throughout five volumes, in various places, before the record was begun:

1. January 27th, S. B., Dallas St. near Monument; diarrhœa with vomiting; æt. 5.
2. February 6th, G. B., æt. 35, colored, 317 East St.; diarrhœa and vomiting two days, anorexia.
3. February 16th, M. E. J., æt. 30, colored, 1630 Milliman St.; diarrhœa since 12th, four days.
4. February 23d, A. M., æt. 72, white, 611 N. Eden St.; diarrhœa since 19th, four days.
5. Another patient in the same house.
6. L. T., white, female, æt. 15, 613 E. Lombard St.; diarrhœa since 18th, five days.
7. February 25th, a case at 613 E. Lombard St.; diarrhœa since 20th, five days.
8. February 25th, S. J., æt. 25, colored, 709 Spring St.; diarrhœa since 20th, five days.
9. February 27th, W. A., male, æt. 18, colored, 609 Spring St.; diarrhœa since February 23d, four days.
10. February 28th, E. M., male, æt. 5, white, 219 Birch St.; diarrhœa and vomiting, four days.
11. February 29th, G. B., male, white, 115 E. McElderry St.; diarrhœa since February 24th, five days.
12. February 29th, M. S., female, æt. 17, 618 Spring St.; diarrhœa since February 24th, five days.
13. March 1st, N. M., male, æt. 10, 732 Spring St.; diarrhœa since February 26th, four days; says there are four others at home with the same complaint.

14. March 1st, A. L., 630 N. Caroline St., male, æt. 11; diarrhœa two days.
 15. March 2d, L. F., æt. 8, 7 E. Bethel St.; diarrhœa since February 28th, three days.
 16. March 2d, R. J., male, æt. 42, 1639 Milliman St.; diarrhœa several days.
 17. March 13, W. B., colored, æt. 19, male, 625 Spring St.; four days since was taken with colic and diarrhœa, (that is on March 9th).
 18. March 14, R. M., male, æt. 29, 1527 Monument St.; diarrhœa and abdominal pain since the 11th; vomiting all last night.
 19. D. B., male, æt. 24, colored, 823 Shuter St.; diarrhœa since the 11th, four days; three to four stools daily; colicky pains in abdomen; no headache.
 20. March 16th; diarrhœa two days, since the 14th; four to five stools daily.
 21. March 17, C. S., female, white, 225 Eager St.; diarrhœa since the 15th, two days.
 - 22d. I. T., female, colored, æt. two, 412 Dallas St.; diarrhœa seven days, (since the 12th); colicky pains; about twelve stools in twenty-four hours.
 23. March 1st, N. T., female, white, æt. 20; copious diarrhœa one day, arrested by bismuth and Dover's powder; resides at 1639 Lombard St., near Bethel St.
 24. March 21st; diarrhœa began March 19th; about twelve stools a day; mother of case 23, white, female, resides as above; has a stool as soon as she eats anything.
 25. March 21st, J. D., æt. 10, white, male, 36 Hampstead St. near Spring St.; vomiting for eight hours.
 26. A. F., æt. 24, white, female, 6—? N. Caroline St. near Monument St.; vomiting four days, since March 17th; green vomit; constipation six days.
- Time of Occurrence of Attacks.*—
This shows some gradually progressing, continuously operating cause. My cases occurred in the following order:
- | | |
|---------------|----|
| January 27th, | 1. |
| February 4th, | 1. |
| “ 12th, | 1. |
| “ 18th, | 1. |
| “ 19th, | 2. |
| “ 20th, | 1. |

February 23d,	1.
“ 24th,	3.
“ 25th,	1.
“ 26th,	1.
“ 28th,	3.
“ 29th,	1.
March 9th,	1.
“ 11th,	1.
“ 12th,	1.
“ 13th,	1.
“ 14th,	1.
“ 15th,	1.
“ 17th,	1.
“ 19th,	1.
“ 24th,	1.

This is the third winter service at this Dispensary, where in 1887, there was an attendance of 3,618, and cases of diarrhoea were among the rarities in the two preceding winters.

The symptoms of this epidemic as I have seen them are:

1. Severe colic pains.
2. Frequent stools, often twelve in a day, and several at night. The stools are fluid in character, diarrhoea-like, usually, but sometimes mucous and bloody; rarely any tenesmus,
3. Usually vomiting and anorexia.
4. Several patients complained of great pain in the back and legs.
5. The disease untreated lasted in some cases at least nine days.

In a word, the disease was a mild gastro-enteritis.

No individual, as far as is known, suffered a second attack, after once recovering from the first, although others in the same house at a later period were taken with the disease. The cases yielded to treatment very readily, and this usually consisted in minute frequently repeated doses of corrosive sublimate, with $2\frac{1}{2}$ grs. of Dover's powder every three hours. The corrosive sublimate was given as follows: The patient was given one of Fraser's tablets $\frac{1}{16}$ grain, and directed to dissolve it in one-half a tumbler of boiled water, and to take of this one teaspoonful every hour for five or six hours. The diet was to consist only of stale bread with boiled milk, or else of toasted bread, boiled rice, and one soft-boiled egg each day, with boiled water to drink for two days. Occasionally 10 grains of sub-

nitrate of bismuth every two hours, or 10 gtt. of dilute nitro-muriatic acid, every three hours, was ordered for suitable cases.

The patients were not as a rule confined to bed, and infantile diarrhoea was hardly known at this period. The great majority were young adults of both sexes, and were both white and colored.

Where these facts were noted there 12 males and 9 females, 7 colored and 10 whites, out of a total of 26.

Locality.—All these cases lay in a long belt extending from the Boundary to Lombard St., and between Ensor and Broadway.

Thirteen of them came from a limited region of six contiguous squares, between Madison and McElderry, Eden and Dallas Sts.

This I believe however to have been purely accidental, since the cases were seen later to have a wide distribution.

Most of the recorded cases did, however, arise in houses in the vicinity of Spring St., close to a large sewer. It is not unlikely that individuals living in such an unhealthy locality would be more susceptible to any diarrhoea-producing agent.

A careful inquiry into the articles of food consumed by these patients, did not reveal any common source of supply, or article that would be at all likely to cause the disease in question. The milk was obtained from different dairies, the meat from various markets and shops. The only thing in common was the water. The almost entire absence of the disease in children is probably due to the fact that these get either milk, or tea and coffee, (in which the water has of course been boiled); not a single case came from beyond Broadway; although many other cases came from that region. This was probably because the water supply is derived from another source. If then the causative agent is in the water, is it to be sought in the water mains, or in the reservoirs? In all probability, in the latter. At present, the water supplied by at least some of the reservoirs, contains an unusual quantity of organic matter.

It is, moreover, far from improbable that sewerage (or what ought to be sewerage), has found its way into the water supply.

The reservoir at Woodberry is altogether too close to human habitation to be safe. One or two outhouses favorably (?) situated, could place a goodly number of our worthy citizens "*hors du combat*."

The attention of the Board of Health is respectfully directed to the necessity of a thorough inspection of our water supply; to remove the cause of this disagreeable, if not dangerous, epidemic, before the warm weather brings us anything worse.

I have recently learned, since beginning this list, that several physicians in the western-central part of the city have had a number of similar cases in their private practice; one, as many as twelve cases in one house.

ON THE IMPORTANCE OF PRIMARY SUTURE OF DIVIDED NERVES, WITH AN ILLUSTRATIVE CASE OF SUCCESSFUL SUTURE OF THE MEDIAN AND ULNAR NERVE.*

BY CHARLES B. NANCREDE, M.D.,
OF PHILADELPHIA.

Although I have a most profound faith in the *vis medicatrix naturæ*, I still think that Dame Nature should always have fair play in her battle with injury or disease, and this she certainly fails to receive at the hands of too many practitioners.

In a paper published some fifteen years ago, I contended that, if with such vascular structures as those of the face, which certainly would unite sooner or later in some sort of fashion, we habitually resorted to suture, merely for cosmetic effects, we were all the more bound to do so for such avascular structures as tendons, which, if they failed to heal well, much more if no union was secured, must entail disability or total

uselessness of a member. Now-a-days a surgeon who should fail to suture a divided tendon would be considered derelict in his duties. In like manner, I trust, that in the near future the general practitioner will be so impressed with its importance that he will consider that his duty is unfulfilled until he, or some surgeon summoned by him, has sutured any divided nerve.

It is needless for me to dilate upon the evils consequent upon the abolition of function of an important nerve, but I would recall to your minds cases which must have occurred in the practice of most of those present, where divisions of even such small trunks as digital nerves have resulted in troublesome ulcerations, caustalgias, etc.

Doubtless the indifference of practitioners to wounds of nerves, or, more strictly speaking, their inclination to "leave them to Nature" has arisen from two causes, viz., (1) the fear that suturing might in some way determine tetanus, and (2) the well known fact that nerves divided or even excised with the avowed intention of abrogating their function, too commonly reunite.

The first cause should not deter us, as we now know that a suture, *per se*, can never originate tetanus; while as to the second objection, certain facts which I shall submit for your consideration warrant the conclusion that traumatic divisions of nerves, unless effected by a clean cut—or perhaps ball wounds—involving solely the nerve and little, if any, of the contiguous structures, differ so materially from those purposely effected by the surgeon's knife, that conclusions derived from the result of neurectomies cannot safely be applied to accidental divisions of nerves.

Besides, grating that reunion will occur without suturing, as a stitch can do no harm, why not use one, since it will at least conduce to a more rapid resumption of function? While primary union of nerves with immediate resumption of function—*i. e.*, in a week or ten days, is a surgical rarity, yet it does at times occur, and would doubtless be of more frequent occurrence, if suture were the rule and not the exception.

*Read before the Philadelphia County Medical Society March 14th, 1888.

My aim in this brief note is merely to call your attention, as general practitioners in whose hands many of these cases will fall, to the *duty* of suturing divided nerves as a routine practice, just as you would tie arteries, and to describe a simple, effective method of carrying out the indication.

A critical examination of the histories of nearly all exsections of nerves where reproduction has occurred, will show that they were removed either from a bony canal or from an intermuscular space in which they normally laid, *with the minimum* of injury to the surrounding tissues. Moreover, even when their ends have been turned back and sutured in position or even buried in the surrounding tissues, they have been so secured in the same intermuscular space which the nerve normally traverses. In other words, the bony canals and the intermuscular spaces likewise, act as moulds which direct the course of the reparative material from the proximal to the distal end of the severed nerve.

In extensive wounds, however, this condition does not obtain. Intermuscular spaces are dislocated, large masses of scar tissue are formed, so that instead of the new nerve-tissue being *compelled* to grow in only one, and that the right direction, it has too often an insuperable barrier interposed, and union fails.

In the case which I now show you,* the proximal end of the ulnar and median nerves were directed at right angles to their intermuscular space, and would have been infallibly fixed between the ends of the torn muscles in a dense mass of scar tissues, resulting in permanent loss of power of the member. In the seventh month after suture—*i. e.*, the period required for the degeneration and regeneration of a nerve, first sensation, and then motion returned, until now, although the functions of the member are not perfect, the boy can earn his living, and do nearly all that

can be effected by a normal hand and forearm.

Further quotation of my own cases or those of other surgeons seems hardly necessary, and such good results as I here show you have been frequently reported.

Finally, how should the sutures be passed and what should their material be?

Fine aseptic catgut passed by means of an ordinary sewing needle is to be preferred, but fine aseptic silk can be used, and I myself have resorted to this in an emergency. Should the nerve be *very* much lacerated and frayed out, it may, perhaps, be sometimes proper to cut off a portion to gain a clean surface, but this is rarely desirable. The needle should be passed from below upward through the proximal end of the nerve at one border, across and then passed from the above downward near the opposite border, entering the needle from an eighth to a quarter of an inch from the cut end, according to the size of the nerve. The needle must now be passed from below upward through the distal portion of the nerve at the border corresponding to the last passage of the needle through the proximal end, across, and made to pierce the nerve from above downward, when the suture will be found to correspond to the free end of the thread in the proximal piece of nerve.

Gentle traction with an appropriate position of the member will, by the tying of one knot accurately approximate the nerve ends; in a word, by this simple method all the advantages of the two separate sutures commonly recommended are obtain with a far greater degree of security. I need not say that the strictest asepsis should be secured, which is easy enough provided the wounded part, the surgeon's hands and his instruments be strictly cleansed, and the wound be freely irrigated with the bichloride and tartaric acid solution. If the surgeon gets an uncontaminated wound, it is his own fault if he has suppuration, and even with the ordinary run of accidental wounds, if he will thoroughly scrub his hands with a nail brush and hot water,

*In this patient the brachial artery was also torn through, leaving only a bridge of muscle and skin through which collateral circulation could be carried on. The deficient blood supply possibly explains the failure of recovery of power in the interossei muscles, although other of the intrinsic muscles of the hand which are supplied by the ulnar nerve contract well.

and likewise so treat the parts surrounding the wound, pour boiling water over his instruments, without any further antiseptis, in most cases healing without suppuration can be secured, while the omission of these details will mar results with gallons of mercuric solution flowing over the wound.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MARCH 2, 1888.

The 206th meeting of the Clinical Society was called to order by the President, N. G. KEIRLE, M.D., in the Chair.

Dr. Walter B. Platt read a paper on the

SURGICAL DISEASES OF THE INGUINAL GLANDS AND THEIR TREATMENT.

After some remarks upon the anatomy of these glands and their grouping, he said the superficial glands interest us chiefly from a surgical standpoint for they enlarge or inflame from any lesion of the region in which their branches arise. The diagonal group in diseases of the prepuce or urethra, while the vertical cluster may be affected by any inflammation of the skin of the foot, leg or thigh. There is, however, no sharp line of division surgically, since we may see both groups affected by a sore in either of the above regions.

Until recently it was considered abnormal if any glands could be felt through the skin. It has, however, recently been shown by a careful German observer that in that country, at least, 90 out of a 100 men, have palpable inguinal glands, larger or smaller.

After a short resumé of their structure, their function was said to be twofold, viz.: they alter the lymph current by adding leucocytes, and thus become genuine incubators for turning out these corpuscles. A second function seems to be to detain injurious germs on their way to the interior of the body, long enough, in many cases, to exhaust

their vitality and prevent serious general disturbance, even at the sacrifice of their own structure in an abscess.

Omitting malignant disease of these glands, buboes were classified as acute, and acute again divided into:

1. Simple.
2. Gonorrhœal.
3. Chancroidal.

The chronic into,

1. Any of the above may become chronic.
2. Syphilitic.

Acute Buboes.—These may be simple, due to herpes, balanitis, or to germs in the general circulation calculated to light up glandular inflammation.

They have the greatest similarity to gonorrhœal buboes, in being of short duration, causing little inconvenience, and in their tendency to subside spontaneously within two to three weeks, or sooner. Moreover they rarely suppurate.

The Gonorrhœal Burbo.—Is by no means a constant companion to gonorrhœa, although a severe case seldom runs its course without some enlargement and tenderness of the inguinal glands. This form of bubo appears usually within the first two weeks after the beginning of the discharge. If later, it is due to some complication, it is found just below Poupart's ligament, and towards its inner attachment; it usually involves one of the larger glands, and varies in size from a that of a cherry to a pigeon's egg; although it may suppurate it rarely does so, and disappears after two to three weeks. In my notes of twelve cases of gonorrhœa, in five enlarged glands were present. In four of these the glands were tender as well.

We feel just beneath the skin of the groin a round or oval body, smooth and slightly movable; sometimes they remain enlarged, although less tender for months, and then call for active treatment. Now that the gonococcus of Neisser is generally recognized as the actual cause of gonorrhœa, we shall hear less about "sympathetic glandular enlargement" or "enlargement from irritation."

Chancroidal Bubo.—The acute chancroidal bubo, is a consequence of

the local venereal ulcer, and is simply a chancroid of the inguinal glands. It involves but one or two of these as a rule, and occurs once in three cases on an average; most frequently in feeble or neglected subjects, such a bubo runs its course with fever. It is apt to suppurate quickly after adhering to the underlying skin. It may continue suppurating for an indefinite time, and in such a case soon involves the tissues of the groin. Some writers distinguish an ordinary, from a virulent bubo, the later being more active in its course and phagedenic in character. It is not unlikely that this is due to less resistance of the individual's tissues, or to an added germ destructive in its tendency. The pus from a chancroidal bubo, if inoculated upon the same or another individual produces simply a chancroid.

A chancroidal bubo may remain localized, or may extend over the lower abdomen or down the thighs.

A form of bubo chronic, as it presents itself in hospital practice, is the following.

A patient comes with a history of a preputial ulcer of short duration, the glands in one or both glands are considerably enlarged, slightly if at all tender; they cause inconvenience only by their size and liability to trauma. There is no evidence of syphilis, and the neighboring tissues are to be seen.

Another form is where such a bubo has suppurated, leaving a discharging sinus, which burrows up and down the groin, attacking several glands, cementing them and the infiltrated tissues about, into a brawny mass with an ill-defined edge. In this may be two or three openings which will discharge a thin pus for years, unless the surgeon interferes.

It is well known that the chronic buboes of syphilis rarely suppurate, although Jonathan Hutchinson, who maintains that whatever may be the character of the primary sore, the chances are two to one in favor of syphilis, also believes that "an infecting (syphilitic) sore may cause suppurating glands, while the *non-infecting* sore may be attended by quite a moderate degree of

enlargement of glands." When syphilitic buboes *do* suppurate, it is not unlikely that a preceding or coincident chancroid has left enlarged glands of low resisting power, which need but a slight added inflammation to cause them to break down. Ricord designates the chronic buboes of syphilis as the pleiades since there is usually one large, with 2-6 smaller glands lying about it. These glands are indolent, painless, multiple, not matted together and may be unilateral or bilateral; they appear about two weeks after the chancre, and last weeks or months; they finally disappear, either spontaneously, or more rapidly after judicious treatment.

Treatment of Buboes.—The acute buboes of gonorrhœa, herpes, or balanitis and the acute bubo of unknown origin, seldom suppurate, and require for their treatment little more than protection from friction or trauma with rest in bed for complete cure by resolution. In a subject liable to glandular enlargement elsewhere, they may suppurate, or remain permanently enlarged. If suppuration is inevitable frequent poulticing, followed after a day or two by a free incision under antiseptic precautions, will usually bring about a speedy cure, rest in bed being maintained; sometimes the frequent application of an ointment composed of equal parts of glycerine and extract belladonna, seems to prevent suppuration. Ung. hydrarg. is much used in Germany with the same intention. A method largely employed in Roosevelt Hospital, New York, consists in the rapidly repeated passage of the thermo-cautery at a black heat over the bubo; this reddens the skin without blistering it or causing pain.

It is said to be very effective in causing the rapid disappearance of these buboes.

Another method, useful in sabacute buboes, consists in the injection of 15 to 20 drops of a solution of carbolic acid, 1 to 60 in water and glycerine, into the substance of the bubo. This should be repeated every second day and later every day, three to four times in all. I have tried this method in six or seven cases and have seen the rapid disappear-

ance of the glandular swelling in several of these.

After a reference to the antiseptic treatment of chancroidal bubo, the importance of constitutional treatment in syphilitic bubo, and to the importance also of firm pressure by means of a sausage-shaped pad in almost all forms of chronic bubo (the pad being kept in place by elastic-webbing) excision of chronic buboes was discussed.

Excision of inguinal glands is best performed as follows; an incision is made over the most prominent part of the indurated mass, parallel to Poupart's ligament, extending to its extreme limits; the skin with the underlying fat is dissected up far enough to get around the abnormal tissue. If the glands alone are implicated remove them with finger or the handle of the scapel, unless too firmly attached, when the knife is to be used. If the neighboring tissues *with* the glands are involved, the entire mass ought to be dissected up when possible without injury to the larger vessels and nerves. Great care must be taken to avoid wounding the saphenous and femoral veins. The wound is now brought together by deep sutures, inserted far enough from the edges to secure a firm hold. If the ends of the sutures pass through ivory or lead plates, or what are quite as good, large china buttons, the tension is divided, and the wound better approximated. One or two drainage tubes are indispensable, and an antiseptic dressing is applied over all.

It is important to do this operation antiseptically and secure union by first intention since long continued supuration is the rule in wounds or abscesses of the groin treated in the old way.

Previous to operating the skin ought to be carefully shaved, cleansed with soap and water, followed by alcohol or ether, and finally with sublimate solution. The sinuses, if any are present, should be thoroughly syringed out with an antiseptic solution. I have seen the most rapid union after excision of inguinal glands done in this way. The dressings should be firmly bandaged in place by means of elastic webbing such as is used for suspenders. A disagree-

able result of this operation, especially apt to occur where the region is deeply incised and scraping done, is sloughing of the scrotum. I called attention to this fact in an article in the *Philadelphia Medical News*, giving a report of four cases all operated on by different surgeons, also to the fact that it is not due to erysipelas, or to bagging of fluids in the scrotal tissues; nor is there any evidence that it arises from interference with the circulation in the scrotal pouch.

It *may* be due to injury of a large number of branches of the ilio-inguinal nerve, for these are directly in the track of the knife or sharp spoon.

Dr. W. H. Norris asked if he would employ any anti-syphilitic remedies in cases of enlarged glands due to that cause.

Dr. W. B. Platt said that the ordinary syphilitic bubo should be treated with anti syphilitic remedies.

Dr. W. P. Chunn next read a paper describing

A NEW SUTURE FOR CÆSAREAN SECTION.*

DISCUSSION.

Dr. J. G. Jay asked *Dr. Chunn* what would become of the sutures and where would he expect to find the fundus of the uterus after such a method of operating. He was of the opinion that from such a procedure a fistulous opening would result between the uterus and abdominal walls.

Dr. G. H. Rohé asked what would become of the uterus if the patient should become pregnant again.

Dr. T. Barton Brune asked if he did not fear hemorrhage from such an operation and if such was the case would not the danger of peritonitis be greater.

Dr. W. P. Chunn said in regard to the question of *Dr. Rohé*, he thought we could easily obviate further pregnancy by taking out the tubes and ovaries, which is advised in all cases where Cæsarean section is done. He thinks the main object in doing the operation is

*See MARYLAND MEDICAL JOURNAL, March 17th, 1888.

to prevent shock and septicæmia as far as can be done, and the more simple the operation, less will be the danger in that direction.

In the method he proposed there would be little or no strain on the abdominal walls as their lax condition would allow them to follow the uterus during involution.

Mr. Hartwig Nissen then delivered a very interesting address on the

SWEDISH MOVEMENT AND MASSAGE TREATMENT.*

Dr. B. B. Browne exhibited a specimen of

CANCEROUS UTERUS REMOVED COMPLETELY BY CHLORIDE OF ZINC.

Patient was 35 years of age. She had suffered from all of the symptoms of cancer, viz.: Pain, hemorrhage, etc. He attempted to treat the cancerous mass with chloride of zinc. Previous to its use he had curretted the tissue and had used the thermo-cautery. The chloride of zinc was then applied in a saturated solution by means of a tampon. These were protected by absorbent cotton, and below this another tampon was placed saturated with bicarb. soda and vaseline. On the seventh day the tampon was removed, and on the tenth day the uterus sloughed and came away. There was no rise of temperature at any time. The patient suffered considerable pain which was controlled with morphia hypodermically. At this time the patient is going about and there is no evidence of any return of the cancer.

Dr. W. H. Norris said he could not see how such a slough could take place without some elevation of temperature.

Dr. W. P. Chunn asked *Dr. Browne* if it was his intention when he began treatment to remove the uterus in this unique way. And also would he recommend it the treatment of similar case.

Dr. B. B. Browne said he did not ex-

pect to remove the whole uterus in this way when he began the treatment. Its success in this case would seem to recommend it favorably for further trail.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.

STATED MEETING, HELD MARCH 7, 1888.

The President, *S. WEIR MITCHELL*, M.D., in the Chair.

Dr. John Ashhurst, Jr., read a paper on

SUCCESSFUL SIMULTANEOUS TRIPLE AMPUTATION FOR RAILWAY INJURY, WITH REMARKS ON TECHNIQUE OF MULTIPLE AMPUTATION.*

DISCUSSION.

Dr. William Hunt said: *Dr. Ashhurst* has dwelt upon the importance of saving time. There is one way in which time might be saved, and that is by more than one surgeon operating at the same time. I do not know how it would work with three.

Dr. H. C. Wood said: I should like to make a remark with reference to this point of keeping up the animal heat. Many people die in acute disease, in acute poisoning, and after severe operations, because the temperature is not maintained. I have proven by experiment that if two animals are subjected to severe injury, and one is kept in a moderately cool room, and the other in a hot room, the one will die, and the other recover. In this connection I will repeat a suggestion made to me by *Dr. Dercum*, which would afford one of the most efficient measures for maintaining temperature—and that is, to fill the ordinary water-bed with hot water, and allow the patient to lie on it.

Dr. Carr, of Washington, said: I did not know until I heard the remarks of *Dr. Ashhurst* the importance of a case

*See MARYLAND MEDICAL JOURNAL, March 17th, 1888.

*See page 441.

that I have had. I have performed a quadruple amputation for frost-bite. The patient was brought into the hospital in a condition of collapse with the four extremities frozen. He reacted well, and remained in the hospital a week, when his constitutional condition became serious, and after consultation it was decided that amputation of the four extremities was desirable. I operated, removing one foot above the ankle, the other foot through the metatarsal joint, one forearm about its middle, and one hand, leaving a small stump of the thumb, disarticulating it at the metacarpophalangeal articulation. The patient did very well.

In operating I secured the vessels with hæmostatic forceps, and left the stump in that condition while I proceeded to amputate another limb.

Dr. J. William White said: I understood from *Dr. Ashhurst's* paper that in his classification of triple amputations partial amputations were not included. I had last year at the University Hospital a double knee-joint amputation, with amputation of a portion of one hand, leaving the thumb and one finger, and should have been glad to present the patient this evening.

In reference to the technique, I have only one or two suggestions to make. If the irrigation is done with warm or hot water, it does not necessarily reduce the temperature, and in fact may aid in keeping up the bodily heat. The same is true with reference to the use of wet towels, which can be wrung out of hot water and frequently renewed. *Braman*, assistant to *von Bergmann*, has recently detailed the results obtained at the latter's clinic by packing wounds with iodoform gauze. This prevents the formation of a blood-clot, which is, perhaps, next to a failure to secure asepsis, the most important cause of the failure to obtain primary union. Where there is danger of oozing, he packs the wound with iodoform gauze, which is allowed to remain from forty-eight to seventy-two hours. It is then removed and the sutures applied; in the vast majority of cases union by first intention is secured. Even when it was left *in situ* for from four to six days such union occurred

after suturing. In a case of double or triple amputation time might be saved by packing the first operative wound with iodoform gauze as soon as the vessels are secured, and then dressing it. This could be done by an assistant, and the patient removed to the ward much sooner than if time were taken to introduce stitches. The suturing could be done any time during the next two or three days.

Dr. Mitchell said: I have listened with a great deal of pleasure to the remarks as to the temperature of patients under ether or chloroform, and the possible influence of irrigation upon these cases.

I would like to ask what some of the gynecological operators would say. In their cases the abdomen is sometimes largely opened, and the intestines exposed; if irrigation lowers the temperature in surgical cases, how much more should it do so in these?

I think it would be advisable to have a series of experiments and observations as to the effects of ether, chloroform and perhaps other anæsthetics, upon the temperature, when used for long periods. As concerns the interesting case of triple amputation shown us by *Prof. Ashhurst*, I would like to say that no physiological statement has been made, so far as I know, as to the effect of large losses of tissue upon the pulse, temperature, nutrition, blood-pressure, amount of urine, etc. A tempting subject here awaits some industrious observer.

Dr. White said: Experiments are now being made at the University of Pennsylvania, upon animals and clinical subjects, to determine the effect of the administration of ether on the bodily temperature, and seem clearly to indicate that a drop of from $\frac{1}{100}$ one to three degrees may be expected, not only in cases where no irrigation was used, but even where no operation of any sort has been performed.

The note of a case has just been handed to me, in which the temperature fell four degrees. The temperature before operation was 99.5° , and after operation (which was the removal of a tubercular testicle) it was 95.5° . No irrigation was

employed. No general symptoms of shock, such as weakness or failure of the pulse, leakage of the skin, or shallowness of respiration, were observed in this case. A series of nine cases of all sorts of operations gave similar results, though the average reduction of temperature was not more than two or three degrees.

Dr. William Goodell said: In removing the ovaries, one has to be very cautious on account of the collapse that may occur if the ovary is pinched or roughly handled. Something similar, I fancy, would occur in the removal of the testicle, and this, I think, had a good deal to do with the fall of the temperature noted.

Dr. Ashhurst said: The suggestion made by *Dr. Hunt* is an old one. Before the days of anaesthesia it was thought that the patient might suffer less pain by having both operations done at once; but, when the patient is insensible, there will certainly be less confusion by having only one done at a time.

With reference to irrigation, as I have already mentioned, I have seen the temperature fall as low as 97° after a simple operation, and in operations not usually considered capital, such as the removal of the breast, the temperature has gone even lower, and the patient has remained in an extremely critical condition for hours. This has been where there has been no loss of blood, or unnecessary exposure of the patient.

