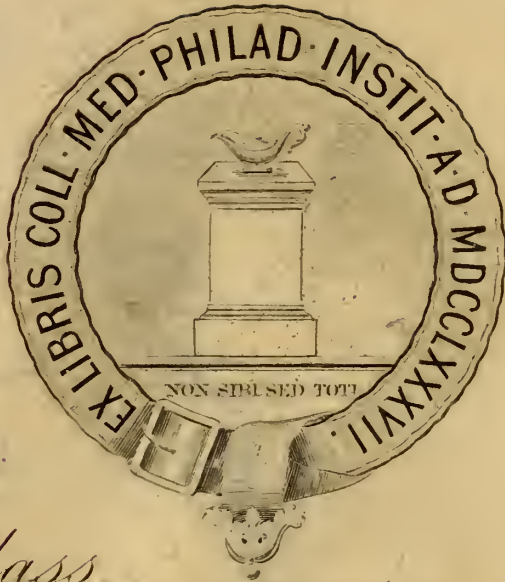


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Buffalo Medical ^{and} Surgical Journal

VOL. XXXIII.

AUGUST, 1893.

No. 1.

Original Address.

THE PREVENTION OF DISEASE.

BY DELANCEY ROCHESTER, M. D.,

Adjunct Professor of Medicine in the University of Buffalo; Assistant Visiting Physician to the Buffalo General Hospital.

PRESIDENT'S ADDRESS BEFORE THE BUFFALO ACADEMY OF MEDICINE.

ANNUAL MEETING, JUNE 27, 1893.

A LITTLE over a year ago, at a meeting of physicians called for the purpose of forming the Clinical Society, some remarks were made deprecating the formation of another medical society in Buffalo, and suggesting that, instead of such action, we concentrate our energies in the Buffalo Medical and Surgical Association, dividing it into sections after the manner of the New York Academy of Medicine. The idea was not new, but that the time was ripe for its germination was proved by the general favor with which the suggestion was received. However, after full and free discussion, it was deemed best not to concentrate in the Buffalo Medical and Surgical Association, but to invite several other societies to coöperate in the effort to concentrate the scientific medical work that was being done in the city, in the manner suggested. Accordingly, a committee was appointed by the newly-formed Clinical Society to confer with committees which might be appointed by other societies, as to the advisability and practicability of the action suggested. Committees were appointed by the Buffalo Medical and Surgical Association, by the Pathological Society, and by the Obstetrical Society, to confer with the committee of the Clinical Society. These committees had several meetings, and finally, as a result of these conferences, a joint meeting of the several societies was held, at which it was decided to unite in the formation of the Buffalo Academy of Medicine, a constitution was adopted, and the officers under that constitution were duly elected. So far all seemed well, but the members of the various societies did not, with alacrity, complete their membership

by the payment of initiation fees and annual dues, seeming to doubt the virility of the new Academy, and not being willing to aid in its nurture during its infancy ; so that, at the first stated meeting of the Buffalo Academy of Medicine, there were but thirty names enrolled upon the membership list ; to-day there are one hundred paid-up members ! Our first meetings were held in rooms, hired for the evening, here and there in different parts of the city ; to-day we have spacious apartments to which we are proud to invite visitors from out of town ; we have, through the kindness of Dr. Bartlett, the beginnings of a library, and we are starting a pathological museum. Truly, I think we may congratulate ourselves upon the growth of the Academy. Moreover, the stability of the Academy is assured, from the fact that this growth is in no respect the result of the energy of any one man, but is the outcome of the combined energy of all.

Nevertheless, it is but just to say that this energy was fired into activity by the enthusiasm and self-sacrificing public spirit of Dr. Herman E. Hayd, who has thrown himself with so much vigor into the work of increasing the membership and raising money by subscription for furnishing our apartments, that the rest of us have been forced for very shame to follow his noble example. No factional fights have so far disturbed the Academy, and it is to be sincerely hoped that nothing will ever arise to disturb the harmony of this new scientific body.

As it fell to my lot to be the lucky one to suggest the formation of the Academy, you decided to make me its first president, and thus, to a certain extent, to throw the responsibility for its success or failure upon my shoulders. I take this opportunity to thank you all for the aid you have given me to bear this responsibility. Truly, I think we may congratulate each other upon the bright auspices under which it begins its second year. The constitution requires an annual address from the retiring president ; it is my desire to inaugurate the custom of making the subject of that address, one of general medical interest that may *also* be of value to the community in which we live, and I have accordingly chosen as the subject of my address this evening Practical Measures Tending to the Prevention of Disease.

It has been said—and is constantly being re-asserted—that the medicine of the future is to be preventive medicine. When is the “future” to begin ? How much has any of us done to aid the advent of that most desirable period ? Moreover, what are we to

do to accomplish so laudable a purpose ? As far as I can learn from personal observation and from careful study of the records of the past, I am sorry to say that most physicians have shamefully neglected their evident duty to humanity by contenting themselves with merely aiding in the recovery of a patient from special disease or condition, and then dismissing the case from further consideration. Now, it seems to me that it is the duty of the physician—nay, he should esteem it a most blessed privilege—to be more than a mere healer of the sick, to be an *educator* of his fellow-men to such extent that they may learn to so physiologically live as to avoid disease and postpone death. In order thus to teach, one must have thorough knowledge one's self. The first requisite, then, for the much-desired preventive medicine is that all physicians should be thoroughly educated men or women ; the standard of medical education must be raised to the highest degree.

While it is undoubtedly true that there have been some excellent physicians who have not received an academic degree before beginning the study of medicine, I think it is also true that they have attained their knowledge at great sacrifice *after* they have graduated in medicine, and might have attained their eminence at a much earlier period if their previous education had been broader.

It is generally conceded that a man should not try to become a specialist in any branch of medicine until he has had a solid foundation of several years of practice in general medicine.

Is it not equally true that no man should devote himself to any one branch of science, such as medicine, until after he has been *thoroughly* founded in general knowledge—arts, sciences, languages, and philosophy ?

The first step, then, towards the attainment of preventive medicine, is the requirement that all who desire to *begin* the study of medicine should possess an academic degree or present proof of equivalent preliminary education. The next step is the requirement of a ninety per cent. standard for graduation.

Some members of some faculties seem not to realize that, when they allow incompetent or unworthy men to graduate from their medical schools, by signing the diploma of such a one, they are making themselves, in fact, if not in law, accessory to any crime or evil that may be brought about or occur through the wickedness or ignorance of such a graduate. Let us, then, do all we can to force the medical schools to raise their standard for admission and for graduation. Then, indeed, we will hear less of exclusive

systems of practice, secret and patented medicines and other forms of charlatanry ; and a medical profession, composed of highly educated members, will be able to truly educate the public as to a mode of life that will tend to prevent the development of disease.

In order to bring about the end desired, every one of us, whose privilege it is to occupy the position of family physician, should begin the work of education with the mother of the unborn babe ; he should carefully watch over her through her pregnancy, advise her as to every detail of her daily life, especially as to exercise, diet, and the functions of excretion, encourage her to ask him about anything on which she wishes enlightenment, and make her feel that in him she has a friend who will lend a sympathetic ear to anything she wishes to say, no matter how trivial it may appear.

Thus with a mother in good health through her pregnancy, the chances that the child born to her will be healthy, and that she will be able to nurse her child, are proportionately great. It is likewise our duty to insist on such a mother's nursing her child ; and if we have done our duty, we will have so impressed the mother with the beauties and blessings of maternity, that she will rejoice to be able to nurse her baby. When the mother is up from her confinement, we should not cease our interest in the welfare of her and her child, but should give instruction as to when and how to wean, what to feed the child and *how* to feed it. Thus the child will be started on the road to health.

Now, it is our duty to give instruction, whenever we have the opportunity in a public way, and to all of our families, in general hygienic laws, such as proper ventilation, the importance of regularity about meals, defecations and hours of sleep—as regards meals, we should also give instruction as to what foods are incompatible and should not be eaten at the same meal, and as to the importance of the function of proper mastication.

In our system of school education should be included an elementary course in human physiology, in which every child should be instructed before he or she has reached the age of fourteen or fifteen years. The instructor in physiology should always be a thoroughly educated physician.

So much, then, as regards general instruction for the production and maintenance of health.

Let me call your attention for a few minutes to certain measures for the prevention of special diseases. Although I believe that the acute infectious diseases, diphtheria, scarlatina, measles, rōtheln

roseola, varicella, variola, and whooping-cough, could be absolutely stamped out by the passage of stringent laws and the thorough enforcement of the same by the municipal authorities against both physicians and householders, I will not take up that subject this evening. There is a greater danger than that from all these diseases combined, which has menaced for years, and continues to menace, the human race; there are certain diseases which carry off millions of people and greatly debilitate others, which are generally incurable when contracted, but could be absolutely avoided if the people only knew how. It is our duty to instruct the people how to avoid these diseases, among which tuberculosis is *facile princeps* in the death rate, and the venereal diseases, syphilis and gonorrhœa, are not far behind in the debilitating effect upon the individual and his progeny. Let me call your attention to some measures which we might adopt to prevent the spread of these fearful scourges. For the prevention of a disease by any rational measures, the cause or causes of such disease must be thoroughly understood. After Koch had proved that the bacillus tuberculosis was the cause—the sole active cause—of pulmonary consumption, our hopes ran high that now that we had a definite foe to attack, it would not be long before victory should perch upon our standards and that fell destroyer of the human race would be driven from the face of the earth forever.

But we have learned that once the bacilli have gained entrance into an organism, it is seldom that they can be evicted.

“The destruction of organisms outside of the body by disinfectants,” says Flint, Sr., “and the removal of all the accessory conditions necessary to their existence, together with their effectual exclusion from the body, may, and indeed it is more than probable will, reduce the fatality from infectious diseases, in the order of Providence, much sooner than the discovery of effective therapeutic agents.”

Among the “accessory conditions necessary to their existence” we find that there are certain types of individuals more susceptible than others to the attacks of the tubercle bacilli. The old writers laid a great deal of stress upon the recognition of different natural temperaments in healthy individuals, that modified the course of disease in such individuals, and upon certain pathological diatheses, that rendered those possessing them more liable to certain diseases.

It is not my purpose to take up this most interesting subject further than to call your attention to the fact that there is a cer-

tain physical condition, that renders its possessor more susceptible to the onslaught of the tubercle bacillus, that this condition is marked by certain physical characteristics, and that it is sometimes inherited and sometimes acquired.

It is not necessary here to enumerate those characteristics ; I wish merely to point out the fact that they are, almost without exception, due to malnutrition accompanying or accompanied by anemia of considerable degree.

If this is so,—and I think the experience of each of you will bear me out in the statement that it is,—one of the prime factors to be taken into account in the prevention of consumption, is the prevention of the preceding anemia. How is this to be done ? In the first place, as far as in our power lies, we should discourage the marriage of any who has a hereditary taint.

As regards this, however, the physician is seldom consulted. Nevertheless, in his public utterances, he should do all he can to put this matter clearly before the people.

In other respects, the following of the suggestions already made in regard to general hygienic living will go far towards the prevention of the anemia. One of the great factors in the causation of anemia is a deficient supply of oxygen ; not that there is not sufficient oxygen about us, but a large number of individuals—especially those who have any hereditary tendency to consumption—do not know how to breathe, and so deprive themselves of an element that Nature supplies abundantly, which is so necessary to their welfare. Let us, then, teach people how to breathe, combining with the respiratory exercises the movements of the arms and legs, and abdominal muscles that will aid in the development and expansibility of the chest. No apparatus is necessary for this. Pay great attention to their excretory organs, the bowels, the liver, the skin, and the kidneys, and to their organs of digestion, the stomach, and the small intestine.

So much for hints as to how to prevent the anemia. If the anemia is present, treat it, but treat it intelligently, not by the mere pouring in of iron, but by careful examination of the patient in toto and by the combination with the iron of alkalies, oxygen by inhalation, phosphorus, arsenic, iodine, or cod liver oil, as may be indicated by the result of your examination.

So much for instruction how to avoid that physical condition which affords so excellent a culture medium for the development of tubercle bacilli.

Now, what can we do to prevent the entrance of the bacillus into the person of a healthy individual ?

About two months ago, I was called to see a child dying of consumption. She had been under the care of another physician for several years. He had properly diagnosed her case and realized her hopeless condition. I confirmed his prognosis, and while giving the parents the sad information I took occasion to impress upon them the contagiousness of the disease and wherein the contagion lay, the importance of destruction of sputum, and avoidance of inhaling the child's breath, etc.

The child died that night, and the next day the mother told me that she had not previously observed much precaution as to the exhalation, sputum, and excretions of her child, because only the week before, she had asked the attending physician if there were any reason why her other child should not sleep in the same bed with the sick one, as some of her neighbors had warned her in that regard, and he had told her that there was no harm in it except that the well one might be disturbed by the restlessness of the sick one !

Is it not time that the people should be instructed by those who know, when those who do not know are allowed to practise medicine ?

What instructions, then, should we give to those who are suffering from phthisis, or to their attendants, to prevent the spread of the disease from a focus swarming with the deadly germs ?

In the first place, they should all be impressed with the fact that the disease is infectious, and that the agent of infection is a germ that is carried from the diseased individual in the breath to a limited extent, in the excretions from the bowels and sometimes in those from kidneys and from the skin, generally in the vomitus, but in the greatest amount in the sputum ; we should further inform them that drying only makes the germs more readily diffused through the atmosphere, that the ordinary process of washing does not destroy their activity ; that burning or boiling is the only means of rendering them innocuous, but that as long as they are kept wet they are not disseminated through the air. Now, the practical conclusions that are to be drawn from these scientific facts are, that the underclothing and bedclothing of those suffering from tuberculosis should be frequently changed and the soiled clothing should be boiled for a half hour before being washed ; that the excreta should all be passed into vessels containing water,

and that these vessels should be rinsed and thoroughly cleaned with boiling water ; that the sputum should be expectorated into a cup or other suitable vessel containing water, which is kept covered when not in actual use (if the patient is walking about, a wide-mouthed bottle, well corked, can be carried in the pocket); that the sputum thus collected should be emptied from the vessel three or four times in the twenty-four hours, and *immediately* burned ; that the vessel should then be thoroughly cleaned in the same manner as directed for the vessels used for excreta ; that the mouth, nose and throat should be cleansed at least twice daily with a mildly alkaline wash ; that the table utensils of the patient, including the napkin, should be thoroughly treated with boiling water before being otherwise washed. The well members of the family should not kiss the patient on the mouth ; and under no circumstances should any one of them sleep in the same bed with the patient. The patient's room should be thoroughly ventilated and should never be tightly shut up ; it should also be as sunny a room as possible. Whatever therapeutic measures may be adopted for the treatment of the case, directions such as the above should be given to the patient, or to some responsible member of the family or to the attendant.

In addition to what is thus done by the physician in the way of special directions to his patients, much — very much — may be accomplished by the State or the municipality through the *competent* inspection of the food and milk supply. Though all cannot be accomplished by either if the other does not coöperate, still, of the two, more can be accomplished by the physician by such careful directions to his private and dispensary cases, than can be by the State if the physician neglects his duty.

Now, what can we do to prevent the occurrence of venereal diseases and so aid in the strengthening and improvement of the race?

Laws may be passed by the State forbidding the existence of brothel-houses, or licensing their existence and placing them under medical and police surveillance ; appeals may be made to men and women from a moral standpoint to avoid these places, and refrain from unholy intercourse. These means have all been used, but there is nearly, if not fully, as great prevalence of venereal diseases in those communities where such regulations exist as in those where they do not.

Now, it seems to me that the true way to prevent the occurrence of these diseases is to give instruction to people of all classes as to

the nature and serious character of these diseases. To make this instruction effective, it must be given early enough in life to enable young people to avoid exposure when first tempted. Therefore, it seems to me that to boys of fourteen and upwards instruction should be given in the physiology of reproduction, and, at the same time, the sacredness of marriage should be impressed upon them. Then it should be plainly stated to them that some men and women put themselves on a level with, or even on a lower level than, the beasts by indulging in indiscriminate sexual intercourse; that these women are known as whores, and that they and the men who associate with them are despised by all decent people; but that, unfortunately for the cause of high morality, sometimes some such people are tolerated by their fellows for the sake of other good qualities which they may possess; however, that, sooner or later, nearly all who indulge in such intercourse are afflicted with either gonorrhœa or syphilis, or both; that rarely, if ever, is either of these diseases completely cured. Then all the evil results of syphilis should be vividly portrayed to them, illustrated by plates taken from real life.

The same thing should be done in regard to gonorrhœa.

A similar course of lectures should be given to the young girls of all walks of life by some of the women physicians.

Finally, it should be impressed upon them that no one, who has ever had syphilis, has any right *ever* to marry, for there are cases on record, in which, after a lapse of twenty, thirty and even fifty years from the time of the original lesion, tertiary symptoms have developed, although no secondary symptoms had shown themselves during the last three-quarters of the period, and the patients had deemed themselves well; for should such a one marry and beget children, these children would have a syphilitic taint that would show itself either in real syphilitic lesion or in an enfeebled constitution. Nor should any one who has ever had gonorrhœa ever marry, if there remains the slightest trace of the original disease or any of its sequelæ—and it is very, very rare that some such trace does not remain. The danger of such a one's infecting his wife and the terrible results of gonorrhœa in women, should be plainly set forth.

Moreover, it is our duty as physicians and good citizens looking to the welfare of humanity and the progress of true civilization, to advise any, who may consult us as to the propriety of his marrying, according to the principles just stated.

Fellows of the Academy, let us be among the pioneers in putting to practical use the results of the discoveries of the bacteriologists and thus hastening the advent of the medicine of the future—preventive medicine!

Original Communications.

PUERPERAL SEPSIS ; ITS PREVENTION AND CURE.¹

By WILLIAM WARREN POTTER, M. D., Buffalo, N. Y.

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I. INTRODUCTION.

AMONG the many serious questions urged upon the attention of physicians at the present time, none have higher claims to their thoughtful consideration than such as pertain to the prevention of disease. If this be true in its larger sense when applied to the entire field of preventive medicine, it is even more emphatically true when we are called upon to consider those delicate and serious questions that especially concern the lying-in chamber. Here, if anywhere, a man is weighted with responsibilities of a momentous nature, even such as he is called upon to sustain in no other social, professional, or individual capacity. They are often thrust upon him in the middle of the night, when he is least fitted for clear thought or resolute action ; hence, he must, by frequent discussion and much study, keep his mental armamentarium always burnished and ready for use at a moment's notice. The custom is, I fear, among some—I had almost said many—physicians to assume these responsibilities in a light-hearted, easy-going manner that occasionally approaches even to triviality. In my view, there is no more solemn office to be performed by a human being than in assisting at the delivery of one of his species. To preside over such an event, and to conduct it to successful issue, without permitting danger to mother or infant through neglect or oversight, is to accomplish something that benefits humanity, prolongs life, and adds to the sum of human happiness.

II. OF PREVENTION—(a) AS RELATES TO THE PHYSICIAN.

In order to perform this duty properly, that is, in a manner to obtain its greatest results, it is essential, *inter alia*, that the

1. Read by title at the eighty-seventh annual meeting of the Medical Society of the State of New York, February, 1893, and published in the *Annals of Gynecology and Pediatrics*, April, 1893.

obstetrician should be trained in habits of personal cleanliness beyond those of the ordinary man; and even, if I may be permitted to say it, beyond those of the average physician. If a man is not scrupulous with reference to the care of his person, how can he be expected to enforce a technical cleanliness in the lying-in chamber? A man who holds himself up to the community as an obstetrician should be a model in cleanliness of body as well as in neatness of attire. He should take frequent baths, wear clean underclothing and linen, but especially should he keep his hair and beard closely trimmed and his finger-nails short and clean. If the physician himself is careless of his personal garb and cleanliness, he is placed at a disadvantage with reference to enforcing the observance of these essentials in others. He, then, is a commander-in-chief, who supervises everything with reference to the parturient chamber, and enforces his mandates with the discipline of a martinet in everything that serves to prevent the approach of that stealthy, thieving, sneaking but all-powerful enemy, dirt.

(b) AS RELATES TO THE CONFINEMENT ROOM AND NURSE.

The lying-in chamber should receive his personal supervision in reference to its simplicity, cleanliness, and freedom from hangings or draperies. If the room is a humble one, where luxuries are absent and even necessities deficient, there still should be given the same careful attention to cleanliness that prevails in the well-appointed home. A free use of soap and water and the whitewash brush will do much to provide against contamination and disease. The nurse, too, who is to perform her offices in the lying-in room, must be a woman of neatness in garb and cleanliness of person beyond the average of womankind. She must be trained in these habits until they become her second nature. She must not be afraid to attack dirt wherever she sees it, nor unwilling to act as a sentinel or detective with reference to that masterful foe of the lying-in chamber.

(c) AS RELATES TO THE DELIVERY BED.

One of the important duties that a physician must perform in arranging for the ordeal that awaits his patient is to look to the proper preparation of the bed. If it is important that the clothing of the patient be clean, it is still more essential that her bed should be the very quintessence of cleanliness. The mattress

should be inspected with reference to its freshness as well as its former use, and all the linens and other dressings of the bed should receive his most careful scrutiny in this regard. If the station of the patient does not admit of more than the bare necessities of the bed-chamber, then a clean bed-tick, filled with sweet, clean straw, covered with a blanket and an impervious dressing of some kind, over which is to be laid a folded sheet, furnishes all that is necessary for the comfort, and even convenience, of any patient. If I could have my own way, I would allow no woman, whether of high or low degree, to be confined upon anything but a straw bed which had been prepared especially for the occasion. I lay great stress upon the preparation of the bed. Neglect in this regard may be a source of bitter sorrow, whereas a little timely and considerate attention to it beforehand may serve to prevent disaster.

If, perchance, a woman has come to her old home to give birth to her first child, it will not answer to allow her to occupy the bed upon which, a few months ago, her sister lay grievously ill with scarlet fever, or on which her brother died with diphtheria ; nor will it be proper on this important occasion to permit her confinement in the bed where her father was treated for a compound fracture of the tibia and fibula ; or that on which her husband lay during long and weary weeks while struggling with typhoid fever. It may be the favorite family bed for all such trying occasions, but there is a particular reason why we must discard it this time. I have no doubt that many a case of puerperal sepsis is traceable to the use of such a bed during delivery. Hence, I say, it would be better to establish a hard and fast rule that every patient, no matter how rich, no matter how poor, should be compelled to occupy a new straw bed during her confinement. This ought to be exchanged subsequently for a clean mattress, to be occupied during puerperal convalescence.

(d) AS RELATES TO THE PARTURIENT.

The patient herself should be properly prepared for the ordeal that awaits her. She should have a warm bath as near the onset of labor as may be, and with the oncoming of pain should be thoroughly bathed, antiseptically, over the abdomen, in the groins, on the vulva, hips and thighs. After the bladder and rectum have been emptied, this should be repeated, when the rectum and vagina should receive warm lavements. Then, in a clean night-gown and

light woolen stockings, she may be considered ready to occupy the delivery bed. The conduct of the labor should continue to its end on the lines of absolute cleanliness, with few digital examinations, and complete delivery of the secundines.

(e) AS RELATES TO THE REPAIR OF LESIONS.

Finally, I need scarcely remark that one available means of great importance in preventing puerperal sepsis abides in the prompt repair of all rents in the perineum. This removes an important complication at once, as a large absorbent surface is thus readily disposed of. There is no question in the mind of any well-trained physician today that unrepaired perineal rents are a septic menace, or that in many instances sepsis has invaded the system through this channel. There is sufficient reason in this danger alone to warrant immediate repair without discussing the other important fact not germane to this paper, namely, that it is essential to a woman's health and comfort, as well as to those of her consort, to possess a sound perineum. In some instances, likewise, it is advisable to repair cervical tears immediately, especially when they are extensive enough to cause much hemorrhage, or threaten to prolong the puerperal period by delaying involution or provoking other serious conditions.

III. OF CURE.

If thus far I have said little or nothing with reference to the employment of antiseptics or chemical solutions, this has not been an oversight on my part, but because I consider these of far less importance in the prevention of puerperal sepsis than a strict adherence to the principles of asepsis in the preparation for, as well as in the management of, labor. I have an impression that if we could *properly* apply the rules of cleanliness in every case, there would be no sepsis, and, hence, no puerperal septicemia or child-bed fever, as it was called in the olden time. It is possible, when every principle of mechanics known to science is properly applied, and when human judgment is kept clear and free to apply it, to prevent any and every form of railway accident that threatens or destroys life or limb. When we come to consider the great number of people who travel, we must admit that the number killed is very small, but still it is yet far too great to satisfy that tender regard for human life which should everywhere prevail among mankind. So, too, do I believe that every case of puerperal

sepsis could be prevented, provided human judgment was perfect in its application of the principles of asepsis or cleanliness. Chemical solutions are valuable, and must be resorted to by the obstetrician to keep his hands and instruments clean, and also for the purpose of rendering aseptic the linen and other cloths that are used around and about the parturient woman. But, if the proper rule of cleanliness is observed—in other words, if everything about her is rendered aseptic—there will be no necessity for the employment of antiseptics in an ordinary labor otherwise than as just indicated.