In my list I have not included any but synchronous major operations. The cases reported to-night seem to have been instances of minor amputation, as regards some of the parts removed, and can, therefore, technically be looked upon as only double, not triple or quadruple amputations.

Another word with reference to irrigation; even if warm solutions be employed, they will tend to cool the body by evaporation, and the same is true with regard to wet towels; even if hot when applied, they will reduce the temperature unless covered with oiled silk, to prevent evaporation. I do not think that the administration of ether alone has much effect upon the temperature, under any circumstances we can better

dispense with irrigation and wet towels than with anaesthetics.

In regard to the case of excision of the testis, which has been mentioned, it may be said that operations on the testicle necessarily require considerable exposure of the lower part of the abdomen. It is also a well-known fact, that division of the cord is often followed by profound shock. This observation has been made by *Mr. Erichsen*, at the University College Hospital, London, and my own experience confirms it. The moment that the cord is divided, the pulse fails decidedly, and there is more shock from removal of the testicle than from any other operation of equal gravity in the whole range of surgery.

I have no objections to the antiseptic method of treatment, and I am in the habit of employing it, but I think that we should not close our eyes to the fact that it may have some disadvantages. I think that the maintenance of the patient's temperature is of more importance than the exclusion of a few microbes. All that can be accomplished by irrigation can be equally accomplished by washing the part before and after the operation, care being taken to keep the patient warm and dry. The ordinary antiseptic dressings were employed in this case after the operations. I consider that their chief advantage is that they permit infrequent dressing of the wound.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING HELD MARCH 14, 1888.

W. W. KEEN, M.D., was in the Chair.

Dr. Charles B. Nancrede, read a paper

ON THE IMPORTANCE OF PRIMARY SUTURE OF DIVIDED NERVES WITH AN ILLUSTRATIVE CASE OF SUCCESSFUL SUTURE OF THE MEDIAN AND ULNAR NERVE.*

*See page 445.

DISCUSSION.

Dr. H. R. Wharton I have seen one or two cases of primary nerve-suture, though none in which the injuries were so extensive as in this interesting case of Dr. Nancrede's. The results in these cases were good. There is another point to be considered. Shall we attempt secondary suture of the nerves when this has been omitted in the first place? I am very decidedly of the opinion that this procedure should be adopted, for a number of cases have been reported of this character, in which the results have been, at least, good enough to make me feel that secondary suture should be attempted when there is any probability of restoration of the use of the injured part. I thoroughly agree with Dr. Nancrede as to the great importance of this subject.

Dr. John B. Roberts: The only case of nerve-suture I remember at present is one in my wards, in which the work had very properly been done by the resident immediately on the admission of the patient. It was a rather extensive incised wound of the leg, involving, I think, the musculo-cutaneous and anterior tibial nerves. The muscles and nerves were sutured and dressed antiseptically, and the results were good; though I did not follow the case after discharge so as to make an accurate report as to sensation. Dr. Nancrede has incidentally touched upon a point of great importance, that of teno-suture. It has been my misfortune to meet with quite a number of cases in which this had been neglected by the attendant called at the time of the accident. One of these recently seen was that of a man wounded in the forearm just above the wrist, and in the ring finger. There was loss of flexion of the finger, but it was hard to tell which of the wounds to reopen in order to come upon and suture the divided tendon. The family physician believed it to be the wrist; but after cutting down, I found the tendon here flaccid and intact. I then opened the finger-wound, and here found the tendon retracted into the sheath. I sutured, but did not get a good result, probably from

the extent of dissection necessary to get at the tendon in the sheath, and the great mass of cicatricial tissue. However, I never hesitate to reopen healed or partially healed wounds to suture tendons when this very important measure has been neglected.

I have been glad to hear Dr. Nancrede say that with cleanliness of person and of instruments asepsis can be secured without chemical solutions. This is in marked contrast to one of my friends, a surgeon of prominence, who thinks that the employment of solutions renders care as to cleanliness unnecessary.

Dr. J. William White: I do not know whether Dr. Nancrede spoke of the resection of the crushed and bruised ends of the nerves. The general principles of nerve-suture are admitted by all surgeons, but the question of resecting lacerated or contused ends before suturing, or of allowing them to remain, is one that should be carefully considered in each case. On the one hand, by resection of any considerable portion we increase longitudinal tension, and make greater strain on the sutures; on the other, we run the risk of including in the stitches too much damaged to recover itself. There is some difference of opinion as to the particular suture to be employed. I should think that the one proposed by Dr. Nancrede, as shown in his diagram, would be open to objection, if, as there apparently represented, it interposes a foreign substance, the catgut thread, between the ends of the nerve; this, if not absorbed, as is sometimes the case even with the best catgut, is liable to be a constant source of irritation, and to prevent union. I prefer and employ a suture passing quite through the nerve above and below the point of union. Evidence, either clinical or pathological, or experimental, as to the relative advantages of different sutures is desirable, but I do not know of any, and I did not understand Dr. Nancrede to say that there was such evidence.

The Chairman, Dr. W. W. Keen: There are two cases I may briefly cite from my own experience in connection with the subject of our discussion:

1. A case of primary nerve suture in a boy two years of age, with perfect recovery of motion and sensation. The case occurred ten years ago. The child, carrying a glass bottle, fell, and a fragment of glass divided the ulnar nerve and artery about an inch and a half above the wrist. The mother made compression with her thumb until I arrived, very soon after the accident. After ligaturing the artery, I examined the nerve and found that it had been divided. I had only my pocket-case containing coarse white silk and an ordinary needle. Not wishing to leave the coarse silk in the wound, particularly not in the nerve tissues, I debated as to method of suture, and devised one which proved eminently satisfactory. Drawing the ends together closely with forceps, I passed a surgical pin obliquely through the two divisions, threw a loop of silk around the point of the pin, (as in Simpson's method of acu-pressure), drew out the thread, passed it around the head of the pin, where it was secured. At the end of forty-eight hours the pin was removed. The thread was thus loosened and removed. Perfect union of the wound took place in a few days. There was no wasting of muscles, and motion was present after twenty-four hours. While the age of the child prevented exact observation as to the time at which sensation returned, at the end of forty-eight hours there was an exclamation of pain on pricking the little finger with a pin. I saw the father of the boy about a year ago, who told me that his son had perfect use of hand and fingers.

2. Extensive teno-suture with quick union. A recent case shows the value of even a brief suture of tendons. A man twenty-five years of age was admitted into St. Mary's Hospital with complete severance of all the tendons of the forearm and of the sheath above the wrist. The resident sewed each tendon carefully. He had only Kocher catgut, which does not remain more than three to five days, and then closed the external wound and placed the hand in flexion on a splint. The man left without permission after a few days, and it seems removed the splint and tore out the

sutures in the skin. He returned later with a gaping wound in the forearm, but on testing the fingers separately each finger and each joint was found to have perfect motion, showing that even this temporary apposition of the divided tendons had a perfect result. I should prefer for the purpose, however, either very fine silk, or better, the ordinary chromicized catgut.

Dr. Nancrede: Dr. White has misunderstood me. There is nothing between the divided ends of the nerve. If he will examine the rough model which I pass around he will see that the nerve is securely and accurately coaptated by the suture. I have no distinct recollection of resecting the injured ends in this case, in fact I am nearly certain that I did not. In some cases I have said it *might* be desirable, but I am dubious about it. In two other cases that I recall at this moment, I remember that I did not make any attempt of the kind, but brought the ends together as best I could. Referring to the incidental discussion, I am glad to hear that so many of our members always suture tendons. I make it a rule to suture nerves and tendons in every case, and generally obtain fair results.

HEROIC TREATMENT.—“Colonel,” said a Kentucky lady to her sick husband, “the doctor says the ice-water you are taking is doing you so much good that he thinks he will further increase the dose.”

“But, my dear,” expostulated the sick colonel, “does he understand that it has already been increased to a teaspoonful three times a days.”—*Louisville Medical Journal.*

APPLICATION FOR WARTS.—E. Vidal recommends the following solution:

R	Acidi salicylici	1 part.
	Alcoholis (90 per ct.)	1 “
	Etheris sulph	2½ “
	Collodii	5 “

M. Sig.—Paint the warts daily with the solution.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, APRIL 7TH, 1888.

Editorial.

A LAW TO REGULATE THE PRACTICE OF MEDICINE IN MARYLAND.—The bill to regulate the practice of medicine in Maryland, to which reference has been made in recent issues of this JOURNAL, has, we are glad to state, passed both branches of the Legislature and, as soon as it receives the Governor's signature, will become a law. The bill as originally introduced was amended in a number of its features before final adoption. As soon as we are able to obtain a certified copy of the law we will publish the same in the JOURNAL. The law will then speak for itself and the profession of the State will be able to pass sentence on its status. We have previously intimated that the law was not as perfect as was to be desired, but it was believed by a number of gentlemen who were interested in its passage that it was as good a law as could be obtained from the present Legislature. Acting upon the theory that half a loaf was better than no bread, its friends thought that the law in its present form would correct a number of gross evils which now prevail in the State, and that it would serve as an opening wedge to the passage of such additional legislation in future as experience might show to be desirable.

The execution of the law is placed in the hands of the State Board of Health and the profession must look to this Body for a just and strict enforcement of its provisions. The profession should cooperate with the Board of Health in an effort to secure the full observance of the law. The profession of the State is indebted to the State Board of Health for the law, for without its influence in the matter the present Legislature would have adjourned without passing an act of medical legislation.

TIGHT LACING.—Medical sermons are often preached against the sin of tight lacing and yet those very persons who seem so opposed to it are probably the very ones who by their admiration of these small waists encourage this harmful practice. The various evils that can and do result from tight lacing, such as displacement of the uterus, kidneys, pressure on the intestines, all cause a long train of symptoms familiar to the gynecologist. Nowhere is tight lacing more noticeable than in the larger cities of Germany, Austria and France. Even among that class who die in the wards of hospitals, autopsies often show a deep furrow in the right lobe of the liver and the frequency of this occurrence has necessitated the coining of such a word by the Germans as "Schnürleber."

Dr. W. J. Collins (*London Lancet*, March 17th, 1888), at the instigation of Lauder Brunton, had made biliary fistulæ upon several anesthetized guinea pigs. He was struck by the considerable effect which the respiratory movements had upon the passage of bile along the canula. With each descent of the diaphragm there was an advance of the column of bile, and with each expiration there was a slight retrogression or arrest of the flow. Powerful respiratory movements augmented the flow. He then placed a constricting band around the lower part of the thorax about where he thought the waist out to be and by reducing the circumference of the lower part of the thorax by about one-fourth, the bile secretion was reduced about one-half.

As the bile is secreted at a pressure a very little above the blood pressure, it is clear that anything which prevents the free movement of the diaphragm causes a diminution in the amount of bile secreted. Therefore to make the bile flow freely exercise which increases the respiratory movements are necessary. Sydenham says, "The outside of a horse is the best thing for the inside of man."

DIABETIC FOODS.—In the treatment of diabetes mellitus, the main line of action seems to be defensive. If the sugar can be kept out of the urine a great deal has been accomplished. To do this the diet must be very carefully regulated. All foods containing sugar or starch in any form must be strictly excluded from the daily diet. This has always been a very difficult thing to do, because these two substances enter so largely into the composition of the most common foods. That bread is the staff of life, is best appreciated by the diabetic, for no one else can understand the craving desire which a diabetic patient has for a taste of bread; indeed, some patients are compelled to take a little bread at times, even if they have to steal it contrary to orders.

Since the introduction of diabetic foods and certain kinds of flour supposed to be free from starch or sugar, diabetics began to think that their existence was somewhat more bearable, and even physicians thought that they had found a good substitute for bread; and so much confidence did they put in these foods and their composition, that these patients were allowed to partake almost unrestrainedly of them, no one doubting but that they contained just what the manufacturers maintained. Dr. Charles Harrington, in a recent number of the *Boston Medical and Surgical Reporter*, gives in a very concise and interesting form the results of his analysis of various kinds of well-known foods, breads and biscuits which were supposed to be entirely free from starch or sugar. He found in all of them sugar to an alarm-

ing amount, and even those which were probably the best known and the most generally used, contained the largest percentage of sugar and starchy substances: This exposition is undoubtedly of great use to both physician and patient, and the secret of failure in the treatment of many cases of this disease was very likely due to too much reliance on the purity of these foods. Incalculable harm has probably been done to diabetics who, with implicit faith in the pretended composition of the foods have continued to use them to their sorrow. Dr. Harrington has undoubtedly done a good work in bringing out so clearly the truth of these facts.

Miscellany.

ACUTE INFECTIOUS PHARYNGITIS.—The above term, which should be supplemented by the word "primary," is used by Professor Senator (*Berliner Klin. Wochenschrift*, 1888, Nos. 5 and 6) to indicate a rare and "perhaps always fatal" form of pharyngitis, not hitherto described in textbooks of medicine. Two examples had occurred within the last few months, and a study of similar cases had revealed three more as having occurred within the last twelve years. In all these cases, reported at a meeting of the Berlin Medical Society on January 4th, and discussed on January 18th, the disease affected previously healthy persons, without any apparent cause, and ran an acute course, ending in death in a few days. It began with cervical pains and dysphagia, accompanied by fever, often moderate; then followed hoarseness, or loss of voice and dyspnoea; finally, the sensorium was affected, and death quickly ensued. The chief anatomical sign found *post mortem* was diffuse purulent infiltration of the deeper tissues of the pharyngeal mucous membrane, the inflammation extending to the trachea and glands of the neck and secondarily to other parts, especially the gastric mucous membrane. Senator is of opinion that many cases hitherto regarded as examples of acute oedema of the larynx are in reality cases of the

above disease. Notably in a case of Cruveilhier's the pharynx was affected for a day or two before the larynx. The very rare "typical oedematous laryngitis," mentioned by Sir Morell Mackenzie as of septic origin, is also claimed as in all probability affording an example of the above disease. The spleen was generally enlarged in Senator's cases, and the kidneys, as a rule, showed parenchymatous inflammation. A peculiar exanthem appeared in one case. The blood removed both before and after death had been carefully examined, but no specific micro-organisms had revealed themselves in attempted cultivations, injections of which, as also of fresh blood, had been harmless in rabbits. The streptococcus of Friedländer (erysipelas coccus) was certainly absent. In the discussion which followed, Dr. Guttman argued that the cases were probably erysipelatos in spite of the above fact, and referred to Ziemssen's *Special Pathology*, and Eichhorst's *Pathology*. Virchow leaned to Guttman's opinion, but also described other pharyngeal diseases which might mislead, especially metastatic abscesses in puerperal fever, suppurative pharyngitis accompanying acute gastritis and, in one case, mediastinitis. But Senator urged in his reply that there was no abscess in any of his cases, but a diffuse purulent infiltration always beginning in the pharynx. The cause was absolutely unknown to him at present, but the system was very rapidly affected in a characteristic manner, and tracheotomy was of no avail. He had no doubt that a study of the subject as revealed in hospital records would reveal numerous examples of this disease overlooked under the title of "acute oedema of the larynx."—*Brit. Med. Jour.*, March 10, 1888.

NOTE ON THE PHYSIOLOGY OF THE RECURRENT LARYNGEAL NERVES.—Dr. Frank Donaldson, of Baltimore, Md., now working in the Physiological Institute of the University of Berlin, contributes the following to the *N. Y. Med. Journal* (March 17, 1888.)

In my original article on the function of the recurrent laryngeal nerve, read

before the American Laryngological Association in May, 1886, will be found these two statements, viz :

"That it is with weak stimuli only (without ether) that abduction of the vocal cords takes place, which movement of abduction gradually passes into one of adduction as the strength of the stimulus is increased," and "that the rate of stimulation does not affect the general result."

After many times contradicting my statement of this perfectly evident physiological fact, Dr. Franklin H. Hooper, of Boston, comes out in the *N. Y. Med. Journal* for November 26, 1887, and says:

"Slow rates of stimulation (eighteen to twenty-eight a second), with weak currents, produce opening" [of the glottis.]

"By increasing the rates (thirty to forty a second), the intensity remaining the same, closing is called forth," and

"Rapid rates, with weak or strong currents, produce closing." And so he concludes: "I feel inclined to suspect that the reason other observers have obtained dilatation with feeble currents is to be found in the slow rate of vibration they have used."

This, however, is plainly not the case. In the first place, the various Du Bois-Reymond induction coils which I used in the course of my experiments, extending over eighteen months, did not all beat between eighteen and twenty-eight a second; and, in the second place, as I stated above, I found that the rate of stimulation, with as slow and rapid rates as could be obtained from such a coil, did not affect the general result.

I have lately, however, performed some experiments on this point in the Physiological Institute here, with the kind help of my friend, Professor Sad. We measured the exact rates—slowest and highest—which could be obtained from two Du Bois-Reymond induction coils. We first used a coil of which the slowest rate was twenty a second and the highest forty, and with these rates we invariably obtained abduction with weak currents. The second coil had a

slowest rate of forty a second and a highest of eighty,* and with this also we obtained the *same result*, but with this difference: with very rapid rates the abductor fibers are soon exhausted, and abduction quickly gives place to adduction. For, as is well known, the abductor fibers are very prone to exhaustion, and the stimulus from a Du Bois-Reymond coil is the most exhausting we can use.

Finally, there is a slight difference between the effect of the slow and rapid stimuli upon the opening of the larynx, but it is only one of degree, in that, while with very rapid rates perfectly distinct abduction can be obtained, such rates sooner exhaust the abductor fibers, and we have, on stimulation, only adduction. And from these latter experiments I can confidently reassert my *original* statement, "that the rate of stimulation does not affect the general result. Under all rates, up to at least one hundred and twenty a second, weak currents produce opening of the larynx.

METHYLAL IN DELIRIUM TREMENS.—

An interesting note on the value of methylal, the new hypnotic described in these pages on October 22nd, 1887, in the treatment of delirium tremens, has been contributed to the *Therapeutische Monatshefte* (February) by Professor v. Krafft-Ebling, of Graz. Acting on the advice of Merck, the well-known pharmacist, he employed an aqueous solution of the strength of 1 in 10 as a hypodermic injection; each injection contained 0.1 gramme of methylal, and in this strength produced only slight and transient smarting. Thus administered it was found that the drug only produced its effect after an interval of about two hours; if sleep was not produced after between two and three hours, the injection was repeated. Twenty-one persons were thus treated, about half the number being slight cases; in 6 instances sleep was induced by 1 injection, in 10

by from 2 to 4, in 3 by from 5 to 8, and in 2 by from 10 to 20; deep, physiological, refreshing sleep, which sometimes lasted twenty hours, was then obtained; in other cases, the patient slept for two or three hours to awake again delirious, but the treatment being persevered with, the so-called critical sleep always ensued. Professor v. Krafft-Ebling considers methylal to be the best sedative and hypnotic in delirium tremens which he has ever used; it has no depressing action on the heart, but rather the contrary, and it is followed by no unpleasant after-effects. He considers that it is likely to be useful in insomnia and restlessness due to inanition or cerebral anæmia, but that it is contra-indicated in cases where there is cerebral hyperæmia. The very small doses which were found to be adequate give special importance to this communication.—*Brit. Med. Journal.*

PENETRATING GUNSHOT WOUND OF THE CHEST.—

Dr. Gouzier has published some observations and statistics regarding the penetrating gunshot wounds of the chest occurring in the French expeditions to Formosa and Tonquin in 1883-85. From his work we gather that such wounds showed a mortality of 10 per cent., which is only about one-sixth of that due to similar wounds in recent European wars and in the American war. Apparently, as he suggests, the general employment of antiseptic methods was the cause of this great amelioration. Chest wounds from revolver balls of seven millimetres in diameter generally proved comparatively harmless. Traumatic pleurisy and pneumonia usually terminated favorably, but hæmorrhage, empyema, and compound fractures of the ribs gave much more serious results. He found that the best practice was not to explore unless it was necessary to extract the ball, and not attempt extraction unless the ball was just beneath the skin or was setting up dangerous complications. In ordinary cases he found the best plan was to close the wound antiseptically; but if there were empyema, to make a counter-opening and to wash out and drain the pleural cavity. Warm

*In both these coils the hammer showed double these numbers of *oscillations*, but we could not be certain that the nerve received the same number of stimulations, so we have only reckoned on half the number of stimuli in a second—that is, a stimulus either on the make or on the break of the contact.

antiseptic baths were also found very useful in Tonquin.—*Lancet*, January 7, 1888.

THE INFLUENCE OF NASAL DISEASE ON THE THYROID GLAND.—At the meeting of the Berlin Medical Society on Jan. 20th, Professor Fränkel mentioned an interesting case showing the influence of nasal irritation upon thyroid enlargement. The patient, a young man, aged 17, had an enlarged thyroid, with murmur on auscultation, and a pulse of 120, but no exophthalmos. During treatment (with the constant current) the lad complained of nasal obstruction; accordingly, with reference to the other symptoms, the left inferior turbinated bone was removed by the galvanocautery. Within a few days the thyroid gland rapidly diminished, and the pulse became slower. After waiting three weeks, during which time the symptoms were stationary in spite of the constant current, the right side of the nose was operated on as above four days before the case was reported to the meeting. During these four days the enlargement had again undergone a rapid diminution, and the pulse had become normal. The thyroid had diminished by certainly a fifth of its bulk. Hack, in 1886, had reported a complete cure of Basedow's disease by treatment directed to the nose. Although this case could not fairly be termed Basedow's disease, because both exophthalmos and v. Græfe's symptom (defective movement of the upper lid with the globe) were absent, it certainly showed, Professor Fränkel argued, the influence of nasal irritation upon thyroid enlargement.—*Brit. Med. Jour.*, March 10th, 1888.

INFLAMMATION MASKING CANCER.—Dr. Orecchia has recently called attention (*Gazzetta degli Ospitali*, March 4, 1888), to the frequent combination of inflammation with cancer in the same part, the graver disease being sometimes so obscured in this way as to be overlooked for a considerable time. He reports six cases in which this occurred. In one of these cancer of the larynx was

supposed to be nothing more than perichondritis; in two malignant disease of the jaw was mistaken for osteitis; in another, periproctitis for some time masked a rectal cancer; parotitis concealed cancer or sarcoma of the parotid; and simple inflammation of the lip, an epithelioma. The possibility of malignant disease underlying what appears to be a simple inflammatory process should never be forgotten when the age and appearance of the patient, and the part affected, are such as to make the existence of carcinoma probable. Dr. Orecchia believes that in these cases the cancer is the primary disease, which, owing to the slightness of the symptoms, remains unnoticed till the supervention of inflammation calls attention to the part. In the stroma of all the tumors referred to, Dr. Orecchia found much extravasated blood, with abundance of leucocytes, of which there were also a great number in the neighbouring tissues.—*British Medical Journal*, March 10, 1888.

AN ERGOT-MILL FOR OBSTETRIC BAGS.

—Dr. Loviot, in describing Professor Pajot's obstetric bag in the *Annales de Gynécologie*, notes that it contains an ergot-mill. This instrument resembles a small coffee-mill, bearing, like the familiar domestic instrument, a handle, but in size it is not larger than a pepper-mill, and might work by the same simple mechanism. It may readily be packed in the bag, as it takes up a very little room. The practitioner can only rely on freshly pulverised ergot of rye. This mill enables him to powder the ergot on the spot, so that in the hour of need a strong preparation of the drug may be made in the patient's chamber, even in the most remote county districts. In this manner perilous delays caused either by inert liquid preparations of ergot, or by waiting till some fresh tincture or fluid extract is brought to the lying-in room from some distant druggist's shop, are avoided, to the great advantage of the patient and the practitioner.—*Brit. Med. Jour.*, March 10, 1888.

Medical Items.

Surgeon-General Gunnell will retire from his office with the rank of commodore.

The Tennessee State Medical Society meets at Knoxville on April 10th.

The Texas State Medical Society will meet in Galveston on the fourth Tuesday in April.

The Memphis Hospital Medical College held its eighth annual commencement on March 1st, and conferred degrees on fifty-four graduates.

The Medical Department of the Arkansas Industrial University held its commencement March 1, 1888, and graduated twenty men as physicians.

A committee of the Trustees of the Johns Hopkins Hospital has recently visited New York and Boston on an inspecting tour of their respective hospitals.

The Legislature of Maryland made an appropriation of \$3,000 to the College of Physicians and Surgeons of this city, and gave \$1,500 a year for two years to the Good Samaritan Hospital.

The Alumni Association of Jefferson Medical College, of Philadelphia, at a recent meeting elected Prof. S. W. Gross, President; Dr. Orville Horwitz, Recording Secretary; and Dr. R. J. Duglison, Treasurer.

The proposition of M. Pasteur to exterminate the rabbits of New South Wales by the introduction of the microbes of chicken cholera, is strongly opposed on the ground that there is greater danger from the disease than from the rabbits.

William Benjamin Goldsmith, M.D., Superintendent of the Butler Hospital for the Insane, at Providence, R. I., died at that place March 21st, in the thirty-fifth year of his age. The fatal disease was acute pneumonia of seven days' duration.

The eighty-first annual commencement of the University of Maryland School of Medicine will be held at the Academy of Music on April 17th, at 12 o'clock m. The address to the graduating class will be delivered by Rev. J. E. Grammer, of this city.

The bill to amend the law regulating the practice of medicine in the State of Virginia has passed the Legislature and has been signed by the Governor, and now goes into operation. The law provides that applicants for license to practice medicine in the State shall pass an examination before the State Board of Examiners.

The New York Academy of Medicine is free of debt and in addition to its present building on West Thirty-first Street has a

building fund of \$100,000. It has issued an appeal to the profession asking for donations to raise this building fund to \$250,000 as this amount is required to erect such a building as the Academy wants.

Foreign exchanges state that the cause of the death of the late emperor of Germany was renal colic. The emperor had of late years suffered from several very severe attacks of this affection, which he bore with great fortitude, though suffering on each occasion from weakness attendant on the sleeplessness caused by the attacks.—*Boston Med. and Surg. Jour.*

The Illinois State Board of Health has suffered a second defeat in its efforts to enforce the law against unlicensed practitioners of medicine. The defendants were T. G. Gilfillan and T. W. Gray, who operated a medicine lodge at Kirkwood. The defence was the emergency clause of the law. The jury disagreed.—*Sanitary News.*

The second annual commencement of the Western Pennsylvania Medical College was held on March 24th. Thirty-four graduates received the degree of M.D., this being an increase of fifty per cent. over last session. The address to the graduating class was delivered by Prof. McCann, President of the Faculty. In the evening following the commencement the alumni were entertained at a banquet.

The leading physicians of Massachusetts have just sent a remonstrance to the State Legislature against the passage of any law allowing the manufacture of illuminating gas containing more than ten per cent. of carbonic oxide, as the intensely poisonous properties of that element of gas are well known, and are dangerous to health and life.—*Med. News.*

The Annual Reunion and Banquet of the Alumni Association University of Maryland, School of Medicine, will be held at the Eutaw House, Baltimore, Tuesday, April 17, 1888, at 8 p. m. The Oration will be delivered by W. Frederick A. Kemp, M.D., Class of 1872. Supper tickets \$1.25, to be had from Dr A. K. Bond, at Library, N. W. Corner St. Paul and Saratoga Streets, from 12 to 4 p. m., or from the Corresponding Secretary, to either of whom also application for membership may be made. Annual membership fee \$1.00.

We have just received some neat little Prescription and Memorandum Books issued by the Mellier Drug Company of St. Louis, dealers in Physicians Supplies, Surgical Instruments and Appliances of all kinds, and proprietors of Tongaline, Mellier's Standard, Elliott Patent Saddle-Bags and Buggy-Cases, and Mellier's Improved Uterine Supporters. The book contains a very convenient table for approximating at a glance date of confinement when date of last menstruation is given. It will be mailed to any physician who will send his address to the Mellier Drug Company, St. Louis and mention this JOURNAL.

Original Articles.

LECTURES ON THE CUTANEOUS MANIFESTATIONS OF SYPHILIS.

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LECTURE I.

GENERAL CONSIDERATIONS.

Syphilis is a chronic infectious disease of the system, which in the course of its evolution and development produces characteristic symptoms and lesions in various organs and tissues of the body. The following pages will be devoted to the consideration of one class of these morbid changes, namely those involving the general integument and its appendages.

The cutaneous manifestations of syphilis were recognised by the earliest writers upon the venereal diseases. Thus, Leonicens (1497), Gaspard Torella (1498), Peter Pintor (1500), Grünpeck (1503), John de Vigo (1514), and others describe the eruptions with more or less accuracy. On account of their prominence, these lesions have always commanded a large share of the attention of syphilographers as well as of the general profession and the laity.

The syphilitic skin diseases may be properly regarded as the first evidences of the constitutional effects of the venereal infection. The chancre and enlarged lymphatic glands are more or less local manifestations of the virus due to direct irritation. When, however, the period of general eruption, with its accompanying fever has declared itself, the poison has reached the blood, which fluid then becomes itself infective and may communicate the disease if inoculated.

General Morphology and Classification of Syphilitic Skin Diseases.