In operative midwifery, either manual or instrumental, there is always danger that pathogenic germs may be carried into the genital tract by the instruments or hands of the operator. Then it is that antiseptics become necessary to clean out and wash away the dirt, or to neutralize the effects of such as has been carried into the absorbent, surgical uterine cavity.

Since, therefore, in spite of all known ways to prevent such direful calamity, puerperal sepsis will now and then come—just as in spite of all human precaution railway accidents will now and then happen—we must be prepared to cure, if possible, the former, just as railway corporations must be prepared to mitigate the suffering and clean up the wreckage entailed by the latter. I shall take but a few moments of your time in the consideration of this part of my subject. If there is invasion of the genital tract for the purpose of promoting delivery, either by hands or instruments, then we must be wary lest secondary conditions follow, that further complicate or hazard the patient's chances of recovery. Intrauterine irrigation must be performed in every case where such aids to delivery have been employed, and when done, it must be carried out in the most complete modern surgical manner. The woman must be placed upon a proper table, in a good light, and the fluid—either sterilized water, or water that has been boiled and contains an adequate germicide—must be allowed to flow into and out of the womb, in an unobstructed manner, until it runs clear and is absolutely clean. There must be no detritus left behind; no nidus for the propagation of the germs of infection. The mistake has been made of applying intrauterine irrigation inadequately, either as to the method of employing it or as to the material used. Either form of error is sufficient to bring failure, or to render it useless or nugatory. I shall not here enter into technical and minute details, for this has already amply been done by Dr. L. S. McMurtry, of Louisville, honorary member of this

society,¹ but I simply offer these general suggestions as to the indispensabilities of the case, leaving the minutiae to be supplied by the ingenuity of the physician when the occasion and necessity are presented. There are certain things that must be done in such an emergency. The woman must be made clean from the fungus uteri to the ostium vaginae, and she must be kept so; futhermore, it must be done in a manner and with a material that will do her no harm. This is the whole sum and substance of the case, and we may as well, first as last, settle down upon some fixed and determined principles in regard to this point.

But when, in spite of the prompt and persistent employment of intrauterine irrigation, associated with the use of the curette when indicated, as well as other concomitant preventive measures, puerperal sepsis continues to advance to a stage of suppuration and abscess, what shall be done? Without entering into a full discussion of this interesting subject, I shall content myself, on this occasion, with the remark that, in such a case, and in the light of our present knowledge, a prompt abdominal section, by a competent man, is not only entirely justifiable, but is the most intelligent step to be taken in the treatment. All pus accumulations should be cleaned out, irrigation thoroughly employed, and drainage used. In case the uterine body has itself become saturated with sepsis, the propriety of its removal, together with its appendages, cannot be doubtful. The record of recoveries from such desperate conditions is sufficient to justify its employment as a necessary measure in such a direful class of cases. It needs no argument to prove to this audience that a simple abdominal section, with irrigation and drainage, would not be adequate to cure, providing the uterus and its appendages were thoroughly saturated with pus. It may be a more difficult question to decide as to just what ought to be done in cases where sepsis still persists in its manifestations after abdominal section, intraperitoneal irrigation, and adequate drainage. But it would appear rational to re-open the abdomen in such cases, and excise the putrescent uterus, provided, of course, there is sufficient remaining strength in the patient to warrant the procedure.

GENERAL REMARKS.

In the consideration of this subject, I have, designedly, only here and there touched upon salient features for the purpose of

1. Trans. Am. Asso. Obst. and Gynec., vol. iv., 1891, p. 26, *et seq.*

covering as much ground as I could in the short time allowed. There is scarcely one of the subdivisions of this subject that would not admit of an exhaustive paper. But, in order to command the respect, not to say attention, of audiences in these days, writers must evermore be brief. My purpose has been to make a plea for cleaner and more considerate obstetrics. I would do away with all haste, approach each case with due consideration for its best interests, and a careful preparation to meet its complications.

A few years ago it was considered next to suicidal for a woman to enter a maternity hospital for confinement. All this has changed, and nowadays a maternity is regarded on all hands, when properly conducted, as the safest and best place in which a woman can be delivered. When these large institutions are presenting a series of one thousand consecutive cases without a death, embracing in many instances patients who have come within their doors almost moribund, embracing also patients upon whom it has been necessary to perform a Porro or other Cesarean section, I say, in view of all this record, it becomes the obstetrician who conducts a private practice to beware, lest the maternity physician strips him of his laurels. The abdominal surgeon takes pride in presenting a year's record of a hundred consecutive cases without a death, but he is only enabled to do this by the utmost precision, careful preparation of his patient, and a strict adherence to the doctrines of the gospel of cleanliness. When the obstetrician engaged in general practice can also present a record of a thousand consecutive cases without a death, or without serious, prolonged or grievous maiming to his patient, he will then stand in the front rank and deserve to have his name enrolled alongside of the maternity physician and the abdominal surgeon as having done, perhaps, more than either to improve the condition of his fellow-men.

I have only suggested in this paper some of the simpler ways through which this may be achieved. They are such as ought to commend themselves to every thinking man, and were known to all of you just as well before their enumeration as afterward ; but, as I have suggested, there are reasons which lead me to believe that it is essential to review this subject now and again, for it is only through the Grant plan of continual hammering that triumphant victory can be wrung from a threatened humiliating defeat. In justification of what I have just now said, permit me, in conclusion, to remark that not long ago it was my privilege to read a paper on a subject allied to this, which was published in the *Phila-*

Delphia Medical News. The editor of the *Kansas City Medical Record*, in the August issue of his journal, saw fit to comment upon it as follows :

Dr. William Warren Potter, of Buffalo, appears in the *Medical News* with a paper with this caption, Asepsis and Antisepsis as Applied in the Lying-in Chamber, in which the following paragraphs appear :

Here are a few simple propositions about which there can be, or at least ought to be, no dispute : 1. Let us begin by making the patient as nearly clean as it is possible for soap and water to accomplish. 2. Let her, prior to the beginning of labor, have an immersion bath daily for several days, and with the first manifestations of pains let her abdomen and genitalia be rendered absolutely aseptic by the further application of germicides in solution, adequate to accomplish the desired end. 3. Let her have a warm vaginal douche, rendered aseptic. 4. Let the lower bowel be thoroughly evacuated by copious lavements of hot water prior to the vaginal bath. 5. Let her bedding be made as pure and clean as careful laundrying can make it. 6. Let her clothing be made equally clean in like manner. 7. Let there be a number of clean bichloride napkins placed in readiness for use. If all of these injunctions are rigidly enforced, we have done much to lay the foundation for a physiologic labor.

After all this careful preparation of the patient and her surroundings, we have not, however, done enough. The physician and all the attendants must be rendered as scrupulously clean and aseptic as the patient herself, else all the previous preparation has been in vain. The nurse must be a woman of absolute cleanliness, both in the care of her person and her clothing, and she must be especially trained in the habit of keeping her hands clean. The physician must be trained in all the details of aseptic and antiseptic principles, and must enforce his rules as rigidly upon himself as he does upon his patient and her nurse.

Now, while this is all perfectly correct practice in Buffalo or other large cities where so many septic conditions abound, it is not called for in the rural districts. Especially should every precaution be observed at maternity or other hospitals where women are to be confined: Dr. Potter deplotes the fact that practitioners in the rural districts cannot carry out every injunction given above, and seems to be impressed with the idea that they must, therefore, have bad results.

We desire to remark for the benefit of Dr. Potter that nine out of every ten country-practitioners of twenty or thirty years' practice never see a case of puerperal sepsis, in spite of the fact that many women in the country, particularly the far west, are confined under the most adverse conditions, many of them surrounded by filth, and living in houses not good enough for horses, where the kitchen, dining-room,

drawing-room, parlor, bed-room and dog-kennel are all one and the same apartment. Furthermore, they may not even receive the advantage of a physician, but are delivered by some filthy old midwife, and left for days surrounded by all the dirty clothing employed during confinement. Yet these parturient women do nicely, and the so-called puerperal fever, if not unknown to them, very rarely occurs. The truth is, the pathogenic germs are rarely found in the country; therefore, the care of the patient in crowded cities is not absolutely necessary in country places.

If Dr. Potter had made himself familiar with the facts, he would not have made use of such suggestions as appear in the following paragraph :

As a final thought, permit me to observe that with greater care given by the general practitioner in the remote portions of the country and away from the large centers, as well as in the populous cities, it is my opinion that so-called puerperal fever may be eliminated as a factor of constant menace in the parturient chamber, and that ophthalmia neonatorum may be absolutely and entirely prevented.

I need not detain you with a rejoinder to this ill-considered criticism. I read it to you as a justification, in some sense, for appropriating so much of your valuable time in cultivating ground that has been well plowed and harrowed before.

When physicians can be found—and especially editors, who ought to be leaders in sound medical thought and opinion—to take the position of our Kansas City friend, then, I repeat, there is still room for much agitation on this subject.

It will be observed that I have not advocated a complicated technique, with never-ending formula for chemical solutions, and complicated rules for their use that nobody could be expected to obey; but a simple plan that anybody can carry out in the tenement house, cottage, or mansion. But I detain you too long.

In conclusion, I beg to submit the following summary, embracing the principal points for discussion evolved in this paper :

1.—Obstetric engagements once accepted should be faithfully fulfilled, no matter how awkwardly they fit. Apply the same rule of cleanliness to rich and poor alike. Decline service when this cannot be done. Human life is too precious to jeopardize it by slipshod, half-hearted, or indifferent service.

2.—The physician should be a model of cleanliness in body and clothing, and should insist upon the observance of similar conditions by all persons in and about the lying-in chamber.

3.—The delivery room, whether in hovel or palace, court, alley

or avenue, should be simple in its furniture and hangings, and be cleaned with soap, water, and whitewash (if possible to use the latter) immediately before occupancy by the puerpera.

4.—The delivery bed should consist of a new tick filled with sweet and clean straw, covered with a blanket, impervious dressing and a folded sheet, with other clean covering to be allowed, according to season. Exceptions to this simple bed should be as few as possible, and in no event should a bed be substituted that has been used by the sick, or that is not beyond even a suspicion of infection.

5.—The patient should be specially prepared for delivery by baths and enemata, vaginal douches, and clean clothing; and labor should be conducted on the lines of absolute cleanliness, with few digital examinations, and a complete delivery of the secundines.

6.—Lesions of the genital tract should receive careful attention; rents of the perineum should be repaired, and so, too, in some instances should tears of the cervix.

7.—Antiseptic solutions containing a germicide should be used for cleaning the hands and instruments of the operator. Intra-uterine irrigation with sterilized water should be carefully employed after operative midwifery, either manual or instrumental.

8.—Finally, if sepsis proceed to suppuration and abscess, the abdomen should be opened, pus cavities emptied, irrigation used, and drainage established. If the uterus and adnexa become thoroughly infected, they should be extirpated.

284 FRANKLIN STREET.

Clinical Lecture.

EXPLORATORY LAPARATOMY—PREGNANT UTERUS.

By MATTHEW D. MANN, M. D., Buffalo, N. Y.

Delivered at the Buffalo General Hospital, February 16, 1891, (Reported by A. L. BENEDICT, M. D.)

A PATIENT was brought to me last week from out of town, the physician stating that while he did not know exactly what the condition was, he was quite sure that laparotomy ought to be done at once. He thought so from the severe pelvic pain that the patient suffered, from numerous hysterical and nervous symptoms which prevailed, and from a long history of invalidism. I

examined the patient without being able to satisfy myself as to the nature of her trouble, and I told the doctor and the patient's friends that the only way to reach a certain diagnosis was by examination under ether. With their consent, I made a careful examination, and even then I was not able to recognize very much, but it seemed to me that right in front of the cervix was a soft cystic mass. I was very much at a loss to account for this. It did not seem to be anything inside the uterus, for the cervix had been dilated forcibly within a short time, the cavity had been curetted, the sound had been passed, and every evidence had showed that the uterus was empty. The cervix was hard and firm, the patient was flowing somewhat at the time, and she had menstruated only a short time before. I told the friends simply that I could not determine what the condition was.

As the symptoms were very severe and the friends and the patient herself were very urgent, I told her that I would make an exploratory operation. Last Tuesday I opened the abdomen, and when I did so, I came down upon a mass, a cyst apparently, which had neither the color nor the appearance of an ovarian cyst, and on pulling the omentum up over it, it struck me at once that it was the uterus. I therefore enlarged the incision sufficiently to admit my whole hand, and, to my astonishment, I found that the woman was pregnant, and that I held in my hand a pregnant uterus of the fourth month. I recognized this by passing my hand around the uterus; but even when I had the abdomen open and the uterus in my hand, it was so soft and placid, and apparently so thin-walled, that it was difficult to recognize it. It did not feel much more consistent than intestine. It was owing to the extreme placidity that I had not recognized it by bimanual palpation even with the patient under ether.

Having recognized the condition, there was nothing to do but close the wound, and the woman had not much more reaction than if I had not done anything. She had no elevation of temperature until Sunday night, when it suddenly jumped up to 106 degrees without apparent cause. She had a violent chill and then she began to have pains, and about nine o'clock the house-physician telephoned that the fetus had come away. I came over and found the os fully dilated, with the placenta adherent. I therefore got it out with placenta forceps and washed out the uterus with a sublimate solution. The management of the abortion was a little complicated by the tenderness of the abdomen, due to the

laparotomy. It was utterly impossible to make bimanual palpation and press the fundus of the uterus down in order to get my finger up into the uterine cavity to separate the placenta. I was therefore obliged to pull the placenta out with the forceps, bit by bit, instead of enucleating it with the finger first. I could not even pull down the cervix with the rulsellum, because I did not want to put any indirect traction on the abdominal wound.

As far as one can judge from the appearance of the fetus at this period of pregnancy, it had been dead some time. The woman has been flowing for some weeks, with a brownish discharge. The placenta does not look like the placenta at term, and it is well for you to see and feel it.

It may seem strange to you that anybody with experience in examining the pelvic organs in women should have made such a mistake. All I can say in extenuation is that the mistake has been made by almost every operator of prominence in the world, of opening the abdomen for some abnormal condition and finding pregnancy. The mistake has been made dozens of times, and it will be made dozens of times in the future, because it is sometimes impossible to diagnose pregnancy. In this case the woman had had no symptoms of pregnancy. That matter had been discussed somewhat and thrown out of consideration. It was not suggested to me, and I did not even think of it. The uterus had been curetted within three or four weeks, the sound had been passed, the woman had menstruated shortly before. I think that almost anybody would have made the same mistake, although some might have been in doubt and might have waited, but I anticipated no trouble from the laparotomy, and I therefore performed the operation. Under similar circumstances, I think, I should do the same thing again. The exploratory laparotomy, properly done, can do little harm; there is not one chance in 300 of the woman's dying if it is done under proper conditions. The laparotomy had nothing to do with the miscarriage nor with the rise of temperature. I have seen such a high temperature several times occurring for an hour or two before the abortion begins. It seems to be of nervous origin; it is not septic, because as soon as the abortion gets well under way the temperature goes down and does not recur. I think I have seen some reference to this phenomenon in some journal.

The main lesson which this case teaches is the importance of recognizing the uterus when we find it. I do not want to

call attention to anybody else's mistakes, but I must refer to a case which I once heard of. A practitioner thought he had an ovarian cyst to deal with. He opened the abdomen, and without endeavoring to ascertain the nature of the tumor which he came upon, he thrust a trocar into the cyst and then a fetal hand protruded through the trocar opening. He then enlarged the opening, delivered twins, and did Porro's operation. I have no doubt he did it correctly, but the woman died subsequently of peritonitis. I did not blame him for opening the abdomen. I have three or four times opened the abdomen and found pregnancy, but always, except in this case, with some abnormality to cover it up. It seems to me a man ought to be on his guard, not so much against opening the abdomen and finding a pregnant uterus, as against injuring the pregnant uterus because he neglects to make out the condition of affairs by careful examination of the abdominal contents with his hands. Our patient will doubtless make a good recovery.

NOTE.—Recovery followed as anticipated.

Society Proceedings.

MEDICAL SOCIETY OF THE COUNTY OF ERIE.

SEMI-ANNUAL MEETING, JUNE 13, 1893.

Reported by ELI H. LONG, M. D., Secretary.

MEETING called to order in the rooms of the Buffalo Academy of Medicine, at 10.45 A. M., by the President, DR. JOHN PARMENTER.

The minutes of the annual meeting and of the special meeting of April 20th, were read and adopted.

The Committee on Membership reported favorably upon the following-named physicians, and upon motion, duly made and seconded, they were unanimously elected to membership: Albert F. Erb, Edward L. Frost, Franklin C. Gram, George J. Hearne, Geo. A. Himmelsbach, H. Corwin Jones, Chas. E. Long, Edward J. Meyer, Ferdinand G. Mochlan, Duncan Sinclair, James Stoddart, Clarence A. Tyler, G. W. Wende, J. F. Whitwell, Edward R. Wiser.

The committee could not report upon the following, as they had not yet exhibited their diplomas to the committee: Charles H. Perry, Francis Metcalfe, Cyrus S. Siegfried.

Applications by the following-named physicians for membership in the society were read and referred to the Membership Committee: A. W. Bayliss, Horace Clark, Francis A. Drake, Chas. S. Jewett, Ada C. Latham, Albert T. Lytle, Harry Mead, DeWitt H. Sherman.

The President made an informal report concerning the library, to the effect that progress was being made in locating the same in the new library of the University of Buffalo.

The committee on revision of the by-laws, appointed at the special meeting, held April 20th, presented and read the proposed amendments, which, according to rule, were held for action at the next regular meeting.

Communications were read from the Medical Society of the State of New York, reporting list of officers, chairmen of committees, etc., and from the Central New York Medical Association, announcing the next annual meeting to be held June 16th, in Rochester. The resignation of Dr. P. W. VanPeyma, from the Board of Censors, was read, and upon motion having been made and seconded, the same was accepted.

The Secretary moved the matter of filling the vacancy upon the Board of Censors be postponed until the regular time for election. Carried.

It was moved and seconded that an order be drawn for the sum of \$20.00, in favor of Dr. J. F. Krug, to reimburse him for payment of bill for legal services required by the Board of Censors. Carried.

The Society then proceeded to the scientific part of the day's programme.

The discussion on the Use of the Metric System was introduced by the report of the Committee on the Metric System. Dr. Benedict, as chairman, reported at some length in reference to the extension of the use of the metric system in foreign countries. He also presented the following resolutions, which, after discussion by Drs. Rochester, Long, and Benedict, were adopted:

RESOLUTIONS.

WHEREAS—We, the members of the Medical Society of the County of Erie, believe that the increasing use of the metric system by physicians, warrants a more formal recognition than has hitherto been accorded; and

WHEREAS—We believe that the metric system, in addition to the

theoretical advantages common to all decimal systems of denominate numbers, provides units of practical size and conveniently correlated.

Resolved—That we recommend the use of the metric system to physicians and pharmacists in particular, and that, to render its general employment feasible, we approve of the thorough teaching of this system in educational institutions, both professional and academic ; and

Resolved—That copies of these resolutions be transmitted to the President of the Erie County Pharmaceutical Association, the Superintendent of Education of the City of Buffalo, the University of Buffalo, the Medical Department of Niagara University, and the **BUFFALO MEDICAL AND SURGICAL JOURNAL**.

At 12.15 a recess was taken until 3 P. M.

AFTERNOON SESSION.

The society was called to order at 3.15 by the President.

The following memorial of William D. Murray, M. D., was read by Dr. R. C. TABER, of Tonawanda :

Dr. William D. Murray was born near Lockport, Niagara county, N. Y., September 1, 1833, and died at Tonawanda, February 23, 1893, a span of three score years, lacking six months. He was reared on his father's farm, and as a school boy walked to and from the Lockport school, a distance of four miles, rather than content himself with the limited advantages offered nearer home.

Later, we find him devoting the winter months to school-teaching, returning to the farm work during the summer season.

He early decided upon the practice of medicine for his life-work, and entered the office of Drs. Fassett and Kittinger, at Lockport. Actuated by a persistent spirit and a love to gratify his work-habit, he became a close student and observer. At the age of twenty-six years, armed with the degree of M. D., conferred by the Columbia Medical College, of Washington, he started out in his career—practicing medicine in Tonawanda, Erie county.

In 1861, he was commissioned Assistant-Surgeon of the 100th New York Volunteers, serving honorably under his old preceptor, Dr. Kittinger, until his discharge, after which he returned to Tonawanda, to practice more effectively with the knowledge thus acquired in this practical school. His career was marked by a constant application of his best efforts, always at work, never lured from his path by glittering promises in other fields, backed up by a robust physique and a willingness to do, he soon found himself in the list of successful practitioners, a representative citizen, in touch with all classes and interests, one whose presence is felt in the community and in the councils of his townsmen, as well as at the bedside.

His efficient work in the Educational Board of his native town has

been appropriately commemorated by giving his name to the beautiful school building which has grown up under his administration.

He was one of the original members of the New York Medical Association. He became a member of this society in 18—, and he will be remembered as one who took an active part in the councils which brought forth the Fee List of 1871.

At the time of his death he was a member of the Masonic fraternity, a very active member of the Grand Army, and Surgeon of the 25th Separate Company of the National Guard.

But the sturdy, robust, and genial worker is gone, and we are again reminded of the limitations of our art, and admonished to so conduct our affairs, that when the hour strikes for us, we will find placed to our credit as many virtues as were possessed by our late fellow, Dr. Murray.

Moved that the memorial be received and incorporated in the minutes. Carried.

Dr. IRVING M. SNOW then read a paper upon A Gastric Neurosis in Childhood. The paper, with reported cases, proved to be of great interest to those present, and discussion was freely participated in.

Dr. A. A. HUBBELL asked consent to introduce a motion at this time, to the effect that Drs. Benedict, Crego, and Thornbury be elected delegates to the Central New York Medical Association, in addition to those who had been appointed. Consent was given, and the motion was carried unanimously.

The remainder of the programme consisted of the following papers upon Renal Insufficiency: Diagnosis, by Dr. Allan A. Jones; Treatment, by Dr. DeLancey Rochester. The papers were regarded as possessing special merit, and the subject was further discussed by Drs. Hayd, Bartlett, Pryor, and Long.

Dr. ROCHESTER moved that the secretary be authorized to issue proofs of the By-laws, as reported by the Committee on Revision, for use of the members at the next regular meeting. Carried.

Adjourned at 5.40 P. M.

PARASITIC ORIGIN OF CANCER.—The facts showing that there are in the cells of cancerous tumors small parasitic bodies of the nature of protozoa, are continually accumulating. Dr. James Galloway, in the Morton Lectures, reports the results of his studies of the life history of analogous organisms in rabbits. He confirms the statements of Rauffer and others, to the effect that the peculiar protozoa of cancer may be found in all the tumors.

PHILADELPHIA COUNTY MEDICAL SOCIETY.—DIS-
PUTED POINTS IN HYSTERECTOMY.¹

BY JOSEPH PRICE, M. D., Philadelphia.

THE mooted questions in surgery grow less as our experiences enlarge and ripen. There is in our science and art some certainties, some points upon which there is unanimity of enlightened opinion. There is however, also, as in all other sciences and arts, as in all other lines of human enterprise and endeavor, disputed points; disputed, we must take it, from the standpoint of conscientious opinion. These differences are the chief factors, the motor forces of our advances. Without them inertia would take the place of our activities. The fact of our advances is not disputed; the lines along which they have been made, direct the way of interesting and instructive study. We have a profound interest in the names and work of those toiling pioneers who have blazed the trees for our guidance to lessen the difficulties of our following. What they have done for womankind will always lie beyond the power of biographical pen to narrate. We would find it difficult to distribute our debt of obligation when we come to consider the great labors, the brilliant work of McDowell, Kimball, and the Atlees, of Péan, Keith, Koeberle, Hegar, Billroth, Kaltenbach, Kleeberg, Schroeder, Lawson Tait, Bantock, Thornton, and others. We find stimulus in such names and such records for worthy following. They have given us the sublime lessons of their experience. What masters they are—all of them! They represent the genius of science, of practical skill; they have enlarged our resources; they have helped us to make many lives worth living. Some of these men are living today, are yet giants at the wheels, yet students in the solution of great surgical problems.

In considering the definitions of hysterectomy we must bear in mind nomenclature. Schroeder's term, myomotomy, is not synonymous with hysterectomy; is not hysterectomy; it more appropriately applies to simple extirpation of the tumor. Hysterectomy is the removal (Kimball's operation) of the whole body, or any section of the uterus, with tumor inseparable therefrom. Such high authority as Thornton places within its field all cases in which the uterine cavity is laid open and more or less of its wall removed along with the fibroid; whether one or both ovaries is also removed, is a matter of no consequence. Sometimes it is

1. Read April 12, 1893.

more convenient to remove one or both, applying the term vaginal hysterectomy to cases in which fibroids, the uterus, and the uterine appendages are all removed.