The general features of the cutaneous lesions due to syphilis, resemble more or less closely those of the ordinary skin

diseases. For this reason most of the older, and indeed many modern writers on syphilis adopt the ordinary dermatological nomenclature to describe syphilitic skin diseases, using the adjective "syphilitic" as a differential designation. Hence one meets frequently in medical writings such compound names as "syphilitic roseola," "syphilitic acne," "syphilitic lupus," "syphilitic pemphigus," and even "syphilitic eczema." If it is borne in mind that acne, lupus, pemphigus, and eczema on the one hand, and syphilis on the other are perfectly distinct morbid processes, having nothing in common, and that the name syphilitic lupus is not intended to convey the impression of a mixed disease, partly syphilis and partly lupus, or even a lupus occurring in a syphilitic subject, but that it means simply a lupus-like syphilitic lesion, it is plain that such a terminology leaves much to be desired on the score of clearness and simplicity. The first departure from this unphilosophical and confusing nomenclature was made by Biett* (1829) who classified the syphilitic skin diseases according to their elementary lesion. The classification of Biett, modified in some unimportant particulars is the one adopted by most syphilographers at the present day.

Alibert (1838)* introduced the collective term "syphilide" to characterize the cutaneous manifestations of the venereal disease. Inasmuch as all syphilitic eruptions are primarily dependent upon the presence of the syphilitic virus in the blood or tissues no objection can be urged against using this term as a substantive term and defining the different lesions by adding the proper adjective.

Syphilis of the skin manifests itself under the elementary forms of hyperæmic discolorations, papules, pustules, tubercles and nodules; and as secondary or consecutive lesions, namely ulcers, and pigmentations. A simple classification of the syphilides would therefore be as follows:

*Practical Synopsis of Cutaneous Diseases; Cazenave and Schedel, Philadelphia, 1829, p. 337.
*Nosologie Naturelle, Paris, 1838.

1. The Erythematous Syphilide.
2. The Papular Syphilide.
3. The Pustular Syphilide.
4. The Tubercular Syphilide.
5. The Nodular Syphilide.

As consecutive lesions or processes may be added.

1. The Ulcerating Syphilide.
2. The Pigmentary Syphilide.

General Diagnostic Features of the Syphilides.

The diagnosis of syphilitic eruptions should offer little difficulty, if the definitions of the elementary lesions are clearly appreciated and borne in mind. There are, however, some general characters of the syphilides, a knowledge of which may render their recognition still more easy. Among the more important of these characters are the following :

Chronological Sequence and Course of Eruptions.

Clinical observation has taught that the syphilides follow each other in a certain consecutive order. Thus, those lesions affecting principally the superficial layers of the skin occur early, while those extending more deeply follow later. For example, the first manifestation of constitutional infection is usually the erythematous syphilide which may be succeeded in turn by the papular, pustular, tubercular and nodular or gummatus forms. Ricord was the first who divided syphilides into two classes, the early (*syphilides precoces*) and the late (*syphilides tardives*). The first class consisting of erythematous, papular and pustular belonged to the secondary period, while the other were manifestations of the tertiary stage. This eminent syphilographer further laid it down as a law that the period of eruption of the syphilides is never reversed. Thus, an erythematous syphilide never follows a papular eruption, although the erythematous form may at times not appear, or perhaps be overlooked. This rule appears to have no exceptions for any in-

dividual attack of syphilis, but Zeissl* has pointed out that in case of reinfection, the evolutionary cycle of the disease may be repeated and one individual may in his lifetime have an erythematous following a papular syphilide, but this could not occur during the same attack of syphilis.

The careful study given to all features of the disease has shown that the division of the syphilitic eruptions into early and late as made by Ricord, is only tenable in a general sense. Cases not infrequently occur in which some of the later manifestations (tubercles and gummata) are developed almost contemporaneously with the earlier eruptions such as papules and pustules.

Reckoning from the period of primary infection or inoculation, the first development of the cutaneous lesions may be fixed at from nine to twelve weeks. The different eruptions succeed each other in crops with periods of rest between the successive eruptions until what is usually known as the secondary period has been brought to a close. This generally coincides with the disappearance of the pustular syphilide. After an interval of very variable duration during which no manifestations of the disease may be present, the tertiary stage, so-called, characterised by the eruption of the neoplastic syphilides, namely tubercles, gummata and their consequences begins. Neither the duration of the secondary stage, the interval of latency, or the tertiary stage can be given with any approach to correctness. The secondary stage is, however, brought to a conclusion usually within a year from the first appearance of the erythematous exanthem, especially if the patient has been subjected to appropriate treatment. The interval between the secondary and tertiary periods is usually several years, although the latent period may be entirely skipped, the secondary stage passing directly into the tertiary.

In the secondary stage, or period of the precocious syphilides, the eruption is usually symmetrical and the lesions profuse, the blood, pus and possibly some of

*Lehrbuch der Syphilis. Bd. II. 3te Aufl. 1875, p. 103.

the normal secretions infectious and inoculable. In the late or gummatous stage on the other hand the lesions are few, not symmetrically distributed, and the blood and secretions have lost their infectivity. In fact, according to some observers, the disease, syphilis, has disappeared, and the morbid manifestations are merely relics of a preceding pathological process.

Localisation and Distribution of the Syphilides.

As just stated the earlier syphilides are symmetrical and with lesions profusely distributed. The prevailing localities for the eruptions are the trunk, the proximal portions of the extremities, the scalp, the border of the capillary growth on the forehead and nape of the neck, and certain portions of the face, especially the angles of the mouth and alæ of the nose. The flexor surfaces are more prone to the eruption than the extensor, and the palms of the hands and soles of the feet, which are usually spared in non-syphilitic affections of the skin, are especially liable to syphilitic eruptions, more particularly the papular and squamous varieties. In localities where two surfaces of the skin are much in contact, as between the buttocks, the perineum, the axillæ, between the chest and pendulous breast in women, the papular syphilide, especially that form known as the moist papule or condyloma latum has its site of predilection. Pustular syphilides are most frequently found affecting the hairy regions of the body, while the site of predilection of some of the later forms such as subcutaneous gummata is found in the thighs and especially the upper half of the leg.

Color of Syphilitic Eruptions.

In the text-books and standard works upon syphilis much stress is laid upon the color of syphilitic eruptions. But the simple statement ordinarily made that the syphilides have a "raw ham" color, or "copper color" is not sufficiently descriptive, for cases frequently occur to

which neither of these characterizations apply. While the syphilitic coloration is nearly always some shade of brown, the depth of tint varies considerably with the age of the lesion of which it is a part. Fournier speaks of "a sombre red tint, a brown red, exactly identical with the hue of a slice of lean ham" and of "a tint not so dark, of red mingled with yellow, very happily compared by Swediaur to the color of copper."^{*} Fournier states that the color recalls to the eye "the tint of the old kitchen utensils, *well polished, carefully kept.*" But other authors, among whom are Zeissl,[†] and Grünfeld,[‡] compared it, also after Swediaur, to *tarnished copper*. Swediaur himself, however, speaks of "spots of a reddish purple, yellowish, or livid color," and of "brown or copper colored spots," and again of "dark copper colored spots,"[§] thus leaving it in a measure uncertain whether he meant polished or tarnished copper.

Anyone who makes a personal study of his cases will soon come to the conclusion that neither raw ham nor copper is a good standard for comparison with the color of syphilitic eruptions. The lesions may vary from a dull yellowish to dark brown, but one soon learns to recognize a peculiar quality in the tint which is quite characteristic, but not easily described, and which seems also to have eluded the artists who have made portraits of cases.

The color of a syphilitic lesion of the skin is not due simply to local hyperemia, since it does not entirely disappear under pressure. There is, in addition to the inflammatory redness an extravasation of blood pigment to which the darker shade of coloration is due. Kaposi^{*} intimates that the specific diathesis may have some part in the production of the discoloration. Cornil[†] says that "this coloration is owing particularly to extravasations of red blood-corpuscles; as the spots are disappearing they be-

^{*}Lesons sur la Syphilis. Paris, 1873.

[†]Op. cit., p. 96.

[‡]Eulenberg's Realencyclopædie, Bd. 13, p. 304.

[§]Complete Treatise on Syphilis. Translated from the Fourth French Edition. Philadelphia, 1815.

^{*}Syphilis. Stuttgart, 1881, p. 129.

[†]Syphilis. Philadelphia, 1882, p. 129.

come yellow, greenish-yellow, gray, following the tints of blood-pigment in a superficial ecchymosis." But this is not peculiar to syphilides, as in various non-specific cutaneous affections similar pigmentary changes may occur. However, when all is said, one may often derive some assistance in diagnosis by carefully observing the color of the eruption, and comparing this symptom with others. The physician who relies upon the color of the lesion alone to the exclusion of other symptoms will frequently make mistakes.

Multiformity of Lesions.

Although it has been before stated that the syphilides are characterized by a more or less uniform sequence of eruption, it is frequently the case that more than one form of lesion is present at the same time. Thus erythematous, papular, pustular and tubercular lesions may all coexist, or the eruption may consist of one variety of lesion, but in different stages of development. This is due to the chronic course of the syphilides, and although some cases of eczema present a similar multiformity of lesions, the clinical history of the two diseases is so different that they are not liable to be confounded with one another.

Configuration of the Eruption.

Most of the syphilides tend to assume an annular or crescentic arrangement. A group of papules, pustules or tubercles is usually found to form either a complete circle, crescent or curved line. This is especially well shown on the forehead, the nape of the neck, or the lower part of the face. In large flat tubercles the absorption begins in the centre of the lesion, and after involution has progressed somewhat a circular ridge remains which gradually disappears by an extension of the absorption from within.

But this configuration is as little specific as the other peculiarities already mentioned. Ringworm, some cases of lupus and annular erythema show the

same arrangement of lesions. Hence too much reliance must not be placed upon these symptoms when taken singly.

Subjective Symptoms.

Itching, pain or burning are nearly always absent during the development of the earlier forms of syphilitic eruptions. In this absence of subjective symptoms a valuable aid to diagnosis is given to the physician. It must not be forgotten, however, that some non-specific eruptions, which present a marked similarity to certain syphilides are frequently devoid of subjective symptoms. On the other hand, syphilides sometimes itch, especially in persons with a delicate and irritable skin, and some gummata are exquisitely painful.

Racial Peculiarities.

Livingstone has stated that the negroes of the interior of Africa are exempt from the ravages of syphilis even after abundant opportunities for infection. Although it is frequent among the natives, inhabiting the west coast, he says: "It seems incapable of permanence in any form in persons of pure African blood anywhere in the centre of the country. In persons of mixed blood it is otherwise; and the virulence of the secondary symptoms seemed to be in all cases that came into my care, in exact proportion to the greater or less amount of European blood in the patient."* In the United States, opportunities for observation upon persons of unmixed negro blood are becoming rarer every year, but physicians of much experience in the South will doubtless agree that the colored race suffers much more severely from syphilis than the white.

In colored individuals, syphilis of the skin presents certain peculiarities which call for notice in this place. Few observations bearing upon this point are on record. The most thorough study of the effects of syphilis in the negro is contained in a paper by Dr. I. E. Atkin-

*Travels. London, 1857.

son of Baltimore.† From an analysis of one hundred cases of the disease in the colored race, it appears that the predominant character impressed upon syphilis in the negro is a pronounced tendency to suppuration. The primary lesion is more destructive, the adenopathy is more extensive and the glands in a very much larger proportion of cases than in whites, break down and suppurate, and all eruptions except the erythematous showed a marked proclivity to become pustular. Erythema is difficult of recognition in the darker patients. The small papular syphilide is liable to be mistaken for keratosis pilaris. Attention has also been directed to this possible error by Duhring. The summits of the papules, when not pustular, often have a whitish coloration, partly due to an accumulation of fine scales, and partly to a more rapid exfoliation of epithelium. The pustular syphilide not infrequently presents a close resemblance to cases of small-pox as in two cases who presented themselves in the clinic not very long ago.

It is hardly necessary to call attention to the fact that the "raw ham" or "copper" color is of no value as a diagnostic sign in syphilitic eruptions occurring in the colored race.

RECAPITULATION.

The syphilides are the first manifestations of general systemic infection.

Syphilitic eruptions are either erythematous, papular, pustular, tubercular or nodular, or some mixed forms, modifications or consequences of these elementary lesions.

The syphilides follow a regular sequence in their eruption. The pustular or tubercular forms never precede the erythematous. The earlier forms are usually superficial, while those coming later involve the skin more deeply.

The average period of incubation of the primary lesion is three weeks, from the appearance of this lesion to the outbreak of the first syphilides, six to ten weeks, and the tertiary manifestations

are rarely encountered until after a year from the date of infection.

During the secondary period the blood, and pathological secretions are infective. After the development of the tertiary or gummatous stage the infectivity of the blood and tissues has disappeared.

The early syphilides are symmetrical and often profusely distributed. The later forms occur singly and show no tendency to symmetrical arrangement. The flexor surfaces are more liable to be the site of lesions.

The color of the syphilides is usually a reddish or yellowish brown, described by authors as the "raw ham" or "copper" color. This color does not disappear on pressure, being partly due to extravasation of blood pigment into the tissues.

The lesions are usually multiform, a pure example of papular, pustular or tubercular syphilide being seldom seen. Syphilides are frequently aggregated in circular or crescentic groups. This is, however, not a characteristic symptom. Subjective symptoms, as itching, burning and pain are usually absent in syphilitic eruption.

In the negro race as met with in this country, syphilis shows a pronounced proclivity to the development of suppurative lesions and glandular enlargements. In this race the color of the eruption is of no aid in diagnosis.

In order to make an exact diagnosis of a syphilitic eruption the physician must have some knowledge of dermatology, be a good observer, and be able to group important symptoms in their proper relations and bring them into connexion with the whole clinical history, objective and subjective, present and past, of the case under examination.

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FOLLOW DIRECTIONS.—Citizen: "In case of a sudden illness, doctor, what ought a person to do while waiting for a physician?" Doctor: "Well, a physician's time is very valuable, you know, and the patient ought to get the two dollars ready, so that the doctor won't be bothered with making change."—*Scribners.*

†Early Syphilis in the Negro. MD. MED. JOURNAL, Vol. I, 1877, p. 135, *et seq.*

VAGINISMUS DURING PREGNANCY.*

BY JOHN MORRIS, M.D., OF BALTIMORE.

Vaginismus is not only an extreme irritability of the vaginal outlet, but of the vagina itself. In the married relation this is accompanied by spasmodic contraction of the sphincter of the vagina frequently in so marked a degree as to prevent marital intercourse. This trouble, which is certainly one of the neuroses, occurs generally in patients of a hysterical temperament. The superficial branch of the pubic nerve is supposed to be the seat of the neuroma. In many cases the hyperæsthesia is so great that local treatment can only be employed under the use of anæsthetics. In two cases under my care I was compelled to resort to chloroform before I could attempt an examination. One of these patients, the wife of a well-known actor, had borne a child, and the other was a lady of forty-five who had been married seven or eight years, but had never been pregnant. In this case the dyspareunia was so intense as to prevent cohabitation. My friend Dr. Wilson extirpated the remains of the hymen and this was followed up by daily dilation of the vagina with plugs, under chloroform. These measures failed to afford much relief. In the case first mentioned I used applications of nitrate of silver twice a week, also under chloroform, but no relief was obtained. That dilatation of the vagina and stretching the pubic nerve may in some cases effect a cure is possible. Topical applications, cocaine excepted, as I shall mention hereafter, are entirely useless. General sedatives which are often resorted to exercise very little influence on the disease, I need not refer to Sims' or Emmets's operations to cure vaginismus, as they are generally known to the profession. Vaginismus, however severe, is not necessarily a barrier to impregnation, as a case which came under my care during the past year will conclusively show.

On August 16th, 1887, I was called to

see Mrs. K., aged twenty-two. She informed me that she had been married about five months, but that her husband had been unable to cohabit with her on account of the extreme pain incurred by attempts at intercourse. Her mother, who was present, stated that the husband had on one occasion succeeded in introducing the male organ about half an inch, but was compelled to desist on account of the pain her daughter suffered. About two months after marriage the services of a lady doctor, a sister of the husband, had been invoked, who administered an anæsthetic and made applications of cocaine to the vagina on several occasions, but without any amelioration of the trouble. She finally announced to the patient that she, (the patient) was pregnant, and that it would be impossible for her to bring forth her child, owing to narrowness of the pelvis. This alarmed the patient greatly, and I was then called to see her. Without resorting to chloroform, I made a liberal application of cocaine to the vulva and external orifice of the vagina and was thus enabled to make an examination. I found the patient about five months advanced in pregnancy though she assured me that her husband had never succeeded in passing the vaginal outlet. The pelvis was a fairly roomy one; the antero-posterior diameter was about three and a half inches. The lateral diameter, however, appeared to be somewhat contracted. After examination I assured the family that there would be no difficulty experienced by the patient in giving birth to a child, save perhaps that forceps might be necessary when the head had reached the lower outlet of the pelvis, a prediction which was afterwards verified. She brought to bed November 1st, 1887. Labor progressed very favorably. The presentation was normal; the os dilated kindly and naturally and the head descended into the lower strait of the pelvis in the course of six hours. Here, however, it was arrested, although the pains were regular and forcible. Hoping that she might be delivered by natural means I waited three hours, when, as the head made no perceptible progress,

*Read before the Gynæcological and Obstetrical Society of Baltimore, March 13th, 1888.

I applied the small Beattie forceps and delivered her in a few minutes without any difficulty. The patient made an excellent recovery, but the child suffered from the effects of two scalp tumors for several months showing the great pressure that was brought to bear upon the head whilst in the lower strait of the pelvis. One of these tumors still remains.

One satisfactory result of the pregnancy has been the alleviation of the vaginismus. I saw the patient a few days ago, and she assures me that marital intercourse causes no suffering or inconvenience. Dr. More Madden, of Dublin, reports a case very similar to this. He was, however, compelled to incise the intact hymen at the time of the delivery.

Vaginismus still remains and, no doubt, long will remain one of the *opprobria medicorum*. The only rational and radical means that can be employed for its cure is the extirpation of the superficial branch of the pubic nerve, which is the seat of the trouble. A strong solution of cocaine could be used by the husband, if properly instructed, to effect coition, but this is a troublesome and not a very agreeable procedure for a newly married man. It seems to me that the use of a small quantity of chloroform or still better, the bromide of ethyl might be safely employed by the husband at such times as marital intercourse may be desired. A little simple advice from a medical man in regard to the administration of these agents is all that would be necessary.

COMMUNICABILITY OF PUERPERAL FEVER.*

BY F. E. CHATARD, JR., M.D., OF BALTIMORE.

I present for your consideration this evening the results of over half a century of extensive obstetrical practice—the data furnished in matter of puerperal fever—calling your attention in particular to the facts therein presented in their relation to the question of the

communicability of the disease by the medical attendant.

These points I have obtained from the obstetrical case book of my father, in which are recorded 5,265 cases attended by him from 1828 to 1883, which affords an experience remarkable for number as for value, being a faithful record of a private practice in very large part among our native American population of the upper class, differing in this respect from the published statistics of the majority of obstetricians, with experience and results obtained mainly in hospital or dispensary patients.

During the period of this record new views of pathology, new theories of contagion, and new formulas of treatment have been presented, discussed, tested and in most cases rejected after due consideration and trial—it will be for a new generation to apply the same tests to opinions so generally received to-day—the results we have but too good reason to fear will not be unlike those of the past. The record shows in 5,265 cases twenty-six of puerperal fever, with results, etc., as follows:

1. Feb. 13th, 1836. Labor natural and short; moderate post-partum hæmorrhage. Died.
2. July 12th, 1842. Labor natural. Died.
3. March 31st, 1844. Labor natural. Died.
4. Aug. 10th, 1844. Labor natural. Recovered.
5. Feb. 28th, 1845. Labor natural. Died.
6. May 21st, 1845. Labor natural. Died.
7. Oct. 7th, 1845. Labor natural. Recovered.
8. Oct. 14th, 1845. Labor natural. Died.
9. Oct. 20th, 1845. Labor natural. Recovered.
10. Oct. 23d, 1845. Labor natural. Died.
11. Oct. 25th, 1845. Labor natural. Recovered.
12. Nov. 5th, 1845. Forceps; inferior strait. Died.
13. Dec. 4th, 1845. Labor natural. Recovered.

*Read before the Gynæcological and Obstetrical Society of Baltimore, March 13th, 1888.

14. Dec. 11th, 1845. Labor natural. Died.
15. Feb. 14th, 1848. Labor natural. Died.
16. April 7th, 1848. Labor natural. Died.
17. April 23d, 1848. Labor natural. Died.
18. March 2d, 1851. Labor natural. Died.
19. Feb. 24th, 1853. Labor prolonged; forceps; putrid child; adherent placenta. Died.
20. April 18th, 1856. Labor natural. Died.
21. Aug. 3d, 1857. Labor natural. Recovered.
22. Oct. 15th, 1857. Labor slow; forceps. Recovered.
23. March 17th, 1858. Labor natural. Died.
24. Feb. 28th, 1860. Labor slow; eclampsia; forceps; died.
25. March 14th, 1861. Premature, 5½ mos. Died.
26. Feb. 3d, 1865. Labor very slow; malform. pelvis; forceps; adherent placenta. Died.

From the record of these and other obstetrical cases, attended about the same time, and often on the same day, I obtain the following points and data:

CASE I.—Feb. 13, 1836. Cases were delivered on Feb. 10 and Feb. 17, without any febrile disturbance.

CASE II.—July 18th, 1842. Cases attended on July 11, 16, 20, 28, 29 and Aug. 1; all did well, and not one showed traces of fever.

CASE III.—March 31, 1844. Cases attended March 20, 21, 24, 25, 26, 27, 28, 29, 31; April 2, 8, 9, 10 and 23. All did well in all respects.

CASE IV.—Aug. 10, 1844. Other patients were delivered Aug. 1, 6, 10, 13, 14, 18, 20, 23, 24, 29; no signs of fever, and all did well.

CASE V.—Feb. 28, 1845. Cases were attended as follows: 5 on Feb. 14, one on Feb. 15, 19, 20, 21; March 2, 8, 10 and 29. All made prompt recoveries without fever.

CASE VI.—May 21, 1845. Cases attended May 10, 11, 12, 14, 15, 16, 17, 19, 21, 22, 23, 26, 29 and 30; June 2, 6, 8

and 10. All without slightest fever.

CASE VII.—Oct. 7, 1845. Cases attended Oct. 1, 2, 3, 4, 5 and 7. Did perfectly well in all respects and made prompt recoveries.

CASE VIII.—Oct. 14, 1845. A second case, delivered on the same day, as likewise one on Oct. 20, showed no manifestations of fever or other disease.

CASE IX.—Oct. 20, 1845.

CASE X.—Oct. 23, 1845.

CASE XI.—Oct. 55, 1845.

No other cases were attended during this period until Nov. 3, 4 and 5; these three cases recovered without slightest febrile disturbance. On Nov. 5 case XII. occurred, being the second delivery on that day. On Nov. 6, 7, 12, 14, 18, 19 and 27; Dec. 1 and 4, cases were attended which made prompt recoveries without fever. On Dec. 4, 1845, case XIII. was delivered, followed by three deliveries on Dec. 7, which did not show any febrile manifestations.

CASE XIV.—Dec. 11, 1845, was followed by births on 13, 14, 19, 24 and 29. All did well without fever or other manifestations.

CASE XV. did not occur until nearly twenty-six months after—Feb. 4, 1848. On Jan. 27, 28, 29 and 30; Feb. 1, 2, 5, 18, 22, 24 and 25, cases were attended but without anything abnormal, and all made prompt recoveries.

CASE XVI.—April 7, 1848. Cases attended about same time in March 25 and 28; April 5, 14, 16, 17, 18, 20, 21 and 23, were free from all pathological complications.

CASE XVII.—April 23, 1848. Cases attended April 14, 16, 17, 18, 20, 21, 23, 24, 26, 28 and 29; May 2 and 5, showed no signs of fever, but recovered promptly.

CASE XVIII.—March 2, 1851. About the same period, from Feb. 22 to March 12, twelve cases were attended, but in all prompt recoveries without fever occurred.

CASE XIX.—Feb. 24, 1853, was likewise accompanied by twelve cases, between Feb. 13 and March 10, but no other case of fever was noticed.

CASE XX.—April 18, 1856. Deliveries are recorded on April 7, 9, 15, 17,

22, 23, 24, 27 and 29, but no other case of fever occurred.

CASE XXI.—Aug. 3, 1857. Between July 22 and Aug. 12 seven other confinements are recorded, but no fever cases.

CASE XXII.—Oct. 15, 1857, was the only case of fever in eighteen deliveries, between Oct. 8 and Oct. 25. All the other cases made prompt recoveries.

CASE XXIII.—March 17, 1858. Other cases were attended on 8, 9, 10, 11, 14, 15, 18, 22, 27 and 29, but all recovered without fever.

CASE XXIV.—Feb. 28, 1860. Nine other cases attended about the same date were without untoward symptoms, and recovered promptly.

CASE XXV.—March 14, 1861. Six other cases, attended between the 9th and 24th of the same month, showed no febrile symptoms.

CASE XXVI.—Feb. 3, 1865. Nine cases attended, within a few days of this date, were without symptoms or signs of fever and recovered rapidly.

The record thus gives us 26 cases of puerperal fever in 5,265 deliveries, or one in two hundred, or one-half of one per cent. in a period of 55 years. If the last 22 years of this period is taken I find one case in 1,765 births, but since Feb. 1865 in 1,285 births no case has been met with.

Of these 26 cases 18 terminated unfavorably, and of the 18 it will be noticed that 6 or 33 per cent. died during one epidemic visitation in 1845, in which ten cases were encountered; all, with one single exception, occurring in perfectly natural and easy labors, requiring no interference even in the third stage. The one exception was a case of delayed labor with inefficient pains; the forceps were used in the lower strait, and the child delivered promptly without difficulty. On the other hand during that same period one hundred and thirty-seven additional cases were attended without the slightest manifestation of the influence of the prevailing epidemic. Included in these 137 cases were 3 forceps deliveries; 2 podalic versions; 2 abortions at three and four months, in which after prolonged and frequent efforts the pla-

centæ were removed in part only; one case of embryotomy; one of putrid child, and finally four cases of retained placenta, necessitating the introduction of the hand within the uterus to accomplish removal. All these cases made prompt recoveries, without febrile manifestation, though presenting the supposed elements of danger and the supposed predisposing causes during a period of prevalent puerperal fever. We look in vain for an explanation of the unfortunate experience of 1845. It was a year of heavy mortality in this particular disease; it might be termed a year of epidemic puerperal fever.

From 1865 to 1883, a period of eighteen years, no case of puerperal fever is met with in this same practice, with the same routine of management; the same absence of special provisions against infection; the same continuance of general practice and necessary attendance on the ordinary forms of infectious diseases. Yet this period is claimed as the one in which antiseptic obstetrics has done so much, nay has done all, and in which, to it as sole cause, must be attributed the improved statistics and diminished mortality of the past two decades.

On inquiry into the matter of precautions taken to prevent infection either during the last twenty years or during the earlier period of practice, I find no measures employed except due and reasonable attention to cleanliness on part of physician and nurse, with the latter I have reason to know the best efforts in this direction were often negatived by obstinacy and stupidity strengthened by ignorance and prejudice. It was my father's habit invariably to wash his hands in plain water before making any examination or performing any operation—using no disinfectants but simply anointing his hand with lard or olive oil. For the patient nothing but simple soap and water ablutions were employed, no douches, no disinfectants or deodorizers, unless the lochia were extremely offensive when a mild solution of chlorinated soda (Labarraque) or some carbolic preparation was employed.

During this same period he was

largely engaged in general practice, seeing constantly all forms of infectious disease—going from case to case without thought of communicating any of them and without discovering any evidence of pernicious effects upon his puerperal cases. Diphtheria, scarlet fever, small-pox and erysipelas were frequently seen and attended during the time of most active obstetrical practice; in addition he saw during these fifty years many more cases of puerperal fever in consultation, but failed to discover any influence or unsatisfactory effect on his obstetric patients.

The result as demonstrated by the figures of this report, notably during the last twenty years, will, I think, compare favorably with the best statistics yet published; without iodoform suppositories or disinfecting douches to vagina or uterus, without disinfecting pads, etc., we find results unsurpassed. Far be it from me to decry the efforts and reject all the suggestions of the pronounced infectionists. Cleanliness to the utmost degree should be observed and enforced applicable as well to the medical attendant as to the nurse and patient. A strict attention to the laws of hygiene, in their application to the puerperal patient will accomplish in private practice all required preventing an over zealous and injudicious interference with a physiological process and its conversion into a pathological complication. Our patients may be killed by too much care.

I have avoided entering into a consideration of the theories of origin or pathogeny of puerperal fever. It suffices to accept the doctrine that it is an infection of the puerperal patient—that it may be endemic or epidemic—that at certain period it appears in private practice, not selecting cases presenting all the supposed elements of contagion, but those presenting perfectly normal types, free from all complications and with healthy surroundings. It is equally demonstrated that it is not communicated by the medical attendant when the simplest principles of hygiene are observed.

The elucidation of the perplexing points of the modern theories and their

bearing upon the question of contagion or infection in the matter of puerperal fever must be left for future investigators.

Society Reports.

THE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD MARCH 13, 1888.

The President, DR. F. E. CHATARD, JR., in the chair. DR. C. O'DONOVAN, JR., Secretary.