The progress made in perfecting the operation has taken some disputed points out of the field.⁶ Experience has given something of definiteness to our views; still there are two camps. The disputed points involve methods, rather than questions, of the justifiability or safety of the operation; on these points there is unanimity of sentiment among experienced surgeons. There may be yet some division of opinion as to what cases should be operated on, and what cases should be let alone. The operation was long regarded as one of the most fatal in surgery. The low rate to which the mortality following the operation has been reduced where the cases fall into experienced and skilful hands, has given it an abiding and important place among the life-saving procedures. In the matter of methods, men are likely to credit those methods with being best which, by their own tests and in their own individual and professional experience, have given the best results. One or more failures with any one particular method of procedure drives some men to try others. With their first success they christen the baby, "My method," "My modification," "My improvement," or "My invention," and the entire profession is exceedingly glad that a new genius has been born into the profession—that there is a new light in Israel.

The history of the treatment of the pedicle in ovariectomy has influenced all of the older ovariectomists to try the same methods and materials to perfect an intra-peritoneal method in hysterectomy. The early efforts of Schroeder were quite successful. Some of the younger operators have improved the statistics by clean extirpation, but we yet remain in two camps as to the management of the pedicle.

Operators clinging to the *nœud* and the extra-peritoneal method are making the best showing, operating right along with a very low mortality. It cannot be inferred from the success of the intra-peritoneal method in ovariectomy that improved or equally successful results will be attainable by the intra-peritoneal method in supra-vaginal hysterectomy. The results in many large and ripe experiences establish the fallacy of this idea; such inference is in blind disregard of essentially different conditions. Ligatures cannot be safely used in uterine fibroid, or myomatous tissue. Silk, as applied to the pedicle in cystomas, is harmless and safe.

I would say here that the earlier errors in diagnosis, mistaking cystiform degeneration, fibroids, or edematous myomas, for ovarian cystoma, were common, and the cases were either abandoned or incomplete operations done with disastrous results. Some of the most skilful operators did not escape making these errors.

The treatment of the pedicle has been repeatedly and exhaustively discussed. Results have dampened the enthusiasm of the advocates of the intra-peritoneal method.

It is necessary in the removal of about all fibroids to make a pedicle. Its manufacture in extra-peritoneal hysterectomy is the one important feature of the operation. It should be made small. Suturing securely against hemorrhage is also the important feature in the intra-peritoneal, and the avoidance of hemorrhage and the ureters are the important features in the extirpation method.

Shock is minimized in the extra-peritoneal method, the operation being shorter, exposure and manipulation less, than in any of the intra-peritoneal methods.

The methods of turning the pedicle into the vagina is a tedious operation ; the risks of hemorrhage and of injury to the ureters is even greater than that of a clean extirpation of the cervix.

The question is often asked, Why leave the cervix or stump in at all ; it is the most common source of hemorrhage and sepsis in all the intra-peritoneal methods ? Its removal is the perfected operation, but the results as yet have not been as good as in the extra-peritoneal method of treating the stump.

Hemorrhage is incident to the supra-vaginal, as it is to all the methods. The bleeding varies greatly, and sometimes is absent altogether. In this procedure the elastic ligature (Kleeberg's) and the wire ligature minimize the risks of hemorrhage. The chief danger in the intra-peritoneal method is bleeding from the pedicle. Drainage, or the dry treatment, where adhesions have been extensive, is of vital importance in these operations. It is an important object to get and keep the stump dry. In some cases the dressings need not be changed for a week or more. They should be changed when they become moist. The advantage should be kept in mind of sewing the edges of the peritoneum across the stump, thus preventing retraction when the loop has become somewhat loose from the shrinkage of tissue. The duration of the operation is one of the many factors to be considered. There should be that rapidity consistent with due caution and scrupulous attention to

essentials. There is no time for fussiness. There is the shock of the anesthetic. Extensive adhesions, bowel and bladder complications, require painstaking surgery, and tedious and slow the steps of the procedure, and somewhat lengthy, however deft and educated the hands engaged. Temperature is an important consideration. Supplying dry heat throughout the operation will avoid, to a very great extent, the shock due to the chill of the atmosphere. In the matter of shock, long exposure and long anesthesia count for much. It should be kept in mind, however, that to deal with an abdominal wound carelessly or too hurriedly is bad surgery. Every step should be timed to the needs of the case, every motion those of a master-workman, and there should be summoned into service every resource of our science and art.

When we come to consider hysterectomy in all its phases, the condition of the patients when they come into our hands, the dire extremity that drives them to us, that they come to us with general health broken down, often complete physical wrecks, and familiar as we are with resultant issues—we have no difficulty in appreciating the difficulties we have to encounter. The professional responsibility is a heavy one. The patient's condition suggests the urgent question : What should be done ?

We appreciate the truth of J. Knowsley Thornton's statements; we accept them in the main as surgical truths, into the acceptance and practice of which the profession should be educated. As to the relative value of two very different surgical procedures for the cure of fibroid enlargements of the uterus, he says :

I feel that I am confronting one of the most difficult questions in abdominal surgery armed with imperfect weapons. Medicine has long and vainly endeavored to deal satisfactorily with this disease, and now the surgeon's aid is invoked. I do not deny that many cases have been relieved by medical treatment, and that some have been cured while under such treatment. I do think, however, that it is an open question how many of the cases cured while under treatment were cured by the treatment, and I believe the majority of such cures have been due to the coincident interposition of Dame Nature.

A very large number of patients never suffer pain, or even inconvenience, enough to make them consult either physician or surgeon. But admitting all this, there undoubtedly remain a large number of cases urgently demanding surgical aid. Some patients are brought face to face with death from hemorrhage, excessive growth of the morbid elements, or constant interference with rest from pain and discom-

fort. Others are gradually but surely reduced in strength, and have lesions of vital organs as the result of constant pressure and displacement. When surgical treatment is spoken of, we are told that we have no right to interfere with fibroids as we do with ovarian tumors, because the latter surely kill if left alone, and the former do not. I am certain that this argument is only partly true, and everyone who sees a large number of cases will bear me out in the statement that numbers of women die every year from the direct and indirect effects of fibroid enlargements of the uterus.

I would ask, How much of the general surgery of the day which is dangerous to life would continue if surgeons ceased to perform operations of expediency, that is, to operate for deformities and diseases which do not endanger life in themselves, though they deprive their victims of all the pleasures of life? I affirm, then, that there are many cases of fibroid enlargement of the uterus which endangers the lives of their bearers, and that there are many more which make these poor suffering women so miserable and useless that they are justified in running the risks of operation, and that the surgeon is justified in operating. We must remember that these operations are usually undertaken in extreme cases, and when the patients are worn out with disease and suffering.

The operation of complete supra-vaginal hysterectomy, with removal of both ovaries, has become, when properly performed, one of the most successful of the great operations.

Hegar and Kalténbach, by their new extra-peritoneal method, have saved eleven cases out of twelve, and the surgeons at the Samaritan Hospital have in the last year had equally successful results, also by the extra-peritoneal method, using Koeberle's wire *serre-nœud* in much the same way that Hegar used the elastic ligature. These operations of hysterectomy and complete supra-vaginal hysterectomy still remain, however, very formidable operations. They are terrible mutilations; the patients are slow in convalescence. Is there, then, no operation of less danger, of quicker convalescence, and of better and more perfect results which we, as surgeons, can recommend to our patients.

Thanks to American surgery, the brilliant conception of Blundell, in 1823, was made a recognized surgical procedure by Batty in 1874, and from the labors of Hegar, Trenholm, Tait, Savage, and others, I am able to present to you a perfected operation, which will render this formidable hysterectomy still less often necessary in the future than it has been in the past.

The complete removal of the uterine appendages, when efficiently performed, cures fibroids of the uterus with rapidity and certainty, And I will ask you to remember that this operation is not such a serious mutilation, and does not leave behind it any mark except a small linear scar on the perfectly closed abdominal parietes. The removal of the

uterine appendages is attended with infinitely less danger to life than are the various operations for the removal of uterine fibroids.

Are we, then, justified in subjecting our patients to the formidable operation of supra-vaginal hysterectomy when we can cure them by removal of the uterine appendages?

It should be accepted as a settled fact that we are never justified in doing a hysterectomy when the appendages can be removed early in the growth of the tumor.

DISCUSSION.

Dr. CHARLES P. NOBLE: It has been a very short time since we were all firmly imbued with the idea that for fibroid tumors, practically, we should never operate. They were considered to be benign tumors, not endangering life, and it was held that by the use of ergot, muriate of ammonia, etc., the serious symptoms could be combated. It, however, did not take a long experience to convince me that fibroid tumors are much more serious than our elders taught, and I am quite certain that it is the experience of every one that fibroid tumors do bring patients to the brink of the grave, and even cause death, either by long exhausting hemorrhages, or by attacks of peritonitis, (although such attacks are usually due to coincident disease of the tubes,) or by pressure on other organs in the pelvis, especially the ureters. In addition, when fibroids attain any size, they may degenerate into fibro-cysts, or be converted into sarcomata. There is no doubt that not an inconsiderable number of fibroids become malignant. A consideration of these facts has determined me that hereafter I shall operate on fibroid tumors which cause much hemorrhage, or much suffering, or have attained considerable size.

I agree with Dr. Price, that when the fibroids are small, the removal of the appendages is a simple, safe, and curative operation. In all the cases in which I have done this operation, the results have been all that could have been expected. In every case the patient recovered, and in every case the fibroids became much smaller, the hemorrhages ceased, and the patients were symptomatically cured. I think that an exception should be made where there is a single fibroid which can be removed from the uterus, and the bed from which the fibroid has been removed can be closed by stitches, thus leaving normal appendages and practically a normal uterus. I have never done this operation, but I have had several patients under my care who had been operated on in that way, and the results were all that could be desired.

With reference to hysterectomy, I believe that the technique of this operation is undergoing a change; and while at the present time the extra-peritoneal method with the use of the serre-nœud may be giving the best results, I have no doubt that in the near future two other methods of doing hysterectomy will give equally good results, and they have certain advantages over the serre-nœud, and will, I think, come to supplant that method. I refer, first, to the method of tying off the broad ligaments down to the vagina, separating the bladder in front and amputating the cervix and stitching the peritoneum over the cervical stump. This operation has been done most frequently in this city by Dr. Baer, and his results have been most excellent. I have done the operation. It is a simple operation, and I believe that it is destined to supplant the use of the serre-nœud. The second method to which I have referred is the complete extirpation of the uterus. With the patient in the Trendelenburg posture it is a simple matter to remove the entire uterus, and when the patient is in good condition it can be done without any marked increase in the length of time which the operation takes. If it is desired, the ligatures can be brought out into the vagina. We then have a perfectly clean peritoneum with a simple seam extending from one side to the other. It is not necessary to make use of drainage from the abdominal wound.

Both of these methods have advantages over the use of the serre-nœud. In them you have no stump to slough. Both are extra-peritoneal just as much as the method with the serre-neud. In the two methods the convalescence is shorter and there is less danger of hernia. For these reasons I have no doubt that complete extirpation or amputation at the level of the vagina will supersede the method with the serre-nœud.

DR. J. M. BALDY: I shall have nothing to say in regard to removal of the appendages, for I think that we all agree that small fibroids can be successfully treated by this method.

I have, however, considerable to say in regard to hysterectomy. I think, as the essayist tonight has said, one is apt to use that method, and to consider it the best, which in his experience has given him the best results. I was sorry to hear Dr. Noble speak of extirpation of the uterus as extremely easy. Total extirpation of the uterus is the hardest operation in the whole range of surgery. I have come across nothing that has equaled the difficulties and the complications to be met with in the complete removal

of the uterus from above. I do not believe that it will take the place of the extra-peritoneal method of dropping the stump and leaving the pedicle.

The extra-peritoneal method with the *serre-nœud* is the only method the beginner should think of using; but those who are skilled and are familiar with the anatomy, both normal and distorted, will not rest satisfied in the failure with treating the stump extra-peritoneally. The old objection to treating the stump intra-peritoneally was hemorrhage from loosening of the ligature, which was applied to uterine tissue. At present, no one applies the ligature to uterine tissue. The ligatures are placed in the broad ligament tissue as in the vaginal hysterectomy, and there is no danger from hemorrhage if the bleeding is controlled before the wound is closed. There is no more danger of sepsis than in the extra-peritoneal method, for if the operation is properly completed the stump will really be extra-peritoneal. The after-suffering of the patient is lessened to a great extent. The distortion of the ureter and of the bladder is done away with entirely. With the extra-peritoneal method it is necessary to keep the patient in bed six weeks to two months, in order to guard against hernia. By dropping the stump, the patient is out of bed as soon as after an ovariectomy, and there is no more danger of septic poisoning, fistula, or hernia, than after any exploratory operation. There is, however, more danger of shock where the pedicle is dropped, for the operation is a longer one. If the condition of the patient will not warrant keeping her half an hour longer on the table, dropping of the stump should not be considered, but the stump should be treated extra-peritoneally. In regard to danger to the ureters, I have only once seen the ureter in fifty cases, and have never tied it.

I would not agree with the statement that the best showing is made by the extra-peritoneal method. I think that the time has come when the statistics of the intra-peritoneal method fully equal those of the extra-peritoneal. I have reported some twenty-seven cases in which I treated the stump extra-peritoneally, and about ten in which I dropped the stump, and my results have been equally good.

Dr. B. F. BAER: I agree with much that Dr. Price has said, and especially as to the advisability of early operation in fibroid tumor. In many instances these tumors continue to grow, and sometimes undergo malignant change after the menopausal age is reached.

My recent experience only confirms the opinion which I have for several years held upon this subject. The majority of cases upon which I have operated had either reached the menopause or had passed it. The last case operated upon, last Monday, was a patient forty-eight years of age, who had a large fibroid tumor which had been growing for ten or twelve years, and which had given rise to the ordinary symptoms of that disease, as hemorrhage, pressure, etc. She was advised to wait until the menopause, but when she reached that age the tumor increased rapidly in size, especially so during the last year. The operation showed it to be an edematous fibroid with a malignant appearance, I fear is sarcomatous, although a microscopic examination has not yet been made.

Three months ago I performed a hysterectomy upon a lady fifty-five years of age, for a growing fibroid tumor. The specimen showed multiple fibroid degeneration of the uterus, one of which was breaking down and was undergoing malignant change. This and similar cases, a number of which I have had during the last two years, convince me that we cannot too soon get rid of the idea that the menopause cures these cases. I believe that where it is determined that a fibroid tumor of any size exists, the patient is safer if the uterus is removed. The teaching that fibroid tumor is a benign disease, that it never destroys life, and that if the patient reaches the menopause she is safe, is erroneous. Even where no symptoms are present, such as hemorrhage or pain, the constant presence of a tumor induces such an unhappy mental state, that, where the patient desires it, the tumor should be removed.

My experience with oöphorectomy in cases of fibroid tumor has not been as encouraging as that of some of the speakers who have preceded me this evening. Even if the ovaries and tubes have been entirely removed, the tumors do not undergo atrophy, or do it in such a slow manner that the patient is dissatisfied with the result. Hemorrhage often continues, and pain and pressure are not relieved.

Eighteen months ago I removed the diseased ovaries and tubes from a patient who had a number of small fibroid tumors of the uterus. The whole mass did not extend much above the superior straight. I had hoped that the removal of the appendages would cure the patient, and she was much improved for about six months. She then began to bleed, and the hemorrhages recurred so frequently and were so profuse that she again sent to me. Exam-

ination at this time showed that the fibroids were growing. Hysterectomy was then done, and she is well with the result. I believe that hysterectomy by the method which I advocate, and in experienced hands, is as safe, if not safer, than ovariectomy, and I have no doubt that the patient is better, because she has gotten rid of the tumor at once.

I was surprised at the position taken by Dr. Price this evening. I had hoped that he would be willing to make what I regard as an advance, and would report to us that he had at least tried this new operation in one case, because I am firmly of the belief that it is the most scientific method. I am not alone in that belief, for as we have heard just now, other eminent operators are taking it up. I have no doubt but that it will be regarded as the only practical and safe method as soon as it is fully understood. This operation leaves the cervix extra-peritoneal, as Dr. Noble has said, even more so than by fixing it in the lower angle of the wound. It leaves it in its subperitoneal or extra-peritoneal position just as the uterus is anatomically. The incision is closed without drainage, the parts left to heal primarily and without interference, and they do so in every instance. The convalescence is shortened a month, at least; there is no distortion of bladder and bowel, and no after-dragging upon the cicatrix.

Of course, this operation requires experience and skill, and should not be undertaken by the beginner in abdominal surgery. The way for a beginner is not to begin with hysterectomy. He should first serve an apprenticeship in the more minor operations in this field. But this will apply to hysterectomy by any method, for it should always be regarded as a very major operation.

Dr. THOMAS S. K. MORTON: I wish to say one or two words about this intra-peritoneal operation. I had the pleasure of seeing Dr. Baer perform it recently, and it was more or less of a revelation to me. The operation was done by ligating the arteries of the broad ligament on each side. The uterus and appendages were then separated from the broad ligaments, and the cervix was cut, leaving one-half or three-fourths of an inch of uterine tissue. The broad ligaments then slipped down around the cervix, making a straight line, which required no sutures. The operation did not seem much more serious than an ovariectomy, although the incision was longer and more surface exposed.

Dr. CHARLES P. NOBLE: In regard to injury of the uterus, I think that the danger is less by the method referred to by Dr.

Baer than by the *nœud*. By tying close to the uterus, there is less risk of tying the ureters. In doing complete extirpation by the method advocated by Dr. Polk, of New York, I think that there is considerable danger of including the ureter in the ligature around the uterine artery. In regard to the confusion of the terms extra- and intra-peritoneal, I wish to emphasize the fact that in both of the methods the stump is extra- and not intra-peritoneal. It is extra-peritoneal, as the stump is under the peritoneum, and the peritoneum is sewed over the stump. In the one case the remnant of cervix, in the other the broad ligaments, constitute the stump. It is as much extra-peritoneal as though the peritoneum of the abdominal parieties were stitched around it on the anterior abdominal wall. It is, therefore, an extra-peritoneal method of treating the stump.

Dr. PRICE: I look upon hysterectomy as one of the most serious operations. I have had a series of 103 cases, and lost six cases in the first hundred, and one in the last three. Some were simple hysterectomies, but ninety per cent. were very complicated. I have known more women to die from neglect than from operation. In the past the intra-peritoneal methods have been much less satisfactory than the extra-peritoneal. The so-called intra-peritoneal or drop methods have unquestionably been improved, but the very best results have been attained by some German operator by clean and complete extirpation. Hegar has had a series of twenty-two cases without a death. The supra-vaginal, extra-peritoneal method is much the simpler one, and if you remove a healthy tumor from a healthy peritoneal cavity, and make the pedicle at the internal os, there is no reason why the case should not get well. It is only the complicated cases that you lose.

Suppurative forms of tubal and ovarian disease must bear a causal relation to fibroid tumors. I rarely remove a fibroid without finding an occluded tube or suppurative form of disease.

A good deal has been said about complete extirpation. If you ligate and place two or three pedicles in the vagina and match the peritoneum above, you have an extra-peritoneal method. If you apply forceps, you can match the peritoneum above and have the pedicle in the vagina.

The merits of a method should not be judged by a few isolated triumphs. In the hands of a few, the intra-peritoneal method of dealing with the stump has been measurably successful, yet the statistics of results, as well as the weight of surgical opinion,

strongly favor the extra-peritoneal method. The greater uniformity of successful results is with this procedure. Through it we can deal better with the visible and the obscure complications. One of the factors of our better success in hysterectomy is that we have less ignorant meddling with the stump of the pedicle. In these operations, as in others, there should be no morbid products left behind, nothing that can produce recurrence of disease. There doubtless will be further improvements in the mechanical appliances employed in our procedures, but there is something more in the work than the merely mechanical part. Too many instruments discredit our skill.

Translation.

LYSOL.

BY DR. HENRI DE PARVILLE.

(Translated from *Les Annales*)

BY MRS. CARLTON A. KINGSBURY, of Westfield, N. Y.

FOR some time, one has heard on all sides of lysol. What is it? Lysol promises to become the king of antiseptics. What is an antiseptic? A substance which kills microbes! What are microbes? Microscopic organisms which, in favorable conditions, multiply with frightful rapidity; only one germ is necessary to multiply, in a few hours, into thousands and millions. From the labors of Pasteur, of Davaine, and of their disciples, it has been demonstrated that epidemic diseases and contagious affections have their origin in a microbe; each malady has its specific microbe, which takes the name, according to kind—bacteria, vibrio, micrococcus, etc. In case of crime, one says: "Search for the woman!" In case of disease, one says today: "Search for the microbe!" And in fact, it is found in cases where it is least suspected. Carbuncles, for example, have their origin in a microbe, and carbuncles are contagious; when a person has one, others are sure to follow. Tetanus has its cause in a microbe, etc. But the great epidemic diseases are, above all, microbial affections; for example, cholera, yellow fever, typhoid and septic fevers, measles, small-pox, diphtheria, contagious pneumonia, grippe, tuberculosis, and its cousin germain, scrofula. Even in animal diseases—search for the microbe!

These new doctrines, founded upon certain discoveries, upon

severely contested facts, have wrought a complete revolution in medical theories and modify considerably, therapeutics. One may declare that the whole progress of surgery has been brought about by the antiseptic; a great number of victories won by medicine are due to an antiseptic. It rules, rightly, in all large cities, in the medical centers of Europe, in England, Germany, France, Russia—everywhere. The antiseptic has saved from death a large number of sick people. Since antiseptic dressings for wounds have been used, it is estimated that the mortality in surgical operations has been lowered from 50 per 100 to 5 per 100. In accouchement, it has fallen from 20 per 100 to 3 per 100. Why? Because antiseptics kill the deadly microbes! Into a badly protected wound, atmospheric germs penetrate. These microorganisms fall upon the bare flesh, find an excellent place for development, penetrating the system and infecting it. One suffices to people the tissues and bring death. The antiseptic placed upon the wound is a vigilant guard. It kills the microbe which presents itself; it prevents it from penetrating the flesh and pursuing its work of destruction.

We have not, until now, believed in the internal antiseptic; that is, in antiseptics introduced into the body. The problem becomes complicated, and the recent personal observation of Doctor A. Robin, who saw contagious pneumonia declare itself in a house saturated with corrosive sublimate, but serves to give us more confidence in the internal antiseptic. The microbe enters our houses, finds a lodging place, and grows and multiplies. The more reason for guarding, with particular care, the door of entrance, and using in large quantities the external antiseptic. This, at least, has been proved, and its efficacy is not to be doubted. We have spoken, recently, of the utility in combating grippe, colds, epidemic maladies, by the use of antiseptic douches for the nose and mouth, the ordinary receptacles of the most deadly microbes. In truth, we respire at the rate of one-half liter of air at a respiration; this gives, moderately, 360 liters per hour, and 9,000 liters, nearly ten cubic meters, in twenty-four hours. Each liter draws in millions of microbes. All these microbes are not noxious, but they are often injurious on account of their number; hence, the necessity of killing them before an abrasion, an inflammation, opens to them the door of the organism. Microbes can enter the body through perspiration not wiped off. One can readily see that the need of cleanliness, and of general hygiene, is

of vast importance. Briefly, it is necessary to repeat that we are constantly the objects of the attacks of these microorganisms; simple common sense recommends us to multiply our efforts for defense. This defense is the rational and abundant use of antiseptics.

Antiseptic! the word is an easy one to speak. But antiseptics are abundant; at least, one reads so. We are not rich in antiseptics suitable to handle, not dangerous, yet efficacious. Then, too, certain antiseptics which produce good results in one case, do not in another. An antiseptic which can be generally used is not easy to find. Many have been in use for years, or are dangerous, or have lost their efficacy. It is superfluous to pass them in review. Phenic acid, to mention the best known, is not safe to place in the hands of everyone; it is not neutral, it is corrosive; it has burned more than one person; it has even poisoned some; it is, moreover, an antiseptic of only the fifth or sixth class. The essence of Ceylon cinnamon is, differently, as powerful as phenic acid. It kills the most resisting microbes in eight minutes after contact, while it takes, at least, twenty-four hours to kill them with phenic acid. In order to judge of the action of an antiseptic, it is indispensable that one does not content one's self with "hear-say" instead of experimenting with it; of cultivating the most dangerous microbes and seeing how they act in the presence of the antiseptic used. The best is, evidently, that which kills the most rapidly; when, in operating thus, it has been found that the most efficacious substance was, unquestionably, corrosive sublimate. Unfortunately, corrosive sublimate is a violent poison. Although one may use it in very weak solutions, there is certainly danger in introducing it into common practice. People who have made mistakes in swallowing a solution of sublimate have died very quickly. Thymol is costly; boric acid is weak. If one wishes to gain an idea of the destructive power of sublimate, of thymol, of boric acid, we will state that with three centigrammes of sublimate in solution, microbic development is prevented; with thymol, it takes fifty centigrammes; with boric acid, 750 centigrammes.

After sublimate, which is rejected for general use, the powerful antiseptics meet in the derivations of coal-tar, in the phenols, the various creasotes, creasol (cresylic acid), and its varieties, salicylic acid, eucalyptol, naphthol, etc. By order of power, one has, first, creasol (100 centigrammes arresting development of

bacteria); then salicylic acid (150 centigrammes arresting development). Finally, eucalyptol (160 centigrammes), and phenol (500 centigrammes). Commercially, on account of price, phenol and creasol are alone obtainable. And one prefers the strongest, *i. e.*, creasol.

This creasol of commerce, produced actively from creasote of coal, deprived of its phenic acid possesses, definitely, a strong antiseptic, since it suffices in a solution of 0.30 per cent. of water to obtain an action equal to a disinfecting liquid of sublimate at 1 per 4,000. Unfortunately, creasol is insoluble in water. Now, it is very necessary that an antiseptic should be soluble, because water is the medium of disinfecting action; it is everywhere; it brings the "deadly microbes" into contact with the tissues. In order to utilize creasol, one must find the means of rendering it soluble. Much research has been made in this direction. Laplace, Frankel, Heyden, and others, have saponified bodies of the aromatic series by diverse alkaline bases; but these products oxidate in the air, lose their antiseptic power, stain the hands and instruments used. There has been found a new and economical mode of rendering creasol soluble in water. In France, this brief process has been achieved by a society which sell this product at a price accessible to all. This product is the famous lysol.

Chemically, they prepare the lysol of commerce by utilizing creasol obtained by rectifying, between 195 and 205°, the heavy oils of coal tar. And this obtains a crude creasol, containing a little creasol, xylcnol, gaiacol, etc. Then this crude creasol is rectified to render it pure. It is mixed in the proportion of fifty parts to fifty other parts of an alkali, and with fat parts. By cooking this, a liquid is obtained, of a brown color, absolutely *soluble* in water. The characteristic of this product is double: First, its complete solubility in water; then its constant chemical composition. This is a fixed product whose properties are invariable today and tomorrow.

There remains now but the question of its power. Theoretically, it is necessary to employ twice as much of the lysol as of creasol to obtain the same disinfection. But it is its solubility. Always, as has been demonstrated, the lysol is found to be as powerful as the creasol. In Germany, in fact, its usage has become common since the researches made by M. Schottelius, Professor at Friburg; by M. de Gerlach, Chief of the Hygienic Department in the Laboratory of the Institute at Wiesbaden; by

Mm. Whemer, Cramer, Hanel, Hang, and others. Now, the results are remarkable. M. de Gerlach, in operating upon the spores of the bacteria of a carbuncle, bacteria extremely resistant, which had not been affected by an action of fifty days of phenic acid at 5 per 100, has observed the following facts with a solution scarcely less strong of lysol: In an hour, development retarded; in twelve hours, colonies stopping growth; in seventy-five hours, death. This culture inoculated into a rabbit left it unharmed. One can sum up the experiments of Mm. Gerlach and Schottelius, in saying that with a dose of three grammes par liter of lysol they have assured the disinfection of the most resistant septic matters. One is authorized in considering, on account of its strength, lysol as creasol rendered soluble. It is, then, right to regard the product as a general antiseptic, actually the most powerful, the most economical, and the most easy of access to every one.

In fact, it is established as a medicine, invariable in composition, as we have said; it is not an irritant, contains no acid; does not attack the tissues, as in time does sublimate, phenic acid, and others. It is not poisonous. Then, let it become of common use. It always mixes easily with water. It is used in the ordinary dose of three grammes par liter, and it can be used to five per cent. Everything depends on the use to which it is put. The uses of antiseptics are, in fact, very numerous. The microbe-killing power of lysol designs it, naturally, for dressing of wounds, for cicatrizations, slight abrasions, etc. In the point of view of general hygiene, it is useful to have at hand for disinfecting pest-houses, apartments, cabinets, spittoons, animal cars, holds of ships, steamers, and everywhere where disinfectants are required. To cleanse wounds, a solution is used, composed of between 0.30 to one per cent.; for gynecologia and like diseases, a solution of one to three per cent. is used. For disinfecting the thousand contaminations—stables, cess-pools, moldy substances growing on damp walls, a solution of three to five per cent. is used. In these conditions, a liter of lysol, of a commercial price sufficiently small, makes, according to the use required, from twenty to 300 liters of disinfecting solution.

For the toilet one does not generally go beyond 0.50 to one. This dose of lysol (thanks to the soapy properties of creasol) has no irritating action; it serves for a dentifrice, for an eye-wash, etc. Its characteristic odor is somewhat like creasote and tar, but this is modified for those to whom the tar smell is offensive, by adding

perfumes, as mint, cinnamon, etc. It is most useful in the service of newly-born infants, and for children. Finally, it is excellent as an aid to agriculture. It destroys insects, parasitic vegetation of plants, aphides, ants, oïdium, doryphora, etc.

We have searched for a strong manageable antiseptic, free from danger, neither corrosive nor poisonous. We have obtained it now, because it seems that lysol answers entirely the requirements ; then, let us not wait until an epidemic attacks us ; and let us not hesitate to introduce into our homes, for constant use, this antiseptic, that is to say, hygienic preservation.

If we have insisted a little on this subject, it is because we believe more and more in the necessity of the antiseptic. It will gain for us many years, many human lives ; and what great need we have of saving ourselves from disease ! Let us defend ourselves and our homes against the homicidal microbe !

Selection.

THE SPELLING OF SOME MEDICAL WORDS.¹

BY GEORGE M. GOULD, A. M., M. D., of Philadelphia, Pa.

(From the *Medical News*, June, 1893.)

1. OF ALL the languages of the civilized world, there is none that in the most distant manner can rival the English in the ludicrous illogicality and wretched lawlessness of its orthography. In other languages there is a manifest philologic sanity that evidently seeks to hold the written (or printed) word in some sort of relationship with the spoken word. But in our language the reverse seems to be the case ; the more methods in which a single sound can be spelled the better it seemed to please the fathers of the language. As Professor Lounsbury says : “There is nothing more contemptible than our present spelling, unless it be the reasons usually given for clinging to it.”

2. The labor which this fact imposes upon the child’s mind, and upon all minds that, so far as language-learning goes, persist in the pre-pubertic stage, is a labor that, conceived in its entirety, is literally appalling. The German child learns in one year, and well, what the English child learns in three, and poorly.² It is so

1. Read at the meeting of the American Medical Editors’ Association, in Milwaukee, June 5, 1893.

2. Professor March says that “it has been computed that we throw away \$15,000,000 a year paying teachers for addling the brains of our children with bad spelling, and at least \$100,000,000 more paying printers and publishers for sprinkling our books and papers with silent letters.”

tremendous a labor that even few educated men reach unconsciousness and ease of orthography, and for the great mass of people it is a constant source of worry or chagrin. To a vast number of people the secret consciousness of their orthographic failing keeps them from the pleasure of writing and composition, or prevents them from profitable employment. To every person that writes, the excess of labor required by our barbaric spelling is a huge waste of time and a heightener of the friction of life. With the correlated barbarism of pronunciation, it is the greatest obstacle to the spread of English as the world's great, sole tongue.

3. The foregoing facts are so incontrovertible that no one who has even cursorily looked into philology and pedagogics has any tendency to deny them. Equally certain is it that all of our great students and masters of philology are entirely agreed as to the tremendous importance of lessening the burdensome labor of education, and the friction of life, by some approach, great or little, toward the phonetic spelling of English words. As succinctly stated in his preface by the learned editor of the great *Century Dictionary*—

The language is struggling toward a more consistent and phonetic spelling, and it is proper in disputed and doubtful cases to cast the influence of the dictionary in favor of this movement, both by its own usage in the body of the text, and at the head of articles by the order of forms, or the selection of the form under which the word shall be treated.

Never has more capital been invested in similar enterprises, and never has more philologic erudition been gathered to the service, than in the editing and publishing of those splended lexicographic monuments of American scholarship, the *New Webster*, the *Century*, and the *Standard* dictionaries. It is equally true that in each case the most earnest desire of the men in charge of these works has been to go to the furthest admissible limit dared in recommending the shortening and rationalizing of the spelling of English words. They have only stopped when and where they thought further advance would result in a baulking, and a refusal of the people to follow.

Words fail me to express my amazement to hear men object to all change in the customary spelling. To be sure, they are but few, and those who have never given the matter an hour's thought or study, who thus blindly cling to the fetich of custom, stolidly resisting any change whatsoever. The changes that have been

made, and that have become the rule—these they willingly accept. They have grown used to spelling *music* and *public* without a final *k*, and are willing to leave off this useless second tail. (The English even now stick to the final *k* in almanac.) But their mental forefathers as stoutly resisted the *curtailing* process, and their similarly-minded children will finally accept the changes that progressive minds are now forcing on their fathers. The stupidest, most disgusting thing in the world, is the brute conservatism that refuses all change, good or not good, from stolid, unreasoning desire for things as they are. Better chorea, ay, better epilepsy than absolute paralysis. Conservatism is the sham coyness of linguistic old-maidism, the crinolin fig-leaf of philologic prudery, a fig-leaf, too, not the result of too much, but of too little knowledge—indeed, of an abysmal ignorance of the history of the language.

And most strange of all is such a dead-blank wall of prejudice on the part of medical men. Their science is a progressive one; their life is harassed and hurried with the crush of duties and opportunities. Every hour's experience teaches them to ignore precedent and to cut by the shortest route to the desired end. No body of men is more hampered, and in no calling is labor so much thwarted as in theirs, by popular inherited prejudices, and the old unsloughed snake-skins of quackery, of myth, and of mummery.

The vast majority of medical words have not grown out of the old languages, either of the ancient living Greek or of the mediævally preserved dead Greek. When a word is desired, the modern minter snaps out his Liddell and Scott, gets some words that best suit his purpose, and shakes them together in his etymologic basket until they cohere into some sort of unity, not infrequently a very ludicrous one.

The argument most relied on by the obstructionists is the etymologic one. But even this poor scarecrow cannot be set up in our medical cornfields. I do not think the etymologic argument of much force, even in the general literary language, because already the form in a large portion of our words is altogether misleading, changed, or lost, and because the vast majority of people will and can never know anything of the etymologic rootings of their language. But, far more important still is the fact that with printing came the impossibility of a coinage ever being lost, its history unrecorded, or its tiniest rootlet unpreserved.

But far and away over all is the fact that the needs and the help of the living millions of bodies and minds present and to

come outweigh linguistic and philologic considerations. Language was made for man, not man for language.

Moreover, and this note well, despite all the literary coxcombs and philologic old maids of Christendom, reform is inevitable. The people, with unerring instinct, are determined to mold their language into some better conformity to their needs. Slang is riotously rampant, and slang is language in the making. Some reform in spelling is as certain to come as future men and women are certain to come, and wisdom on our part is to accept the inevitable, and to make that inevitable as sensible as we can. As another has said: "The grammarian, the purist, the pernicketty-stickler for trifles is the deadly foe of good English, rich in idioms and racy of the soil."

All this is entirely too long an overture to a very small opera. I wish to beg my brother-editors to accept, and to unite in asking the profession to accept, certain tiny, innocent little changes in a very few of the words they use. Some time ago a valued contributor objected to our editorial suggestion that the *al* at the end of many of our adjectives was a useless length of tail that it were desirable to lop off. He could give no reason except that wonderful reason that it sounded better to say *chemical*, *biological*, *parasitical*, etc., than to say *chemic*, *biologic* and *parasitic*. All argument was useless. I asked him if we should also, in his articles, spell *scientific*, *basical*, *thermical*, *albuminoidal*, *meso-blastical*, *graphical*, *metrical*, etc., or should we leave off the already-dropped, old simian *al*.

Another valued contributor begged to be allowed to spell *hemorrhage*, *anesthetic*, *orthopedic*, and the like, in the fashion of his ancestors, *i. e.*, with the diphthong. I asked, should we preserve the Greek diphthong in all cases, in *æther*, for example, instead of *ether*, and in hundreds of cases where its retention would make his printed page the object of laughter, even to the etymologic sticklers. "Analogy to the dogs!"—and, of course, logic and argumentation also to the same animals.

After four years of careful investigation and great labor, the American Association for the Advancement of Science has adopted a set of rules for the spelling and pronunciation of chemic terms. Among these rules are those advocating the dropping of the final *e* in all such words as *bromid*, *iodid*, *chlorid*, and the like, and also in all such as *bromin*, *iodin*, *chlorin*, etc. Is there any reason, earthly or unearthly, for not following the suggestion?

While on the suicidal subject of analogy, reference may be made to the spelling of program. There are people who will use the analogic argument, if it serve their purpose, but forget it when it does not serve them. They will spell *diagram*, *anagram*, etc., without the overlong tail, but they are horrified at *program*. Old Dr. Johnson, in his Contradictionary, spelled some word-endings *our*, others simply *or*. Some of his contradictionary after-comers stick to his *honour*, *neighbour*, *fàvour*, and *colour*, though they would not be guilty now of *horroure*, *dolour*, *emperour*, *governour*, etc. They are indignant at meeting *meter* or *center*, but if you ask them to spell *diameter*, *scepter*, *sepulcher*, etc., they are like some other bivalves, they shut up—but “are of the same opinion still.”

To conclude: There is not a single argument of value against a moderate and at least a small beginning of some kind of spelling-reform of our intolerable English orthography. As regards the spelling of medical words, any argument has less weight than as regards other words. We owe it to our profession to be progressive in this respect—at least, not to be a dead-weight to the car of progress, and, at the very least, not to pull backward, like an over-obstinate horse, when the wagon (with one *g.*!) is pushed on to our heels. Wherefore, brethren, will you not assent to the little advance already gained, and will you not assent to a few little timid steps further? Every argument of logic and uniformity, and every motive of good-will and interest in progress, is on this side.

Why shall we not drop the conjoined letter diphthongs in all words? Let us spell all our words from the Greek *αἷμα*, with the single vowel *e* instead of *æ*. Let us say *hemorrhage*, *hemostatic*, etc., clear through the list. The same with all other *ai*'s usually spelled *æ*, as in *orthopedic*, *pediatric*, *anesthetic*. The same with *æ*: Let us accept *edema*, *celiotomy*, *diarrhea*, *fetus*, etc.

Let us adopt, with never a wry mouth, the “American spelling” of *honor*, *center*, *meter* (all the meters and liters!), *program*, and the rest.

Let us get a chart of the rules for spelling chemic terms adopted by the American Association for the Advancement of Science, and hang it in front of our desks, and never spell *iodid*, *sulphid*, *hydrid*, *morphin*, *chlorin*, etc., with more *e*'s than we should. It is easier to spell them without the *e*'s!

Let us be sensible rather than conservative!

BUFFALO MEDICAL AND SURGICAL JOURNAL

A MONTHLY REVIEW OF MEDICINE AND SURGERY.

EDITORS:

THOMAS LOTHROP, M. D. - - WM. WARREN POTTER, M. D.

All communications, whether of a literary or business character, should be addressed to the managing editor:

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No. 1.

SPELLING OF MEDICAL WORDS.

FOR some time past there has been going on in certain circles an agitation looking to reform in the orthography of medical words and terms. The chemists have already successfully met the question by the adoption of simpler endings, and substituting "f" for "ph" in such words as admit of that change. Many medical philologists, scholars, and editors have, for some time past, dropped the use of diphthongs whenever practicable, and otherwise simplified medical spelling in accordance with their own fancy or good sense. Dr. George M. Gould, of Philadelphia, the accomplished editor of the *Medical News*, and the author of two excellent dictionaries, is an earnest laborer in this field, and has signaled his efforts on several occasions, both in writing and by speech. One of his latest efforts was a paper read at Milwaukee, in June, at the meeting of the American Medical Association, in which he deals in detail with the subject. The paper was published in the *Medical News*, and we have taken the liberty to reproduce it in this number of the JOURNAL, and we ask for it a patient examination by all our readers. It is to be hoped that the traditions that have clung to the past, and are not easily shaken off the present, will begin to loosen their hold on the minds of medical writers and teachers to the much-desired simplification of the writing and printing of many cumbersome medical words and phrases.

TOPICS OF THE MONTH.

ERRORS in school books are of frequent occurrence, and pertain to almost every author and all editions. These errors involve almost every question relating to the history of our country. In school books are published absurd theories about politics, currency, capital, labor, free trade, traffic, and all of the important questions of

political economy, that are misleading to the young mind and even puzzling to the more mature individual. It is, therefore, important to correct these evils at once, and we are pleased to note that Col. Albert A. Pope, of Boston, is endeavoring to do this. He has already, that is to say, over a year ago, instituted one search, and he is now starting out upon another. As a stimulant to the search, he offers to award one of the best pneumatic tire Columbian safeties, 1893 pattern, price, \$150, to each of five persons who shall send him the greatest number of errors which shall be determined to be errors by the publishers and authors of books in which they occur, or by a board of examiners which he may appoint. These errors must be received prior to September 1, 1893.

For conditions upon which the awards will be given, and other information, communications should be addressed to the Educational Department, Pope Manufacturing Co., Boston, Mass.

THE Jennie Casseday Infirmary for Women will be closed for improving and enlarging the building during the month of August. It will be re-opened for reception of patients September 1st. Dr. L. S. McMurtry is the surgeon in charge, and he has been doing a remarkable series of successful abdominal sections during the infirmary-year just closed.

Personal.

DR. FRANK W. ABBOTT has removed his office and residence from 223 to 523 Franklin street, between Allen and North streets. Office hours, 9 A. M. to 1 P. M. Other hours by appointment. Telephone, 1930.

DR. JOHN PARMENTER, Professor of Anatomy and Adjunct Professor of Clinical Surgery in the Medical Department of the University of Buffalo, was elected Fellow of the American Surgical Association at its recent meeting held in Buffalo. This is a deserved recognition of the surgical talent of one of the younger members of the profession.

DR. J. D. FLAGG has been elected Professor of Physiology in Niagara University, in the place of Dr. Geo. E. Fell, resigned; Dr. Harry A. Wood has been appointed Adjunct Professor of Materia

Medica and Therapeutics ; Dr. L. Bradley Dorr has been made Lecturer on Bacteriology, in addition to his Adjunct Professorship of Chemistry ; Dr. David L. Redmond has been elected Lecturer on Dermatology ; Dr. Frederick A. Hayes, Demonstrator of Anatomy ; Dr. Edward M. Dooley, Lecturer on Anatomy ; Dr. Frederick Preiss, Assistant to the Chair of Principles and Practice of Surgery ; and Dr. Wm. G. Taylor, Clinical Assistant in Obstetrics.

DR. JOHN B. HAMILTON, Professor of Surgery in Rush Medical College, Chicago, Ill., has been appointed editor of the *Journal of the American Medical Association*. Dr. Hamilton's experience as a man of affairs, his wide professional acquaintance, and his knowledge of journalism, will increase the usefulness and prosperity of the *Journal* in a marked degree. It requires no argument to prove that this periodical has not been in the past, under any administration, what it deserved to be. Let us hope that Dr. Hamilton's advent auspiciously inaugurates an era of prosperity and influence for the *Journal* which ought to represent the profession of America.

AMONG the Buffalo physicians who attended the Medical Association of Central New York, held June 16th, at Rochester, were, Drs. Bartlett, Ingraham, Hubbell, Congdon, Howe, Twohey, Thornbury, Benedict, Crego, Preiss, and Krauss. Dr. H. L. Elsner, of Syracuse, was elected President ; Dr. F. S. Crego, of Buffalo, was elected Vice-President of the Association for the ensuing year. The next meeting will take place in Buffalo.

MESSRS. HUMMEL & PARMELE, the well-known medical journal advertising agents, have removed from the Drexel building to more commodious quarters, at No. 257 South Fourth street, Philadelphia, Pa.

AT THE June commencement, Niagara University conferred the degree of LL. D. upon Dr. John Cronyn, and the degree of Ph. D. upon Drs. Thomas Lothrop and Alvin A. Hubbell, of Buffalo, and Dr. Frederick Peterson, of New York.

DR. MAUD J. FRYE, late of the Woman's Hospital, Detroit, has located at 224 Allen street, Buffalo, N. Y.

Obituary.

JAMES McCANN, M. D., LL. D. — Was born in 1836, now fifty-seven years ago, in Penn Township, Allegheny county, Pa. His father served under Anthony Wayne in the war for American Independence. In early boyhood he passed his summers working upon his father's farm, and the winter months as a pupil of John G. Beatty, who taught him, in addition to the public school curriculum of that time, Latin and the higher mathematics. At about thirteen years of age, his father died, when he began teaching school, and became a leading member of a local debating society. Even at this early date he was a ready, fluent, and earnest talker. Tiring of the monotony of country life, and like the majority of young men of his age, not knowing exactly what to do with himself, he decided upon a mercantile career, and at the age of eighteen came to Pittsburgh, where, after graduating at Duff's College, he spent several years as book-keeper in a business house. This sedentary life became irksome to him, his health was not good, and acting upon the advice of his physician, who regarded him as a young man of promising talents, he finally decided to study medicine. With this object in view, he, in 1858, entered the office of Drs. Thomas and John Dickson, Sr.

He graduated from the Medical Department of the University of Pennsylvania in 1863, and immediately entered the medical service of the army as assistant-surgeon of the Fifth Pennsylvania Volunteers. He continued in this service until the close of the war, when he returned to Pittsburgh, and began the practice of medicine with Dr. W. C. Reiter. Two years later he received the appointment of surgeon to the Marine Hospital, and the connection with Dr. Reiter was soon afterward dissolved.

He was next appointed one of the surgeons of the Western Pennsylvania Hospital, which position he held until a few months ago, when he resigned, because of ill-health, and accepted the appointment of Consulting Surgeon. For twenty years he has been one of the surgeons of the Pennsylvania, the Allegheny Valley, and other railroads entering this city.

He was an active and influential member of the Pittsburgh Free Dispensary from its inception, of the Board of Health for many years, of the Allegheny County Medical Society, of the State Medical Society, of the American Medical Association, of the

American Surgical Association, and of the American Association of Obstetricians and Gynecologists, but owing to ill-health he was never able to attend a session of the latter.

In spite of the busy life he led, his ardent love and natural aptitude for teaching led him—in connection with his confreres of the “Mott Medical Club”—to undertake the arduous task of organizing the first medical college in Western Pennsylvania. Into this work he threw all his enthusiasm, and devoted to it all his energy and influence. Caring but little for pecuniary reward, it was with him a labor of love. In September, 1886, after years of weary and distasteful work, the culminating point of his ambition was attained by his election to the chair of Professor of the Principles and Practice of Surgery. This position, notwithstanding his failing health, and in defiance of bodily suffering, he filled until a few months prior to his death. At last, his physical endurance being exhausted, his grateful and sorrowing colleagues unanimously nominated him for appointment as “Emeritus Professor,” a last tribute to his eminent worth and ability, but before this action could be confirmed by the Board of Trustees of the University, death had claimed him as his own.

He died a martyr to his profession,—a sacrifice upon the altar of charity. His love for it and devotion to it was the direct cause of his death. He performed an enormous amount of work, and it was in the performance of a surgical operation, a work of charity in the Western Pennsylvania Hospital, that he received the fatal shaft from the quiver of the fell destroyer. Had he, like many others, turned aside from charity work, and devoted himself strictly to his lucrative clientele, he would be living today.

He never ceased to be a student. He was too broad-minded to make a successful specialist. His mental attainments were too great, his studies and reading too comprehensive, his ambition too high for any single department of his profession to permit free scope to his talents. His mind was alert to grasp and tenacious to retain knowledge, which enabled him to easily keep pace with progress and improvement, however rapid, in every department of medical science.

He stood in the front rank of the leaders of the profession. His *savoir faire*, his strong personal individuality, his impulsive and generous nature, won him a host of friends in and out of the profession.

His reputation and practice were not limited to his own city,

county, or state, but were national. His life was one of unceasing toil. There are but few surgical operations that he had not performed. His profound knowledge, rather than his personal magnetism, made him popular with all the members of the profession with whom he came in contact, making him eagerly sought as a consultant, and he never betrayed this trust.

He followed, as strictly as the present state of society will perhaps admit, the axiom, "A physician's first duty is to his patient, his second only, to himself."

He was in the active practice of his profession from 1863 to 1893—a period of but thirty years, yet in those thirty years he accomplished, perhaps, a task as great, and fulfilled a destiny as rounded and complete, as the average practitioner of fifty years' standing. A man's life is measured by his works. Judged from this standpoint, although he was but fifty-seven years of age, his death was not premature.

He had faults, but no vices, and his virtues were too many to dwell upon at greater length. By his death his wife loses a loving husband, his children an affectionate father, his colleagues a genial companion and true friend, and his profession a devoted follower. *Requiescat in pace.*

W. SNIVELY,
J. B. MURDOCK,
C. B. KING,

Committee of Faculty, Western Pennsylvania Medical College.
PITTSBURGH, June 19, 1893.