Dr. John Morris read a paper on

VAGINISMUS DURING PREGNANCY.*

DISCUSSION.

Dr. T. A. Ashby said that in connection with the subject of vaginismus, to which Dr. Morris had called attention, he would refer to the recent work of Apostoli in this field. Apostoli has recently described a condition of localised sensibility about the entrance to the lower part of the vagina, which he designates as an imperfect vaginismus. In these cases there is usually a simple neuralgic spot not larger than the tip of the index finger, located at different points on the vulva or labia, which give intense pain on touch and totally prevent coition. In this condition Apostoli has found that the application of the faradic current of high tension is a most effective remedy. The current should be used well and methodically, and the electrical action must be brought in direct contact with the sensitive spot. To do this the two poles are placed side by side, but separated by an isolating layer of gutta-percha. Apostoli has devised an electrode for this purpose. When the vaginal neuralgia is deep seated and extends over a large segment of the vestibule, this instrument will not answer; he then uses a large bi-polar sound, with which a double vaginal faradisation can be made. As this work of

*See page 466.

Apostoli is new it seemed right that a careful trial should be given to it before subjecting these cases of vaginismus to operative interference.

Dr. Robert T. Wilson remembered the case of vaginismus. It was a very bad case; Sims' operation was thoroughly performed. Only yesterday he assisted his father in a similar case; the operation performed was combination of Sims' and Emmet's with modifications. Apostoli's method was considered, but it was decided to do the above operation, if it failed, then *electricity* could be used. Recently he heard from a patient operated upon last year, who reported, that she was well.

Dr. Page said *Dr. Morris'* paper recalled to mind a case of arrested foetal development. He was called in to see a patient seriously threatened with a miscarriage, resulting from a fall down a pair of steps. She was then in the beginning of the seventh month of pregnancy; she discharged quite a large quantity of amniotic fluid, and labor pains were severe. Rest in bed and fluid extract of black haw quieted all uterine disturbance. At full term she gave birth to twins one living and one dead. The death of the one took place at the time the mother had the accident. The living boy is now 6 years old.

Dr. F. E. Chatard read a paper on

COMMUNICABILITY OF PUERPERAL FEVER.*

DISCUSSION.

Dr. T. A. Ashby remarked that the paper read by *Dr. Chatard* was a most instructive contribution and one which would bear very close study. The statistics proved that *Dr. Chatard, Sr.*, was a most skillful and careful obstetrician, and he doubted whether anyone in this country could present a more satisfactory statement of obstetrical work. In considering the value of these statistics in their bearing upon the question of antiseptis, we must not separate them from the methods of the author of the same. The personal element is a most import-

ant one and it is to this factor that results give preference. If we examine closely into *Dr. Chatard's* work it will be found that he has been a strict disciple of the school which now insists upon the strict enforcement of aseptic precautions. Whilst he has not employed the so-called antiseptic agents, he has gone thus far in using cleanliness as only a careful practitioner understands the true meaning of this term; moreover he has been a strict observer of the details of the lying-in chamber, and an attentive servant of nature in enforcing a closure of the uterus after parturition. He has kept the door closed against the introduction of foreign matter by his management of his cases. Were *Dr. Chatard's* method employed by all obstetricians, did all enjoy his skill, did all appreciate his clear understanding of physiological labor, we could hope to see such universal results as he has shown to be possible. But such is not the case; obstetrical practice is conducted under far different conditions than have been outlined in the paper before us. Whilst his facts are a clear indication of what a skillful obstetrician can do under exceptional circumstances and favorable surroundings they do not give us such practical conclusions as will admit of their adoption as a universal rule of practice. In private practice, in the large majority of cases, there seems to be no just ground for the rigid use of antiseptic agents; we may get along well enough without them, still a regard must be had for their value and the indications calling for their use should be kept constantly in view.

The tendency of *Dr. Chatard's* statistics is to make little of antiseptic agencies in the lying-in room, but we must avoid the error which such facts may lead to. This can be done by a careful study of puerperal mortality before and since the time of *Semmelweis*, a period which corresponds with the recognition of a specific cause for puerperal sepsis and a means of preventing the same. It is not necessary to refer to the statistics of the lying-in room before and since the time of *Semmelweis* to prove the great value of his work

*See page 467.

and the results which have followed. These facts are too well known to be commented on. We might as well try to overthrow the germ theory as to ignore the value of germicides. Both are firmly established facts and the true course left is to accept the principles which they teach and to modify our practice so as to accord with a rational interpretation of their employment. The man of clear judgment will know when to use antiseptic agents and when to omit them, he will know how to enforce strict cleanliness in obstetrical just as in surgical work.

Dr. L. E. Neale considered the results shown from *Dr. Chatard's* practice as remarkable, but called attention to the fact that this was attained in private practice. It is his custom to use little or no antiseptics in private practice, merely thorough cleanliness, but in hospital he cannot be too cautious even in the use of antiseptics. Although the French writers give great attention to bacterial causes of the disease, he thought its etiology was no better understood now than in the days of *Semmelweis*, in 1847. He was astonished to hear that *Dr. Chatard* was accustomed to go from cases of contagious disease to attend women in labor, a thing that he would not dare to do. He remembered the ward, to which *Dr. Ashby* referred, but thought the dirty methods of nursing, and especially the use of a foul syringe in giving douches during the puerperium were the cause of trouble there. He had noticed that those writers who are the strongest advocates of extensive antiseptics were those whose statistics were worst in this matter, and he considered the extreme antiseptic precautions advocated by certain recent American authorities in private practice to be little short of absurd. He had never lost a case from puerperal fever in private practice.

He referred to *Tarner's* brilliant results in hospital practice, the best the world has yet shown.

Dr. John Morris said that he had practised obstetrics for forty-two years; that he had never had a case of puerperal fever in his own practice. He

had delivered more than two hundred women with the forceps, without a single death. He had never used antiseptics in any form. He took a cold bath every day; changed his linen frequently; washed his hands five or six times daily, and kept his nails as clean as possible.

Dr. Chatard said that his father had believed in the non-contagiousness of puerperal fever, and that it is not produced by zymotic diseases. From 1842 to 1848 it was very prevalent, especially in 1845; but since then it was very rare; since 1865 he had recorded 1,285 deliveries, and not one case. He believed that the character of diseases became modified in various ways at different times, as did scarlet fever, which was formerly very severe in America, but very mild in Europe; now the conditions are reversed. His father's methods were cleanly, but he exercised no special precaution with any of his patients; yet his worst cases were in those which had been delivered without any accident, and without any manual interference; and serious labor complications occurred at or about the same time in patients who developed no trouble as a result. Puerperal fever occurred in but one operative case, on whom the forceps had been applied at the inferior strait, where serious obstetrical operations were occurring weekly in the same practice. The etiology and pathology of puerperal fever are not at all understood, and men are at variance in their views. *Barker* claims to have seen the disease two days before delivery.

Dr. John Morris read a paper on

A CASE OF ARRESTED FETATION.

On the 5th of March, 1887, I was called to see *Mrs. L.*, aged thirty-two, the mother of three children. *Mrs. L.* had not menstruated for three months, and exhibited no symptoms of pregnancy. She had no morning sickness, which had been the case in other pregnancies; her breasts were not enlarged, and there was no apparent enlargement of the uterus. By vaginal examination I could discover

very little if any change in the cervix. The patient's health was very good, and I advised her not to trouble her mind as the suppression was perhaps but temporary. I was called about six months afterwards to see Mrs. L. She told me that she had not menstruated since I had last seen her, and that she had that morning passed a fleshy mass, without pain or hæmorrhage. On examination this mass appeared to be of a fibrous character, and without critically examining it I formed the opinion that it was, perhaps, a sub-mucous fibroid tumor that had been thrown off from the uterus. Wishing, however, to be certain of its character, I submitted it to my good friend Dr. Councilman of the Johns Hopkins University. Dr. Councilman after examination reported to me that the growth proved to be an embryo of about four or five weeks, with some cystic formation and thickening in the placenta to which most probably the abortion was due.

The only matter of interest in this case is that the woman should have had no constitutional disturbance—that she should have carried this blighted fœtus exactly to the full term, and that it should be then thrown off without pain, hæmorrhage or after symptoms.

Correspondence.

NEW YORK, April 3, 1888.

Editor Maryland Medical Journal.

DEAR SIR:—In the number of your esteem JOURNAL for March 24th, is published a case reported by Dr. B. B. Browne to the Gynæcology and Obstetrical Society of Baltimore of sloughing of the whole cancerous uterus after the application of a chloride of zinc solution. In the discussion Dr. T. A. Ashby called this case "exceedingly unique."

This remark induces me to remind you that in an article on "Treatment of Cancer of the Uterus with the Cnrette," published in the *American Journal of Obstetrics*, August 1872, p. 326, seq. I re-

ported a case of precisely similar nature, where after enucleating a cancer of the cervix uteri extending into the body of the organ, and applying a weak solution of the sesqui-chloride of iron, a severe pelvic peritonitis set in and on the tenth day the whole of the body of the uterus sloughed away in one mass. In this article I mention similar cases reported by Fordyce Barker, Mettauer (after application of the acid nitrate of mercury) and Habit, of Vienna. But my case was the only one in which the necrotic uterine was found and recognized. While this occurrence is therefore shown to be very rare, it is not "unique" as Dr. Ashby supposed. In my case, the cancerous degeneration reappeared in the cicatrix about two months after the sloughing of the uterus.

Yours truly,

PAUL F. MUNDÉ, M.D.

TEREBENE.—The following formula is a convenient method of administering terebene:

Terebene	1 part.
Glycerine	15 parts.
Cognac,	
Syrup. simpl.	q. s.

The mixture should contain 52 of terebene.—*Les Nouveaux Remèdes*.

THALLIN IN GONORRHEA.—Goll claims that injections of two to two-and-a-half per cent. solutions of thallin sulphate will cure almost all cases of gonorrhœa in a few days. Two to four injections must be made daily.—*Med. Rec.*

PERTUSSIS.—Moncorvo, of Brazil, prefers resorcine as a topical antiseptic, because of its solubility and lack of acidity. He first used a two per cent. solution, but now prefers eight per cent. An application of cocaine to the throat, before the resorcine has had time to kill the germs, lessens the intensity of the cough. This combined treatment will sometimes reduce the course of the disease to five days.—*Weekly Med. Review*.

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BALTIMORE, APRIL 14TH, 1888.

Editorial.

ANNUAL MEETING OF THE STATE FACULTY.—The annual meeting of the Medical and Chirurgical Faculty of Maryland will be held in the Library Hall, Cor. St. Paul and Saratoga Streets, on Tuesday, April 24th, and succeeding days until the business of the Faculty has been disposed of. The sessions will begin at the hour of 12 o'clock. We understand the programme to be presented will provide for an instructive and entertaining meeting. We take this occasion to urge upon the members of the profession throughout the State, and more especially those who reside in the City who are not members of the Faculty, the importance of attending these annual sessions. Whilst the Faculty is not strictly speaking a State medical society, it is the only medical organization in the State which can lay any claim upon the entire profession in the State for its membership. Its purposes have in view the advancement of the profession in a larger number of directions than any of our local medical societies, and we think if these purposes were more generally understood and were more closely observed the objects of the Faculty would commend themselves to a larger number of the profession in the

State. As matters have been allowed to drift for some years past the Faculty has lost its hold upon the loyalty of a large medical constituency. It certainly has not grown in numbers as it should, and it has failed to draw to its aid that strength of material which the profession of this State should contribute to a progressive medical organization. The reasons for this lack of affiliation with the work of the Faculty upon the part of such a large number of physicians in the State we can not wholly assign. Indeed we do not think there are any just grounds for the same. The purposes of the Faculty do not permit it to take notice of all grievances which have been laid at its doors, nor is it advisable that it should agitate every cry of reform that has come to notice. The Faculty is in the largest sense a scientific organization, and its duties have led to the promotion of this character of medical work rather than the shaping of general professional interests.

A number of years back the Faculty was invested with an authority it does not now attempt to exercise. Whether it is advisable for the Faculty to assume the rôle it once acted we are not wholly prepared to say, still we think it proper that some consideration should be given during the present meeting to the discussion of a plan which will enhance its popularity and general usefulness to the entire profession in Maryland. It can not be denied that we need in the State an organization which will bring a much larger number of physicians into its ranks than any now in existence, and whilst this is true, it is equally true that we need no more medical organizations. The question then arises, Cannot the Faculty be clothed with such additional functions as will enable it to take hold of the questions which are constantly being pressed upon professional notice? We think this can be done, and we urge a large attendance upon the meeting to be held week after next with a view of considering such a plan of reorganization of the rules of the Faculty as will lead to a larger reinforced

ment of its membership than it has had for many years. As an indication of what seems to us to be required by way of modification in the present rules of the Faculty, we suggest a reduction of the entrance fee to one-half the present fee, a reduction of the annual dues to all country members, the appointment of a committee on canvass for members, and the holding of semi-annual meetings in different sections of the State.

It is quite evident to anyone who is familiar with the condition of the Faculty that it is not receiving the support of the profession in a measure at all commensurate with its claim upon the same, and if there be good ground for this the sooner it is discovered the better. All who wish well of medical progress in this State should feel a personal interest in the continued improvement of the affairs of the State Faculty. If there are incumbrances which weigh down its development these should be lopped of, and such new features should be added to its work and purposes as will add to the further good it may confer upon the profession in Maryland.

MODERATE DRINKING.—The subject of temperance and total abstinence is an exceedingly difficult one to deal with, because it is a rare thing for a person to treat it in an unbiased manner. It is a subject, however, of immense importance to physicians and to the public at large. Dr. George Harley, in recent numbers of the *London Lancet*, has been urging upon the profession the importance of an united opinion as to the effect of alcohol on the human system, when taken in small quantities. He has especially noted the effects on the liver, kidneys, heart and brain. After a large collection of statistics, he arrives at the conclusion that this habit of "nipping" is always attended with the greatest harm to the organs in health. He emphasizes very properly the dangers of drinking alcohol in any form between or before meals. Life insurance companies are very particular on this point, and reject

applicants for habitually taking alcoholic drinks before meals when there is no other apparent objection. Dr. Harley shows how certain occupations in which men are more exposed to the temptations of drinking give a greater mortality. Waiters, brewers and bar-keepers head the list, many of these dying of liver and kidney disease. In disease a large amount of alcoholic drinks can be borne, and this is especially noticeable in young and old persons. A recent report of the London Temperance Hospital shows a large mortality of typhoid fever treated without the use of alcohol.

THE MICROSCOPICAL EXAMINATION OF BLOOD.—The importance of examining the blood in disease is never sufficiently emphasized. Any one who can recognize blood at all under the microscope, soon learns at a glance to appreciate the proportion between the red and white corpuscles in health. This proportion in disease may vary within wide limits, and the configuration and general appearance of the corpuscles may with practice be recognized in some diseases. Since the importance of the connection between bacteria and disease is so universally recognized, the presence of these microorganisms should be looked for. Of the different forms of parasites, the specific of malarial fever, the plasmodium malaræ, has assumed immense importance. Unfortunately it is present in so many different forms that it is not such an easy matter to find it.

Since Marchiafava and Celli contributed their first paper on this subject, several Americans such as Osler, Councilman, Sternberg, and James have done very solid work in this direction, and have instigated these Italians to a second paper which has recently appeared in the "Transactions of the Royal Society of Rome" for 1887.

The microscopical examination of blood in the consulting room should not be left to those quacks who wish to impress their patients and extort a large fee from them, but honest physicians should also make

this examination whenever it seems to be necessary, and thus give this aid to diagnosis the place it deserves in medicine.

CREASOTE IN PULMONARY CONSUMPTION.—Creasote is the latest thing for internal administration in consumption. Kaatzer, in 1886, and Summerbrodt and Guttman, in 1887, reported cases treated by this method. Kaatzer has lately treated one hundred cases with what he claims wonderful success. Ten per cent. were cured; that is they expectorated no bacilli nor elastic shreds. Forty per cent were so well that they returned to their former occupation. He thinks that the disappearance of the bacilli is a much more favorable sign than anything obtained by auscultation or percussion. His formula is :

℞	Creasot. purissim.	20.
	Spirit. vin rectif.	30.
	Tinct. gentian.	
	Extract. coffeæ	āā 10.
	Aqu. destill.	100.

Shake the bottle and take one teaspoonful in a half glass of milk not more often than three time a day.

Dr. Kaatzer says the patient soon becomes accustomed to the taste and does not object to it. It also does not cause gastric disturbances. As so many kinds of creasote are sold, it is well to see that the preparation employed is pure.

A NEW ANÆSTHETIC.—Ever since the discovery of cocaine, rivals have come into the field and champions are not wanting. Dr. M. Kaposi (*Wiener Med. Wochenschrift*, March 3rd, 1888,) has investigated the merits of the Erythro-phlæinum Muriaticum of Merck. Used subcutaneously, it causes local anæsthesia in doses from 0.00025 to 0.01–0.02g. Anæsthesia began in fifteen minutes and lasted from one to three hours. Anæsthesia was confined to a small area, the part outside being paræsthetic. Taken internally the sense of taste is not lost, but there are local signs of irritation. In doses of from 2.5 mgrm, to 0.01—0.02

grm. there is a feeling of burning, redness, swelling and a rise of temperature. The general symptoms of poisoning began in fifteen minutes to one hour after a dose of two centigrammes had been taken, and there was dizziness, dilated pupils, slowing of the heart, quickening of the respiration and sickness at the stomach and vomiting. Dr. Kaposi thinks it is hardly to be recommended as a local anæsthetic at present, but if the poisonous elements be eliminated, it will become very useful.

Miscellany.

METHOD OF ENTRANCE INTO WOUNDS.—W. Watson Cheyne in ending a series of lectures "On Suppuration and Septic Diseases" (*British Medical Journal*) sums up as follows:

As regards the entrance of these organisms into wounds, they may get in during an operation from the air, from the instruments and hands of the operator or his assistants, from surrounding objects, or from the skin in the neighborhood of the wound. We are now, however, sufficiently acquainted with the various precautions necessary to prevent the entrance of these organisms, and it is a comparatively easy matter to leave a wound made through a previously unbroken skin without any pyogenic organisms in it.

In the after-treatment of wounds there are two situations where the battle with these parasites may take place; it may either occur outside the wound, the organisms never being allowed to enter it, or it may take place inside the wound after their entrance has been permitted. It is hardly necessary to remark that in case of war we try, if possible, to carry the war into the enemy's country, at all events, we do all we can, by guarding the passes and borders, to prevent the enemy from entering our own country; and in like manner, in the case of wounds, it seems to me that it is much better to keep these pyogenic organisms out of the wound and to do battle with them outside the body, than to let them enter and trust to the efficacy of the tis-

sues to repel their attacks. For once they have entered the wound, it is but little that we can do to aid the action of the body, and what little we do has to be done with extreme caution, for not uncommonly our efforts, instead of being of service, do a great deal of harm. As I have said, it is comparatively easy now to keep these pyogenic organisms out of a wound while it is being made, and to leave the wound without any of these microbes in it; the problem is to prevent their entrance afterwards. In this case, however, we have at any rate succeeded in transferring the field of battle from the interior of the wound to the surface of the body, and we have no longer to trust to the imperfect and but little understood action of the tissues; we can step in with vigorous action without any fear of doing harm. For it cannot be too much insisted on that antiseptic dressings are not, in their essence, applications to the discharge which has come from the wound and to the skin around it.

As to the mode of entrance of these pyogenic organisms after the operation, they may get in while the dressing is being changed, either by falling in from the air, though this must be of rare occurrence seeing that they are so rarely present in the air, or by contamination by the surgeon's hands, instruments, etc.; but this is also very easily avoided, and ought not to occur. Usually they spread in either through the dressing or beneath it during the interval between the change of dressings. In my opinion they most commonly spread in by growing in the discharge which is lying between the dressing and the skin, and in the superficial layers of the epidermis, more especially in the latter; for as the result of the irritation of the antiseptic employed there is hypertrophy of the epithelium, and thus a large number of dead epithelial cells are present, which, being soaked with the discharge, form a good nidus for the development of the bacteria, unless, indeed, enough of the antiseptic has been communicated to the discharge and the epithelium from the dressing to render it an unsuitable soil for the growth of organisms. If this is

not the case, the organisms will go on growing in the substance of this dead epithelium, protected by the superficial layers from the action of the dressing, and thus they may, if a dressing is left on too long a time, ultimately reach the wound. This is not a mere theoretical speculation, for I have been able to trace the development of the organisms beneath the dressings, from their margin towards the wound, the extent to which they spread varying with the length of time that the dressing has been applied.

If these views as to the mode of entrance of bacteria into wounds are correct, it follows that it is very important when a dressing is changed to wash and thoroughly disinfect the skin around the wound as far as the dressing extended, and beyond it, with an antiseptic lotion, care being of course taken by covering up the wound not to infect it while so doing. If this is done, then at each change of dressing the field of battle is transferred from the neighborhood of the wound to the margin of the dressing, and in accordance with the size of dressing, this battle-field will be at a greater or less distance from the wound.

I shall not enter any further into the subject of the treatment of wounds. We have now at our command a large number of antiseptics which more or less answer the purposes required, and that we can obtain the best results. That we can completely exclude these bacteria from wounds—both at the operation and afterwards—I have been able to ascertain by numerous experiments; and that, just in proportion as we are successful in so doing, we are to a like degree freed from the occurrence of supuration and septic diseases, and can to a like degree reckon with confidence on rapid and painless healing of wounds with the least disturbance to the patient, is a matter now of everyday observation.

HAIRPINS IN THE FEMALE BLADDER.
—Professor Auguste Reverdin has recently published (in the *Revue Médicale de la Suisse Romande*, January, 1888, p. 33) a paper on hairpins in the female bladder. In less than three years he

has met with four cases of the kind, which are remarkable, not only for their purely surgical interest, but from the fact that in only one of them was any secret made of the cause of the mishap. One of the patients, a married lady, aged 22, mother of a boy 10 months old, sought his help on the sixth day after the accident. Without the slightest hesitation or shame she stated that she had been in the habit of masturbating in that way ever since her school days. Her husband, a school teacher of thirteen years' standing, who was present, did not seem in the least surprised or shocked at this confession. Another patient, an unmarried woman aged 42, a clergyman's servant, came on account of "her having apparently something (*quelque chose*) in the bladder." After the *quelque chose* (in the shape of a hairpin) had been extracted on the spot, the patient, on leaving Dr. Reverdin's house, advised his maidservant "never to go to bed without having previously removed all pins from your hair, otherwise some *triste accident* may so easily happen." A third patient, an English girl aged 17, said she had some time previously introduced six darning-needles into her rectum and two hairpins into her bladder; the former disappeared altogether, but the latter were found amongst the fragments of a vesical calculus which measured full 6 centimètres in diameter, and was removed by lithotrity. According to the patient's own statement she had previously consulted two "professors," who, after due examination, had recommended for her exercise and iron. The fourth patient was a diminutive girl aged 12, who openly confessed that whilst she had intended to introduce a hairpin into her vulva, the pin had slipped from her fingers and disappeared somewhere; she had at once taken another pin, which had followed the same way. Both were found in, and extracted from, her bladder. Commenting on this "epidemic" of hairpins in the bladder, Dr. Reverdin says that "masturbation in that way is practised by women much more frequently than is generally supposed." The hairpin is so often used for the purpose simply be-

cause it is always within reach of every woman. Some use it to titillate the clitoris; other put it up the vagina, or at least intend to do so, but sometimes, owing to their ignorance of anatomy, accidentally introduce it into the urethra. The slipping of the hairpin into the bladder is attributed by Professor Reverdin to a combination of several causes, namely, the weight of the pin, the spasmodic contraction of an irritated urethra and temporary unconsciousness of the woman from excitement. The method of extraction must necessarily vary according to the peculiarities of the individual case. In cases of long standing, when a stone has formed around the foreign body, lithotrity must be performed; but when the surgeon finds only hairpins, without incrustations, the best and simplest method will be to extract the foreign body by means of a pair of fine, slender, straight forceps introduced through the undilated urethra and guided by a finger in the vagina. The first point in such cases is to ascertain the exact position of the pin. If it is lying with the bent end towards the urethra, there is nothing easier than to seize and pull it out. When the pin lies in any other position, "version" of the pin should first be performed by gentle manipulation, so as to get the bent end forward. In the first of the cases just related a superficial incision into the urethra proved to be necessary in order to disentangle one of the pin's legs, the patient having previously applied to a midwife for surgical help.—*Brit. Med. Jour.*, March 21th, 1888.

EXTIRPATION OF GOITRE.—Dr. Borel, after alluding to the geographical distribution of hypertrophy and cystic degeneration of goitre, mentioned that it was common in elderly dogs, being attributable, probably to the large amount of lime they assimilated from a diet of cooked bones. The endemic disease in Switzerland had been made to disappear by drainage in some instances. He alluded to the undoubted regulating function of the thyroid over the cerebral circulation. In animals simultaneous extirpation of the spleen and thyroid caused

death, though either could be removed separately with impunity. He referred to the observations of Kocher, of Berne, on cretinism following removal of the thyroid in very young people, the danger being less after puberty. He objected to interstitial injection of iodine, and attached but little importance to compression, shampooing, etc. Puncture might relieve cyst formations, but was useless in real hypertrophy. Operation in persons of advanced years was to be deprecated on account of the difficulty of arresting the hæmorrhage. He explained his method of operating, and mentioned that in cases of *goitres plongeants* (retrosternal struma), it might be necessary to dissect down to the arch of the aorta, enucleation being done with the fingers and scalpel handle. The operation might be one of urgency or merely of expediency. Cerebral disturbance and dysphagia, more or less ephemeral might follow the operation, but he had never seen myxœdema follow. He illustrated the kind of mental disturbance which sometimes resulted by the history of three cases. The dangers were (1) entry of air into the veins, (2) primary arterial hæmorrhage and (3) asphyxia from compression of the softened trachea. He spoke of twenty-two cases in which he had performed extirpation.—Mr. Knowsley Thornton said that he was comforted on learning that a thyroidectomy had taken as long as five hours and a half, and involved two hundred ligatures. He had once passed three hours in removing a kidney and had thought it long.—Mr. Lennox Browne said that the enormous *goitres* spoken of by Dr. Borel were really unknown in this country. He claimed priority in removal of the gland for Dr. Heron Watson, though the earlier operations were small compared to Dr. Borel's achievements. He thought the distinctions made between the so-called different varieties of thyroid tumours were more or less arbitrary. His experience of the seton was that the relief was not permanent. He had had six cases which he had treated by removal of the middle portion of the gland, and of the isthmus if enlarged. He never recommended recourse to operation for

purely "cosmetic" purposes, nor unless there were serious symptoms.—Dr. Keser asked Dr. Borel whether he had had any experience of enucleation of the tumours without removing the gland itself. Mr. Bernard Pitts mentioned two cases, in one of which he had prevented imminent death from asphyxia by slitting open the tumour, and in the other, after having with difficulty performed tracheotomy, he had removed the whole gland with comparative ease. The latter patient, however, succumbed to cellulitis.—*British Medical Journal*.

GUAIACOL IN PHTHISIS. — Professor Fränkel who has repeatedly advocated the use of creasote in the treatment of phthisis, now recommends guaiacol as the effective constituent of creasote. The good effects of the latter are, Frankel thinks after nine years' experience of its effects in phthisis, unmistakable in a strictly defined class of cases. If used promiscuously in this disease, its good effects are distinctly evident in 16 or 20 out of 400 or 500 cases, and are due not to destruction of the bacillus tuberculosis, but to its favourable influence on the digestion. It has long been known that creasote is a mixture of different substances, and last summer Professor Penzoldt remarked that guaiacol appeared to be its strict therapeutical constituent. Since then Dr. Sahli, of Berne, has reported on the clinical uses of guaiacol, and Professor Fränkel has been using it since the beginning of the year in the following mixture, which suits admirably—guaiacol, 13.5; tinct. gent., 30; sp. vini rect., 250; vini xerici q. s. ad colat. 1,000—a dessert spoonful in a wineglassfull of water two or three times a day. This mixture is superior to gelatine capsules or tolu balsam. Sommerbrodt's praise of creasote is hardly justified by facts. Fränkel remarks on this point that his own patients were nearly all hospital patients carefully investigated, only nine being private patients, whereas Sommerbrodt speaks of five thousand private patients, but without giving details. In due time creasote or rather, for the future, guaiacol will take its proper place.—*British Medical Journal*, March 24th, 1888.

Medical Items.

Pepper's System of Medicine is being translated into Italian.

Dr. Martineau, a well known physician of Paris, recently died at the age of 52 years.

A recent competitive examination for the French army medical service failed to attract a single candidate.

Dr. Skoda, medical referee for Bohemia, and brother of the great J. von Skoda, died recently at the age of 88 years.

Drs. Sayre and Lusk, of New York, have been proposed as corresponding members of the Academie de Médecine de Paris.

Dr. Roberts Bartholow, of Philadelphia, we learn, has been elected an Honorary Member of the Royal Medical Society of Edinburgh.

Dr. B. F. Dawson, of New York City, the founder of the *American Journal of Obstetrics*, and a well-known physician, died on April 3rd, after a long illness.

Dr. N. Senn, of Milwaukee, has been elected Professor of the Principles of Surgery and Surgical Pathology in Rush Medical College, Chicago.

Over 36 per cent. of the deaths in New York State in 1887 were of children under five years of age. The death rate at all ages was 23 per mille.

Her Royal Highness Princess Beatrice, Princess Henry of Battenberg, has been pleased to appoint John Williams, Esq., M.D., to be Physician-Accoucheur to Her Royal Highness.

Dr. Benjamin Ward Richardson has written a novel entitled "The Story of a Star; a Romance of the Second Century." The hero is Bar Cohab, the last of the great leaders of the Jewish people in the final struggle for national independence.

Within a year or two the homœopaths of New York City have secured, it is said, considerably over one hundred thousand dollars for their college and hospital there. By a fair, which is now going on, it is expected that \$100,000 will be realized.—*N. Y. Med. Rec.*

Drs. P. B. Wood, W. S. Smith and J. E. Heard have been appointed surgeons to the Baltimore City Police Force by the Police Commissioners. The office has recently been created. The salary of the office is \$750 per annum.

The Association of Superintendents of Hospitals for the Insane has for years admitted homœopaths to membership, yet sends delegates to the American Medical Association. The College of Physicians and Surgeons of Chicago numbers an eclectic among its professors.—*Medical Standard.*

The chair of Gynæcology and Obstetrics in the Medical Department of Georgetown University, heretofore held by Dr. J. Taber Johnson, has been divided into two chairs. Dr. Johnson will retain the chair of Gynecology and Dr. P. J. Murphy will fill the chair of Obstetrics.

At the regular stated meeting of the Medical Association of the District of Columbia, held on the 3rd inst., the following officers were elected for the ensuing year: Dr. W. W. Johnston, President; Dr. W. W. Godding, and Dr. C. W. Franzoni, Vice-Presidents; Dr. George C. Ober, Secretary; Dr. S. S. Adams, Treasurer.

The Emperor of Germany conferred, on April 9th, decorations upon Sir Morrell Mackenzie and Dr. Mark Hovell. In decorating Dr. Mackenzie, he said: "When you came the first time I confided in you, as you were recommended by my German physicians. I have since had occasion in my own experience to value your capability. I am glad to bestow upon you this order in thankful acknowledgment of your merits and in memory of my accession to the throne."

On the occasion of the seventieth birthday of Prof. Hofmann, the eminent chemist, which occurred on the 8th instant, the Emperor conferred upon him the title of nobility. The Empress and Queen Victoria sent their portraits, and the governors of the German Chemical Society a congratulatory address signed by Sir Frederick Abel on behalf of the chemists of Great Britain, and by Mr. Oliver Wolcott Gibbs in the name of the savants of America. Accompanying the address was a marble bust of the Professor and 30,000 marks to found a Hofmann institute.

To combat the acidity of the organic fluids in diabetic coma, Dr. Jaccoud recommends saline purgatives, and large doses of alkaline substances. Inhalations of oxygen and subcutaneous injection of ether are also beneficial. Excessive fatigue and digestive disturbance should be guarded against; they have a considerable effect in causing diabetic coma. An exclusively meat diet should be avoided. The acid impregnation of the organism (the usual characteristic of diabetic coma), is betrayed by the presence of oxybutyric acid in the urine. This substance is easily decomposed into acetone.—*Brit. Med. Jour.*

The *Popular Science Monthly* writes that it is said forty per cent. of all deaths from poison in Great Britain are due to opium; and this rate of mortality, according to Dr. Wynter Blythe, "arises in a great measure from the pernicious practice, both of hard-working English mothers and the baby-farmer, of giving infants 'soothing syrup,' 'infants' friends,' and the like, to allay restlessness and keep them asleep during the great part of their existence." It has been calculated that one preparation alone is the undoubted cause of death of 50,000 children every year.—*Med. News.*

Original Articles.

LECTURES ON THE CUTANEOUS MANIFESTATIONS OF SYPHILIS.

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LECTURE II.

THE ERYTHEMATOUS SYPHILIDE.

[*Synonymus*.—Roseola Syphilitica.—Macula Syphilitica.—Erythema Syphilitica.—Syphilis Cutanea Maculosa.—Pustule Ortiée ou formiculaire.—Macular Syphilide.]

The erythematous syphilide is usually the first manifestation of systemic infection by the syphilitic virus. Its significance as a symptom of syphilis was recognized by the earliest writers upon the disease. Mention is first made of it by Torella (1497), followed by Mattioli (1535), Ferrier (1553,) and Fernel* about the same time. During the seventeenth or eighteenth centuries little attention was paid to this manifestation of syphilis, and it was not until Rayer's masterly description (1827) that modern syphilographers appreciated the importance of this symptom in the clinical history of the disease.

The eruption appears in the form of roundish, oval, or irregular spots of a pinkish, livid, or brownish red color. They vary in size from one-half to two centimeters (one fourth to one inch) in diameter. At times they begin as red points which rapidly enlarge until they have attained the size mentioned. Usually the spots are not elevated above the level of the surrounding skin, although in some cases the affected skin is slightly tumid while in others the centre of the spot is occupied by a small papule.

*Fernel (1554) gives this exact description of the erythematous syphilide: "Altera species paullo deterior est qua cutis universa crebris maculis minime extuberantibus conspergitur usque parvis, lentiginies in tar, ac modo rubris, modo flavis, quæ non ante deleri extinguique possunt, quam morbi radix sit evulsa * * * quam nulla graviora sequuntur incommoda."

The margins of the lesions are pretty clearly outlined. Under pressure of the finger the color may entirely disappear at first, but after the eruption has been out some time, more or less pigmentation remains when the finger is passed over the spots. The color is more or less uniform but usually a shade darker at the centre. The patches are not scaly. Contrary to the ordinary erythematata, which become more marked when the temperature of the body is elevated, in the erythematous syphilide cooling the surface brings out the eruption more prominently.

The lesions are most freely distributed on the lateral surfaces of the trunk, the back, abdomen and the flexor surfaces of the extremities. The face is usually exempt. The skin over the sternum is likewise rarely the site of the erythematous syphilide. The penis and scrotum in the male or the pudendal region in the female are also exempt, except in cases to be presently referred to. The hairy margin of the scalp, palms of the hands and soles of the feet are frequently attacked, but the dorsal surface of the hands and feet are nearly always free from the eruption. In negroes the erythematous syphilide can rarely be recognized.

The eruption is usually abundantly distributed, being sometimes scattered over the entire surface. When the lesions are few in number they are almost altogether localised on the sides of the trunk and back. The crescentic or annular form is sometimes assumed on the forehead.

The development of the eruption is usually slow, coming out in the course of one to two weeks. At times, however, the eruption is acute, the entire surface becoming covered in twenty-four to forty-eight hours. This is only liable to occur in persons of run down constitutions. The case may be looked upon as an indication of a severe attack of syphilis. In some cases the eruption occurs in successive crops, one crop fading as another appears.

When the eruption reaches its height it may maintain its color and extent of distribution for a week or ten days and then begin to fade, the color passing through the varying shades of brownish-red to livid or grayish-red, and finally disappear leaving a slight yellowish-brown or grayish pigmentation, which often remains for a long time. The duration of the stage of involution varies from a few days to weeks and months. The longer the eruption remains, the deeper will be the remaining pigmentation. Where it lasts only a short time there often remains no evidence of its previous existence. This doubtless accounts for many cases in which the eruption is not noticed.

During acute febrile diseases, such as pneumonia, typhoid fever, etc., the eruption may disappear, to recur when the fever is at an end.

The individual lesions always remain distinct, never becoming confluent as in some non-specific erythemata.

Fournier* describes a variety of the erythematous syphilide under the name of *roseola urticata*. It is the same as that named *pustule orti e* by Alibert. This lesion resembles in all respects the simple erythematous syphilide, except that it is very slightly elevated above the surface of the surrounding skin. I have already referred to it above, and do not regard it of sufficient importance to demand description as a separate variety.

In subjects who have undergone treatment for syphilis, the erythematous syphilide sometimes recurs months after the disappearance of the first eruption. Fournier states that the date of recurrence may be postponed two or three years. It appears in very sparsely disseminated red or pink, flat, or very slightly raised annular spots or patches. These may acquire a size of two to five centimeters (one-half to two inches) in diameter. They are especially liable to occur about the forehead, the abdomen, the lower part of the chest, and the glans

penis. This form relapses with great readiness, and is sometimes exceedingly resistant to treatment.

The skin of the genitals is rarely the seat of the erythematous syphilide as already stated, but the glans and internal preputial surface, or the vulva may be attacked, especially by the recurrent form. If there is vulvitis, balanitis, or a profuse seborrh ea of the glans present, the secretion rapidly decomposes and causes circumscribed erosions which correspond to the erythematous spots. These erosions not rarely look like superficial chancres and may give rise to false diagnoses. Practically, however, the result, so far as the danger of infection is concerned, is the same, as the secretion from these erosions is infectious, and may convey syphilis during venereal intercourse.

The erythematous syphilide may disappear completely after a varying duration, leaving a normal colored skin, or pigmented spots to mark the eruption. In some cases the papular and pustular manifestations may make their appearance before the erythematous spots have disappeared.

Concurrent Symptoms.

The erythematous eruption on the skin may be preceded, accompanied or followed by more or less well-marked inflammation of the pharynx, tonsils and soft palate, mucous patches in the mouth, seborrh ea of the scalp, *al e nasi*, and genital organs, and intertriginous inflammation of the inner surfaces of the thighs, scrotum or vulva, perineum and anal fold, called by some authors, improperly, "syphilitic eczema," loss of hair, a small pustulo-crustaceous eruption of the scalp, articular pains, and after longer continuance, papules, pustules, condylomata lata, etc. Hyde* mentions wandering pains in the extremities, and especially beneath the sternum, as frequent and "highly significant" symptoms of the erythematous syphilide.

*Loco cit.

*Diseases of the Skin, Phil., 1883.

Differential Diagnosis.

The erythematous syphilide is a frequent source of error in diagnosis. It may be confounded with measles, rōtheln, scarlet fever, typhus and typhoid fevers, the prodromal erythema of small pox, various erythematous eruptions due to the ingestion of certain drugs, non-specific erythemata, tinea versicolor, and ringworm.

Measles is always preceded by catarrhal irritation of the eyes, nose and air passages. The fever is also more marked than in the syphilitic exanthem. The eruption in measles is papular, the papules being closely aggregated, the patches having a crescentic arrangement. The face is usually first affected in measles, while in syphilis it is nearly always exempt from the eruption. From the face the exanthem spreads over the whole surface of the body usually within twenty-four or thirty-six hours. The development of the syphilitic eruption is never so rapid as this.

From rōtheln, the erythematous syphilide may be differentiated by the bright color of the former eruption, its papular character, and its brief duration. The eruption of rōtheln appears rapidly, and fades away again in a day or two. The rash is also more profuse than the syphilitic exanthem.

Scarlet fever has such a characteristic clinical history that it would seem that no difficulty could arise in the differential diagnosis between this disease and the erythematous syphilide. The points of distinction are the high temperature, uniform, confluent and extensive eruption and scarlet color of the latter. The comparative freedom of the face from the eruption and the anginose symptoms may lead to error, if the other marks of distinction are not borne carefully in mind.

The rose-colored eruption in typhoid fever may simulate the erythematous syphilide. The distinct lenticular character of the eruption and the sparseness of the lesions, together with the other

clinical symptoms of typhoid will however serve to distinguish the two affections.

The mottling of the skin and the macular eruption in typhus fever could be readily mistaken for the erythematous syphilide if the presence of the fever and the profound disturbances of function in typhus could be overlooked. The clinical features of this fatal disease are so marked, however, that no such mistake in diagnosis as here indicated ought ever to occur.

The prodromal erythema of small-pox is usually limited to the lower portion of the abdomen, the genital region, and the upper third of the thighs. It is bright red, equally diffused and not disseminated in spots. There is usually high fever also.

One of the erythemata not infrequently mistaken for the erythematous syphilide is the eruption sometimes following the ingestion of copaiba and cubeb. So frequently does this eruption follow the use of these drugs that some writers, notably Cazenave, taught that gonorrhœa is accompanied by an eruption resembling one of the syphilides. It is now established, however, that this "gonorrhœal erythema" occurs only in those cases who take copaiba, cubeb or drugs of similar character.

Accompanying such a common venereal disorder, and therefore extremely liable to cause errors in diagnosis the differentiation of this eruption demands some attention. The copaiba rash appears suddenly and rapidly becomes confluent and may cover the entire surface of the body like a sheet. Usually, however, the patches are grouped in localities where the skin is subjected to pressure, as for example about the neck, wrist, waist, etc. The face is not exempt. The eruption is accompanied by violent itching and burning, and there is generally some heat and tumefaction of the skin, symptoms which are absent in the erythematous syphilide. The eruption disappears in a few days if the drug is omitted.

In exceptional cases the administration or external application of mercurials may cause an eruption bearing some resemblance to the erythematous syphilide. Cases have been reported by Zeissl and Bäumber. It seems to be extremely rare. Benzoate of sodium, antipyrine and some other drugs may also cause an erythematous eruption, but in the former case the rash is especially localised about the face, while the antipyrine eruption is usually very itchy. Erythema multiforme in its varied manifestations is usually easily diagnosed from the erythematous syphilide. The non-specific eruption occurs in large patches with crescentic margins, appears, runs its course and disappears in a few days, and is especially localised about the backs of the hands, wrists and ankles, parts especially exempt from the syphilitic eruption.

The eruption that is most frequently mistaken for the erythematous syphilide, is tinea versicolor, one of the parasitic skin diseases. The localisation of the eruption, its appearance, absence of fever and subjective symptoms and its chronicity all combine to give it a close resemblance to the specific eruption under consideration. The points of distinction are the absence of a history of syphilis, the desquamation, the generally darker pigmentation, and the limitation, usually, of the eruption to the trunk, in the parasitic affection. A positive means of distinction is the recognition of the mycelial elements, and spores of the microsporon furfur in the scales when examined under a microscope.

In recurrent erythematous syphilide limited to the prepuce and glans, or the vulva, the eruption may give rise to the impression that it is a case of simple balanitis, or vulvitis, or on the other hand, as already mentioned, the erosions, produced may be considered as primary syphilitic lesions, which impression may be strengthened by subsequent infection of healthy persons during the sexual embrace. The annular form of the recurrent syphilide may be mistaken for erythema annulare or tinea circinnata. The former is characterized by its localization which is nearly always on the

backs of the hands, while in the latter, the mycelial elements and spores of the trichophyton tonsurans can nearly always be found on careful microscopic examination.

Minute Anatomy of the Erythematous Syphilide.

The histology of the erythematous syphilide has been studied by Biesiadcki and Kaposi. The former found cellular infiltration of the tissues immediately around the capillary bloodvessels. The adventitia of the larger vessels of the corium contains round and spindle-shaped cells within the area of the lesion. The calibre of the capillaries leading to the papillæ is somewhat narrowed, owing to the cell-proliferation in the adventitia. In the papillæ themselves the vessels seem to be somewhat dilated. The connective tissue corpuscles also show changes indicating beginning proliferation.

Prognosis.

The erythematous syphilide generally yields readily to treatment. According to Zeissl the eruption if uncomplicated, is a favorable indication as it shows a resistance of the deeper structures to invasion by the syphilitic poison. The recurrence of the syphilide without evidences of involvement of deeper tissues or organs is considered an especially favorable sign by this eminent syphilographer.

GRADUATED TENOTOMY IN THE TREATMENT OF INSUFFICIENCIES OF THE OCULAR MUSCLES. (STEVENS'S OPERATION.)*

BY CHARLES HERMAN THOMAS, M.D.,
OF PHILADELPHIA.

The study of disorders of the ocular muscles in relation to functional nervous diseases has received a strong forward

*Read before the Philadelphia County Medical Society March 14th, 1888.

impetus during the past year, chiefly due to the published results of the labors in this direction of Dr. George T. Stevens, of New York, whose work on "Functional Nervous Diseases," recently published,* has challenged special attention, even where it has not met with entire approval.

The subject occupies a standpoint on the line between the two important specialties of ophthalmology and neurology, it takes somewhat from both, and has already, by force of circumstances, become in a certain sense a specialty by itself.

The operation and its application have, until recently, remained to a remarkable degree personal in the hands of Dr. Stevens, notwithstanding that for many years he has reported it before medical societies and in the medical journals.†

All this, however, has been recently changed by the publication, within the last year, of his work above referred to, which has brought the method into such prominent notice as to compel recognition.

Other operators have now entered the field, among whom is Prof. A. L. Ranney, of New York City, who, as a neurological specialist, has reported‡ a series of cases of the gravest neuroses successfully treated by the Stevens' method.

Beyond question a point has now been reached which shows the subject to be worthy of the most sincere investigation.

What I have to present to-night is, to a certain extent, in the nature of a preliminary report; as my work is necessarily incomplete in some particulars, owing chiefly to the considerable length of time required for observation to arrive at a just estimate of the permanency of the results obtained—especially in the gravest and, therefore, most important cases.

I shall attempt to add little that is

new to the presentation of the case as made by Dr. Stevens himself, and I cannot hope, in the length of time allotted for its consideration, to make a statement commensurate with its importance, but I have thought it right to rehearse briefly its principal features and to give my own experience in connection therewith, together with a sketch of a few of my own cases; because I have become convinced of the importance of the subject, and also because it has not, heretofore, been brought before this Society,—nor, so far as I can learn, before any other of the medical societies of Philadelphia.

It is now about ten years ago that the operation was first brought to my notice by patients who had been under Dr. Stevens's care. It seemed to me incredible that results such as they claimed were produced in their cases could have been derived from the cause assigned. Again, I questioned the practicability of performing the operation in the definitely graduated manner which was said to be practised by him. Under these circumstances, and in the absence of better information my position was for a long time one of earnest opposition to the practice in question.

About three years ago, however, having under my care several cases of muscular asthenopia which I was unable to relieve, though I obtained the advice of several of the best known ophthalmologists, and being freshly reminded of the work of Dr. Stevens by a patient of unusual intelligence and reliability, who reported great relief obtained at his hands, I asked his assistance in the treatment of these cases. He kindly demonstrated to me, upon patients of his own, the practicability of the operation, and I became convinced of its great value. The results obtained were so satisfactory that since that time I have investigated the muscular as thoroughly as the refractive conditions in all cases coming under my care, and have as faithfully undertaken to correct them.

For the discovery of abnormality in any of the straight muscles, their physiological condition, both while at rest and in action, and in all states of the

*D. Appleton & Co., N. Y., 1887.

†See articles by Dr. George T. Stevens, on "Chorea" (Medical Record, 1876), on "Anomalies of the Ocular Muscles" (Archives of Ophthalmology, June, 1877).

‡"The Treatment of Functional Nervous Diseases by the Relief of Eye Strain," New York Medical Journal, January 7, 1888.

accommodation of the eye must be thoroughly understood. In order that binocular vision may result, the visual lines of both eyes must converge upon the same point, whatever may be the position and distance of the object. It is only under such circumstances that the rays of light are brought to a focus at corresponding points upon both retinæ. A slight deviation results in diplopia, constituting strabismus, a subject sufficiently well understood, and to which Steven's researches do not directly apply. But while there may be perfect binocular vision, and not the slightest indication of strabismus, there may be, nevertheless, grave faults affecting the recti. It is these faults that Dr. Stevens has emphasized, and to these his observations have been chiefly confined.

In the normal condition of the ocular muscles the visual lines of both eyes naturally preserve an almost exactly parallel direction when looking at distant objects; and they maintain such a position of their own accord from muscular tonicity alone, without the necessity of any additional stimulus. This can be shown by prismatic tests. The artificial diplopia produced in making the test will lie in that plane which is at right angles to the base of the prism.* If, for example, diplopia be induced by a prism placed before either eye with its base directed either outward or inward, the two images will lie in the same *horizontal* plane; and, similarly, *vertical* prisms, with base up or down, will induce diplopia; but in this case the two images will be situated in the same *vertical* plane. The reason for this is because the normal visual lines of both eyes naturally lie in the same *horizontal* and *vertical* planes even when the powerful stimulus which the need of binocular vision presents is abolished by the prism. Hence, if the eyes in the normal state be directed to a distant object, binocular vision will occur without the need of extra muscular action to bring the visual lines to properly bear upon the object. If, on the other

hand, the visual lines of the two eyes do not naturally take the proper position, one of two things will result, either there will be no effort to bring them into correspondence, and strabismus with attending diplopia occurs, or *more frequently* by an extra nervo-muscular effort, called into action by the demand for binocular vision, the proper position will be maintained; just as in facultative hypermetropia accommodation is necessary, even when parallel rays coming from a distant object are to be brought to a focus upon the retina. From this forced, though it may be involuntary or even unconscious effort to maintain the proper direction of the visual lines, the abnormal conditions under consideration result. We have abundant clinical evidence of the enormous expenditure of nerve force under these circumstances, and of the development of marked reflex disturbances, which are manifested both in symptoms of irritation and of exhaustion.

Dr. Stevens has* introduced a series of terms descriptive of the various abnormalities to which the recti muscles are subject. The word *exophoria* designates simply an outward tendency of the visual lines, without implying anything as to which muscle or set of muscles is at fault. The opposite condition, namely, tendency to converge, is designated by the word *esophoria*, meaning an inward tending.

If either visual line deviates above its fellow, the fact is expressed by the term *hyperphoria*, right or left, as the case may be, always remembering that the lower image represents the higher-tending visual line. It is to be remarked that the condition of hyperphoria is far more frequently productive of serious reflex disturbances than any other fault, and mainly for the reason that a small amount of deficiency in this direction may, and usually does, involve a considerable proportion of the total co-ordinating power of the vertical muscles; and this because the power of sursumduction

*Not that Dr. Stevens was by any means the first to employ prisms for the discovery of muscular irregularities, but he appears to have used them with greater precision and by more systematic methods than have heretofore prevailed.

**A System of Terms relating to the Conditions of the Ocular Muscles, known as 'Insufficiencies,' by George T. Stevens, M.D., Ph.D. (New York Medical Journal, December 4, 1886).

is usually limited to about three degrees, while that of abduction is about eight degrees, and that of adduction may be fifty degrees and upward.

The generic term to express any deviation whatever from *orthophoria*, the normal, is *heterophoria*.

Finally, the amount of heterophoria found in any given case is equivalent to and expressed by the degree of the prism required to correct the fault.

In practice, the tests for insufficiency are made by placing prisms before the eyes with their bases in certain definite directions. Lateral diplopia is produced by a prism with base in, vertical diplopia by a prism either up or down. If in lateral diplopia so induced, either image is above the plane of its fellow, we know that the higher image belongs to the eye whose visual line is lowest, to be expressed as hyperphoria of the opposite eye. If, in induced vertical diplopia either image deviates from the vertical, we have lateral fault—esophoria if the diplopia be homonymous, exophoria if crossed.

In applying the prism test for the discovery of muscular anomalies it is not sufficient to be content with the results of a single or even several examinations, because we must always bear in mind the possibility of latency—that is to say, like latent hyperopia, the true fault may be concealed or masked. Indeed, as in latent hypermetropia we sometimes have apparent myopia through spasm of the muscle of accommodation, so in actual esophoria an apparent exophoria may be manifest, the result of spasm of the externi, and this is equally true of the other muscles. It is only by a careful consideration of all the circumstances, such as the degrees of abductive and adductive power; and, finally, by the use of temporary correcting prisms for whatever fault may be manifested, and following it up—but not leading it—as it develops, by a new correcting prism until the fault becomes stationary, that we are justified in proceeding to operation. In one obstinate case of exophoria I have several times obtained relaxation of spasm of the interni by a moderate dose of morphia administered hypoder-

mically. But, though the after-results proved the observation under morphia to be expressive of the true condition in this case, there are obvious objections to the use of the drug as a matter of ordinary practice. The discovery of an efficient and safe agent for the relaxation of spasm of the recti muscles is greatly to be desired.

It sometimes happens that muscular anomalies of considerable degree are discovered in connection with refractive faults. By correcting the refractive error first not infrequently the muscular difficulty soon disappears, showing the muscular to have been dependent upon the refractive state. The correction of refractive errors, especially those of a hypermetropic character should always be made before applying the prismatic tests.

Defections of refraction and accommodation are well known as the source of serious reflexes, especially headaches or severe migraine, nausea and dizziness; but it is not so well known that defects of muscular adjustment through faults of the guiding muscles of the eye produce all these and many more serious results besides.

From Dr. Stevens I quote*

“Respecting the importance to be attributed to ocular, refractive, and muscular anomalies, I fear that my views will for some time to come continue to be regarded as something more than radical; but I am ready to reaffirm the proposition made years ago, that, among the various elements constituting the neurophic tendency, these anomalies must be regarded as occupying a pre-eminent position.

“Summing up the experience in this field of work, it is shown that, not in occasional and rare instances only, but in a large proportion of cases of the most redoubtable neuroses, unusual and most salutary results may be anticipated from attention directed to visual troubles.”

Among the neurosis shown in many cases to be dependent upon such troubles, are to be mentioned neuralgia, spinal ir-

*See “Ocular Irritations and Nervous Disorders,” by Dr. George F. Stevens. N. Y. Medical Journal, April 16, 1887.

ritation and neurasthenia, chorea, epilepsy, and mental disorders. Dr. Stevens further says:

"Not only are those painful or irregular conditions usually described as neuroses in great proportion responsive to the relief from ocular tensions, but a great variety of conditions commonly regarded as local affections yield as readily, and prove that with some possible local complications they are, in fact, reflex phenomena. As an instance of this class of trouble, I may mention the fact that in more than a score of cases of extreme dysmenorrhœa—in each of which the periodical suffering has been of intense character, of regular occurrence, and of the full duration of the menstrual life of the patient—the dysmenorrhœa has failed to occur after relief to the tension of a superior or inferior rectus."

"So far as my experience goes, epilepsy very rarely results from simple conditions. The ocular anomalies in epilepsy are of the most complicated, and often of the most obscure character. A simple insufficiency may induce headache or other minor manifestations, but the ocular causes of epilepsy are usually of a character most perplexing to the surgeon, and sometimes of a character which cannot be remedied. Hence, great patience, and, in certain cases, much time and skill are required to accomplish that which can finally be done. If, in the meantime, the patient and his friends are constantly assured by both lay and professional advisers that his efforts must, of necessity, prove fruitless, he is apt to withdraw from treatment, even while defects which are of great importance, are known to exist, and which, by continued efforts, might be removed."

Prof. Ranney is authority for the statement that in cases of epilepsy of long duration under treatment directed to ocular difficulties, the affection has been less tractable than diseases commonly regarded as easily curable.

As furnishing a suggestion as to the possible method of production of epileptic attacks from eye-strain, it is interesting to note some experiments performed

several years ago by Drs. Dercum, Parker, and others in the artificial induction of convulsive seizures. They found that it was possible to produce spasms in many persons by the following method:

"The subject being seated, the tips of the fingers of one or both hands were so placed upon the surface of a table as to give merely a delicate sense of contact—*i. e.*, the fingers were not allowed to rest upon the table, but were maintained, by a constant muscular effort, barely in contact with it. Any other position involving a like effort of constant adjustment was found to be equally efficient. Any one object in the room was now selected, and the mind fixed upon it, or some subject of thought was taken up and unswervingly followed.

"After the lapse of a variable period of time, extending from a few minutes to an hour, and depending upon individual peculiarities to be noted, . . . the subject was frequently thrown violently to the ground in a general convulsion, preceded by tremors which rapidly became more violent.

"Seizures equaling in violence a general convulsion were by no means induced in all subjects, and were generally the result of experiments repeated many times during the same evening. In the experimentors the convulsions became so easily induced that it was thought advisable to desist for a long period."

The *effort of constant muscular adjustment* here spoken of appears not unlike the condition found in the eyes in cases of insufficiency of the ocular muscles; and it seems not unreasonable to infer that if such strain of the muscles of the forearm would produce results of the kind reported by the authors just named, that the strain upon ill-balanced ocular muscles (which must be continuous during the whole of the time that the eyes are opened) should be productive of even more serious, and, indeed, permanent results.

In the great majority of these cases

*See "Artificial Induction of Convulsive Seizures," by Drs. F. X. Dercum and A. J. Parker. *Journal of Mental and Nervous Diseases*, October, 1884.

there is but one satisfactory method of treatment, and that is graduated tenomy. The operation consists in making a small opening through the conjunctiva, exactly over the insertion of the tendon, when the tendon is seized by extremely fine forceps and divided outwardly in each direction, preserving the extreme outer fibres, or, at least, the reflection of the capsule of Tenon, which serves as an auxiliary attachment. Tenotomies for strabismus and so-called partial tenotomies have, of course, long been made, but there are radical differences between these and the operation here described.

The fan-shaped expansion of the tendons of the recti at their points of insertion into the sclerotic are somewhat wider than is generally supposed, while the elasticity of their edges is an influential factor in determining a favorable result in the purpose of the operation—that is, in bringing about a relaxation which shall be permanent by permitting the divided portion to retract and form a new attachment to the globe further back.

The use of prisms as a means of treatment of marked heterophoria is not to be relied on, as in many cases they are found to be insufficient and disappointing.* They, however, have a certain value as means of systematic exercise of the ocular muscles, particularly in the milder cases.