Academy of Medicine Notes.

DR. C. A. RING has resigned as Secretary of the Section on Surgery, and Dr. F. S. Metcalfe has been elected to fill the position.

THE President's address is published in full in this number of the JOURNAL, and deserves to be read and followed by all members of the profession.

THE reports of the Secretaries of the various sections show a healthy and gratifying condition of affairs. The outlook for a successful year is very encouraging.

THE election of officers for the Academy resulted as follows: President, Thos. Lothrop, M. D.; Treasurer, Eugene A. Smith, M. D.; Trustee, Frederick W. Bartlett, M. D.

THE Section on Anatomy, Physiology, and Pathology elected the following officers at its last meeting: President, James W. Putnam, M. D.; Secretary, Sidney A. Dunham, M. D.

THE walls of the Academy are adorned with photographs and engravings of some of the former leaders of the local profession. No better place could be found for preserving the records and reminiscences of the profession.

THE Council of the Academy now consists of the following officers: Thomas Lothrop, President; J. A. Pryor, H. E. Hayd, M. A. Crockett, J. W. Putnam, Vice-Presidents; Wm. C. Krauss, Secretary; Eugene A. Smith, Treasurer; Frederick W. Bartlett, Roswell Park, Alphonse Dagenais, Trustees; H. Dowd, Secretary Section on Medicine; F. S. Metcalfe, Secretary Section on Surgery; S. A. Dunham, Secretary Section on Pathology; L. C. Randall, Secretary Section on Obstetrics.

Society Meetings.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.—The third annual meeting of the American Electro-Therapeutic Association will be held in Chicago, September 12th, 13th, and 14th, at Appollo hall, Central Music Hall Block. Members of the medical profession interested in electro-therapeutics are cordially invited to attend.

AUGUSTIN H. GOELET, M. D., *President.*

MARGARET A. CLEAVES, M. D., *Secretary.*

CIVIL SERVICE EXAMINATION FOR JUNIOR ASSISTANT PHYSICIANS.—An open competitive examination of candidates for the position of Junior Assistant Physician in the State Hospital service will be held at the rooms of the State Civil Service Commission, in the Capitol, Albany, on Tuesday, September 5, 1893, at 10 A. M. An applicant must be a graduate of a legally chartered medical college, and have had at least one year's actual experience on the medical staff of a public general hospital. For application blanks, address Clarence B. Angle, Secretary New York Civil Service Commission, Albany, N. Y.

THOMAS CARMODY,

ALBANY, N. Y., July 24, 1893.

Chief Examiner.

Book Reviews.

THE ANATOMY AND SURGICAL TREATMENT OF HERNIA. By HENRY O. MARCY, A. M., M. D., LL. D., of Boston. President of the American Medical Association; Surgeon of the Hospital for Women, Cambridge; President of the Section of Gynecology, Ninth International Congress; late President of the American Academy of Medicine; Member of the British Medical Association; Member of the Massachusetts Medical Society; Honorary Member of the New York State Medical Association; Fellow of the Boston Gynecological Society; Corresponding Member of the Medico-Chirurgical Society of Bologna, Italy; Fellow of the American Association of Obstetricians and Gynecologists; Fellow of the Southern Surgical and Gynecological Association; late Surgeon U. S. Army, etc. With sixty-six full-page heliotype and lithographic plates, including eight colored plates from Bougery, and thirty-seven illustrations in the text. Sold only by subscription. Half morocco, \$15.00. New York: D. Appleton & Co. 1892.

When one opens a beautiful quarto volume, illustrated with admirable plates, one naturally expects the text to be in keeping with it. Such, however, is not the case with the volume before us. There is a strange medley in this work of quotations from classic authors, proceedings of surgical societies, and a mass of heterogeneous material, all thrown together in a confused, erratic way, which seems to indicate at once that, however skilled a surgeon the author may be, an author he certainly is not. He lacks one most essential characteristic, at least, and that is a proper sense of proportion. From the beginning to the end of the book we find this or that subject given space and exaggerated far beyond its merits, and, at the same time, either scant or no mention of other subjects which certainly deserve some notice, if not an elaborate one. It may be added, incidentally, that the author never forgets himself, and anything which he may have thought or done always gets a prominent place. In parts of the work, this is carried to such an extent that it might fairly be named Dr. Marcy's Treatment of Hernia, instead of having a title indicating a book properly presenting the subject of Hernia with its subdivisions preserving due proportions, and giving a comprehensive *résumé* of the subject.

The author seems remarkably enthusiastic concerning the curative effect of operation. His experience is so different from that of other surgeons, that one wonders whether he takes the pains to keep his cases under observation for a sufficient time to draw cor-

rect conclusions. Not a word does he say about danger which he does not offset with some remark which can easily mislead the young surgeon. A fairly large experience in operating for hernia only confirms the belief that, while usually safe, so far as the life of the patient is concerned, the operation itself is attended with many perplexing conditions, upon the complete understanding and mastery over which depends its success. Therefore, we think that any teaching which tends to minimize dangers almost constantly present, is bad teaching for students or youthful surgeons. One could read this book through and never know that fatal hemorrhage could or has occurred, or that the testicle sometimes becomes gangrenous.

Again, almost nothing upon the subject of diagnosis finds a place in the work, and here, also, the book will be of little or no use to those who need it most. No region of the body can furnish more difficult diagnostic problems to the surgeon than the groin sometimes affords, and yet Dr. Marcy passes by this vitally important part of his subject with the scantiest mention. Everywhere, then, throughout the book, the author's lack of sense of proportion is evident. Added to this fault as an author are others equally bad, viz., careless arrangement and doubtful English.

The book contains much good material. It will be useful to the student for the historical information to be found in its pages, and as such it deserves a place with one's books. More than this, however, in all justice, can hardly be said. The author has not accomplished what he set out to do, and the reasons are very evident why he never could succeed. It is a pity that the publishers, who have done their part so perfectly, have not a text in keeping with the beauty and finish of the volume. J. P.

DIET FOR THE SICK. By MISS E. HIBBARD, Principal of Nurses' Training School, Grace Hospital, Detroit, and Mrs. Emma Drant, Matron of Michigan College of Medicine Hospital, Detroit. To which has been added Complete Diet Tables for various diseases and conditions, as given by the highest authorities. Detroit, Mich.: The *Illustrated Medical Journal Co.*, Publishers. Paper, 74 pages. Price, postpaid, 25 cents ; 6 for \$1.00.

This little book is a worthy supplement to any cook-book, as it deals only with the dishes suitable for the sick and convalescent ; the receipts being favorite ones in use daily in the hospitals wherein the authors are employed. To this has been added the various authorized Diet Tables for use in anemia, Bright's disease,

calculus, cancer, chlorosis, cholera infantum, constipation, consumption, diabetes, diarrhea, dyspepsia, fevers, gout, nervous affections, obesity, phthisis, rheumatism, uterine fibroids. It also gives various nutritive enemata. The physician can use it to advantage in explaining his orders for suitable dishes for his patient, leaving the book with the nurse.

HAND-BOOK OF PATHOLOGICAL ANATOMY AND HISTOLOGY, with an introductory section on Post-Mortem Examinations and the Methods of Preserving and Examining Diseased Tissues. By FRANCIS DELA-FIELD, M. D., LL. D., Professor of the Practice of Medicine, College of Physicians and Surgeons, Columbia College, New York, and T. Mitchell Prudden, M. D., Professor of Pathology and Director of the Laboratories of Histology, Pathology, and Bacteriology, College of Physicians and Surgeons, Columbia College, New York. Illustrated by 300 wood engravings printed in black and colors. Fourth revised and enlarged edition. One large octavo volume of 732 pages, with 300 wood engravings, beautifully printed on fine super paper, and bound in blue imported muslin. Price, \$6.00. New York: William Wood & Co. 1892.

The authors of this important work have long been before the profession as careful and painstaking writers and investigators. The previous editions of this hand-book have been noticed in the *JOURNAL*, from time to time, as they have appeared from the press, and we have only to reiterate the favorable judgment we gave upon them and intensify it as applied to this fourth edition, now before us. The authors state that it is intended that the student and practitioner shall find in it the information which they need to enable them to perform autopsies, preserve tissues, and prepare them properly, and to examine them with the microscope. We believe neither the student nor the practitioner will be disappointed in the promise here made. The work comprises instructions in the method of making post-mortem examinations, of preserving its tissues, of preparing them for microscopical examination, and of examining and cultivating bacteria. It also gives the action of the lesions in the different parts of the body, of infectious and general diseases, of violent deaths, and of poisoning; of the changes of inflammation and degeneration, and of the structures of tumors. All these pathological and histological subjects are treated of with a clearness that challenges the admiration of the writers. The work, as heretofore, is well illustrated, and all of the drawings have been made by the authors themselves. This adds very much to their clearness, and elucidates the points of the text,

which they aim to elaborate, in an unusual satisfactory manner, while all the color drawings are exceedingly well done. We need not demand an analytical review of the work that has been done so well, and so favorably received by the profession in three previous editions, but desire to commend this fourth and improved edition in an emphatic way. It should be possessed by every one interested in the subjects of which it treats.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Ophthalmology, Laryngology, Otology, and Dermatology. By professors and lecturers in the leading medical colleges of the United States, Great Britain, and Canada. Edited by JOHN M. KEATING, M. D., LL. D., Colorado Springs, Col.; Fellow of College of Physicians, Philadelphia; formerly Consulting Physician for Diseases of Women to St. Agnes' Hospital; Gynecologist to St. Joseph's Hospital; Visiting Obstetrician to the Philadelphia Hospital, and Lecturer on Diseases of Women and Children, Philadelphia; Editor Cyclopedia of the Diseases of Children. Judson Daland, M. D., Philadelphia; Instructor in Clinical Medicine, and Lecturer on Physical Diagnosis, and Symptomatology in the University of Pennsylvania; Assistant Visiting Physician to the University Hospital; one of the Examiners of the Insane to the Philadelphia Hospital; Visiting Physician to St. Clement's Hospital, Philadelphia. J. Mitchell Bruce, M. D., F. R. C. P., London, England. Physician and Lecturer on Therapeutics at the Charing Cross Hospital. David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to, and Lecturer on, Clinical Medicine in the Aberdeen Royal Infirmary; Consulting Physician to the Royal Hospital for Diseases of the Chest, London. Volume I. Third series. Royal octavo, pp. xi.—356. Philadelphia: J. B. Lippincott Co. 1893.

The popularity of this class of periodical literature is attested by the fact that the present year opens with the beginning of the third series of these books. Volume I. is printed and bound in the same form as the preceding numbers of the second and third series, and is a continuation of the same interesting group of literatures. This volume contains a clinical lecture by Dr. Charles G. Stockton, of Buffalo, on Chloride of Gold and Sodium in the Treatment of Senile Fatty Change and Chronic Joint-Affections. This is a new therapeutical application to this intractable class of maladies, and Dr. Stockton's success in the twelve or more cases which he reports is deserving of consideration. He says: "I have seen enough to warrant me in saying that in old lithemic patients quite uniform improvement in all ways apparently follows the use of

this medicine continued for several weeks or months." Other contributors to this volume are Dr. Roswell Park, on Brachial Cysts and Bilateral Sciatic Nerve Stretching; Dr. M. D. Mann, on Traumatic (non-septic) Fever following Laparotomy; Dr. Charles Cary, on Tricophytosis Leucoderma, and a case of Syphilis. Among other interesting lectures we may mention one by Dr. William Easterly Ashton, on Nephritic Abscess, Caused by Calculi, and another on Abdominal Section, by Dr. E. E. Montgomery. Whosoever has obtained the preceding volumes will be anxious to add this one to his library.

A HAND-BOOK OF LOCAL THERAPEUTICS. General Surgery. By RICHARD H. HARTE, M. D., Demonstrator of Osteology and Syndes-mology, University of Pennsylvania; Surgeon to the Episcopal and St. Mary's Hospitals; Consulting Surgeon to St. Timothy's Hospital. Diseases of the Skin. By Arthur Van Horlingen, M. D., Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates in Medicine; late Clinical Lecturer on Dermatology in Jefferson Medical College; Dermatologist to the Howard Hospital. Diseases of the Ear and Air-passages. By Harrison Allen, M. D., Consulting Physician to the Rush Hospital for Consumption; late Surgeon to the Philadelphia and St. Joseph's Hospitals. Diseases of the Eye. By George C. Harlan, M. D., Surgeon to Wills' Eye Hospital and to the Eye and Ear Department of the Pennsylvania Hospital; Emeritus Professor of Diseases of the Eye, Philadelphia Polyclinic, etc. Edited by Harrison Allen, M. D. Octavo, pp. xxvii.—505. Price, \$4. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1893.

The field of therapeutics has improved its literature to a vast extent within the last decade. General treatises have been revised, enlarged, and brought down to the present, while encyclopedic works have been put forth. This is the first attempt on the part of any author to issue a work on the local action of drugs, and on this account it will command great attention. It must be admitted in favor of this work, that text-books generally are meager in their treatment of the subject, and especially do they omit to mention many agents that specialists find valuable in the treatment of disease. There is a large catalogue of diseases requiring local treatment, and sometimes general management is either unnecessary or subordinate to the local application of agents. On this account, the work before us will prove of value to specialists and teachers, if not to general practitioners. In it, each remedy has been elaborately set forth by different authors, most of whom can boast of great experience in their several departments. One of the useful

features of the book is, that each remedy has been taken up in alphabetical order, beginning with the description of its pharmaceutical properties and value, then a consideration relating to its physiological effect and its application and value in local treatment.

We note that some of the drugs heretofore considered of local value have been omitted, while many of the newer drugs have been added to the list of local remedies. The increasing knowledge of asepsis and antisepsis brings out many drugs that otherwise would be assigned to innocuous desuetude, and has relegated others to a second or third place, or wiped them out altogether as remedies. The book is carefully and doubly indexed, one being of remedies and the other of diseases. It is well printed on good paper, and cannot fail to be easily worth the price asked by the publishers.

DISEASE IN CHILDREN. A manual for students and practitioners. By JAMES CARMICHAEL, M. D., F. R. C. P., Ed., Physical Royal Hospital for Sick Children; University Lecturer on Disease in Children, Edinburgh. Illustrated with thirty-one charts, pp. xvi.—591. Small octavo. New York: D. Appleton & Co. 1893.

It is important that the literature relating to the diseases of children should be kept fresh by the frequent appearances of textbooks and manuals, written by competent observers and authors. There is no more important department in medicine than that relating to the diseases of the young, and it ought to be the pride of every physician engaged in general practice to familiarize himself with the manifestations of the maladies of those who are too young to describe their symptoms with intelligence and clearness. These helpless little ones appeal to the sympathy of humanity everywhere, and in no walk of life more than to the physician. One of the most important questions that sanitarians have to deal with is that of school hygiene, and pathology. In other words, the prevention of disease in children is even more important than a knowledge for its cure. Carmichael has very properly begun his talk with a chapter or two on these subjects, and though it is here but briefly discoursed upon, yet they contain elements for much thought, and should stimulate writers into prompt and timely action. The author deals on a comparative extension on disorders of the nervous system to which children are liable. We believe that this is an important branch in the diseases of children, and should be taught with much elaboration. An appendix to the work gives formulæ for the proper preparation of certain foods and medicines, and a useful index furnishes the references given of value.

THE YEAR-BOOK OF TREATMENT FOR 1893. A Critical Review for Practitioners of Medicine and Surgery. A series of contributions by twenty-two writers. In one 12mo volume of 500 pages. Cloth, \$1.50. Philadelphia : Lea Brothers & Co. 1893.

For nine years this important annual has appeared, and it is not stating the matter over-strongly to assert that it has improved year by year up to the present time. The improvements in the several departments of medicine and surgery, that have taken place during the past year, are recorded in this book in a most accessible manner and in agreeable form. As we have heretofore said, so we now repeat, that it is one of the most satisfactory year books of treatment that presents itself for the favor of the profession. It is one of the necessary books of reference, and easily finds a place on the book-shelves of every physician, whether general practitioner or specialist.

BOOKS RECEIVED.

Recent Developments in Massage—Historical, Physiological, Medical, and Surgical. By Douglas Graham, M. D., Boston, Mass., Fellow of the Massachusetts Medical Society, Member of Alumni Association of Jefferson Medical College, of the American Medical Association, of the British Medical Association, etc. Physicians' Leisure Library. Second edition; illustrated. Issued monthly; price, single copies, twenty-five cents. George S. Davis, Detroit, Mich. 1893.

Electro-Therapeutics of Neurasthenia. By W. F. Robinson, M. D. Physicians' Leisure Library, issued monthly; subscription price, \$2.50; single copies, twenty-five cents. George S. Davis, Detroit, Mich. 1893.

Impotence and Sexual Weakness in the Male and Female. By Edward Martin, A. M., M. D., Surgeon to the Howard Hospital; Clinical Professor of Genito-Urinary Surgery, University of Pennsylvania. Physicians' Leisure Library. Price, single copies, twenty-five cents. George S. Davis, Detroit, Mich. 1893.

Eighteenth Annual Report of the Secretary of the State Board of Health of the State of Michigan, for the fiscal year ending June 30, 1890. Lansing: Robert Smith & Co., State Printers and Binders. 1892.

Cholera: Its Causes, Symptoms, Pathology and Treatment. By Roberts Bartholow, M. D., LL. D., Emeritus Professor of Materia Medica, General Therapeutics, and Hygiene, in the Jefferson Medical College of Philadelphia. In one 12mo volume of 127 pages, with nine engravings. Cloth, \$1.25. Philadelphia: Lea Brothers & Company. 1893.

Literary Notes.

HERNIA, Its Radical and Tentative Treatment in Infants, Children, and Adults. By Thomas H. Manley, A. M., M. D., Visiting Surgeon to Harlem Hospital; Consulting Surgeon to the Fordham Hospital, etc., etc. This work is illustrated by sixty-five engravings and drawings, with a full history of the ancient and modern operations for the hernial infirmity of every type, in both sexes, along with a full description of the varied anatomical types of the condition and the multiplicity of technique of modern times. It also embraces an entire chapter on Cocaine Analgesia, as a substitute for Pulmonary Anesthesia, with a full and complete set of rules for its indications and technique. Price, \$3; mailed to any address. Published by the Medical Press Co., Limited, 1725 Arch street, Philadelphia, to which all orders should be addressed.

PHYSICAL EDUCATION for June (published at Springfield, Mass.; \$1 per year), is a number of unusual interest. An article on The Gymnastic Treatment of the Feeble Minded shows how, through the connection of exercise of muscle, it is possible to exercise and thus develop those parts of the brain that have to do with muscular contraction, and that thus, as well as in other ways described, the brain can be stimulated to develop. That this is not mere theory, is shown by the fact that Dr. Gulick, the writer, is describing simply what he has himself done, giving the reasons for it.

A continued article, by Dr. Hitchcock, of Cornell, and R. F. Nelligan, of Amherst, is on Wrestling, and consists mainly of illustrations taken from life, showing the various holds and breaks in the catch-as-catch-can style.

Besides these and major articles, there is much of minor interest.

THE *Cosmopolitan* offers \$1,500 in four prizes, of \$1,000, \$300, \$100, and \$100, respectively, for the four water colors which shall be chosen by a committee from such drawings as may be submitted by the artists of the United States or Europe, on or before twelve o'clock on the 1st day of December, 1893. The subjects are to be selected from the life of Christ, taking those scenes which teach in the highest forms the lessons of love, patience, humility, and forbearance, with fidelity, as far as may be,

to the actual surroundings and conditions of the period. The treatment should be calculated for single-page reproduction in *The Cosmopolitan*, in size five by eight inches. The subjects to be suitable, as far as possible, for use in stained glass for church or cathedral. The originals for which prizes are awarded will become the property of *The Cosmopolitan*. The drawings should be shipped, securely packed, and addressed: "Submitted to Art Committee, *Cosmopolitan Magazine*, Sixth avenue and Eleventh street, New York," and in the upper left-hand corner: "Not to be opened before the 1st day of December, 1893."

A LITERARY SENSATION.—"Uncle Tom's Cabin" has certainly "broke loose"! The copyright of this most famous of American novels, by Mrs. Stowe, has recently expired, which frees its publication from the monopoly of the high-priced publishers, and though in anticipation of this fact they have within a few months greatly reduced its price, now that it is really "unchained," the consequences are something surprising. John B. Alden, publisher, of New York, issues several editions, selling them only *direct* (not through agents or booksellers); one in good type, paper covers, for 5 cents, sent post-paid, or the same bound in cloth for 10 cents, with postage 7 cents extra; also an excellent large-type edition, on fine paper, handsomely bound in cloth for the price of 25 cents, postage 10 cents. Surely a copy of "Uncle Tom's Cabin" will soon be found in every home where it is not already. Mr. Alden sends a thirty-two page pamphlet describing many of his publications free, a catalogue of 128 pages of choice books, a veritable "literary gold mine" for book-lovers, for 2 cents. Address John B. Alden, publisher, 57 Rose street, New York.

Miscellany.

THE PAN-AMERICAN MEDICAL CONGRESS EXCURSION TO ROME.—It has been definitely determined that the Pan-American Medical Congress Excursion to the Eleventh International Medical Congress will sail on the S. S. "Werra," from New York, September 9th, the day following the adjournment of the Congress at Washington, and will arrive at Genoa, September 20th, four days before the opening of the Rome meeting.

Round-trip steamer tickets may be procured for \$142.50 for inside rooms, and \$150.00 and upwards for outside rooms. Tickets are good for members of the Congress and their families, and may be used at option of holder, to return on any steamer of the line from Geno, or on Saturday steamers from Bremen, or Sunday steamers from Southampton, during the months of October, November, and December. Physicians desiring to avail themselves of this exceptionally low rate should at once become members of the Pan-American Medical Congress by sending the registration fee (\$10.00) to the Treasurer, Dr. A. M. Owen, Evansville, Ind., and informing the Secretary-General, Dr. Chas. A. L. Reed, Cincinnati, of their intention to join the excursion. Passage should be secured without delay, as the trip, involving, as it will, a stop at the Azores and Gibraltar and a sixty hours' sail along the picturesque coasts of Spain, France, and Italy, promises to be very popular. Many prominent European guests of the Pan-American Congress will return on this occasion. The time allowed will afford American physicians an opportunity to not only attend the International Congress and visit Rome, but to extend their journey to the famous sanatoria of South France and the Riviera.

OFFICIAL DELEGATES TO THE PAN-AMERICAN MEDICAL CONGRESS.—Practically all of the governments have appointed official delegates to the Congress in response to the invitation by the President of the United States. The United States Government will be represented by six delegates. The larger cities of all the Latin-American countries have appointed delegates to participate in the proceedings of the Sections on Hygiene, Climatology, and Demography, and on Marine, Hygiene, and Quarantine, and similar appointments will be made by the cities of the United States. Seventy-six similar delegates have, so far, been appointed by the governors of States in the United States. A large number of delegates have been chosen by the medical colleges of the United States and other American countries to attend the Section on Medical Pedagogics, under the presidency of Professor J. Collins Warren, of Boston.

SECTION ON MATERIA MEDICA AND PHARMACOLOGY, PAN-AMERICAN MEDICAL CONGRESS.—A Section on Materia Medica and

Pharmacology has been organized under the executive presidency of Prof. Joseph P. Remington, of Long Port, N. J., with Prof. F. G. Ryan, 3739 Brown street, Philadelphia, as English-speaking secretary. This Section promises to be one of the most important of the entire Congress. Delegates have been invited from all the pharmaceutical societies and colleges in all the Americas. Those contemplating attendance are invited to prepare papers on pharmaceutical topics. Titles should be sent at once to Professor Ryan, Secretary.

DR. ERNST HART, editor of the *British Medical Journal*, and Prof. Dr. Czerny, of Heidelberg, will be among the distinguished guests of the Pan-American Medical Congress. The latter is booked for the Pan-American excursion to Rome by the "Werra."

THE STERILIZATION OF OPHTHALMIC INSTRUMENTS.—According to the *Medical Press and Circular*, M. Nuel, of Liège, France, has reported on the above subject, giving the results of his personal researches. He has found that the use of boiling water has served him as the surest and readiest method in regard to the major part of his instruments. The antiseptic efficacy of thus plunging the articles into boiling water is enhanced if to the water is added some potash or soda, or even common salt. The recommendation of Schimmelbusch is referred to, namely, to use a solution of carbonate of soda in a strength of one and one-half to two per cent., and this solution is suitable to be used in the cleansing of instruments. The period of immersion may be three or four seconds in the case of cutting instruments, while it should be prolonged to thirty seconds for needles, forceps, and the like. The reporter has used a variety of other recommended measures of sterilization, but has given the preference to the boiling water method.—*Journal American Medical Association*.

NOTICE TO CONTRIBUTORS.—We are glad to receive contributions from every one who knows anything of interest to the profession. Articles designed for publication in the JOURNAL should be handed in before the first day of the month. The Editors are not responsible for the views or opinions of contributors. All communications should be addressed to the Managing Editor, 284 FRANKLIN ST., BUFFALO, N. Y.