When the correction is made by tenotomy, all that is necessary to be done in a given case should be regarded in a sense, as one operation, though it may be in several stages and at different periods—as a watchmaker counts the regulating of the watch one operation, though he may be obliged to move the regulator a number of times; or as the correction of an astigmatism is one operation, though it may involve a number of sittings.

In one complicated case I have op-

erated as many as seven times, the first operation nearly two years, and the last a week ago, the net result being an unquestionable gain both in head symptoms, which were at one time alarming, and in the severe asthenopia to which the patient had long been subject. Previous to the operation she had suffered from severe pain in the region of the eyes and in the back of the head, accompanied by general nervous distress of an entirely disabling character. An eminent ophthalmologist declared her to have organic disease at the base of the brain from the appearance of the eye ground. This was about three years ago. To-day this lady assured me that she felt "wonderfully better," and expressed her entire satisfaction with the treatment she had received.

It is to be reëmphasized in this connection, as an additional caution, that no operation is ever to be undertaken unless the indications for it are positively made out. From a perfectly plain case, evident to the merest tyro, to one demanding the greatest skill and patience of the most experienced, there is every gradation. Nothing would tend more to bring discredit upon the procedure than premature operations, which might result in such disturbance of the ocular muscles as seriously to cripple binocular vision without in the least alleviating the reflex condition for which the operation was undertaken.

Mrs. G. H. C., referred to me by Dr. W. H. H. Githens, aged thirty-two, married, mother of four children. Has suffered for many years from almost constant severe headache combined with a feeling of drowsiness, the seat of the pain being the brow and vertex. Eye-balls painful, always felt better when the eyes were closed. There is frequently double vision, but no manifest strabismus. General condition markedly neurasthenic. Although there was no error of refraction except a very slight amount of hyperopia shown only under full mydriasis, the patient was unable to use her eyes at any near work, such as reading, sewing, etc., and at all times suffers from extreme intolerance of light. Ophthalmoscopic examination negative.

*Since this paper was written a physician of this city—himself an accomplished neurologist—who habitually wears spectacles for the correction of refractive errors and who so suffers from muscular faults, in a conversation with me, said with emphasis, "It is impossible for me to wear prisms. I have tried them thoroughly and know they would drive me crazy."

Muscular tests. The first examination showed an esophoria of nine degrees, which, under the use of partially correcting prisms worn for ten days, developed into settled fault of twenty degrees of esophoria and twenty-eight degrees esophoria in accommodation.

Tenotomy of the left internus relieved all muscular fault except one degree, which I have allowed to remain. The relief of all symptoms was immediate and complete. The headache, the pain in the eyes, the intolerance of light, the drowsiness and double vision have all vanished. She is now able (without the aid of glasses) to read and sew as well as anyone, and threading a needle, which, previous to the operation, was almost an impossibility for her, is now done with facility. The general health and spirits have improved to a remarkable extent.

The photographs in her case are from untouched negatives, taken under photographic conditions as nearly identical as possible. The first photograph accurately represents her condition at the time of the operation. The strained look of the eyes, and the high condition of nervous tension are in no way exaggerated. The second photograph was taken one week after the operation, though it might, indeed, have been taken a day afterward—the immediate relief was so great. Perhaps no change in her condition is more marked than that of her tone of voice, which, from being high-pitched, nervous, almost wailing in character, has been moderated, mellowed, and vastly improved. The photograph of this case gives a clearer idea than words can do of the change which may be wrought by operation—in her case a single operation.

As additional graphic illustration of what may be accomplished, I pass around a few photogravure proofs belonging to Dr. Stevens, which he has very kindly placed at my disposal.

J. H. W., thoroughly healthy boy, without any nervous symptoms whatever, has been under my oversight since infancy. Except for a chronic tarsal ophthalmia there was nothing to call attention to the eyes. Very slight hypermetropia,

for which I had prescribed glasses several years ago. On examination, three months ago there were eleven degrees of esophoria manifest, for which an operation was performed, removing seven degrees of the fault. Two weeks later four degrees additional were manifested; a week later the total manifest esophoria was nine degrees, when a second operation was performed, resulting in the removal of eight degrees of the nine then existing. A recent examination shows a manifest esophoria of three degrees, being a let-out of two degrees since the last operation.

From the first operation a marked change took place in his facial expression; his eyes, which had previously been almost closed, opened widely, the tarsal ophthalmia showed prompt improvement, and he expressed himself free from a constant struggle to keep the eyes from closing, which he had not recognized as dependent upon any condition of his eyes until after it had been relieved.

I present the patient this evening for the purpose of demonstrating the amount of set-back given to the tendon, which, though invisible under ordinary circumstances, may be readily seen, upon causing either eye to be rolled outward, as a vertical line in each eye about two millimetres wide in one and a little less in the other, where the sclerotic is plainly visible through the conjunctiva.

Whether the claim made that the neuropathic predisposition is more frequently due to eye strain than to other conditions is fully justified by the facts or not, it is unnecessary at present to determine; seeing that enough is known to make it certain that eye strain from muscular fault is the cause of grave and varied reflex neuroses; and that in these cases carefully graduated tenotomy promises relief; beside there is in such cases always sufficient justification for the sake of the eyes and sight—apart from the nervous condition—for the correction of the fault.

My own experience covers many of these operations, performed for the relief of a variety of conditions, and not-

withstanding serious difficulties at times encountered, I have a steadily increasing confidence in the legitimacy and value of the method.

Selected Articles.

A BILL ENTITLED AN ACT TO PROMOTE THE PUBLIC HEALTH AND REGULATE THE PRACTICE OF MEDICINE IN THE STATE OF MARYLAND.

SECTION 1. *Be it enacted by the General Assembly of Maryland,* That every person practicing medicine in any of its departments in this State shall possess the qualifications required by this Act; if a graduate of medicine, he or she, shall present his or her diploma to the State Board of Health for verification as to its genuineness, or furnish such other evidence as may be satisfactory to the said Board of Health that he or she is a *bona fide* graduate of a reputable medical college, authorized by law to issue diplomas; if the diploma has been issued by a *legally authorized medical college of good reputation and standing*, and if the person named therein be the person claiming or presenting the same, the State Board of Health shall issue its certificate to that effect, signed by the president and secretary of the said Board, and such certificate shall be conclusive as to the right of the lawful holder of the same to practice medicine in this State. Provided that this act shall not apply to any physician who has been practising medicine in this State continuously for ten years.

SECTION 2. *And be it enacted,* That the verification of the diploma shall consist in the affidavit of the holder or applicant, that he or she is the lawful possessor of the same, and that he or she is the person therein named; and for the purpose of this Act the said State Board of Health, or a *majority* thereof, is authorized to administer oath or examine under oath, any person applying for the certificate of the Board; graduates may present their diplomas, with affidavits as to the genuineness of the same, taken before any person authorized to administer oaths to this State, attested under the hand and official seal of such officer, if he have a seal, by letter or by proxy, and the said State Board of Health shall, if satisfied that the diploma has been issued by a *legally* authorized medical college of good reputation and standing, and that the applicant is the lawful possessor of the same, issue a certificate, the same as though the owner of the diploma were present.

SECTION 3. *And be it enacted,* That every person not a graduate of any legally authorized medical college, but who is practicing in the State when this Act shall take effect, shall present himself before the State Board of Health for such examination as the said Board shall require, and if the examination be satisfactory to the examiners, the said Board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

SECTION 4. *And be it enacted,* That the said State Board of Health shall receive a fee of one dollar for every diploma examined and certificate issued thereon, or from every graduate who applies for the certificate of the Board; and every candidate not a graduate applying for a certificate shall pay a fee of five dollars, which shall be returned to the applicant if a certificate be refused; all fees received by the said Board shall be applied to the expenses of carrying out the provisions of this act, and the excess thereof, if any, shall be used for the purposes of the State Board of Health, the said Board to keep account of all moneys thus received and disbursed and report to the same to the Governor.

SECTION 5. *And be it enacted,* That every person holding a certificate from the State Board of Health shall have it recorded in a book to be kept for that purpose in the office of the Clerk of the County, or the Clerk of Circuit Court of Baltimore city, as the case may be, in which he or she resides, and the record shall be endorsed on the certificate; any person removing to another locality other than that in which his

certificate is recorded shall procure an endorsement to that effect, and shall in like manner have his or her certificate recorded in the county or city of Baltimore, as the case may be, to which he or she removes; and the holder of the certificate shall pay to the County Clerk or Clerk of the Circuit Court of Baltimore city, as the case may be, the usual fees for making the record.

SECTION 6. *And be it enacted*, That any person shall be regarded as practicing medicine within the meaning of this act who shall profess publicly to be a physician, and to prescribe for the sick, or who shall append to his name the letters "M.D."; but not nothing in this act shall be construed to prohibit students from prescribing under the supervision of preceptors, or to prohibit gratuitous services in cases of emergency; and this act shall not apply to commissioned surgeons in the United States army, navy or marine hospital service, nor shall it apply to physicians or surgeons not residents of this State, who may be called in consultation into this State.

SECTION 7. *And be it enacted*, That the State Board of Health may refuse certificates to persons presenting diplomas from colleges or schools not in good standing or to individuals guilty of unprofessional or dishonorable conduct or of criminal practice, and they may revoke certificates for like causes. *Provided* no such certificate shall be refused to any such applicant because he or she may be of a different school of medicine from that of the Board.

SECTION 8. *And be it enacted*, That any person practicing medicine in this State without complying with the provisions of this act, or who shall advertise himself to the public as skilled in the treatment of any particular disease or injury without first having secured and recorded the certificate of the said State Board of Health, or who shall by writing, printing, or any other method, publicly profess to cure or treat diseases, injury or deformity by any drug, nostrum, manipulation, or other expedient, without having complied with the provisions of this act, or who shall represent himself as being authorized to practice

medicine or surgery in this State, when in fact he is not so authorized, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than one hundred dollars, nor more than five hundred dollars, or be imprisoned in jail not less than three months, nor more than twelve months, or be both fined and imprisoned at the discretion of the court.

SECTION 9. *And be it enacted*, That any person filing or attempting to file as his own diploma or certificate of another or a forged diploma or forged affidavit of identification, shall be deemed guilty of the crime of forgery, and on being convicted thereof shall be punished by imprisonment in the Penitentiary or House of Correction at the discretion of the Court for not less than two years, or by a fine of not less than two hundred dollars, nor more than five hundred dollars, or both in the discretion of the Court.

SECTION 10. *And be it enacted*, That this Act shall take effect from the date of its passage.

Correspondence.

IS DENTISTRY A PROFESSION OR TRADE?

BALTIMORE, April 7, 1888.

Editor Maryland Medical Journal.

MY DEAR SIR:—Your editorial in the issue of March 17th, asking the question, "Is dentistry a profession or a trade," attracted my attention and called for a reply, and I should have replied sooner but have been unable owing to an unusual press of professional matters. I seize a few moments now, however, for a very brief answer. That the above question should be asked by any well-informed practitioner of medicine, is to me a great mystery, and the only possible reason I can assign for such action is the hope that some prominent practitioner of the daughter science may have an opportunity to diffuse his ideas upon the subject. In the alleged reply in the

issue of the week following I saw no attempt whatever to answer your question, but merely an attempt to justify the owner of a patent in the right to have any surgical appliance patented, as well as a feeble effort to show that by having an appliance patented and reserving a good royalty upon the same, his professional brethren are not only not made to pay *more* for the article, but are actually under obligations to the patentee, who, by reason of said patent, enables each practitioner to procure the same, at a positively reduced rate; all of which is simply a vagary of a gentleman holding a goodly number of patent rights. Let us see if we can find the true question at issue.

If medicine is a profession does it not follow as a matter of course that dentistry *must also* be a profession? How is it possible, for example, to say that a specialist in gynæcology is a professional man, and an oral specialist a tradesman? Do they not each deal with living members of the same body, and is it possible to say that the former has any advantage over the latter, professionally or otherwise, in the matter of real usefulness to his fellow beings? Firmly and decidedly, *no!* If there is a balance, it is in favor of the latter, if for this simple reason alone, *all men* as well as *all women* need his services, and need them badly, sometime during life. I might have cited a less useful specialty in medicine than gynæcology, in drawing the above comparison, and by so doing made my point stronger, but it will suffice. Let us take one other point before coming to the *real* question. Because certain men who are endowed with mechanical ingenuity invent instruments which are useful to their fellow-men, in some cases indispensably so, prefer, in their narrow-mindedness and greed for gain, to have such instruments patented, and thereby bleed a fellow-practitioner of a few extra paltry dollars; instead of being liberal with their gifts and offering them freely and without the attached royalty; because certain men, I say, do this, shall the branch of the great healing art as practiced by the oral specialist be known as a trade? To the right thinking man,

nothing I am sure, can be more unreasonable or unjust. There are, and have been, since the time dentistry was first known, I will not say as a science, liberal men in practice, men who gladly *gave* and give their talents, without money and without price. Doubtless the ranks of practitioners in general practice, or of the other specialties, have not been wholly purged of the breed of Chamberlaines, men who keep valuable inventions and ideas to themselves, for a longer or shorter period, which they use for their own personal benefit and aggrandizement; only one step short of owning a patent right. Our opinion of all such individuals, whether they be the inventors of obstetrical forceps, or an instrument for the separation of two closely opposed molar teeth, is the same, viz: that they are unworthy the position they occupy in the ranks of a liberal profession. Dentistry is a branch of the great healing art, and must always remain so; the only *real* question at issue now, is as follows: Is the average dentist of to-day a specialist in medicine?

I answer frankly, no. A man must have a proper medical education before he can be a specialist in medicine, and in order to receive this must be regularly graduated as an M.D. I feel that I am in a position to speak freely on the subject, and will do so. Until 1885 I was simply a D.D.S., and looked only for such practice as appertained to the teeth. I found the field far too narrow long before that time, and in that year, after due course of study, I obtained my degree in medicine. Since then, while confining my attention, in a measure and during certain hours, to oral subjects, I have been prepared, at all times when called upon, to attend to any duty in the field of general medicine. I have long since put away the D.D.S. as a useless appendage, and sincerely trust the day may soon come when those gentlemen who intend to *treat the teeth only*, will be *obliged* to become doctors of medicine, and the D.D.S. will be known no more.

Very sincerely and resp'y yours,

B. MERRILL HOPKINSON, M.D.

Society Reports.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, HELD APRIL 15, 1888.

THOMAS M. DRYSDALE, M.D., in the chair.

Dr. T. M. Drysdale reported a case of

MULTILOCULAR PAPILLOMATOUS TUMOR OF THE BROAD LIGAMENT PRODUCING OBSTRUCTION OF THE BOWELS. OPERATION. DEATH FROM URÆMIA. AUTOPSY DISCLOSING ONE KIDNEY CONVERTED INTO A CYST AND THE OTHER DISEASED.

At the request of her physician, Dr. A. G. B. Hinkle, I was sent for Jan. 7th, 1888, to see Mrs. M. I. K., a widow, 54 years old. She stated that she was the mother of seven children, and that her labors had invariably been hard and tedious, accompanied with violent abdominal cramps. The menopause occurred when she was 46 years old, she had always been strong, worked hard, lifted heavy weights, and had had no sickness in 35 years, until last March, when she was seized with intense pain in the abdomen together with obstinate constipation. She continued to suffer for several weeks and her physicians had great difficulty in getting the bowels moved. Medicines had so little effect that her life was despaired of, but she was finally relieved by copious purgative injections. Her disease was at first supposed to be owing to sewer-gas poisoning, as her son suffered in a similar manner at the same time and they were treated accordingly, but finding they did not improve, a consulting physician made a more thorough examination and found well marked blue lines on their gums. They were then treated for lead colic and soon recovered. The son had remained well ever since but she had suffered from colic and constipation, while the abdomen had continued permanently swollen. Her bowels never moved satisfactory, as only a portion of the contents seemed to come away, leav-

ing the upper part of the intestine full. Last August she first felt a hard tumor low down in the right side. Her abdomen since then had increased rapidly in size, while the rest of the body emaciated. Her appetite had been good and she had no pain after her meals, but felt too full to eat much. She had constant eructations but no vomiting. Until recently she had a slight daily movement of the bowels but for several days past she had had no evacuation. During all this time she had suffered from what she supposed was colic, and, in fact, was never free from pain. Just before I saw her she had taken a dose of castor oil and at my visit was in great agony at the distention.

She was thin and anæmic and her complexion had the cachectic appearance of malignant disease. The centre of her tongue was red and smooth. The abdomen was greatly enlarged and resonant on percussion everywhere, except below a line half way between the umbilicus and pubis, there it was dull and fluctuation could be detected. In the right iliac region I found a hard nodulated tumor which appeared to be moderately movable, but so rigid was the abdominal wall that it was difficult to determine this with certainty. The bladder was prolapsed and projected between the thighs, but the uterus remained within the shortened vagina and was held up apparently by being fixed to the tumor. The uterine sound entered two inches and passed to the right. As well as could be made out, the uterus and tumor were closely adherent. Rectal examination revealed a firm immovable tumor occupying the upper part of the pelvis. The examination although made with the utmost gentleness caused great pain. As frequency of micturition was a prominent symptom, Dr. Hinkle had more than once examined specimens of her urine, but, finding nothing abnormal, concluded that the irritation was owing to the prolapse of the bladder. As usual before an operation, I also examined two specimens of the urine and found it free from albumen and sugar with a specific gravity of 1020. She assured me that she passed the usual quantity.

The oil operated and gave her relief

for 24 hours but after this she grew rapidly worse, the symptoms of obstruction of the bowels increased and by January 17th, just ten days from my first visit I was again sent for and found that she had been in such continual agony that she had concluded to submit to an operation. The abdomen was extremely hard and in place of being tympanitic was everywhere dull on percussion and fluctuation was general showing that a rapid effusion of fluid had occurred.

In the presence of Drs. Hinkle, James F. Wilson, I. Howard Beck and G. B. McCrachen and assisted by my son I operated January 22nd, 1888. The incision was followed by the escape of about a gallon of ascitic fluid. The peritoneum was slightly inflamed and in some parts thickened. The growth proved to be a multilocular papillomatous tumor of the broad ligament. It filled the lower part of the abdomen on the right side and occupied the upper portion of the pelvis. Its color was not the opaque slate of an ovarian cyst, but resembled in this respect the intestines. The main cyst extended upwards as high as the border of the lower ribs. To this the omentum and a loop of intestines were firmly adherent. These adhesions were detached and the cyst drawn forward. As this was being done it burst and discharged a large quantity of red serous fluid, for, as usual, the cyst walls were very thin and easily ruptured. Two other large cysts below this were tapped, which greatly reduced the size of the tumor, but a mass of others remained, filling the upper part of the pelvis, to which they were firmly adherent. This was the portion which by pressing on the bowel as it passed the pelvic brim, obstructed it. Here it was difficult to separate the tumor from the surrounding structures without injury to them for it was adherent to the bladder, bowel and every thing it touched. After freeing it from all its other attachments without doing mischief, save to some vessels on the floor of the pelvis, which bled profusely, I found it was firmly bound to the uterus, which it dragged down and held close to the anterior wall of the

pelvis, deep down on the right side, by an exceedingly short, firm and vascular attachment or pedicle, which I ligated with great difficulty owing to its depth in the parts. The tumor with its capsule was then removed. This revealed a set of bleeding vessels below the pedicle which were secured after considerable trouble. Before closing the wound the abdomen was thoroughly cleansed by irrigating it with warm water which had previously been boiled. The operation was tedious, lasting over an hour, and through it all the pulse was well maintained, but it was followed by a profound stock, shown in the pale face and thready, almost imperceptible pulse. As soon as she became conscious she complained of intense pain in the back. Under the use of stimulants and the external application of heat she reacted in about an hour.

At 5 P. M., four hours after the operation, the nurse applied the catheter and removed an ounce and a half of urine.

At 8 P. M., Dr. Hinkle and I visited her and used the catheter but the bladder was empty. Her pulse was 112, temperature $100\frac{1}{2}^{\circ}$, which was the highest it reached. She complained of feeling sore all over. To relieve the suppression of urine we ordered a mustard plaster, made with warm water, to be applied over the kidneys and prescribed a tablespoonful of the following mixture, well diluted with water, to be taken every four hours:

℞.—Potasii acetatis, ℥ss.
Spiritus ætheris nitrosi, ℥ss.
Aquæ distillatæ, ℥iiss.

10.50 P. M. She vomited for the first time. 12.15 A. M. After an ounce of urine was drawn she became restless and complained of severe pains in the abdomen which continued until Dr. Hinkle was sent for at 2.15 A. M. He found her with a pulse of 94 and temperature of 100° and gave her a hypodermic injection of one sixth of a grain of morphia. After this she slept until 5.30 A. M., when the nurse drew her urine and obtained ℥ss. Monday, 10.45 A. M. Pulse 118, temperature 98° . Since 7.30 A. M. had been in pain and had vomited several

times. The catheter had just been used and about a teaspoonful of urine drawn. The abdomen was tympanitic but not tender on pressure. The rectal tube was used which permitted a large quantity of flatus to escape. After this the diuretic was used by injection and retained. We directed one drachm of Rochelle salt to be given every two hours and to have a hot vapor bath.

2 P. M. Pulse 130, temperature 97°; had vomited everything. A quarter of a grain of calomel and a tablespoonful of very hot milk were then given every hour. This quieted her stomach. At 4.50 P. M. one ounce and a half of urine was drawn. She continued drowsy, but did not sleep.

9.30 P. M. One drachm of urine was removed.

Tuesday, 10.30 P. M. Pulse 130, temperature 96°; skin cool and pale. The catheter had been used at 2 P. M. and at 9 A. M., and each time about a teaspoonful of urine was obtained. The stomach continued quiet until 9 A. M.; then she vomited occasionally. Stimulants were used by the rectum, but she continued to sink and died at 6 P. M.

The autopsy was made the next evening by Dr. McCracken, who kindly furnished me with the following notes of it. "The wound in the abdominal wall was firmly united throughout its whole extent. A moderate amount of peritonitis existed, confined principally to the lower part of the anterior abdominal wall and the lower coils of intestines, which were covered with a thin layer of pus. This was the portion of the peritoneum which was found inflamed where the abdomen was opened at the operation. The pedicle and surrounding parts from which the tumor was detached were in excellent condition. The right kidney was sought for, but could only be detected after a prolonged search, when it was found to have been converted into a large, elongated cyst, only a small portion of the upper part of the organ remaining unchanged. It resembled a distended bowel so closely that it was difficult to distinguish it from the surrounding intestines.

The left kidney was enlarged and in-

tensely congested. When the adherent capsule was removed the surface of the gland presented the rough granular appearance of inflammation. There were a number of small cysts in the cortical substance.

This case presents several features of interest, one of which was the steady decline in temperature from 100½ on Sunday to 96° on Tuesday morning, but I have brought it before you mainly for the purpose of showing how we may be deceived in regard to the condition of the kidneys, even when all signs of disease are absent in the secretions. This patient's life was dependent upon the active exercise of one organ, which itself was diseased and struggling under the load thrown upon it as the only eliminator of its kind in the body. It naturally followed then, that when the toxic effect of the ether was added to its burden, it yielded and the patient died.

Dr. Parish spoke of the toxic effect of ether on diseased kidneys, and wished to know whether Dr. Drysdale had been able to determine the renal condition in his case. He had some years ago had a case of Porro-Muller operation in which there was parenchymatous renal disease and in which death resulted from acute suppression of urine. It was a serious question as to what anæsthetic we should use under similar circumstances. The tumor presented by Dr. Drysdale was peculiar for a cyst of the broad ligament on account of the large amount of solid matter connected with it.

Dr. J. Price said there was but one authority who made any mention of the condition of the temperature under ether. Some years ago Dr. Burk had taken the temperature of a large number of patients under the anæsthetic, and found that there was invariably a depression of from one to two degrees due to cessation of combustion. The symptoms of obstruction of the bowels as presented by Dr. Drysdale's case were very characteristic. He had lately been dealing with some very trying cases of this kind, and pain was always present and very severe; in several cases shock and collapse had been marked symptoms of the obstruction.

Dr. Drysdale did not think that the decline in temperature was due to the anæsthetic, but believed it depended upon the uræmia, as he had repeatedly noted a similar depression in advanced stages of Bright's disease. The urine had been examined several times, and nothing found to indicate disease of the kidneys; in fact there was not a single symptom present to excite suspicion of trouble in these organs, except the constant inclination to micturate for which the prolapsed bladder was sufficient to account.

Dr. Hamill read the following notes: Hemorrhage into the placenta or placental apoplexy is not of rare occurrence. In the earlier stages of placental development the maternal capillary loops thrown into a net work around the chorionic villi not infrequently rupture with a consequent effusion of blood over a greater or less area, and at a later period of intra-uterine development the blood current in the inter-villous blood spaces, at all times sluggish, may become so very slow that the blood coagulates, and at birth there may be seen a clot of varying extent, more or less perfectly organized, and in some cases presenting just the laminated appearance that one sees in an aneurism undergoing obliteration.

Rupture of the umbilical vein in the cord with a rather extensive effusion of blood has also been noted, but here the quantity of blood that can escape is of necessity limited to the comparatively small capacity of the cord. In the case that I would report to the Society the apoplexy of the placenta was of foetal instead of maternal origin; the ruptured vessel was one of the large branches of the umbilical vein running across the foetal surface of the placenta, and the quantity of blood effused must have left the foetal body absolutely exsanguine. All these circumstances make the specimen a rare one, the last two make it quite unique as far as my knowledge goes. An extended search through medical literature has failed to show me a similar case. Unfortunately I am unable to find a cause for the rupture of the blood-vessel, there was nothing in the condition of the foetus, nothing in the history of the mother that would account for it.

Dr. Hirst was greatly pleased to see the specimen, and thought it unique. There was one somewhat similar described by Baudelocque.

Dr. Kelly remarked that he had in his possession the placenta and membranes from a case recently delivered, in which moderate traction on the cord, after separation of the child, resulted in a large hæmorrhagic extravasation between the placenta and the amnion. This was found upon careful examination to come from a minute rupture in the vein on the placental part as it left the cord, about two millimeters in length, and transversely to its axis.

Dr. J. Price had recently had a case in which death to the foetus had occurred from pure hanging. The cord was twice wrapped around the child's neck, and there was a deep indentation in the foetal tissues. The cord was shortened at least one-half.

Dr. Hamill also read the following:

The occurrence of morning sickness in the husband after the fact of pregnancy is known or suspected, I have frequently noted. The case I would report is unique, from the fact that the sickness appeared in the husband at such an early period of pregnancy. Two weeks after the appearance of menstruation for the last time, the husband had daily morning attacks, and not until it was time for the next menstruation had the woman any other evidence that conception had taken place, and then she failed to menstruate. The husband continued having the attacks for two months. During her previous pregnancies the husband had suffered from the same attacks, but not until they were both cognizant of the fact.

Dr. Wm. Goodell remarked that Sir Francis Bacon had written some lines on this subject, the substance of which was that "loving husbands so sympathize with their pregnant wives that they have morning sickness in their own persons." A writer in the *Lancet* of May 4th, 1878, p. 666, also refers to a case in point, which occurred in his own practice. In this case the husband's nausea and vomiting began and ended with his wife's.

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BALTIMORE, APRIL 21st, 1888.

Editorial.

THE EFFECTS OF INCREASED TEMPERATURE OF THE BODY.—The term "Fever" is not easy to define, but coming as it does from the Latin "*febris*" which in turn is derived from the verb "*ferveo*," I am boiling hot, it seems natural to define it as an abnormal elevation of temperature. This elevation of temperature or burning up has always been regarded as a great source of danger, and Liebermeister, whose opinions on this subject have prevailed for thirty years, particularly said: "A man whose temperature measures continuously 104° F. (40° C.), or more, surely dies in consequence of the elevation of temperature, one in a few days, another after a somewhat longer time, according to the resistance of the individual." "If his temperature reaches 108.5° F. (42.5° C.), of more, then he is irrecoverably lost."

The usual reaction which sets in after all statements and scientific discoveries comes rather late in the case of fever, but it has at last appeared that some believe that this high temperature is a favorable sign and is evidence that the body is trying to burn up all disease in it, and that the use of antipyretics, which at times seems so fruitless, is opposing the *vis medicatrix naturæ*.

Professor Welch, of the Johns Hopkins University, in discussing the pathology of fever in the Cartwright lectures thinks that these questions of fever and high temperature are clinical ones, and that a decision must be reached at the bedside rather than from the results of experimental pathology. Still the latter can shed light upon such questions as the effects of heat upon the functions of the whole body, and of its various organs, and upon the causes of parenchymatous and fatty degenerations. All symptoms of fever depend upon increase of temperature, which is the chief source or danger.

To determine the effects of increased temperature in fever three methods have been employed: one is to study the effect upon animals; the second is to examine in different fevers, and in different cases of the same fever the relation of the temperature to the other symptoms and to the general condition of the patient; and the third is to note the influence of reduction of temperature upon these symptoms. It is not easy to decide in case of high fever what symptoms are due to the high temperature, and what to the infectious or other conditions often present. The best way of testing this question is to raise the internal temperature by the external application of heat, and to note then the symptoms which, in the absence of other destroying factors, can be caused by the heat alone.

Welch had a heating-box constructed, and conducted some experiments on rabbits. He confined two large black rabbits in this box, keeping their rectal temperature up to 106°–107° F. The animals lay stretched out and breathing very rapidly, but ate greedily and did not appear ill. At the end of three weeks they were taken out, and seemed perfectly well. One was killed at once, and marked fatty degeneration of the heart, liver and kidneys was found. The animal lost weight while in the box. The temperature was raised gradually. Rabbits which had been bled succumbed sooner, and at lower temperature than robust rabbits, showing possibly that the

anæmic bear high temperature less well than the strong.

As a result of these experiments Welch has shown that because an animal may be killed by raising its temperature to 111°–113°, it does not follow that an increase of temperature of four or five degrees above the normal involves danger to life, or even any serious disturbance of the functions of the body. Human beings may probably tolerate temperatures of 107° F., or even higher, for a considerable time. The most striking effect of heat upon an animal is increased frequency of respiration, which is most probably due to the action of the heated blood upon the respiratory centres in the medulla oblongata, and to the stimulation of the skin by the heat, the latter being probably the more important factor.

Unfortunately experiments on animals do not give so much here as is desirable, because in them the respiration has a much more important function in temperature regulation than in man. From recent experiments of Martin it is established that increased frequency of the pulse in fever is referable to the direct action of the warmer blood on the nervo-muscular substance of the heart itself.

Welch does not seem willing to agree with other pathologists when they say that one effect of continued high temperature is a fatty degeneration of the different internal organs. He thinks that heart failure in high temperature is not altogether due to fatty degeneration of the heart muscles. In taking the blood-pressure of a rabbit which had been confined in the heating-box for two weeks, he failed to find any cardiac weakness, which shows that even a heart with fatty degeneration may perform its function.

All these experiments, valuable as they are, should be controlled by some method of clinical observation to make them of decidedly practical value; but as they now stand, they throw much additional light on the important subject of fever.

Miscellany.

THE TREATMENT OF CONVULSIONS IN CHILDREN.—Simon has found the following, by rectal injection most useful:

Chloral hydrat.	gr. 15.
Tinct. mosch.	gtf. 20.
Aquæ	3 12½ to 15.

This may be given in two rectal injections, care being exercised to avoid violence, which may irritate or injure the bowel.—*Gazette Médicale*, March 3, 1888.—*Med. News*.

A MEDICAL "TRUST."—A physician of Spencerville, O., writes to the *Medical Standard*: "The physicians of Spencerville and vicinity have combined for protection against delinquent debtors. The plan adopted is as follows: The physicians make out and exchange lists of patients who are delinquent debtors. All agree to refuse medical aid to such delinquents except for cash. The plan has worked like a charm, and many old debts are being paid. Let physicians elsewhere do likewise."—*Med. Rec.*

IPECAC IN HÆMOPTYSIS.—Bernabei ("Boll. del. sci. med. di Siena"; "Gazz. med. ital. Lombard.") feels confident of always being able to check phthisical hæmoptysis within a few hours by giving two grains of powdered ipecac every fifteen minutes.—*N. Y. Med. Jour.*

IMPURE ANTIPYRIN.—The extraordinary demand for antipyrin is very much in excess of the supply, and great pressure is put upon the manufacturers to increase the amount of the manufactured article in the market. The consequence has been that due care has not been shown in the purification of the drug, a certain proportion of benzine having been detected in samples submitted to analysis, according to Dr. Dujardin-Beaumez. This impurity may account for some of the toxic symptoms which have been reported, such as cutaneous eruptions, gastric troubles, and even grave cerebral symptoms, more particularly in the aged.—*Brit. Med. Journal*.

Medical Items.

The Jefferson Medical College of Philadelphia at its sixty-third annual commencement recently held conferred diplomas upon 188 students.

The Boston Medical Library Association has recently received a gift of \$1,000 towards the payment for the land recently acquired by it for its proposed new building.

Sir Andrew Clark has been elected president of the Royal College of Physicians after a keen contest with Dr. Quain. Sir William Jenner, the retiring president, has held the office seven years.

Dr. Thomas Keith, the distinguished abdominal surgeon, has announced his intention of removing from Edinburgh, Scotland, to London where a wider field presents itself for special work. Edinburgh's loss is London's gain.

Dr. T. J. Gallwey writes to the *British Medical Journal* that he has had success in the treatment of phagedenic ulceration of the glans penis by the use of calomel, applied liberally, when other remedies had failed. The recovery began at once and was perfectly accomplished.

The New York Post-graduate Medical School held its third annual banquet on April 10th, at the Hotel Brunswick. It was stated by the Secretary of the Faculty that the number of students during the past season had nearly doubled and that thus far 265 had matriculated.

Dr. C. R. Agnew, the well-known ophthalmologist of New York City, died in that city on April 18th. Dr. Agnew was one of the consulting surgeons in the case of the late Senator Conklin and only survived his distinguished patient twenty-four hours. His death resulted from peri-typhlitis.

Dr. C. H. Mitchell, who has occupied the position of Resident Physician to the Maryland University Hospital for several years past, has declined a re-election and will engage in private practice in this city. Dr. Mitchell is succeeded by Dr. Frank H. Martin, the assistant Resident Physician during the past year.

The College of Physicians and Surgeons of New York is credited with about 800 students during the past session, and Bellevue and the University of the City of New York with 700 each, making a total of 2500 medical students for the City of New York. In addition to these there were 50 students at the Woman's Medical College.

Dr. Wm. A. Jones, a graduate of the University of Maryland, class 1873, died at his residence this city, on April 15th, with consumption, at the age of 42 years. Dr. Jones was a

native of Montgomery County, Maryland, but has practiced his profession in this city since date of graduation. He has held the position of vaccine physician and as coroner for the Western District, and at one time held the chair of obstetrics in the Baltimore Medical University. He leaves a wife and one child.

The eighty-first annual commencement of the University of Maryland School of Medicine was held on April 17th. The degree of M.D. was conferred upon 81 graduates, The University prize, a gold medal, was awarded to Dr. J. Whitridge Williams, of Baltimore. The Miltenberger prizes, cases of instruments, were awarded to Drs. J. W. Williams and W. S. Bowen. The Chisolm prize, an ophthalmoscope, was awarded to Dr. J. W. Funck; the surgical prize, a case of instruments, to Dr. Henry B. Thomas, and the McKew memorial prize, a gold medal, to Dr. E. Grover Wicks. The address to the graduates was delivered by Rev. J. E. Grammer, of Baltimore.

The Medical and Chirurgical Faculty of the State of Maryland will hold its ninetieth annual convention in the hall of the Faculty (Athenæum Building), corner St. Paul and Saratoga Streets, Baltimore, commencing Tuesday, April 24th, 1888, at 12 m. The executive committee announces the following: Delegates will present their credentials on Tuesday, at 11:30 a. m. The President's address will be delivered on the same day, at 12:30 p. m. Prof. Richard Gundry, of the Maryland Hospital for the Insane, will deliver the annual address, on Wednesday, the 25th inst., at 12 m. His subject is, "Some Problems of Mental Action." Volunteer papers must be sent to Dr. Robert T. Wilson, assistant secretary on or before the first day of the Convention. The large Conversational hall and galleries will be used for extensive pharmaceutical exhibits. The profession is cordially invited.

The annual reunion and banquet of the Alumni Association of the University of Maryland was held at the Eutaw House on the evening of April 17th. Dr. Christopher Johnston, president in the chair. The annual address was delivered by Dr. W. F. A. Kemp, of Baltimore, of the class of 1872. A memorial of Prof. Jules T. Ducatel was read by Dr. E. F. Cordell, and a portrait of Prof. Ducatel was presented to the Association by Prof. George W. Whistler, of this city. The following officers were elected for the ensuing year: President, Dr. Charles O'Donovan; Vice-Presidents, Drs. Roberts Bartholow, C. H. Ohr and John Dickson; Recording Secretary, Dr. J. F. Martenet; assistant Dr. C. E. Sadtler; Corresponding Secretary, Dr. H. Harlan; Treasurer, Dr. G. L. Taneyhill; Executive Committee, Drs. E. F. Cordell, W. Chew Van Bibber, C. H. Jones, P. H. Reiche and J. E. Michael. The graduating class of 1888 was introduced to the Association by Prof. J. E. Michael, Dean.

Original Articles.

LECTURES ON THE CUTANEOUS MANIFESTATIONS OF SYPHILIS.

BY GEORGE H. ROHÉ, M.D.,

Professor of Dermatology and Hygiene in the College of Physicians and Surgeons, Baltimore.

LECTURE III.

THE PAPULAR SYPHILIDE.

In a case of syphilis passing through its regular evolutionary cycle the papular syphilide is the second in order of the cutaneous manifestations of the disease. This lesion appears under several morphological characters, which differ so much clinically that they require separate description. In order to distinguish the peculiarities of each of these varieties of the papular syphilide it will be well to make the following division:

- a. The conical papular syphilide.
- b. The flat papular syphilide.
- c. The scaly papular syphilide.
- d. The moist papular syphilide.

a. *The Conical Papular Syphilide.*

[Synonyms: Miliary Syphilide, Lichen Syphiliticus, The Small Papular Syphilide, Papulo-granular Syphilide.]

The eruption of the conical papular syphilide generally follows very closely upon, or may be contemporaneous with the erythematous syphilide. Its period of eruption is usually completed within a week. Sometimes the entire eruption comes out in the course of forty-eight hours. It appears in the form of acuminate papules from the size of a minute punctiform elevation to two millimeters in diameter. The color of the papules is at first bright red, later becoming brownish or livid. The surface is smooth and shiny except when covered with desquamating epithelium. At times the apices of some of the papules contain minute droplets of serum constituting small vesicles. Some authors have described this stage of efflorescence as a separate variety under

the name of the vesicular syphilide. The vesicular stage of the papule is, however, very transient, the fluid being either reabsorbed or evaporating, leaving the papule capped by a small scale, consisting of the upper layer of the epidermis which has been raised off from the rete below by the effused serum. During the involution of the eruption which is usually a very slow process when untreated, lasting from two to three months, the color undergoes the modifications mentioned, and there is sometimes desquamation of the papular summits. In colored patients this is sometimes so marked as to give the lesions a distinctly white appearance. When the papules become absorbed, they leave, according to Kaposi, minute depressions of the surface, to mark the seat of the lesions.

The acuminate syphilide is most freely distributed upon the face and back, but no portion of the surface is exempt from it. It is less frequent upon the palms or soles, where it may be substituted by the flat papular eruption. In some situations, particularly the genital region, and the flexures of joints, it is aggregated in solid sheets from two to five centimeters (one to two inches or more) in extent. Fournier describes this as a separate variety. The papules are sometimes, though not very frequently, arranged in circles or crescentic groups.

Differential Diagnosis of the Conical Papular Syphilide.

The disease most likely to be mistaken for this form of the papular syphilide is lichen planus. In many cases the diagnosis is very difficult unless other concurrent specific symptoms are present. I have at present under treatment a case of lichen planus in which this resemblance is striking. The main points of difference are the slower evolution in lichen and the tendency to become aggregated in patches with a flat surface. In lichen there is usually itching, while in the papular syphilide this symptom is rare. Papular eczema can generally be excluded by the dul

color of the eruption and the intense itching.

Prognosis.

The conical papular syphilide is often exceedingly resistant to treatment and may recur after disappearing. The recurrent form—sometimes after two or three years after the first outbreak—is usually only sparsely distributed in small groups and patches in the articular flexures of the elbow and knee (Kaposi).

b. The Flat Papular Syphilide.

[Synonyms: Lenticular Syphilide, Large Papular Syphilide, Syphilide Merisée].

The flat papular syphilide differs from the preceding in the size, form and distribution of the lesions, its frequency, and its mode of evolution. The lesions vary in size from five millimeters to two centimeters (one fourth to three fourths of an inch) in diameter. They are elevated above the skin, and either flat or slightly convex on the surface. The papules come out in succession, in a sub-acute or chronic course and usually persist for months. Their shape is rounded or oval, and the color that generally characteristic of the syphilides. The base of the papules seems to be sunk deeply in the skin. They are firm to the touch of the finger and cannot be made to disappear under pressure. The surface is either shiny, or covered with minute whitish scales. When undergoing involution they become smaller and flatter, and when the infiltration has disappeared a brownish pigmentation is usually left which slowly fades out and may give place to a whitish spot indicating deficiency of pigment. There is sometimes also an absorption of normal tissue, leaving a slight atrophic depression to mark the site of the former lesion.

The lenticular syphilide is the most frequent form of the papular eruption. It is usually disseminated, not aggregated in groups, and may be found on almost any part of the surface of the body, although, like the other syphilides,

it has certain seats of predilection and exclusion. Its favorite points of localisation are, the frontal, fronto-temporal, and occipital margins of the hairy scalp, the scapular and sacral region, the genito-crural fold, the angles of the mouth and nostrils, the flexures of the elbows and knees, and the inner surfaces of the upper arms and the thighs. The face, except the localities mentioned, the extensor surfaces of the limbs and the dorsal surfaces of the hands and feet are almost entirely exempt from the eruption of this lesion.

Difficulty in diagnosis can rarely occur between the flat papular syphilide and other cutaneous affections. When the papules are very scaly, they may suggest psoriasis, but the different localisation, and indeed the entirely different clinical history of the latter disease will furnish a ready means of diagnosis. Subjective symptoms are absent in the syphilitic eruption.

This lesion, is like the miliary syphilide, frequently an early manifestation of syphilis. It is sometimes found accompanying the erythematous eruption, but it is not rare as a late form, being classed by some authors, among the late secondary or intermediate eruptions. It frequently relapses, after months or years from the date of its first appearance.

c. The Scaly Papular Syphilide.

[Synonyms: Syphilitic Psoriasis of the Palms and Soles, Squamous Syphilide, Papulo-squamous Syphilide, Lepra Syphilitica].

This variety of the papular syphilide although one of the most characteristic of the cutaneous manifestations of the disease, nevertheless gives rise to more mistakes in diagnosis than any other cutaneous lesion. Its study therefore demands especial attention.

As mentioned in the last lecture, the erythematous syphilide when it occurs on the palms and soles frequently becomes scaly. The same modification occurs in the papular syphilide when it occupies these localities. Indeed the appearance of a papular syphilide of

the palms is so strikingly different from the same lesion occurring upon other parts of the body that in naming it, the elementary lesion is ignored and most syphilographers speak of it as palmar and plantar psoriasis, while others term it the squamous syphilide. Both of these names are improperly used, since psoriasis is an independent cutaneous disease, as widely different as possible in essential nature from syphilis, while dermatologist and syphilographers are fully aware that the desquamative process in the eruption under consideration is merely a stage of involution in the history of the elementary lesion, *i. e.* the papule.

The scaly papular syphilide develops in the following manner; brownish-red papules, about half a centimeter (one-fourth of an inch) in diameter appear upon the skin of the palms and soles. When they are abundant they may extend over the palmar and plantar surfaces of the fingers and toes. Sometimes after the affection has lasted a long time, the eruption may invade the lateral surfaces of the fingers. The dorsum of the hand or foot is, however, never attacked.

At first these papules are not elevated above the surface, on account of the thickness of the epidermis, but the infiltration can readily be detected by the touch. Gradually the lesions become slightly elevated, and the surface becomes hard and callous, like the callosities produced by the use of certain tools. Presently the tops of the papules become detached spontaneously, or are scratched off by the patient, and leave a red base surrounded by a finely serrated whitish scaly margin. The young epidermis on the surface of the lesion rapidly becomes dry and is exfoliated and thus the desquamation becomes more or less continuous.

The deep lines in the palm and the flexures of the fingers are the preferred seats of the papulo-squamous eruption. On the plantar surface the concave arch is most frequently affected. The constant motion to which the integument of the palms is subjected causes deep fissures in the infiltrated skin. These some-

times extend into the cutis and give rise to severe pain with every movement of the hands or fingers. This constitutes one of the exceptions to the general rule that the syphilides are not accompanied by subjective symptoms.

The eruption may extend along the fingers and invade the matrix of the nails, which become brittle and lose their lustre.

When the lesions have persisted a long time, the elementary characters are gradually lost and a diffused brownish-red infiltration with a broken squamous surface is seen. In this stage there are often no other evidences of syphilis apparent on superficial examination, and an exact diagnosis may be difficult.

Differential Diagnosis of the Scaly Papular Syphilide.

“Quoties ego video pustulas istas in capite, aut rhagades in manibus, indicium certum profero Gallici: cætera signa fallunt nos, hæc certissima sunt” expressed the confidence of Gabriel Fallopio in the value of this lesion as a diagnostic mark of syphilis. Ricord, more positive than his predecessor of the sixteenth century called the papulo-squamous syphilide of the palm and sole “the diagnostic of pox, written on the hand or the foot of the patient” and Fournier, whom we may regard as among the greatest of modern syphilographers states that “palmar or plantar psoriasis is a *veritable certificate of syphilis*, an authentic certificate, against which there is no possibility of protest.” I should be glad to accept the assurances of these distinguished masters that a palmar psoriasis is necessarily syphilitic, were it not established by a number of carefully observed and recorded cases, that a non-syphilitic psoriasis may occur upon the palms. This fact makes it necessary to point out the distinguishing features between the scaling syphilide of the palms and other affections that may be mistaken for it.

The disease most likely to be mistaken for the papulo-squamous syphilide is non-syphilitic psoriasis. In this disease there is a bright-red, slightly elevated base,

covered with white, silvery scales. On scratching off the scales with the finger nail, a thin pellicle is found, which if detached, is followed by a droplet of blood. The lesion begins as a red papule, which rapidly becomes covered with the white scales and which rapidly extends peripherally, so that if closely examined the true psoriatic lesion is found to consist of a pretty uniform sheet of elevated eruption, while the syphilitic manifestation is made up of individual papules more or less closely aggregated, and only incompletely covered with scales. These are also more firmly adherent than in psoriasis and often consist of little plates of cornified epithelium rather than fine imbricated scales. Too much stress must not be placed upon the appearance of the scales, however, for the occupation of the patient, or the attention he pays to the cleanliness and culture of the skin generally, may materially modify the ordinary appearance of the eruption. Much more reliance should be placed upon the clinical history of the case, for although as Ricord has well said: "the science of the physician is above the asseveration of the patient," much help may often be obtained from the patient's account of the origin and progress of the lesions. In true psoriasis there is usually a history of repeated outbreaks since early youth. Furthermore the eruption is especially liable to be localised upon the extensor surfaces of the extremities, the elbows and knees and the skin over the sacrum being favorite seats of the psoriatic lesions. In psoriasis, moreover, there is more or less pronounced itching, while this symptom is generally absent in the syphilitic eruption. In cases of doubt the aid of medicinal treatment may be invoked in the order to clear up the diagnosis. The syphilide will resist arsenic and yield to mercury, while psoriasis generally disappears if arsenic be given, but is not affected by mercury.

In scaly eczema of the palm there is always the characteristic infiltration giving the peculiar "leathery" feel to the skin when pinched up, the itching is usually very troublesome, and there is a history of occasional vesiculation and

"weeping" of the affected surface. The thickened skin is often deeply fissured and the fissures may bleed or exude serum and cause severe pain at every movement of the fingers or hand. Upon the soles, the epidermic accumulation is sometimes exceedingly great, being at times from half to one centimeter (one-fourth to half an inch) in thickness.

d. The Moist Papular Syphilide.

[Synonyms: Mucous patches of the Skin; Condylomata lata; Pustula foedatissima; Moist papules; Plaques muqueuses; Schleimpapeln; Feigwarzen.]

Upon surfaces of the skin more or less constantly in contact with one another as in the genital and perineal regions, the gluteal folds, the axillæ, between the toes, the folds of pendulous breasts, the umbilicus, or, in fact, any portion of the surface, kept constantly moist and warm, the papular syphilide undergoes certain transformations which necessitate description. The papules developing in such parts become macerated, the epithelial covering becomes softened and destroyed, and the whitish moist surface of the rete mucosum, with numerous little red points indicating the summits of the papillæ present themselves to view.

The warmth and moisture tend to increase the nutrition of the parts, and the papular lesions which on other dry portions of the cutaneous surface rarely exceed a diameter of half a centimeter, here undergo an excessive development, and the moist papular syphilide varies in size from one to two, three, or four centimeters in diameter.

These broad condylomata are distinctly elevated above the surface of the surrounding skin with a sharply defined margin, have a pinkish, bluish, or brownish surface, and discharge freely an offensive puriform secretion. The surface is sometimes much elevated, constituting a fungoid growth. Sometimes a large number of these mucous patches are closely aggregated together on surfaces especially favorable to their development. This is particularly liable to occur about the genitals, anus, or perineal re-

gion. I have seen a case in which the vulva, perineum and the inner surfaces of both thighs nearly to the knees, were so thickly covered with profusely secreting moist papules, that the raw surface looked like a continuous erosion or ulceration, elevated above the surface. At the borders of such a patch where the skin is kept dryer, the papules are less thickly scattered, and gradually the moist type is entirely lost, and the usual form of the dry papular syphilide is met with. Sometimes the moist surface undergoes ulceration, at others it becomes diphtheritic. In either event a loss of substance and healing by cicatricial tissue is likely to follow. This is especially seen in those moist papules occurring on mucous membranes, as in the mouth, where the mucous patch is generally found in the shape of an ulcer.

Moist papules are among the most frequent early constitutional manifestations of syphilis. Their secretion is highly contagious, and from their situation they are particularly liable to propagate the disease.

Lancereaux* gives tables compiled from the works of Davasse and Deville, and Bassereau, showing the seats of predilection of this lesion in the two sexes.

In 186 women, the moist papules were seated—

- Upon the vulva, 174 times.
 - Upon the anus, 59 times.
 - Upon the perineum, 40 times.
 - Upon the buttocks and inner surface of the thighs, 38 times.
 - Upon the tonsils, 19 times.
 - Upon the nose, 8 times.
 - Upon the tongue, 6 times.
 - Upon the toes, 5 times.
 - Upon the face, 5 times.
 - Upon the navel, 3 times.
 - Around the nails, 2 times.
 - Upon the ears and velum palati, 2 times.
 - Upon the inguinal fold, 2 times.
 - Upon the neck, nipple and cervix uteri, 1 time.
- In 130 men, the seat of the lesion was—
- At the anus, 110 times.

- Upon the tonsils, 100 times.
 - Upon the scrotum, 60 times.
 - Upon the lips, 55 times.
 - Upon the glans and internal surface of the prepuce, 28 times.
 - Upon the pillars of the palate, the tongue and the internal surface of the cheeks, 73 times.
 - Between the toes, 11 times.
 - In the genito-crural fold, 5 times.
 - At the orifice of the nares, 2 times.
 - Upon the posterior wall of the pharynx, 2 times.
 - At the insertion of the toe-nails, 2 times.
 - At the meatus urinarius, in the axilla, upon the gums, and the internal face of the thighs, 1 time.
- Desprès* has reported five cases in which the moist papular syphilide was found in the external auditory meatus. The lesions have also been observed upon the external ear, the vocal chords, the lacrymal caruncle and the conjunctiva.

Differential Diagnosis of the Moist Papule.

The only affection with which the moist papule or mucous patch is liable to be confounded is the pointed venereal wart, or gonorrhœal wart. The lesions are essentially different not only in their histology, but in macroscopic appearance, and attention is merely called to their difference here because the pointed warts are sometimes assumed to be syphilitic manifestations by careless observers. In rare cases, an excessively irritated ringworm of the genito-crural region may simulate the moist papular syphilide, but the free secretion, the offensive odor, the absence of itching and the distinct elevation of the affected surface above the level of the skin in the latter will usually suffice to distinguish it from the non-specific disease.

Minute Anatomy of the Papular Syphilide.

The histology of the syphilitic papule

*Traite de la Syphilis, p. 168.

*Cornil on Syphilis. Philadelphia, 1882, p. 131.

has been carefully studied by Cornil and Kaposi. The epidermal layer and the *rete* are preserved in the dry papule. The *rete* is however thinned at the apex of the papular lesion. At times the line of demarkation between the corium and the mucous layer is indistinct. The *rete* cells are dentated and have vacuoles. This is well shown in figures 33, 35 and 36 of Cornil's work on Syphilis. Similar changes occur in the moist papule or mucous patch.

The corium and papillæ are infiltrated with small round cells which resemble white blood corpuscles, but are usually much smaller. The papillæ are hypertrophied and project into the mucous layer, while the inter-papillary prolongations of the *rete* also project deeper than normally into the connective tissue layer. The color of the syphilitic papule is partly due to congestion and partly to actual extravasation from the engorged blood-vessels. Giant cells are also found in the cutis. The walls of the blood-vessels are studded with highly refractive nuclei, but the calibre of the vessels seem to be normal.

In the moist papules the same general histological features are maintained but the papillæ are very much increased in size and knobbed or branched at their extremities. In the centre of a suppurating mucous patch, however, the epithelial layer may have entirely disappeared and the ulcerating surface of the papillæ or even of the cutis itself may present itself to view.

Prognosis of the Papular Syphilide.

The papular syphilide usually runs a chronic course, but is easily influenced by appropriate treatment. Local as well as general measures must be employed. Moist papules are particularly liable to recur.

The State Medical Society of Tennessee held its annual session at Knoxville on April 10 and 11, under the presidency of Dr. P. D. Sims, of Chattanooga. The following officers were elected for the ensuing year: President, Dr. T. B. Hoppel, of Trenton; Vice-Presidents, Drs. C. M. Drake, of Knoxville, and C. W. Beaumont, of Clarksville; Secretary, Dr. E. Nelson, of Chattanooga; Treasurer, Dr. R. Cheatem, of Nashville.

TWO CASES OF PLACENTA PRÆVIA, MARGINAL IMPLANTATION.*

BY JAMES M. CRAIGHILL, M.D.,
OF BALTIMORE.

Although it is a recognized fact that marginal implantation of the placenta, is the least dangerous to mother and child of the different forms of placenta prævia, it is thought the two cases I am about to report would be of interest to this Society, and might perhaps create a practical discussion, which would be of benefit.

CASE I.—Henrietta S., colored, aged 35; seventh labor; strong and healthy; former labors normal, and no medical attendant. Sent for me Aug. 11, 1887, at 6 A. M.

Found patient much alarmed, saying she had lost a pint of blood.

Examination.—Os about size of a quarter, and no more blood than customary after labor has set in; pains not severe.

Concluded that the amount of blood reported was exaggerated, and ordered quiet, left to return in two hours. On my return found the os dilated nearly enough to admit passage of head, blood flowing in a steady stream; membranes not ruptured; position L. O. I. A.

Diagnosis.—Placenta Prævia Marginalis.

I ruptured the membranes at once, with the idea of trying to bring down a foot, and thus plugging the bleeding surface, control the labor.

The head immediately descended, and no more bleeding took place, until after the child was born. My patient was now in a very fair condition, after having had stimulants administered, with no hemorrhage, pains regular and everything going on nicely. Under the circumstances considered I was justified in letting nature do the rest if she would, especially as the child was supposed to be dead, as I was unable to hear fetal heart sounds.

*Read before the Clinical Society of Maryland, April 6th. 1888.

Delivery took place at 11 o'clock, five hours after my arrival; with the child came a very alarming flow of blood, which I checked by inserting my hand into the uterus, and causing contraction to take place. As a precaution against hemorrhage I gave ʒi of Squibb's ergot, and the placenta soon came away without any further loss of blood. This woman insisted on giving birth to the child, in the knee elbow position.

The mother was very anæmic from loss of blood, but went on to a fair recovery, with no rise in temperature.

CASE II.—Mrs. M., white, primipara, aged 23, robust and the picture of health.

She had engaged me a month or two previous to attend her and December 25, 1887, was the day appointed for the probable confinement.

December 23.—I was hastily sent for in the morning. Called immediately and found the patient sitting up bleeding so freely, as to form a pool on the floor, and complaining of slight bearing-down pains.

Examination revealed the cervix long and narrow, and only sufficiently dilated to admit the index finger, far enough to make out the presenting head. Auscultating the abdomen, heard the foetal sounds quite distinctly to the left and below the umbilicus.

Put the patient to bed, with direction to remain perfectly quiet; saw her again about noon, and everything about in same condition as when I left.

4 P. M.—Was again sent for; found on arrival at the house that she was passing more blood. Cervix still in same condition as in the morning. Gave a hot carbolized vaginal injection, tamponed the vagina, using pledgets of absorbent cotton, wrung out in warm carbolized water, with the idea of both stopping the hemorrhage and causing dilatation of the cervix to take place.

8 P. M.—Removed the tampon and gave another injection, brought away some clots. Cervix very slightly enlarged, since last examination some bearing down pains; foetal heart sounds not so distinct. Remained until 2 A. M., and no further bleeding or pains; gave an anodyne and returned home.

Dec. 24, 9 A. M.—Hemorrhage commenced again; after hot enema tamponed, this time using an ordinary carbolized roller bandage, packed in as tightly as possible, and filling the rest of the vagina with absorbent cotton, which I removed in a few hours; no bleeding. Saw patient several times during the day, but did not hear foetal heart sounds.