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Original Communications.

INTRA-UTERINE ASPHYXIA, WITH REPORT OF THREE CASES.

By GEO. F. HULBERT, M. D.,

Professor of Principles and Practice of Medicine and Clinical Gynecology, Marion Sims College of Medicine, St. Louis, Mo.

To THOSE who have had the experience of believing and declaring that the child in utero was living and that everything was all right, and looked forward to a happy termination of the parturition then in hand, may possibly from time to time realize the chagrin and sense of defeat, when, upon the birth, the child has been found to be practically dead; yet not dead, for the heart still beats with a strong but slow pulsation. Every effort at resuscitation is resorted to; you are cognizant of the fact of air penetrating and distending the alveolar spaces, evidenced by the increased vigor and rapidity of the heart pulsations; and yet, in spite of that, after long continued effort, we gradually see slip through our hands the remaining spark of life, and the child is, in fact, dead.

It having been my good fortune, or misfortune, to have three experiences of this character occurring in my obstetrical work, I deemed it possibly of interest, and hope it will be of some value and satisfaction, to those who have had, or may have, experience of this kind, to peruse these cases and draw their deductions therefrom.

A similarity of circumstances and conditions appertaining to the child, as well as to the mother and the character of the labors, and the fact that the normal limits were not apparently encroached upon in any respect, as well as the fact of the peculiar condition, briefly detailed above, has emboldened me to call attention to the conditions, and to place on record these cases, not that they are especially new, or not but that many others may have had the same or like experience, yet the fact remains that the literature does not

abound with information, or anything specially calling attention to the classes of cases under consideration.

The first case was delivered in a perfectly natural way, by natural forces; the two subsequent ones were made instrumental deliveries advisedly, simply for the reason that I felt the possibility of a repetition of the first. In all of them I am certain and positive that I heard the fetal heart not longer than one-half hour before delivery was accomplished; heard it distinctly but somewhat weakened in its force. At the time of delivery, in all, the appearance presented by the children as they came through the vulva was one of extreme pallor, with slight, if any, evidence of cyanosis, save a deepened tinge of the lips, with absolute muscular relaxation; there being apparently no response on the part of the muscles to any irritation that might be made. The heart was pulsating at the rate of from forty to fifty per minute. The usual methods of artificial respiration were resorted to in all, to the extent of introducing the catheter into the trachea, and thereby insuring a passage of air into the bronchial tree and alveolar spaces. That the air did penetrate, was further evinced by the slight crepitus, easily heard during compression of the chest in the expiratory part of the respiratory act. Artificial respiration was maintained until the heart ceased beating; until it ceased to respond to the stimulus presented by the aeration of the blood by the artificial respiration. In none of them were there any external evidences of pathological conditions, development having been well accomplished. The umbilical cords were not without the normal limits, and it was only when the placenta was reached that there were any conditions present that might possibly account for the peculiar condition of the children. Here in all three of the cases were there found blood-clots, occupying the placental surface in over half of its area. These clots were well formed, intimately attached to the placental tissue, smooth upon the uterine side. There was nothing indicating the fact that the clot had been torn from the uterine surface, but rather that placental separation had taken place and the clot had formed and become adherent to the placental tissue. So far as the mothers were concerned, they were in average good health—the first, primipara; the last two, multipara. The character of labor was not over twelve hours' duration, and presented nothing attracting special attention, outside of the fact that the first was one of those cases which might be termed "piston rod" form of delivery, in that the head was forced down to the

perineum at each pain, and upon the disappearance of the pain promptly receded to the brim. This was frequently repeated, so much so that I seriously contemplated applying the forceps, and regret that I did not, in order to enable the head to catch beneath the symphysis. The character of the pains was not sustained and vigorous in any of them, but rather more short and inefficient. In none of these cases was chloroform used; and in only one—the first—a rectal injection of twenty grains of chloral given during the first stage. The element of compression upon the head was not at all excessive and would not have attracted attention.

In the last two cases there was no pulsation appreciable in the cord; the first case I have no record of this fact. The children were separated from the mothers immediately, and in the first a small amount of blood was permitted to flow through the severed end of the cord. Unfortunately, in none of them did I obtain a post-mortem, and, as before stated, the only anatomical lesion that I can testify to is the presence of the blood-clot occupying an extensive part of the area of the placental surface. There was only a moderate amount of the amniotic fluid following the birth of each child. In the first two cases, dilatation was well advanced before the membranes ruptured; in the last case, rupture occurred at the beginning of dilatation. The points for consideration in the above are:

(a) The presence of the fetal heart pulsations so soon before delivery.

(b) The normal character of the labor.

(c) The extreme pallor and relaxation of the child at birth.

(d) The presence of the cardiac pulsation after delivery.

(e) The absence of any attempt upon the part of the child to perform the respiratory act.

(f) The response upon the part of the heart to the benefits of accomplished artificial respiration.

(g) The anatomical conditions presented at the placenta.

The presence of the condition "a" is, and justly can be, considered one of the evidences of safety, as far as the child is concerned. That the conditions presented in the subsequent developments in these three cases could be accomplished in one-half hour, is a possibility, but hardly a probability. The practical conclusion to draw at this point is, that there was going on, or had been going on, a gradual separation of the placenta from the uterine surface and the development of this clot without any outward

manifestations in the way of an accidental or concealed hemorrhage. There were none of the symptoms presented by the mothers which are usually considered to indicate this state of affairs. The only variation from the normal was, as stated before, the evident weakening of the force of the fetal heart action. I testify to this as a fact appreciated by me in the repeated examinations made from the beginning to the time when this loss of strength became apparent. The conclusion we draw here is, that the possibility of placental separation may be determined by the evidences of weakening fetal heart vigor developing during the course of delivery, even though there may be no external evidences presented in the way of hemorrhages, or subjective symptoms in the way of sudden or severe localized pain. It simply emphasizes the necessity for judicially repeated examinations in regard to not only the presence of the fetal heart, but the character of its action and comparisons from one examination to another.

Under "b" we have classified those patients as presenting what may be termed normal deliveries, and yet there was an element of incompetency and inefficiency in the character of the uterine contractions, in that unnecessary repeated efforts were made to attain the usual and necessary results. It is possible that in this fact of inefficiency in the character of the pains lies an explanation for the premature placental separation, for it is well known that inefficiency in uterine contractions only too frequently means localized unrhythmical areas of contraction, and during the course of the delivery these more or less localized areas in contracting have so disturbed the placental attachments as to break and separate them ; for it is easy to conceive that the area of contraction may possibly occupy one particular part of the placental surface, whereas the area of relaxation may occupy another and at the same moment, and that necessarily there must be more or less irregular traction brought to bear upon the tissue, insuring adhesion of the placenta to the uterine wall.

Certain it is, that as far as the normal concept is concerned, the element of compression or long continued compression cannot be accepted as contributing to the conditions presented by the child. The conclusion that we draw here is the positive influence of irregular areas of contraction, being a contributory cause to premature placental separation; and taken in conjunction with the conclusion drawn from the conditions presented in "a," may be

of considerable importance and value in the future conduct of the delivery.

The conditions presented under "c," to my mind, simply exhibit the final stage of asphyxiation, in that the vigor and vitality of the child has become so profoundly affected that the nerve centers failed to respond to the usual stimulus, all sufficient in the healthy living child at birth; and we have simply left enough vitality for the time being to perpetuate and continue the heart action. I conceive that so far as the nervous system is concerned, it is a general systemic condition, and its manifestation is only too apparent in the extreme and persistent pallor and profound and permanent relaxation of the voluntary muscular system. I do not see where we can account for this state of affairs on any other hypothesis than that it was asphyxia, gradually brought about by the placental separation. This, possibly of itself, would not be sufficient to accomplish such a profound degree of asphyxia as to be the cause of the conditions presented, but with this lesion present, with this much support taken away from the child in utero, and the presentation of the subsequent compression which, under ordinary circumstances, would be natural and normal, and this continued only within normal limits, is sufficient to consume the lowered vitality that must necessarily have been present, evidenced in the change of the character of the fetal heart pulsations, and would accomplish the conditions presented at birth.

The conditions presented under "b" clearly establish the fact that somewhere there was resident and remaining, vitality sufficient to carry on cardiac action, and let it be understood that the character of this cardiac pulsation was what would be considered good and sufficient for the propulsion of the blood from the systemic channels. To those who have witnessed this state of affairs and examined the child in this condition, whose heart was acting at the rate usually observed—of from forty to fifty per minute—steady and regular, it can be understood that my purpose at resuscitation would be strengthened, and that I should feel a certain degree of hope and look forward to a happy termination, providing successful efforts were made to introduce air into the lungs. This hope was readily increased by responses, positive and heartily appreciated after each séance of artificial respiration, for almost immediately did the cardiac pulsations increase in rapidity, and finally attain a normal rate and vigor, yet at no time in any of these children was there the slightest response toward a relief of

the conditions mentioned under "e," namely, an absolute want of respiratory effort on the part of the child. The only positive conclusion or deduction to draw from these two conditions being present was, that, as far as the respiratory centers were concerned, irritability had been absolutely annihilated, and the nerve tissue had reached that state where the possibility of functional activity was gone. Certainly, with the conditions presented by "d" and "f," there was somewhere remaining, in the organism of the child, sufficient vital energy, or nerve centers sufficiently active to respond to the invigorating influences presented by the artificial respiration. Exclude, as we must, the respiratory centers from any part in this evidence of remaining vitality, we are narrowed down to those situated within the cardiac muscle itself; for, bearing in mind the fact of the dual function of the pneumogastric, it is hardly rational to conclude that the invigorating influence could be carried so far distant as it would necessarily have to be in order to influence the cardiac centers situated at the origin of this nerve. For, if the nutritive changes have been so profound as to influence the respiratory centers, certainly the presumption would be that the not far distant cardiac centers, or those centers presiding over the cardiac action in the origin of the pneumogastric nerve, would remain active. Hence, the only possible explanation we can offer is, that the artificial respiration aerating the blood, which must necessarily return into the heart, thence through the aortic valves, thereby insuring fresh arterial supply to the cardiac tissue through the coronary arteries, and in this way maintaining the cardiac activity. That this could be long continued with the assumed conditions at the more distant centers, is not at all probable, and the time must sooner or later come when, even here, the nutritive changes must take place which established the molecular death of the child.

Somatically, so far as the systematic nerves and muscular systems were concerned, the children were dead; molecularly speaking, they were living—only at the heart. It has occurred to me, and probably will to those who peruse this report, that the proper explanation of the peculiar condition of these children is, that there was a fault or lesion in development, and that, regardless of any other influences, these children would probably have presented the same conditions, and the results would have been the same, whether the placental attachments were maintained or not. This is simply jumping at conclusions, and is, scientifically speak-

ing, at variance with the testimony at hand. True it is that we have none of the evidences that might possibly be revealed in a post-mortem and microscopical examination of the parts concerned in the conditions presented, and it is only the want of this that prevents me from speaking authoritatively in regard to the proper interpretation to place upon the phenomena presented. Notwithstanding in our search for the truth, scientifically speaking, we can only be guided by the evidences and testimony at hand, at the same time freely confessing what we lack in order to establish beyond peradventure that we have arrived at the truth. Hence, our interpretation and conclusion is, that the conditions presented under "*d*," "*e*," and "*f*," are to be accounted for as explained above. Finally, under "*g*," do we present the only single tangible evidence as the cause to the effects attained. How long a fetus in utero can live, and how much of the area of the placental tissue is absolutely necessary for this life, can justly be a subject for differences of opinion. Mathematically speaking, if one-half of the area of the placental attachment becomes inoperative, one-half of the vitality of the child up to the normal standard should be sacrificed; two-thirds in area of placental separation would reduce the possibility of a normally sustained vitality two-thirds. In these cases all of two-thirds of the placental area was involved; hence, the child probably only had one-third of its capacity to exist present during some part of the process of parturition.

The moment at which this separation is begun is undetermined. The only point that can be given in evidence is, that only up to within one-half hour of delivery were there positive evidences of some disturbances having taken place, influencing the functional vigor of the fetal heart. After that time up to the point of delivery was probably brought to bear the final impressions which were sufficient to culminate in the conditions observed. Artificial respiration was continued for from one-half to three-quarters of an hour, when the heart ceased beating. The practical conclusions and lessons to draw from the foregoing, or possibly the query to propound: "Is it possible to appreciate the conditions necessary to establish intra-uterine asphyxia, and the best and probable means to resort to in order to save the child when these conditions become operative, or reasonably inferred?" The only symptoms heretofore in my experience which I have felt presented the possibility of this condition, were those described to accidental or concealed hemorrhage, namely, more or less persistent loss of blood

through the vagina, or sudden and severe localized pain at that part of the uterine globe at which the placental souffle presents its greatest intensity, with more or less faintness and prostration manifest upon the part of the mother. Evidently, from the above, we must acknowledge that intra-uterine asphyxiation is a possibility without evidence of this character, and the only symptoms which may suggest the presence of this danger may be a gradual developing cardiac weakening in the fetal heart sounds, associated with incompetency and irregularity in the uterine contractions, and to the character of the sounds of the fetal heart must we largely turn for evidence. Not only must there be a disturbance in the vigor of the cardiac sound, but also in the rate, and it rationally must present the same characteristics as we would expect in asphyxia ex utero, namely, a decrease gradually and steadily in the pulse rate. Hence, where we find during the course of parturition a gradual weakening fetal heart, with a decrease in the rate associated with incompetency and inefficiency of uterine contractions, although there may be absent any other visible signs of placental separation, we are justified in assuming such condition to exist. Certain it is, if we have associated with this condition of the fetal heart the usual symptoms of placental separation, the determination of the possibility, or the presence of intra-uterine asphyxiation, need not be a difficult problem ; for, if the objective evidences were present, such as hemorrhage, sudden localized pain, faintness or prostration, etc., and accompanying this we found, synchronously, a weakening in the fetal cardiac sounds, accompanied with a gradual decrease in the rate, there need be little hesitation in determining that there has been sufficient placental separation to materially influence the vitality of the child. There is one other point which was noted in the symptomatology, but which I am not sufficiently satisfied with to offer any more than a suggestion toward future attention and observation, and that is change or modification in the placental souffle, whether this sound is produced in the sinuses, situated in the uterine tissue proper, or whether it is produced in that part of the maternal circulation which dips down and comes in contact with the placental tufts related to the fetal circulation, may possibly be an open question, but the evidences at hand clearly show that as soon as placental separation is accomplished, the placental souffle disappears.

Now, this may be due to the fact that part of the maternal circulation, more properly within the placental tissue, is entirely sep-

arated ; the uterine part having become condensed and contracted, and more or less occupied by blood-clots, would present difficulties in determining at which of these sites the souffle was generated. Necessarily, where there would be a placental separation, and a want of a more or less continued hemorrhage from the separated surfaces, we would probably have the same conditions accomplished, not only in the placental part of the maternal circulation, but in a large degree also in the uterine part, in that the blood channels in the placental portion would be separated in the same manner as would occur at delivery, thereby being cut off entirely, the blood ceasing to circulate through them ; whereas, in the uterine part, there would occur the same tendency towards thrombosis, and from the fact that condensation in area did not occur on account of the distension of the uterine walls remaining, this clot would necessarily be more extensive and must necessarily penetrate more or less deeply into all the sinuses, which had become inoperative on account of the separation, so that rationally we should infer that there ought to be some modification in intensity, at least in the placental souffle. In the second case, it seemed to me as though I appreciated a modification of this character, but from the other fact that the physics of the condition were fully recognized, and from the fact that no record on this point is made in the first and third cases, I am slow to say positively that any modification existed in this particular phenomena. I simply present the physics as they appeared to me, and call attention to the possibility, and trust it may serve to elucidate the fact of the modification in the intensity of the placental souffle, if such does exist. It is to be hoped that others who may have had experiences of this character, or who may in the future meet these conditions, will consider the explanation of intra-uterine asphyxia of sufficient importance to make a careful and accurate report of all cases that may come under their observations. We simply in the foregoing desire to call attention to the conditions, and, as far as we are able, present testimony so far obtained, and give reasons "for the faith that is in us."

THE investigations of Drs. Abbott and McCormick, of the Johns Hopkins University, shows that a solution containing seven per cent. of acetic acid is more effective as a germicide than bichloride of mercury.—*The Woman's Medical Journal*.

DOUBLE SYNCHRONOUS AMPUTATION OF BOTH LEGS IN AN INFANT—RECOVERY.

BY GREGORY DOYLE, M. D., Syracuse, N. Y.

ON THE 8th day of April last, Ambrose Mullin, the infant son of Michael Mullin, of 1016 Willis avenue, Syracuse, N. Y., was run over by an electric car, and suffered what was thought at the time fatal injuries. Both legs were crushed off just below the knee, and his head was so severely injured as to produce cerebral con-



cussion, large, dark tumors being produced on the forehead and occiput. He suffered also severe contusions over the sternum. About an hour after the accident I reached the little patient, and found him in a complete stupor and very anemic from the immense loss of blood. By hypodermic stimulation he rallied sufficiently to warrant me in removing the mangled members. The amputations were made carefully, but rapidly, as I knew celerity to be a strong element in possible success. During the operation hypodermic stimulation was persistently kept up, and we had the pleasure of seeing our almost hopeless patient slowly but steadily rally from

the shock. He made a good recovery, without any noteworthy incident. The stumps healed rapidly, with good cushioned ends, so that, hereafter, artificial limbs can be worn with comfort, and the child may grow up to be a useful and honorable citizen. At present he is able to go about the house and yard on his knees, and is healthy and cheerful, as the above photograph indicates.

The child was born January 10, 1891 ; two legs were amputated April 8, 1893 ; his age at the time of the operation was, therefore, a little over two years. As far as I can learn, this is the youngest child on record that has recovered from a synchronous amputation of both legs.

I was ably assisted in this unusual operation by Drs. J. W. Knapp, N. L. Mulvey, Joseph Roth, and Gregory Reidy.

UTERINE FIBROIDS : SOME FACTS IN REGARD TO THESE NEOPLASMS.¹

BY HENRY D. INGRAHAM, M. D.,

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ALTHOUGH several theories have been advanced with reference to the growth and development of these neoplasms, yet our knowledge of their etiology is yet very imperfect. That they are of frequent occurrence no one will deny, one writer claiming that one-fifth of all women over thirty-five have fibroids. They occur in all classes, being fully as common in the wealthier as in the poorer class. The general belief that they are more frequent in the colored race remains to be proven. While the greater number of them may exist unnoticed, many of them are of more serious import, often causing much discomfort and suffering, and frequently leading to conditions which result in the death of the patient.

Any woman who has a uterine fibroid, even though it does not trouble her, or inconvenience her in any way at present, may, at any time, develop not only unpleasant and uncomfortable symptoms, but even dangerous ones. These growths are a perpetual source of danger.

Whatever may be the seat of the fibroid, it provokes a constant but varying degree of uterine hypertrophy, and, hence, almost numberless and varying symptoms. The location and shape of the

1. Read at the meeting of the Central New York Medical Association, held in Rochester, June 16, 1893.

growth frequently are greater sources of discomfort and danger than the size, owing to its interference with the functions of the adjacent organs. Often a small tumor produces much more disturbance than a larger one. The changes and alterations that may take place in the tumor itself are numerous, but I shall mention only a few of them.

Formerly, it was thought that at the menopause these growths diminished in volume and underwent a senile involution and atrophy. No doubt, this change occurs in the greater portion of these neoplasms, yet others suddenly begin to grow or develop changes that result in the death of the patient, unless relieved by appropriate means. Sometimes before the menopause, without any apparent reason, or the result of any treatment, these growths undergo involution, shrink, and completely disappear, except a cicatricial tissue, and cause no further disturbance. Softening may result from various causes, the most frequent one being pregnancy, due to the exaggerated nutrition of the uterus, which occurs at this time. Fatty degeneration also occurs, although rarely, and most frequently after pregnancy. Calcification, although an unusual change, does occur. It is now a well-established fact that malignant degeneration of these growths occurs, although formerly it was denied that this change ever took place.

It is not, however, so much the changes that take place in the fibroids themselves as the changes that occur in the adjacent organs as the result of the pressure of these growths. And here let me again state that the small tumor is just as likely to cause complications as the large one. If the tumor be small and nodular, the complications come on early, due to the irregular pressure upon the surrounding organs ; but if it be symmetrical, the complications do not appear until the tumor has attained much greater dimensions.

The former class seems to be much more sensitive and intolerant of interference than the latter, and any form of palliative treatment may, at any time, light up symptoms not only urgent but dangerous. The pain, due to pressure upon the bladder or other surrounding organs, may be sufficient to render the life of the poor sufferer unbearable, even though there be no organic change in the structure of these organs. Pressure and irritation often cause peritonitis, and, although it does not usually terminate fatally, it renders the patient an invalid for life, and seriously complicates

any operative procedure. Tubal disease, in some one of its various forms, is a frequent complication of fibroids, and this condition should be borne in mind when treatment is considered. Organic disease of the heart is quite frequently a complication of these growths, and although this is an indication for operative interference, yet the fact of its existence tends to render the operation more dangerous.

The most important question is, What shall be done for the relief of this class of patients? The use of ergot, to cause the shrinkage of the growths, which was so popular a few years ago, is rarely resorted to at present. The use of galvanism, which was prominently brought to the notice of the profession by Apostoli, and which was thoroughly tried by many faithful followers, has been abandoned by nearly every one. At one time I used it quite extensively; in some cases causing a shrinkage of the tumor; in others, relieving many of the unpleasant symptoms, especially the hemorrhage. Yet it is doubtful if the patients were relieved more than they would have been by other means, such as tonics, ergot, and the use of the curette. I had the opportunity, three years ago, of observing its effects as used by Apostoli himself, and the most that he did, or claimed for it, was the relief of the symptoms, and this was done only in a portion of the cases, as any one can readily appreciate when the complications are understood.

Operative measures for the relief of fibroids have not generally been resorted to, because of the great mortality resulting from the attempt to remove the tumors; and the results obtained by the removal of the tubes and ovaries have not been as satisfactory as could be wished. Yet, for the past two years, the mortality with several operators has been small, and, no doubt, the time is not far distant when a uterine fibroid can be removed as safely, by a competent operator, as an ovarian cyst. I am well aware that it is a much more difficult operation, but, with our improved technique, the removal is perfectly justifiable and the results satisfactory. This may seem an exaggerated statement to many; it certainly will to that class of physicians who advise patients that it is unnecessary and too dangerous to have tubes removed that are an inch or more in diameter and, probably, filled with pus.

At present, several methods for the removal of fibroids are being used, but the ones that are attracting the most attention are total extirpation, as practised and chiefly brought to the

notice of the profession at large by Dr. Martin, of Berlin, and, in this country, by Dr. Polk, of New York, and the method of ligating the ovarian and uterine arteries, and amputating the cervix and leaving a small part of it. The latter operation was first brought to the notice of the profession by Dr. Baer, of Philadelphia, and is known in this country as his operation. It is claimed for this method that it is easier to perform than total extirpation, and that it leaves the vagina in better condition, as it does not take away any portion of it, and the support is much stronger than when total extirpation is done. Either one of these methods gives much better results, at the present time, than any other manner of operating. Which one, if either, will finally be generally adopted by operators, trial alone will determine. At the present time I incline to the Baer method, although my results with it have not been as good as with total extirpation. I have done only two operations by this method, and both my patients died; but I do not think it the fault of the method. Dr. Baer has done this operation thirty times, with only two deaths, both the result of other causes, and not due to the method of operating. Prof. Winckel, of Munich, is reported to have done this operation fifty-one times, with only one death. The method of total extirpation, in the hands of Drs. Martin and Polk, and some others, has given about the same results as those obtained by Dr. Baer. Enough has been done to demonstrate that, in the hands of competent operators, the removal of uterine fibroids, that render the patient an invalid, is perfectly justifiable, and that the mortality should not be above six or seven per cent. Some put it even lower.

HOW SHALL WE TREAT SCARLET FEVER ?¹

BY FREDERIC W. BARTLETT, M. D., Buffalo, N. Y.

THE interrogatory is rather an unusual way to introduce individual opinions regarding practical proceedings in the treatment of disease, and it signifies, in this case, that the essayist relates, with timidity, his method and results, more with expectation of obtaining information than a conviction that he has a more excellent way than his fellow co-workers. It is, furthermore, not intended, in the brief time allotted to papers, to make any reference to the

1. Read at the annual meeting of the Medical Association of Central New York, June 16, 1893.

etiology or pathology of the disease. Newmarket imports no coals. Briefly, then, I present my plan of dealing with ordinary cases of scarlatina, more especially as regards disinfection, general and local.