7 P. M.—Os dilated to about half inch, felt margin of placenta on right side.

8 P. M.—Called in Dr. Barton Brune. He confirmed my diagnosis of marginal prævia, and suggested the use of Barnes' bags if found necessary, and to administer gr̄s. X each of F. Ext. Ergot and Tr. Opii deod., which was given every three hours for three doses. I again remained with patient until 2 A. M.

Dec. 25.—I spent most of the day with patient, as she had just enough pain to make it imprudent for me to leave. Bleeding continued slightly all day. Dr. Brune also saw her again Christmas morning; neither of us could hear any foetal sounds. Temperature was at 100.

About dusk slow teasing pains came on, and thinking the time had come for emptying the uterus, I sent for Barnes' bags, but before they came the pains commenced in earnest, the cervix dilating nicely, assisted by passing my finger around its edge, and about 9 P. M. waters broke.

From this time out I had no further trouble, until about 11:30 when the head was well down on perineum, patient exhausted, pulse weak; I applied forceps and delivered a dead child, with umbilical cord wrapped around the neck. I expressed the placenta in about one hour getting it all after some difficulty. One edge of it appeared dry and hard, as though it had been tightly pressed. The patient went on to a good recovery, except she had a temperature of 100 and a quick pulse for two days when her milk came.

On the third day after delivery, I found her in the evening with a temperature of 103, lochia foul smelling, and every sign of septic trouble. I gave an intra-uterine injection of bi-chloride of mercury solution 1 to 5000 and ordered

vaginal injections of carbolized water twice daily, also antipyretic doses of quinia and antipyrin. Next morning I found patient in good condition and normal temperature. Continued vaginal injections for several days. No further trouble with the case.

In both cases related it will be observed, no attempt to turn was made. In case I. if the child had been alive when I ruptured the membranes, delivery as quickly as possible seemed to be the proper procedure so far as the child was concerned; but it was a question whether the mother's life would not have been placed in greater jeopardy, had I attempted to turn.

In case II. it is now thought that perhaps the use of Barnes' bags might have been the proper treatment. Acting both as a tampon, and a dilator of the cervix they would have enabled me to have brought the labor to a more speedy termination.

It will be observed that ergot was given in very small doses in this case, but not until it was pretty certain that foetal death had taken place.

It is a question whether the death of this child was due to suffocation from the cord, or from the detachment of the placenta. From the cyanosis of the head, in my opinion it was strangulation.

The mortality of the child is so great in placenta prævia, that it is hard to decide, as each case arises, just what should be done. It seems proper to estimate the life of the foetus as nothing in comparison to that of the mother, and often in these cases the shock from turning will be so great that the mother will not survive it, especially if enfeebled after a very great loss of blood.

Another thing to be properly advocated in obstetrical cases, appears to be less meddling by the physician than is the practice of some.

He is performing his duty to his patient by encouraging her to the utmost, watching the case closely for any accidents, and then allowing nature to do the balance if she will.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Ninetieth Annual Meeting, held at Baltimore. April 24, 25, and 26, 1888.

(Specially reported for the MARYLAND MEDICAL JOURNAL.)

TUESDAY, APRIL 24.—FIRST DAY.

The ninetieth annual session of the Medical and Chirurgical Faculty of Maryland was convened in the Hall of the Faculty, corner St. Paul and Saratoga Streets, on Tuesday, April 24th, at 12:30 o'clock, P. M. The President, Dr. I. E. Atkinson, presided over the meeting. After the reading of minutes of previous meetings, by Dr. G. Lane Taneyhill, the President read his annual address.

PRESIDENT'S ADDRESS.

The President's Address was then made on the subject of

MEDICAL CHARITIES.

He began by speaking of the evil effects of indiscriminate alms-giving and poor relief, and its tendency to pauperize the recipients. Much of such charity does a small fraction of good, but intensifies the very evils that it is intended to arrest. Fortunately there are many with wealth, kindness of heart, clearness of brain and energy of hand, who realize that the bestowal of alms is not always true charity, that assistance to the unworthy may prove unjust to the deserving and meretricious to the recipient. A large class also does good by distributing the bounty of others. The outcome of all such united efforts at systematic charity resulted in the formation in several cities of "Charity Organization Societies." They have done an immense benefit to the deserving poor. It may be profitable to consider the administration of medical charity, a subject worthy of attention, and not trite. Generally those who stand most in need of assistance are those whose misfortunes are the more or

less immediate results of their own action. Two classes receive charitable relief, *first* those who from disease or infirmity are made to work for a livelihood, and, *second*, those, who, suffering from neither of these disabling causes mentioned, live in idleness. All in the first class need help and not all in the second class should be excluded. Able-bodied paupers exist now since the days of strikes. The well and healthy workman may find as the result of his toil enough compensation to supply his daily wants but when sickness appears he appeals to charity for support. In 1872 London, with four millions of inhabitants treated gratuitously at the various hospitals and dispensaries eleven hundred thousand; fifty-eight thousand as in-patients and one million and eighty-three thousand six hundred and seventy-four as out-patients, and in this year £994,388 were contributed to this object; that is about three persons in every ten in London, received medical charity in 1872. The stress of work on the medical attendants in these dispensaries is so great that in one hospital (St. Bartholomew's) dispensary 120 patients were seen and dismissed in 70 minutes, that is 35 seconds for each patient. Pauperism often begins in this way. Patients able to pay are daily seen in our dispensaries and hospitals. The competition of medical schools for clinical material and the medical men for clinical experience encourage this pauperism. The "Provident Dispensary Plan," started by Smith of Southam, England, in 1837, has not been the success it should be. In 1874 there were only eleven such dispensaries in London. The B. and O. R. R. Relief Association is a good example of an excellent organization for medical relief. In all such institutions membership must be compulsory. The American laborer and poor man is less willing to go to the hospital in this country than in England. Our hospital arrangements are defective and their equipment and management are inadequate. In New York City there are 3,502 public free beds and 1418 private free beds, while in Baltimore there are only 868 free beds, of which

365 are in the Almshouse. Organized charity would soon weed out the undeserving cases and the saving would more than compensate for the expense of investigation by paid officers of the society. District nursing would largely increase the amount of good which the medical man does. Even the Johns Hopkins Hospital with 120 free beds cannot fulfill all the requirements of this community. We should work toward the perfection of our medical charities and strive for improvement in the future.

At the close of the President's remarks a resolution of thanks was offered for the address and a request that the same be given to the committee on publication for insertion in the annual volume of Transactions. This resolution was unanimously adopted.

REPORTS OF OFFICERS AND COMMITTEES.

Under the call for reports the Corresponding Secretary, Dr. J. T. Smith, presented a report stating that he had conducted the correspondence of the Faculty and had performed other duties pertaining to his office to the best of his ability.

TREASURER'S REPORT.

Dr. W. F. A. Kemp, Treasurer, read his report, which gave at some length the financial status of the Faculty, and other facts pertaining to his office. The amount received by the Treasurer during the year was \$1,936.50. The disbursements were \$2,187.99. The assets of the Faculty are as follows: Building Fund account, \$192.40; value of the Library (estimated) \$9,500; due from members \$320. The liabilities of the Faculty are \$251.49.

During the year ten members had been added to the roll-call; losses by death 2, and for non-payment of dues 7, making a total loss of 9.

REPORT OF THE EXECUTIVE COMMITTEE.

The report of this committee was read by the Chairman, Dr. G. W. Miltenber-

ger. The report presented a statement of the work of committee during the year.

REPORT OF PUBLICATION COMMITTEE.

This report was presented by Dr. G. Lane Taneyhill, Chairman. The committee has expended \$216.60 in publishing the annual volume of Transactions and in reprint of address. Copies of the Transactions were mailed to all the State Medical Societies and to many medical journals and societies throughout the world.

REPORT OF LIBRARY COMMITTEE.

Dr. B. B. Browne made the report of the library committee. The library has now 6,078 bound and unbound volumes. There are nearly 4,000 pamphlets. The committee received \$569.44 and expended \$564.20.

REPORT OF COMMITTEE ON MEMOIRS.

Under this head reports were presented by Dr. John Morris and Dr. E. F. Cordell, the former containing a biographical sketch of the life of Dr. J. H. Prentiss and the latter of Dr. Wm. Riley, both members of the Faculty who had died during the year.

REPORT OF THE SECTION ON SURGERY.

The report of the Section on Surgery was made by Dr. Christopher Johnston and was devoted largely to the consideration of the subjects of Tetanus and Erysipelas. Surgeons boldly invade all the great cavities of the body for the cure and diagnosis of diseases. Pathology, diagnosis and the means of relief have marched hand in hand. In brain surgery physiology and pathology work together. There exist traumatic tetanus and traumatic erysipelas, and also idiopathic tetanus and erysipelas. These diseases cannot originate *de novo*. Cold, damp and bodily conditions were supposed to be the great causes, but the microbe, though not recognized by some, is undoubtedly the cause in all cases.

The two sides of the question are argued by the dualists and unicists, each having their followers. Verneuil is a unicast. Nocolaien and Flügge believe in the bacteriological origin of the disease in every form. Certain localities and soils seem to possess the power of causing tetanus. There is a tetanic district near Baltimore and one on Long Island. Many investigators have looked for the bacilli of tetanus with varying results. The inoculations were not always free from objection. Human tetanus is an infectious disease, transmissible from man to rabbit. Many veterinary surgeons have had a succession of cases of tetanus after castration, evidently due to infected instruments. Verneuil thinks that operators may convey tetanus to man or animal with infected instruments even used after long intervals. Horses seem to have much to do with conveying tetanus to man. Brieger eliminated several different *toxics* from cultivation of tetanus bacillus.

The microbe of erysipelas has been isolated, cultivated and inoculated. It seems necessary in operation to isolate patients as an element to success. The evidences of the contagiousness of erysipelas are now to be admitted as abundant and satisfactory.

To summarise: The microbe of tetanus is a possibility, as also its contagiousness. The equine origin of the disease cannot be accepted. Erysipelas is propagated by a special microbe, that of Fehleisen. It has been isolated, cultivated and inoculated. Suppurative symptoms are probably produced by the streptococcus aureus.

As a supplementary report to the Section on Surgery, Dr. R. W. Johnson read a paper entitled "The Treatment of the Sac in Inguinal Hernia." After dwelling on the dangers of hernia and the importance of the subject as characterized by the attention paid to it by the British Medical Association during the past year, he freely reviewed some of the earlier writers on the subject and its treatment, the manner of operation and the various remedies employed in its treatment. He referred to the manner

in which castration had been employed in the operation for hernia. He divided the cases into three classes; first those under the easy control of the truss, second those not so, and third those cases about whose contents there is any doubt or uncertainty. In all cases an operation may be justifiable even if the hernia be non-strangulated.

Dr. Johnson's paper was discussed by Drs. Michael and Chambers.

WEDNESDAY, APRIL 25.—SECOND DAY.

The Faculty resumed its sessions on Wednesday at 12:30 p. m., the President in the chair. After the reading of minutes of the last meeting candidates were balloted for and elected. The Examining Board for the Western Shore reported the following names for election to membership; Drs. Jackson Piper, John D. Kremier, J. C. Hammeter, C. H. Vees, J. R. Winslow, C. H. Bubert and P. F. Sappington.

The annual oration was then delivered by Dr. Richard Gundry, Superintendent of the Maryland Hospital for the Insane. Dr. Gundry announced as his subject, "Some Problems in Mental Action." In a scholarly and chaste address he traced the various causes of insanity. There are three causes to which it is referable, inheritance, environment, and personality. Each of these influences was considered at some length. As methods of prophylaxis and treatment Dr. Gundry urged the importance of manual training as a means of mental diversion and training. Those predisposed to insanity, he insisted, should early be taught the lesson of self-control. The inhibitory power of physical exercise may be seen in various ways, "A boy noisy, blasphemous, etc., quiet all the week when at work, noisy on Sunday. Set to work on Sunday and then quiet all the time."

The inebriate, the vicious can all be reclaimed by methods of substitution, provided they themselves seize the idea and do not let it slip away. Character may be largely formed by circumstances but our own desires have much to do with shaping these circumstances.

A vote of thanks was extended to Dr. Gundry for his address.

REPORT OF SECTION ON THE PRACTICE OF MEDICINE.

Dr. P. C. Williams, chairman of the Section on Practice of Medicine, read this report:

He called the attention of the Faculty to several important points.

1. We should recognize the meeting of the International Medical Congress held at Washington last year as an era in the medical history of the world and of our country.

2. Several clinical points are of great interest.

a. The peculiar epidemic of measles in Baltimore this year. It was wide spread, severe, had unusual nervous symptoms, and unusually high temperature at a late period of the disease with no inflammatory trouble in the lungs and few cases of secondary pneumonia. From October to March included there were 149 deaths from measles, beginning with 3 in October and ending with 49 in March. A serious result for a disease usually considered trivial.

b. Prevalence and mortality of pneumonia in Baltimore.

From October to March included there were 485 deaths from pneumonia in Baltimore, beginning with 33 in October and ending with 133 deaths in March. Many cases among the young. Before 45, single pneumonia not usually considered dangerous. Questions whether it is inflammatory or contagious disease.

c. There has been a great prevalence of serous diarrhoea apparently due to climatic changes and not to bad water.

d. Fifteen years ago he read a paper on the use of yellow jessamine in supra-orbital neuralgia. Believes it now almost a specific, next to ergot in cerebral congestion. The tincture is used, and a stronger tincture is used than usual. He stops it when ptosis appears.

Dr. George J. Preston then made a supplementary report on the subject of

After speaking of the ease of opening the peritoneal cavity without danger he said that the terms para-typhlitis, perityphlitis and appendicitis were cumbersome terms and probably not correct as it was doubtful if one occurred alone in man. The best division is into,

1. Typhlitis stercoralis.
2. Perityphlitis.
3. Appendicitis.

After reviewing the anatomy he said that appendicitis was not easily recognized during life. He enumerated the number of objects found in the cæcum. The symptomatology is quite distinct. It is not easy to speak of its duration. Occasionally the sac ruptures, and sometimes again it takes on a chronic form. After speaking of the etiology, he said that cases of perityphlitis and typhoid fever were not seldom confused. The prognosis of simple perityphlitis is good if all obstruction be removed; sulphate of magnesia is dangerous with inflammation. An operation should be avoided but pus evacuated, and the evacuating needle as an aid to diagnosis is not so dangerous as was supposed. He cited two cases from his own practice in one of which an operation was performed with good result.

DISCUSSION.

Dr. William B. Canfield spoke of the part which intemperance played in the large mortality from pneumonia among the younger adults, and also of the contagious element of the disease as well as its inflammatory nature.

Dr. Joseph T. Smith spoke of bad and unfiltered water as causing diarrhoea.

Dr. P. C. Williams replied that intemperance increased the mortality of all diseases. About 70 per cent. in hospitals die of diseases in which intemperance plays an important part. In the first quarter of 1887 there were 199 deaths from pneumonia in Baltimore, and in the first quarter of 1888, 335 deaths. He believed in the inflammatory theory.

Dr. William Rickert approved of recognizing the International Medical Congress. He thought that climate had

much to do with the causation of measles, pneumonia, diarrhoea and dysentery. He thought that supra-orbital neuralgia was a symptom and not a disease.

Dr. Richard Gundry recalled treatment by bleeding. He thinks little of this treatment, but prefers small doses frequently repeated. He fully believes that diarrhoea and dysentery are due to climatic changes.

SECTION ON OBSTETRICS AND GYNECOLOGY.

Dr. L. E. Neale then read a paper comparing

CÆSAREAN SECTION AND CRANIOTOMY ON THE LIVING CHILD.

After reciting two cases he proceeded to mention the best possible treatment of contracted pelvis.

1. Removal of the uterine appendages before conception occurs.

2. Induction of premature labor at a period of extra-uterine fetal viability.

After speaking of delivery by version, forceps and other means in contracted pelvis, he said the last resort was Cæsarean section or craniotomy. Craniotomy destroys one-half of the human lives at stake, while Säger's operation as now performed saves almost all mothers and children. He does not believe that pelvimetry on the living subject at term, is always sufficiently accurate to be a guide, for we have no means of measuring the head of the unborn child. It does not seem as if the natural passages being $2\frac{1}{2}$ inches conjugate, the line of natural delivery should be drawn there. Craniotomy does not seem right when death is certain for the child, while Cæsarean section gives them both a chance.

Dr. S. H. Branham thought too little was said about the mortality of the child. The operation should be done at the time of election, and this is at full term.

Dr. George W. Miltenberger said that a week or two before full term was an equally favorable time. The uterus was just as capable of contracting, and it had

no effect on the mortality of the child.

Dr. J. H. Branham thought that a week or two earlier made a great difference in the viability of the child; he also thought that we could judge of the arrival of full term by the cervix.

Dr. George W. Miltenberger did not agree with him at all. In a large proportion of primiparæ children are delivered one or two weeks before the time with no harm to mother or child. It was not possible to make such hair-splitting distinctions in the condition of the cervix.

Dr. Wilmer Brinton thought that more stress should have been laid on pelvimetry, and the result will decide as to craniotomy or Cæsarean section. He did not think that foreign statistics of operations could apply to this country.

Dr. L. E. Neale in conclusion said that he operated as near term as it was possible to find. He does practice pelvimetry, but it does not always seem so easily safe from difficulties.

CARBOLIC ACID IN THE TREATMENT OF PHTHISIS.—*M. Dujardin-Beau Metz*, in a lecture which he recently delivered on carbolic acid in the treatment of phthisis, expressed himself to the following effect: "The absorption of the acid by the air passages being out of the question, the only means of administering it is by hypodermic injections and by the alimentary canal (stomach or rectum). As the digestive organs of phthisical patients are usually out of order any irritation of the stomach should be avoided in their case. The skin and the rectum are therefore the only means by which the acid can be safely introduced. It has been used by many medical men in cases of pulmonary tuberculosis. The injection may be hypodermic or into the deeper parts; by this means the antiseptic liquid may be conveyed to the very spot in which the lesion exists. Professor *Lépine* and his pupil *Truc* tried intra-pulmonary injections of a 2 per cent. alcoholic solution of creasote in tuberculosis. A weak solution of morphine had been previously injected to prevent pain. These authors recommended iodoform, with which excellent

results were obtained in the treatment of tuberculous abscess. For the carbolic acid injections a syringe large enough to hold 5 grammes of the liquid should be employed. A 2 per cent. solution of carbolic acid, perfectly pure, and previously dissolved in glycerine (alcohol is irritating) should be used. The spots at which the injections are made should be chosen in the anterior portion of the chest, below the clavicle. The number of punctures to be made must be determined by the special character of the affection, but an excessive number may cause symptoms of carbolic acid poisoning. Under this treatment it will be found that in a large proportion of cases the appetite returns; the patients can leave their beds and walk out; the coughing and expectoration are diminished, and the night sweats frequently cease.—*Brit. Medical Journal*, March 10th, 1888.

MENSTRUAL BLEEDING FROM A LAPAROTOMY SCAB.—At a recent meeting of the Kiev Obstetrical and Gynæcological Society, Professor *Georg E. Rein* showed (*Vratch*, No. 7, 1888, p. 136) a menstruating woman from whom he had about three years before removed a cyst of the right ovary weighing 37 pounds, fixing the pedicle in the abdominal wound. The patient soon recovered, and the wound healed, but at one part of the scar there remained a diminutive slough, which fell off just before the beginning of menstruation, its separation being followed by a constant flow of blood from the denuded surface during the whole catamenial period. The phenomenon had regularly recurred monthly ever since. As a rule, the scar begins to bleed somewhat earlier than the uterine flow makes it appearance. The menstrual blood from the cicatrix has a characteristic odor. It is difficult to explain such an occurrence. Possibly, a Fallopian tube or one of the uterine cornua had been stitched together with the pedicle into the abdominal wound. However, Professor *Rein* hopes soon to ascertain the nature of this interesting and rare case, since the patient must undergo a second laparotomy for disease of the left ovary.—*Brit. Med. Jour.*

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BALTIMORE, APRIL 23TH, 1888.

Editorial.

THE COMING MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—The annual meeting of the American Medical Association to be held in Cincinnati, beginning on the second Tuesday in May, gives promise of being one of the most interesting assemblages in the history of this organization. The programme, thus far provided, indicates that the attendance will be large and that papers and addresses will be forthcoming from a large number of the best known members of the profession.

The medical profession of Cincinnati has been extremely active in arranging for a most cordial welcome to, that city, and we have every reason for stating that the social element will not want in a singular feature to make it a perfect success. For several years the Association has suffered from the astrangement which unfortunately occurred in connection with the late International Medical Congress, but we are glad to see a strong disposition upon the part of parties to both sides of the late controversy to overlook these differences and to again rally to the standard of the National Association. It is an omen of good to the entire profession when men can for-

get personal differences and meet upon a common platform.

Whilst we have sided with those who differed with the managers of the affairs of the Association during the Congress embroglio, and have no apology to offer for the views then expressed, we see no good to the profession in a continuance of an unpleasant agitation and are glad to see that liberal members of the profession, who sided with us, are willing to rally to the aid of the Association in its general endeavor to promote the common interests of the profession. That mistakes have been made by both parties no one can doubt. The simple remedy for these blunders is a forgetful memory and a liberal spirit. Without looking back the future presents numerous lines upon which the great body of the profession can unite in aim and work. We have a National medical organization which can be molded by wise counsels and generous support to meet the general wants of the entire American profession. It seems to us not only expedient but consonant with the highest professional duty that each member of the profession should seek representation in this large body of professional workers. In doing this there need be no sacrifice of loyalty to State, local or special medical organizations. The American Medical Association occupies a different relation to the profession from any other medical organization, and professional opinion should so mold its work and purposes that it will develop such interests as are only possible as the outgrowth of a delegated body. It is a great mistake to assume that the fortunes of the Association belong to any party or faction in the profession. It was not organized with any such purpose in view and it should not be permitted to degenerate into any such rut. If the profession desires the Association to promote its interests it must foster the interests of the organization. To do otherwise simply forces it into the very rut against which all must decry. We have indicated that the coming meeting at Cincinnati

promises to draw a large number of delegates. We hope this will be the case for in this rally to the work of the Association we shall hope to see evidences of a strong professional sentiment which recognizes the value of a National organization and expresses a willingness to support one conducted upon an enlightened basis.

THE ANNUAL MEETING OF THE STATE FACULTY.—As we go to press the State Faculty is holding its annual sessions at its hall in this city. The sessions are being held daily from 12 to 4 o'clock, P. M. The attendance has been good, and the interest in the work of the Faculty is both earnest and encouraging. The reports of officers and committees go to show a healthy condition of the affairs of the organization. Whilst the report of the Treasurer showed a slight deficiency in the revenues of the Faculty during the past year, this deficiency is properly explained, and, what is of chief importance, has been promptly met by the liberality of a number of members who came forward to volunteer their aid in lifting the burden from the Faculty. The annual address delivered by the President was a timely and practical discussion of an important subject of general professional interest. Indeed, we know of no subject of greater importance to the profession at this time than that of "medical charity," nor one which should receive a more careful consideration. We regret that it is not within our power to bring the address in its entirety before the readers of the JOURNAL. Elsewhere we present an outline of the points treated. The Annual Oration delivered by Dr. Gundry was a finished and scholarly discourse, which will add greatly to the value of the volume of Transactions. The Surgical Report by Dr. C. Johnston, Chairman of the Section, presented a carefully prepared resumé of the more recent views concerning the origin and nature of Tetanus and Erysipelas. The work before the Faculty during the remaining days of its

sessions cannot be referred to at this time.

We cannot close our remarks without again referring to the importance of these annual sessions of the Faculty to the profession in this State, and again urging the claims of the organization upon its consideration. We think it is a misfortune that the profession throughout the State should permit these occasions to pass by without participating more largely in the benefits which are made to flow from them. The membership of the Faculty is entirely too limited in numbers and in its distribution. It should embrace every respectable member of the profession in Maryland. Indeed we hope the day will come when every physician in the State will find it incumbent upon him to seek admission into its membership as in days of yore.

Miscellany.

TREATMENT OF PHLYCTENULAR KERATITIS IN CHILDREN.—Trousseau, in the *Revue Gén. de Clin. et de Thér.* of March 8th, 1888, report that he obtains good results from the following:

Vaselin	gr. 75.
Hydrarg. ox. flav.	gr. 3¼.

Once daily a bit of this ointment as large as a grain of wheat should be introduced into the eye. Three times daily compresses wet in a warm solution of boric acid should be placed upon the eyes for a quarter of an hour:

Trousseau classifies keratitis and its treatment as follows: Keratitis phlyctenular, superficial and vascular, and corneal opacities may be treated with the yellow oxide of mercury. Certain superficial keratitis, corneal ulcers, and abscesses, call for eserine. In cases of parenchymatous keratitis atrophica should be employed.—*Medical News.*

DISINFECTIOIN OF LIBRARY BOOKS.—The danger of infection from the use of books from circulating libraries has received intelligent attention in England, and means devised for their disinfection.

The principle on which disinfection is based is the vaporization of carbolic acid by heat, whereby it is claimed that its action is more potent. Heat is applied to the outer casing of an apparatus, which is fully under control, so that a temperature which might injure the books can be avoided. The heat employed is from 150 to 200 F°, the books being subjected to this temperature for fifteen minutes are not injured by the process. The apparatus is said to be patented.—*Boston Medical and Surgical Journal.*

Medical Items.

Governor Hill has appointed Dr. E. C. W. O'Brien, of Buffalo, to be Health Officer of the port of New York.

The Massachusetts General Hospital has recently been given \$50,000 by Miss Helen C. Bradlee, of Boston, as a memorial of her brother, the late L. Putnam Bradlee.

Dr. E. G. Loring, of New York, a well-known oculist, died on April 24th at the age of 48 years. Dr. Loring at one time practiced his profession in this city.

The Jefferson Medical College Philadelphia recently conferred the degree of LL.D. on Dr. Hunter McGuire of Richmond, Va. Dr. McGuire is Graduate of that school.

The annual commencement of the Woman's Medical College of Baltimore will be held May 1st. Degrees will be conferred on three graduates.

A new medical college has been organized in Detroit under the name of the Michigan College of Medicine and Surgery. Detroit is aiming to rival Louisville in medical colleges and journals.

According to Dr. Dujardin-Beaumont, commercial antipyrin is liable to contain impurities, to which the serious results sometimes seen in its administration are due. The great demand for it has led to carelessness in its manufacture.

The fiftieth anniversary exercises in honor of Prof. D. Hayes Agnew were held in the chapel of the University of Pennsylvania on the evening of April 24th. The programme included a number of addresses.

A number of physicians residing in this city have expressed an intention of attending the meeting of the American Medical Association which will be held in Cincinnati beginning the second Tuesday in May. The delegation will be the largest this city has sent to the Association for some years.

By the will of the late A. S. Abell, of this city, the sum of \$1,000 is left to each of the following institutions: Aged Men's Home, Aged Women's Home, Little Sisters of the Poor, St. Mary's Female Orphan Asylum, St. Vincent of Paul's Benevolent Association, House of the Good Shepherd, St. Francis's Orphan Asylum for Colored Children, Boy's Home Society of Baltimore, Baltimore Orphan Asylum, Maryland Academy of Sciences, Colored Orphans' Home, and Hebrew Hospital and Asylum.

The medical profession of England is considerably exercised over a proposal upon the part of the Chancellor of the Exchequer to impose a tax on horses and to increase the carriage tax. The tax is considered unjust on the ground that a doctor's horse or carriage are generally as much a part of his outfit as his instruments or his library. According to modern economical science, taxes should not be imposed on such things.

Dr. A. R. Robinson treats epithelioma, where the disease has not progressed far enough to involve the glands, in the following manner, and promises a good result. Make a paste—"Marsden's paste." ℞. Ac. arseniosi, gum acaciae, aa ʒj. Sig.—Apply enough to cover diseased tissue by means of rubber adhesive plaster, and leave on for about sixteen hours. Then wash with warm water and apply a simple dressing, as ung't zinc. ox., or vaseline, for about a week. If all the pathological tissue be not destroyed, make further applications in the same way.—*Canada Lancet.*

The Pharmaceutical exhibit during the meeting of the State Faculty was a handsome display of pharmacy and medicine. Among the exhibits we notice the following well-known houses represented: Sharp & Dohme, W. S. Merrell Chemical Co., Lilly, Rogers & Co., Seabury & Johnson, Fairchild Brothers & Foster, Mellier Drug Co., Wm. R. Warner & Co., Malted Milk Co., Cibils Beef Co., Wyeth & Bro., and Doliber, Goodale & Co. and Charles H. Phillips Chemical Co. Samples were liberally bestowed by the exhibitors. This feature at the meeting of medical organizations has a practical application and is not without interest to the practitioner of medicine.

The Imperial Royal Society of Physicians of Vienna held its annual festival meeting on Friday, March 16th, under the presidency of Hofrath Bamberger. The first secretary of the Society, Professor Kundrat, gave a report of the Society for the last year, which is the fifty-first of its existence. The report showed that the number of members, which had increased in the last year from 279 to 306, was again reduced to 285, 5 members having resigned their membership, 4 having changed their domicile, and 12 having died. Thirty-one meetings, with 89 lectures and demonstrations, had been held during the past year.