Given a case of scarlet fever, the treatment may be defined under the following program :

1. Preparation of the apartment to be occupied by the patient. This should be as isolated from the family as possible, preference being given to an apartment upon upper or attic floor, not communicating with another. Carpets and all other movables, window curtains, mattresses, etc., if the value is to be considered, removed, and plain, wood chairs, old worn sheets, blankets, quilts, etc., substituted. If in the country, oat straw may be used for making the mattress; and in the city, in humble homes, planing mill shavings answer very well. These should be sprinkled with turpentine, solution of carbolic acid, ol. of menth. pip., and spirits of camphor. The bedstead may also be sponged with glycerine, in which some aromatic oil has been dissolved, which will, by its affinity for moisture, always retain any infectious germs. The patient's apparel should be selected from articles whose destruction will be least noticed; and, these preliminaries settled, he should be placed upon the bed which, if he survives, will be his home for two or three weeks. If the rash is perceptible, the first treatment will be friction with the best pulvis sinapis, and this should be repeated every fourth hour, removing excess after each application with a napkin, *moistened* with a solution of bichloride hydrarg., 1-8000 grains. If excess of temperature occur, it should be met by antipyretics. If the throat, on inspection, is found to be inflamed, gargles of boric acid, two teaspoonfuls to the pint of water, may be employed, or the same solution sprayed at frequent intervals over the pharynx. Water may be allowed *ad libitum*. For the protection of the cervical glands, an ointment composed of hydrarg. bin iodide, grains, iii.; lanolin, $\bar{\text{z}}$ ii., should be applied from mastoid to mastoid, including the trachea down to the sternum, three or four times daily. The hair, if long, must be shortened, and boys should be as closely clipped as possible, and the head sponged once daily with a 1-8000 solution of hydrarg. bichloride. Milk forms the preferable diet, but fruit, broths, etc., may be substituted. The mustard frictions are to be used for three or four days, or until the rash subsides, the object being to invite the blood, with its contained septic material, to the cutane-

ous surface, and thus lessen the amount in the viscera and glandular system. These means coöperate with Nature's efforts, and all experience shows that patients with well-developed eruption are far less afflicted with dangerous sequelæ. When the mustard frictions are suspended, the patient is to be sponged morning and evening with warm carbonate soda solution, a half ounce to the quart of water, the applications to be followed by inunctions of olive oil. This is the toilet for ten days or more. After that, sponging once daily with soap suds, particular attention being given to the axillæ, groins, and interstices between the fingers and toes.

The evacuations should be received in glazed vessels, and, perhaps, bichloride solution, 1-4000, sufficient to cover the solid deposits, is preferable to any other. A tablespoonful is sufficient for urinary or liquid motions. These may at once be deposited in flushing water-closets, but otherwise they should be retained longer, and buried far away from the dwelling, or source of water supply. For general disinfection and prophylaxis, sulphur fumigation is, probably, preferable to any other agent. It is best effected by enclosing the powder in a small bag, made from cheese cloth, and shaken in small amount over a hot stove cover, carried through the house on a lifter. In this way it is thoroughly diffused, and the fine dust is promptly ignited.

In place of rags or old linen, the supply of which is often soon exhausted, tissue or closet paper, which has been sprinkled with weak bichloride solution and then dried, may be substituted. This destroys the disease germs, and is readily consumed. The attendant should wear a close-fitting cap, so as to exclude germs, and should occasionally wash the head with boric acid or other disinfecting solution.

As a covering to the floor, roofing-felt, cheap and easy of application, forms the best material. Siding paper will do. An excellent and effective germicide is flame, and this can be utilized by laying strips of old newspapers in a large disused basin, through which a stout wire has been thrust and bent at an angle. Holding the paper in position by some sort of weight, and, by raising and lowering the basin, the flame will consume all floating particles. The care of the patient should be entrusted to not more than two persons, and the garments worn by them, preferably cotton or linen, should occasionally be thoroughly fumigated. Inter-course of the patient with other members of the family should not

be permitted before the end of the third week, and the apparel should be thoroughly aseptic.

Among the most useful possibilities of the future, ozonized air may be mentioned. I have had abundant proof, in many years' experience, of its effect upon vegetable forms of life, to which, by common consent, pernicious microbes are restricted.

In addition to antiseptic precautions heretofore described, I cause to be attached, by safety pins to the clothing, over upper sternum, a pad, three by three inches, composed of two or three layers of flannel, and moistened several times daily with a liquid, the formula for which is:

R.—Ol. Terebinth.	℥ s.
Ol. Eucalyptus	℥ s.
Ol. Menth. Pip.	℥ s.
Tr. Iodine	ʒ ii.
Chloroform.....	℥ s.
Spirits Camphor.....	℥ s.
Acid Carbolic.....	gr. x.
Ol. Olivæ.....	q. s. fr.
M. ʒ iv. S.—Add 40 to 60 drops, three or four times daily.	

These pads to be worn by all the members of the family. It is specially intended for the children thus far exempted, so as partially, at least, to protect the fauces from the lodgment of infecting germs; and, worn under the outer dress, I find this plan a good one in diphtheria and whooping cough.

Enteroclysis.—The great success attending enteroclysis, or flushing the colon, in dysentery, typhoid fever, and diarrhea, has encouraged me to test the same treatment in diphtheria, measles, and scarlet fever. There can be no doubt that the ptomaines and bacilli may find refuge in the convolutions of the intestines, particularly in the colon, and if the special virus may be active for months in clothing, furniture, etc., why not in these fructifying localities, where temperature and culture fluids are so favorable to constant development? There can be no question as to the transmission of the disease by the evacuations, and this not only in the acute stage, but many days after it has passed, and cutaneous desquamation has, apparently, ceased. I adopt the same policy in one condition as the other, and thoroughly irrigate the colon. The patient is placed upon the right side, so as to gain advantage from gravitation in the transverse colon. For a child, from two to ten

years old, two to three pints of the solution, according to the following formula, is employed :

R.—Hydrarg. bichlo. grs. ii.
Aq. Fontana..... O. ii.

This is modified sometimes for children to half strength, and is usually employed after the eighth day—sooner if there is diarrhea. In all the cases treated, I have never observed a baleful effect from the mercurial, and the good results have been so apparent that I can conscientiously recommend it. Of course, boric acid, tannin, and other agents may be used and found efficient, but when one has been so fortunate as to lose no cases in many years, treated by this special solution, he can well afford to congratulate those who discover a plan, exempt from any possible ill-effect from the germicide used in solution.

A very important precaution in the treatment of scarlet fever is the detection of kidney insufficiency. I provide for this purpose a dropper, a small vial of nitric acid, and a test-tube. Every day for four weeks I direct a test to be made, and if the urine is permanently cloudy, or deposits albumen, I am promptly warned. Generally, if this condition is early detected, it will be found amenable to treatment. If neglected, the probabilities of a temporary or permanent cure are greatly lessened. Among the more efficient means to be employed, is the moist hot pack, in the manner here described.

Prepare the bed by covering the mattress with a rubber blanket ; over this a padded quilt or woolen blanket, and fill four to six pint or quart bottles with hot water, tying in the corks with twine beyond the possibility of becoming loosened. Wring a blanket from hot water and wrap the child in it, and place upon the prepared bed. Then pack the bottles two or three on each side of the patient, covering each well, and locating opposite shoulders, hips, and knees. Cover all with a warm, dry blanket or spread, and envelop the head in a napkin which has been dipped in cold water, and which must be frequently renewed. Keep the patient thus perspiring for twelve or more hours, and give water freely. Avoid diuretics, such as digitalis, acet. potash, etc., and give, preferably, calomelas and jalap in appropriate and repeated doses. I recommend, also, when obtainable, poultices over the abdomen, made by bruising the common chickweed, the virtues of which, used in this manner, I accidentally discovered.

I have seen a child with distended scrotum and general anasarca completely relieved in a few hours by this simple remedy. As regards the hot pack, if perspiration is not induced, or, if induced, the patient declines drinks of any kind, it should not be too long continued, nor if the temperature rises. Since I have adopted the disinfecting plan, as heretofore described, I have been quite indifferent as to internal medication. Regulating temperature and diet, and otherwise promoting the comfort of the patient, has seemed to meet all wants.

By pursuing the plan represented in this essay, I have rarely had more than one case in a family, even where there was from eight to twelve children. When the excellent hygienic directions given by the State Board of Health of Michigan, which may be obtained at any time from its secretary, Dr. Henry B. Baker, of Lansing, are faithfully followed, or those lately issued by Dr. Ernest Wende, Health Commissioner of Buffalo, there will be slight risk of the transmission of the disease. When we consider the great direct mortality from scarlet fever, the many sequelæ, such as chronic otitis, with impaired or total loss of hearing, the inauguration, not unfrequently, of acute and fatal nephritis, or its ultimate development in the chronic forms, and other scarcely less important pathological effects, we cannot fail to be impressed with the great responsibility assumed when treating the disease. Indifference or neglect are inexcusable. To be reminded in after years that any of these misfortunes was due to lack of knowledge of the best treatment, medical and hygienical, is a contingency we should strive industriously to avoid.

I desire to briefly summarize the suggestions made in this essay.

1. The hygienic directions in preparing the sick-room.
2. The local cutaneous treatment by dry mustard frictions, followed by bichloride sponging, later by sodii carb. bath and oil inunctions.
3. The breast pad, medicated as described.
4. Enteroclysis, with solutions hydrarg. bichloride 1 to 8,000 or 16,000, varying with the age of the patient.
5. The hygienic essentials as formulated by Drs. Baker and Wende, and boards of health generally.
6. The moral obligations imposed upon the physician, far too frequently ignored, to be faithful to his trust in every detail, upon the intelligent discharge of which such important interests depend.

NOTE.—Having been, so far as I can discover, the originator of the treatment of dysentery, typhoid fever, etc., by intestinal flushing with *germicide* solutions, notably and usually hydrarg. bichloride, my published reports dating back to 1883, and being interrogated often as to the method employed, I herewith define it fully :

Place the patient upon the right side, and so that the back is turned outwardly. Use suitable protectives for mattress.

Use, preferably, an Alpha syringe, or one in which exit tubes are inserted, not fitted by screw attachments.

Dissolve the bichloride in a glazed vessel, never in a metallic one. A half-gallon fruit jar is very good.

Make connection for the rectal tube by cutting off the small bone finish from an ordinary number ten catheter (American) and in an Alpha, push the cut end well back in exit end of syringe. This makes a perfect connection.

Oiling the catheter, insert, at first, partially and gently, and inject fluid slowly. Then, by careful manipulation, the catheter may gradually be introduced its full length. In adults, insist on using and retaining the full quantity, two quarts. With children, permit the outflow. In very irritable children I often induce partial chloroform anesthesia. As soon as the one or two quarts used has been introduced, place the patient upon the slop jar, rather than usual vessel, so as to accommodate the ejected fluids. I have known serious annoyance from limited capacity. On returning the patient to the bed, place on the left side, to obtain gravitation of the contents of the transverse colon.

Treat all cases of colitis, from whatever zymotic cause, in this way, and, if my results are realized, you will hereafter so treat all such cases, even in young children. Many cases of enteric colitis are cured by one enema.

523 DELAWARE AVENUE.

THERE are at the present moment 131 ladies registered as students at the seven French medical faculties. Of this number, ninety-five are Russians, twenty-five French, four Roumanians, two Bulgarians, two Servians, one German, one Turk, and only one English. No one who has studied in Paris can avoid remarking the preponderance of the Muscovite element among these fair aspirants for medical honors.—*Lancet*.

CONCERNING POSTURE.¹

BY B. H. DAGGETT, M. D., Buffalo.

T. LAUDER BRUNTON contributes to the November number of the *Popular Science Monthly*, an interesting article concerning posture and its indications, in which he discusses the varying attitudes and common postures one meets with daily ; illustrates these postures in schematic outline, and inquires why they are assumed.

The variable attitudes of the body are attributed to trade, habit, mutable mental states, physiological activity, and pathological conditions.

Gravity in the upright posture is undoubtedly a contributing factor to engorgement of the pelvic viscera, rectal, uterine, and vaginal prolapse, varicose veins, hernia, and as we grow older to sagging of the bladder, and bagging of the rectum.

Our progenitors, moving about upon all fours, escaped, we presume, these direful calamities, and in due progress of evolution acquired the upright posture ; eliminated the caudal appendage ; consigned the appendix vermiformis to waste and final obliteration ; and will, in due course, reinforce venous valvular construction and develop complete support for the pelvic organs.

In the meantime we are called upon to alleviate conditions which confront and study theories which perplex.

It is proposed to consider, herein, some of the objective relations of this subject so far as they concern posturing for examination, treatment, and operation.

The varying attitudes of the body, the movements of the extremities, functional activity of the internal organs, and pathological conditions, modify in a greater or less degree the environment of the viscera, which should be taken into account in examination and operation.

Posture changes the site of the impulse of the normal heart, yet the text-books scarcely make reference to it.

Paul says that the patient may sit, stand upright, or recline for examination of the heart, as is most convenient.

Guttman alleges that the cardiac sounds are the loudest in the upright posture.

Dr. Azoulay, of Paris, claims that he has devised a means of intensifying the cardiac sounds by placing his patient upon the back, elevating the arms, flexing the lower extremities, and rising the

1. Copyrighted.

head, which reinforces the heart sounds and slows its action. Drs. Azoulay and Jules Simon have employed this method in the Children's Hospital, in Paris, and state that they have been able to localize extra- and intra-cardiac bruits, as the slowing of the heart's action and the augmentation of its sounds aided in clearing up their vagueness and complicated character.

It is said that dyspnea and arrhythmia without slowing of the



pulse, in the recumbent posture, and which do not occur in the upright, afflicting a person supposed to be in good health, indicate a lesion of the myocardium, and a fatal issue from asytole may be predicted at an early date, according to the degree of the disease.

If this be true, applicants for life insurance should be postured

for examination ; indeed, in all obscure cases diagnosticians could profitably utilize natural attitudes and assumed postures when conducting physical examinations.

Sims discovered and demonstrated the advantages of the side posture ; still, with all that has been said and written, a comparatively small number of physicians employ it.

Many specialists use the side position for ocular examination, and treatment ; the dorsal recumbent posture for executing bimanual examinations, and perineal operations.

The vagina, in its usual desolate condition, is a collapsed sack, preserved in its closed condition by pressure of the superincumbent, surrounding viscera, so that ocular examination cannot be made, or local treatment applied, without dilatation or expansion of this structure.

There are two methods of opening the vagina for these purposes, one is direct mechanical dilatation by means of cylindrical or valvular specula, the other is by elevation of the pelvis to induce prolapse of the viscera toward the diaphragm by the traction of gravity, at the same time retracting the perineum.

Dr. Joseph Price declares the cylindrical and valvular specula do harm in the hands of the inexpert, and the expert do not need them ; that if ocular examination is necessary, or local treatment is indicated, the side position and Sims' speculum should always be used.

In the side position upon a horizontal plane the viscera still press upon the vagina, so that traction upon the perineum and repression upon the anterior surface of the vagina are necessary to provide a free field for the purposes of inspection and treatment.

To carry out these manipulations requires the aid of a skilled assistant or a deft operator.

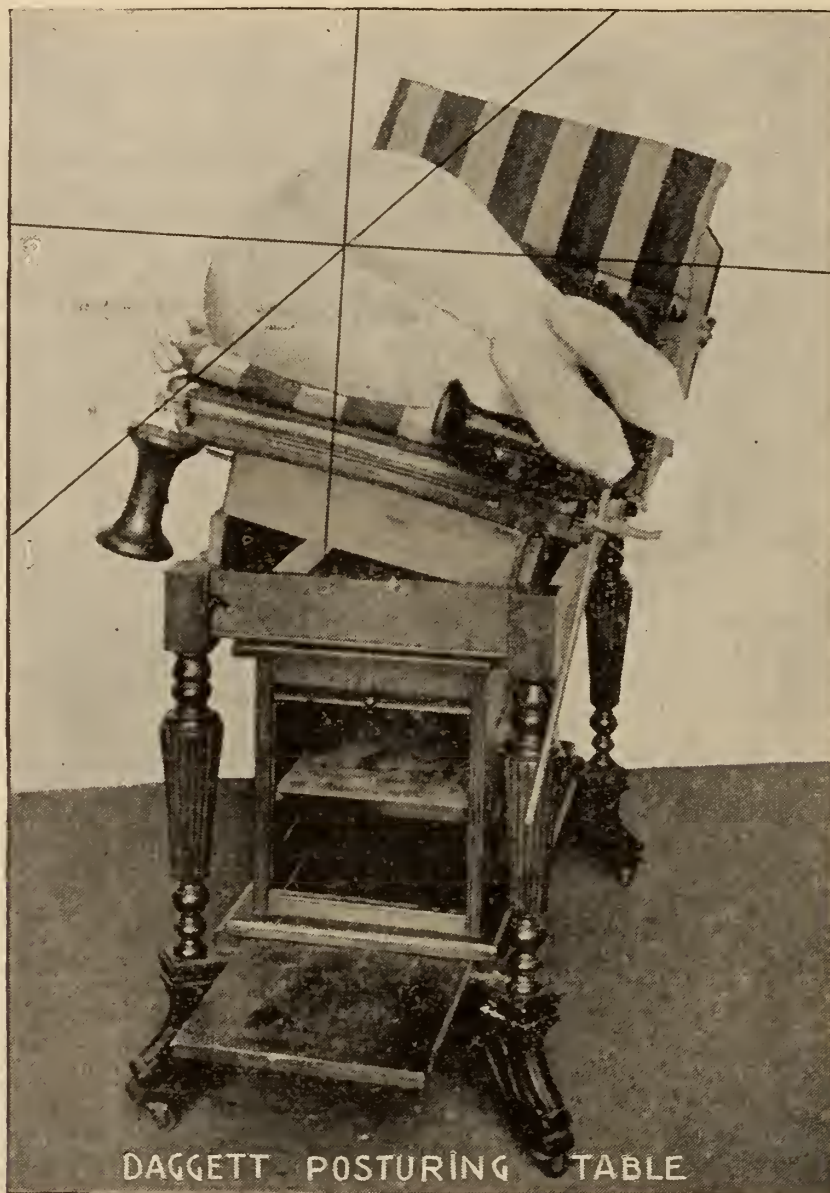
This obstacle is overcome by placing the patient in the *knee-thigh-chest posture*, described in the following paragraphs :

This position is not uncomfortable, and it combines the advantages of both the knee-chest and side (Sims') postures ; it may be called the exaggerated Sims.

The knee-thigh-chest posture.—The patient mounts the step with the left thigh towards the table, lifts her drapery upon the table's top, in order that it may not bind her limbs as she reclines, or obstruct the operator. Reclining, she rests her left thigh across the table's end, carries her left arm backward, parallel with the body, places her left ankle upon the rest and draws the right limb

over and beyond its fellow. She will posture herself unaided after one or two lessons.

The arms should not be carried upward, as this movement draws upon the thorax, causing tension of the abdominal muscles. The head is placed upon a pillow, a little beyond the middle line, so that the body is slightly flexed, relaxing the abdominal muscles. The left thigh and leg are flexed to, or slightly beyond, right



angles, and the right are more fully flexed, the knee dipping downward. These flexures relax the pelvic muscles.

In this position, upon a horizontal plane, it is evident there is very little dip to the abdominal cavity, and its viscera moving by respiration in a horizontal line press upon the pelvic organs.

To avoid this, the table top is given a double tilt. The high lateral tilt inclines the body so that the patient turns upon the left thorax, and the knees rest upon the side rail, the longitudinal tilt accentuates this position, which gives a decided dip to the long diameter of the abdominal cavity, and the viscera settle towards the diaphragm.

For this position, the side tilt should be raised to an angle of twelve or more degrees from the horizontal line; the long tilt to an angle of five or six degrees; more than this for the long tilt renders the patient uncomfortable and is unnecessary.

The tilting is to be done after the patient is placed as described. A line drawn through the sacral plane is transversely with the body, at an angle of forty-five degrees; lengthwise with the body, at an angle of six degrees from a perpendicular line.

Thomas made a study of this subject, and as a result of his experiments constructed the gynecological table which bears his name.

As bodies differ in conformation, set rules are modified in accordance with the tact and judgment of the operator.

The cut on the opposite page illustrates the knee-thigh-chest posture, in which it will be observed that the body is comfortably supported by the knees resting upon a wide side-rail.

258 FRANKLIN STREET.

Progress in Medical Science.

SURGERY.

Conducted by JOHN PARMENTER, M. D.

DR. LANPHEAR, (*American Journal of Surgery and Gynecology*, June, 1893,) after describing briefly the methods of Senn and Wyeth, giving the preference to Wyeth's procedure, goes on to relate four cases of bloodless amputation of the hip, operated upon by his own modification of the Wyeth method. This consists in inserting the outer pin higher up and drawing the rubber tube very tightly, and has the advantage of completely preventing hemorrhage and permitting disarticulation of the femur without preliminary amputation, thus saving considerable time. Of the four cases, three recovered and one died subsequently from septicemia,

the very condition for which the amputation was made. The operation in this particular case was completed in twenty-nine minutes from the beginning of anesthesia. The author concludes with the following remarks :

So far as I can learn, twelve cases have been operated on by this method, with two deaths—a mortality rate of less than seventeen per cent. The significance of this will be appreciated when we recall the facts that heretofore hip-joint amputation has been regarded as one of the most fatal and bloody operations ; that the death-rate has been from sixty per cent. to ninety per cent. by other methods ; and that seventy per cent. of all deaths have been from hemorrhage ! Here are *twelve cases without any hemorrhage*--with one death from shock and one from septicemia. Surely this is a method which is about as successful as could well be expected, considering the gravity of the operation. It certainly controls bleeding completely--the great desideratum, since it is hemorrhage that usually causes death, that brings on "shock," (in most instances) that predisposes to the development of germs introduced during the operation, and, finally, that retards the process of healing.

KEEN (*American Journal of Surgery and Gynecology*, June, 1893,) describes a case of apparent intestinal paralysis, which caused arrest of the intestinal contents, and was equivalent to intestinal obstruction, and for which he performed laparotomy. The history is so minutely, yet simply, given, the treatment so scientific, and the deductions so clear and logical, that we reproduce the article *in toto* :

Mrs. S., *æt.* forty-five, mother of several children, has had a great deal of sorrow and consequent mental distress for the last few months. Was first seen by me in consultation with Dr. S. Mason McCollin on the evening of December 24, 1890.

Some months ago, Dr. McCollin removed a soft polyp from the mouth of the womb, and the patient returned to him from time to time for treatment after its removal. Of late, she has had a very offensive vaginal discharge, so much so that Dr. McCollin suspected possible cancer of the uterus, and it was so diagnosed by another competent gynecologist, who had even advised the removal of the entire uterus the day before I saw her.

On December 18, 1890, the patient came to town, and reached Dr. McCollin's office utterly exhausted. He put her to bed and gave her some vaginal douches to relieve the odor. She seemed somewhat dazed on the 18th and 19th ; on the 20th, she became delirious, and her strength failed to such an extent that Dr. McCollin feared she

would die during the night. From then until the 24th she has been in a precarious condition. There has been much elevation of temperature, and she has been continually out of her head, and has had an excessively fetid breath. On the 23d and 24th she vomited a great deal, sometimes for nearly an hour at a time. She said she had had a movement of the bowels on the 19th, but this was not confirmed. From that time until now there has been no movement whatever, nor has any flatus escaped, and yesterday (23d) an enema of half a gallon was entirely retained. No gurgling in the bowels has been heard. Her menstruation began today.

December 24, 1890. On examining the abdomen no especial tenderness was discovered, excepting over the right iliac fossa, and not very much there. There was also, it seems to me, more resistance at that point. On examining the bowel, I found that the rectum was absolutely empty. It was "ballooned" into a cavity, certainly as large as the fist. No strictures were observed, and the tube with which the half-gallon enema had been injected had been inserted eighteen inches into the bowel, with no obstruction. On examining the uterus, it was found to be movable, not enlarged, the os slightly patulous, so that the tip of my forefinger could be inserted for a scant half inch, and felt the stump of the polyp. There was no cauliflower or other growth about the womb. The odor of the menstrual discharge was not offensive.

Inasmuch as she seemed to be going down hill very rapidly, and as she would certainly die very shortly if nothing was done, I recommended an exploratory laparotomy on the next day, unless a large enema, with elevation of the hips, should be followed by any result.

December 25, 1890. Dr. McCollin reports that almost a gallon of fluid was injected last night and the hips were elevated. The entire enema was retained. She was even more delirious last night than before.

Operation.—An incision was made in the median line, which was eventually extended to a little above the umbilicus. As it was found that there was a marked tendency towards an umbilical hernia, the entire umbilicus was dissected out and removed. There were no adhesions, no fixation of the pelvic viscera, no intussusception, (which to my mind, in spite of her age, was the most likely prior diagnosis,) and no band or other obstruction to be found. The large intestine, as had been determined by percussion before the operation, was enormously distended, and the small intestine, in its lower half, was contracted and empty, but in its upper half evidently contained feces. The large bowel had a rather sharp V-shaped attachment to the spleen, but not enough to produce any obstruction. At two points in the ascending colon and the sigmoid flexure an incision, over half an inch long, was made in the large bowel, and an enormous quantity of gas let out. The

intestinal incisions were then closed with Cushing's right-angled continuous suture. The large bowel was followed from the rectum to the cecum, and the small bowel rapidly gone over from the cecum to the duodenum, but no obstruction was found. The gall-bladder was distended with bile. Both it and the liver were healthy. The abdomen was then closed as speedily as possible. A glass drainage-tube was inserted, going down into Douglas' cul-de-sac. Before the patient had been removed from the table, the bowels were freely moved. During the operation she suffered deeply from shock. This was admirably relieved by hypodermatics of strychnine. The urine had been examined repeatedly, and found normal, but urine drawn a few minutes before the operation, and examined afterwards, showed moderate albuminuria.

December 26, 1890. She passed a very bad night, being almost wildly delirious at times, so that she had to be restrained by physical force. She has made no complaint of pain, but if the abdomen is pressed upon she winces as though hurt. Just after the operation the drainage-tube was cleaned by suction every fifteen or twenty minutes, blood-stained serum being removed. The intervals were rather rapidly lengthened, until this morning, after five hours, only one drachm had accumulated. This fluid is entirely sweet. Her temperature is only a little above 100; tongue coated; breath still very foul. Her pulse has increased in frequency to 124 and has lost in force. Since the operation absolutely nothing has been given her, except a little ice and champagne, and a little brandy and water. In view of the paralysis which had existed, at least in the large bowel, and possibly in the lower part of the small bowel, I deemed it best for her simply to be stimulated moderately and have no food whatever for at least twenty-four hours. At 11 A. M. to-day, a distinct gurgling was heard in the intestine, and has continued at intervals since. A rectal tube was inserted once in four hours, and has given exit to some gas, and she has also passed some spontaneously, the first in seven days.

The drainage-tube was removed after twenty-eight hours, there being scarcely any further accumulation of fluid in it. Her general condition was very bad, and it looked as if she could live only a few hours. The wound itself looked perfectly well. During the afternoon she rapidly failed, and for a short time there was no appreciable pulse even at the wrist, while her respirations were shallow, quick, and irregular. Once or twice it seemed that the respirations were permanently suspended. There again, *strychnine*, hypodermatically administered, was of the greatest value.

December 29, 1890. On the 27th (second day), to my surprise, she was somewhat better, and we began cautiously to feed her a little milk and liquid peptonoids only. Flatus occasionally escaped spontaneously, and almost always whenever the tube was inserted, and not

uncommonly small quantities of fecal matter also were passed by the tube. On the 28th (third day) she was about the same physically, but her mental condition had improved. The wound, on examination, appeared to be in perfectly good condition. Two or three doses of sulphonal, in ten-grain powders, were enough to reduce and almost to control her restlessness.

January 1, 1891. By the 30th (the fifth day), her temperature had touched the normal, with a slight rise at night. On the 31st (the sixth day), as her bowels had not been freely opened, we decided to give her a dose of thirty grains of Epsom salt every two hours, very cautiously to empty the bowels. Soon after she had the second dose, and not probably as a result of it, but accidentally, an attack of diarrhea began, and within twenty-four hours she had thirty to forty liquid movements, a number of them of considerable amount. The odor, especially of the earlier ones, was excessively fetid. With this diarrhea her mind seemed to clear up considerably, so that she herself observed the odor of the passages; but she developed a great disinclination to take either food or medicine, due chiefly, it seemed, to her mental condition. The wound had healed throughout by first intention, and I removed today all the superficial and half the deep sutures. Her temperature was normal.

January 3, 1891 (ninth day). The remaining sutures were removed today. Her mental condition is very much improved. The bowels are a great deal better and have lost their excessively offensive odor, as a result, probably, of the administration first of salol and then of naphthaline, especially the latter. Two thirty-grain doses of bismuth, following several drachm doses of sulphate of magnesia, seem to have arrested the diarrhea completely.

From this time on her recovery was progressive, but slow. Her mental condition especially was clouded for a considerable time, but eventually she recovered entirely.

June 12, 1891 (six months). She saw me today, and was in better health than she has been for years past. Her mental condition is entirely restored.

Remarks.—There are several interesting features in this case which demand attention. First, the pathological condition. From the middle of the small bowel down to the ilio-cecal valve, the lumen of the bowel was diminished to less than one-half the caliber of the upper portion, whereas the large bowel was dilated very greatly with gas. Neither the constricted half of the small bowel nor the dilated large bowel contained any fecal matter, only a few drops exuding through the two incisions made in the large bowel, and so far as could be judged by stripping with the finger, the contracted small bowel was equally empty. It did not, how-

ever, seem to be in a condition of spasm as far as could be judged ; there was no rigidity or special hardness. There was no occlusion at the point of sudden narrowing, nor any other extensive constriction, but certain it was that for a week, and possibly longer, no peristaltic gurgling had been heard, nor, from the absence of any fecal matter, had any peristalsis probably existed. My opinion, prior to operation, was that most likely, in spite of the patient's age, there was invagination at the ileo-cecal valve, or, possibly, appendicitis. Her mental condition was such, however, that all the subjective signs were doubtful, and even the objective signs, such as tenderness, etc., were very difficult to establish. I have never before seen apparent arrest by so sudden a contraction of the small bowel and the dilatation of the large bowel without assignable cause.

Whether there was any sapremia as a result of the continued presence of fecal matter in the bowel and absorption of the ptomaines of decomposition, will always be doubtful, but it seems reasonable to suppose that this was the cause of the mental and, to a large extent, of the physical condition. The evidence of this rests on the horribly fetid discharges which took place soon after the operation, with the simultaneous clearing of a very foul tongue, the disappearance of a very fetid breath, and the betterment of her mental condition.

Secondly, the laparotomy was entirely exploratory, and the case shows the wisdom of it. The laparotomy was done to make a diagnosis, as well as to institute such treatment as the conditions found would warrant. The case shows also the wisdom of small incisions in the bowel, incisions which can be perfectly well made and closed by any of the ordinary intestinal sutures, rather than making punctures and leaving them to heal without sutures. The distended large bowel was relieved of its tension and resumed its function, whether by the stimulus of the handling and washing out of the belly-cavity with hot water, or the reëstablishment of the peristalsis of small intestines, I cannot say. Probably each one of these factors had some influence in bringing about these results.

In closing the intestinal incision I used Cushing's continuous right-angled suture, as shown by him in the Boston City Hospital Reports for 1889. I think it very easy of application and very speedy and satisfactory. I did not use the rather complicated method he described of securing the two ends. The first end I

simply tied in an ordinary knot and the last end I slipped through its own loop two or three times and cut it off short.

JOSEPH PRICE, (*Virginia Medical Monthly*, August, 1893,) in a lecture before the Post-Graduate School, of Chicago, discusses the Post-operative Sequelæ of Pelvic and Abdominal Surgery. He divides his subject into three headings, viz. :

1. Post-operative Sequelæ Due to Complications Induced by Delay in Operating.

2. Complications Induced by Faulty Work and Methods.

3. Sequelæ which may be said Naturally to Follow any Serious Surgical Procedure of the Nature Under Consideration.

The writer regards delay in operating to be at once "the bane and danger of all pelvic and abdominal surgery—baneful to the surgeon and dangerous to the patient." Pus is to be invariably removed as soon as detected. Equally soon should all tumors of the uterus be extirpated. These conditions not only become worse themselves with time, but induce other and dangerous diseases, such as inflammation in adjacent organs, and adhesions, which latter may only precede gangrene of the bowel. In such cases, intestinal surgery must be viewed from two standpoints, viz. : "Both in the light of operative complications, and of being indirectly the cause of post-operative complications and sequelæ. Its presence as a complication of the original operation for the removal of the pus-tube is incident to delay in the original operation, and is a necessity on account of this delay. Without it, the operation, as at present necessitated, would be a failure or a very bleak success." In such cases, after-trouble is unavoidable, (such as stenosis following gangrene, adhesions, hernia, fistula, etc.,) and must not be laid at the door of the operation, but to the delay which made conditions over which surgery could not completely triumph.

The same reason applies to uterine tumors which have been allowed to grow and adhere to important organs to such an extent as to make their extirpation difficult and dangerous and some of the sequelæ of an almost irremediable character.

The writer's words upon the complications due to faulty work and methods should be read and re-read by every youthful and many experienced operators in pelvic surgery. These sequelæ are many. Here are some of them :

1. Adhesions due to irritant irrigating fluids.

2. Adhesions due to imperfect handling.
3. Tears in the omentum neglected and causing subsequent intestinal strangulation.
4. Unnecessary destruction of the peritoneum.
5. Imperfect breaking up of adhesions between not only parts removed and those which remain, but also those between all remaining parts otherwise healthy. (Failure to do this is a fertile cause of bowel obstructions, resulting fatally in cases that would otherwise recover.)
6. Faulty handling of hemorrhage. (The writer recommends the use of silk rather than catgut, torsion of smaller arteries, avoiding the Trendelenburg position, which often leads to the over-looking of oozing and indirect leakage.)
7. Improper drainage. Dr. Price speaks in no uncertain tone regarding the use of drainage. He believes in it thoroughly, but in its simplest form, viz. : a small glass drainage-tube, reinforced with a long-nozzled syringe.
8. The use of big and unnecessary ligatures, which act as foreign bodies, and cause fistula.
9. The leaving behind of removable diseased organs or conditions, such as vaginal puncture for pus in the tubes and vaginal removal of diseased organs.
10. Ventral hernia, from too early rising, too early laying aside of the bandage, or foolish physical exertion, such as dancing, riding, etc.

The writer concludes his admirable address by referring to some after-conditions of operations which may naturally be expected. He warns his hearers that the phenomena attending removal of the appendages varies in individual cases. Some enjoy immunity from discomfort, others suffer with the phenomena attending the menopause for a long time. Again, in certain chronic cases, pain and discomfort persist for a long time, so that the operator must be careful not to promise certain and speedy relief. As the writer puts it: "Miracles are not to be expected here; neither is it fair to promise them. The same careful consideration of all the probabilities of the case should be here weighed; the same honest expectation of life and health afforded—no more, no less."

DR. LEE, (*Philadelphia Polyclinic*, July, 1893,) in a lecture upon *Massage in the Treatment of Sprains and other Injuries* about

Joints, discusses this important class of injuries in a way that cannot fail to be of interest and profit to the general practitioner as well as the surgeon. Remarking that both Nelaton and Gross believed that a large majority of cases requiring amputation result from sprain, Dr. Lee adds that, with equal truth, a large proportion of acquired distortions can be ascribed to a similar cause. The nature of a sprain and the conditions following are then clearly given, and from these are deduced the indications for treatment. These are (1) relief of pain; (2) restoration of the lymphatic, arterial, and venous capillaries to their normal condition; and (3) absorption and removal of the effused material.

Given a case seen immediately after accident, the first indication is met by placing the part in water, as hot as can be borne, and beginning massage at once. The writer gives some timely observations upon the pronunciation of the word "massage," and some of its derivatives, and describes the process in the following words:

The four principal procedures in massage, "kneading," "stroking," "friction," and "percussion," are each clearly described. The benefits of massage are to be explained by its power to restore to a normal condition the ability of the cells to maintain endosmosis and exosmosis. In conditions following sprains, we find the cells hindered in their power to absorb nutritive and excrete useless materials; and by mechanically aiding the cells in the performance of their functions, massage works benefit, and becomes, therefore, a scientific mode of treatment.

Friction and stroking, with a certain amount of kneading, are the manipulations commonly employed, and these with both hands. Adhesions begin to form very early, and these are to be broken up and exudations dissipated. All isolated indurations and nodules demand especial attention, and should be entirely removed. The writer thus describes his method of applying massage:

The treatment is properly begun at a distance from the joint, and on the proximal side, that nearest the body—and this for two reasons: First, in order to prepare the absorbents and lymphatics to receive the exudates which we are about to remove from the injured parts; and, secondly, to gradually accustom the sensitive tissues to pressure. It is possible that at the first sitting it will not be practicable to treat the injured part directly at all. It may be necessary, at first, to confine our efforts entirely to what the Germans call preliminary massage, which will prepare the way for the direct treatment.

If, for instance, we are treating a sprained ankle, we begin above

the knee, and, encircling as much of the thigh as possible, with the full hands, stroke upward to the pelvis. Then we start at the middle of the thigh and knead the muscles, working slowly upward to the pelvis. Next we subject the lower half of the thigh to the same process, still working from below up. This is again followed by upward stroking, considerably firmer pressure being made than at the first time. The result of this will be that the muscular capillaries and the absorbents of this large amount of highly vascular tissue will have been stimulated to increased activity, and its capacity for receiving blood augmented. Coincident with this we may be already able to observe that the tissues about the ankle are becoming less tense and swollen.

The point is then found nearest to the seat of injury, at which pressure can be borne without serious pain. Stroking is started from this point and carried up to the knee. The upper third of the leg, including the belly of the gastrocnemius, is then kneaded, and the stroking repeated somewhat more vigorously. It may be wise to stop at this point for the day. A flannel or pure rubber bandage should then be very carefully applied, and the patient instructed to keep the foot elevated. It may be, however, that the sensitiveness will already have been so much diminished that the patient will bear gentle friction with the thumb or the fingers about the periphery of the inflamed area. If so, this may be practised with one hand while the other performs upward stroking from the same locality.

Fifteen minutes is sufficiently long for each séance, and it is often well to give two each day. By thus carefully observing and taking advantage of the diminishing area of sensitiveness, we shall soon find that pressure can be tolerated over the entire injured region. The routine will be the same each day.

About the third or fourth day, movements of the foot may be begun. At first, entirely passive, later on, acto-passive, the patient making the motion while the operator resists. The movements will consist of flexion, extension, and rotation. These will, of course, produce pain at first, but the patient must be encouraged to endure this as much as possible by holding out the hope of speedier recovery.

Douching with hot and cold water alternately is a valuable adjunct in restoring tone to the relaxed vessels.

It is not too much to say that the mode of treatment above detailed diminishes the time required as compared with that of fixation, in the ratio of days to weeks, and that the ankyloses and contractions so often following the latter are almost entirely avoided.

The statistics of the Prussian army, on the surgeons of which a practical acquaintance with massage is obligatory, are convincing on this point.

If the sprain is a severe one, it will be well to put the patient on crutches for a few days, but he should be encouraged to begin to bear

a portion of his weight on the joint as early as possible. A firm, elastic bandage, evenly applied, and, later on, a woven elastic anklet, will aid materially in preventing swelling and congestion.

Selections.

THREE SHIPS WITH BERIBERI OUTBREAKS SHOWN TO HAVE HAD EXTENSIVE FORMATION OF CAR- BONIC OXIDES DURING THE VOYAGE.

BY ALBERT S. ASHMEAD, M. D., New York, N. Y.

IN *Science*, November 18, 1892, I contributed an account of the outbreak of beriberi on board the bark H. B. Cann, from Ilo-ilo, Philippine Islands, with a cargo of raw sugar. The cargo fermented during the trip, stifling fumes filled the ship, and the beriberi outbreak was considered the consequence of this state of things.

In an article, which will shortly appear in the *Medical News*, entitled Investigation of the Outbreak of Beriberi on board the bark Pax, from Ceylon, with a Cargo of Graphite, I show that from the deficient packing of 1,200 tons of graphite, the cargo was exposed to the moist air encountered on a tropical voyage, all but six of a crew of nineteen were stricken with beriberi.

The bark J. C. Warns, from Java and Macassar, with a cargo of green coffee, arrived in New York, June 23, 1890. The captain and three men had died of beriberi. The coffee had been picked and shipped too green. Mr. Tobias, consignee of the cargo, showed me a sample of it; it was charred, carbonized, and almost destroyed. The coffee had fermented. The outbreak of beriberi on a ship from Java, where the coffee has been carbonized, is a regular occurrence. Java coffee owes its value, in our market, to its color; in order to obtain this color, the captains take their cargoes quite green, which favors a slight fermentation during the trip. Sometimes they go too far; the coffee is too green, and the fermentation too violent; in such cases there is always carbonization; the grains stick together in great masses, and abundant fumes (carbonic gases) fill the ship.

The iron ship Glenmorag, Captain Currie, 133 days from Colombo, Ceylon, with 1,100 tons of graphite on board, 800 tons of cocoanut oil, etc., arrived July 17th in New York. This ship,

loaded in Colombo alongside the Pax (mentioned above), traveled the same course, at an interval of two weeks. She lies now at the Atlantic dock, in Brooklyn, again alongside the Pax. She had no beriberi outbreak. From her first mate I have the following information :

Crew, twenty-eight men ; captain's wife and two children on board ; or all, thirty-one. She is a Scotch Glasgow boat, and the crew is English and Scotch. Before taking this cargo, this ship had carried from Barry Dock, near Cardiff, a cargo of coal to Buenos Ayres, South America, and taken a ballast of sand to Colombo, Ceylon. Before these trips she had been in the wheat trade from Tacoma, Washington, to Havre, France. She is remarkably dry, and the cleanest ship one would wish to see. I went down her hold and examined every part of it ; there is not a smut nor a stain anywhere about it. The iron part is especially clean ; no trace of incrustation of carburetted iron, which might have indicated the action of hot, moist air on the carbon. None of the barrels containing the graphite was broken. The packing was exceedingly good ; the tonnage consisted of sticks and cocoanut hulls, so that it was impossible for the barrels to roll and break, and thus expose their contents to the action of the air.

The diet bill was about the same, or even poorer than that of the Pax. Nine casks of salted beef and seven barrels of pork were consumed during the trip. Fresh beef (tinned) three times a week, one-half pound to a man, and a half pound of salt meat on the same days ; other days a full pound of salt meat a day. One-half pound of rice for each man on Saturdays ; no vegetables, except onions, with the soup three times a week. The ship being Scotch, oatmeal made part of its fare for two and a half months after starting, when it ran out. No sickness whatever during the voyage. One death by accident. The captain attributes the condition of his cargo and his crew to the change of winds and cooler weather, which he enjoyed from the Cape of Good Hope to the North Atlantic. His log is, indeed, very different from that of the Pax.

In *Science*, Vol. XXII., No. 545, p. 16, Venable states :

The metallic carbides are usually formed by the action of intense heat upon the metal in the presence of carbon. The form of this carbon is capable of being greatly varied. Graphite, amorphous carbon, and many hydrocarbons may be used. The heat of the ordinary furnace is sufficient to form the carbides of the metals already mentioned,

zinc, copper, and, notably, iron. All of these carbides, under certain conditions, give off their carbon in the form of hydrocarbons. The same smell can be detected in all during their decomposition. In some cases, as iron and zinc, the decomposition is caused by the action of an acid. The carbides of the earths (*of which graphite is one, in conjunction with iron,*) decompose in moist air, and more rapidly in water.

I may point, again, here to those broken barrels of the Pax, which exposed the carbon to the influence of tropical air.

I have examined, microscopically, the blood of four of the sufferers of the Pax, and obtained the following results :

Captain Geeseicke, sick since May 16th with beriberi ; 800 diameters, one-twelfth of an inch oil-immersion objective ; red discs, irregular in outline, congregated in masses, with ragged edges, not inclined to form rouleaux ; quite plastic ; colored streaks, or rays of pink and red, showing the presence of biliary matter, biliverdin crystals ; black spores, not free, but entangled in the hummocks of corpuscles. It may be noted that the edema of this patient's legs only left him two days before this examination.

Henry Oelrichs (second mate), German, 27 years old. Has been fourteen days sick with beriberi. Examination of the blood : 500 diameters, one-eighth of an inch objective ; red corpuscles, very plastic, aggregated in hummocks. Many black spores are seen floating about, free in motion. Fibrin in excess, light in texture, and lumpy. Blood very thick, syrupy, and plastic. No motion, showing want of circulation. Excess in the coloring matter. This same case examined with 900 diameters, one-sixteenth of an inch objective immersion lens, shows excess of fibrine in ropes, biliary matter in great excess ; no crystalline formations ; blood quickly oxidizes and forms a solid mass. The black spores, above mentioned, are quickly held by the fibrin ; the red discs are distended, bladder-shaped, and have very ragged edges. The meniscus-shape is lacking, there being great irregularity in outline and color, some are even square-shaped. Some discs have an excess of color ; some very pale. On the edges of the corpuscular mass the color quickly disappears, in consequence of rapid coagulation.

Isaac Hegglund, a Swede, 27 years old, has had beriberi since crossing the equator, six weeks ago. Legs are now very thin, but still some soreness remains ; knee reflexes still lost. First sound of heart prolonged. Microscopical examination of the blood, 900 diameters, one-sixteenth of an inch objective, shows rouleaux well formed, no spores, no filaments, slight feverish condition shown by spiculated outlines of some of the red corpuscles. Fibrine is assuming a normal form, showing meshes very regular ; no distension of red corpuscles.

Emil Jensen, a German, 19 years old, sixteen days sick with beriberi. Black spores in active motion and very plentiful ; freely scat-

tered in the field of observation ; circulation very torpid ; fibrine very irregular, light in texture ; biliary matter freely scattered ; blood discs distended, and with ragged edges ; red corpuscles congregated in masses ; fibrine forming in heavy clots ; blood rapidly coagulating ; black spores are quickly fastening in the fibrine.

We have here, in the fourteenth day and the sixteenth day cases, black spores in active motion and biliary matter in both cases, and the corpuscles distended, bladder-shaped, in ragged-edged condition ; the fibrine quickly clotting. And, in the captain's case, which was the worst of all, we have still black spores, biliary matter, and ragged-edged corpuscles.

In the sixth week case, a much milder case, moreover, than any of the others, it is reasonable to assume that in some way the patient has quickly eliminated the poison. There is no biliary matter in his blood, no black spores, no abnormal fibrine, no distension of red corpuscles ; the latter are perfectly formed in rouleaux.

Examination of urine of Henry Oelrichs (second mate, bark Pax), July 17, 1893 (fourteenth day of beriberi) :

Odor, light, aromatic, and feverish.

Color, light (yellow) amber.

Reaction, excessively acid.

Appearance, transparent.

Specific gravity, 1.032+.

Weight of a fluid ounce, 470.27 grains.

Solids in a fluid ounce, 35.06 grains.

Nature of deposit, mucus.

Quantity of deposit, trace.

Bile, coloring matter not present.

Salts, not present.

Sugar, Fehling's solution, trace.

Chromate solution, trace.

Nylander's solution, trace.

Sacchrimeter grammes in a liter, 0.00+.

Albumen, nitric acid, 1 fl. $\bar{5}$, not present.

Picric solution, trace.

Touret's solution, trace.

Bichromate solution, not present.

Bichloride solution, trace.

Millard's solution, trace.

Polariscopic grammes in a liter, 0.00+.

Microscopical appearances :

Pus corpuscles, trace in quantity.

Epithelium, bladder, trace in quantity.

Quantitative examination :

Urea, proportion per fluid ounce.....	6.605 grains.
Percentage of.....	1.404
Total, quantitative examination...	66.050
<hr/>	
Chlorine .....	.960 grains.
	204
	9.600 grains.
Sulphuric acid .....	.992 grains.
	210
	9.920 grains.
Phosphoric acid	1.024 grains.
	201
	10.240 grains.
Carbonic acid gas.....	1.120 grains.
	237
	11.200 grains.

Results on a net basis :

Urea.....	1.40
Water.....	95.00
Sugar.....	0.00+
Foreign	2.76
Albumen	0.00+
Chlorine....	.20+
Sulphuric acid.....	.21
Phosphoric acid.....	.20
Carbonic acid gas.....	.23
	<hr/>
	100.00

Traces of sugar and carbonic acid gas are commonly observed in the urine of beriberi patients.

Dr. Wallace Taylor, Osaka, Japan, sends me three interesting tables, which he made from examinations of 134 cases of beriberi. These examinations were made with Hayem's hematometer and Gower's hemacytometer. The average corpuscular richness for the 134 cases is ninety-four per cent. This, he says, corresponds to the clinical experience in cases of beriberi. Most of the cases of beriberi seen by the general practitioners are well-fed, well-nourished, full-blooded appearing men. The ill-fed, poorly-nourished, weak constitution cases are the exception. During the past few years he has kept a record of the physical condition of the

beriberi patients, and he gives this record, together with another record, of a beriberi hospital in Tokio :

	Taylor.	Beriberi Hospital.	Sum.
Of strong constitution,	323	593	916
“ average “	15	27	42
“ weak “	9	6	15

Thus, in a total of 973 beriberi patients, there were ninety-four per cent. of strong constitution, (a result almost identical with that given in his tables,) and only six per cent. of average and weak constitutions.

“ These numbers,” says Taylor, “ are large enough to be conclusive, and anemia is not one of the pathological conditions of beriberi.”

In his table No. 3 there is shown a general diminution of the hemoglobin. The average hemoglobin in 101 cases is eighty-one per cent. In some of these cases the amount is very low, being below sixty-five per cent., and with but few exceptions the per cent. of hemoglobin is below the per cent. of corpuscles, showing a deficiency of the individual corpuscles in hemoglobin.

The appearance of biliary matters, which I have shown in my analyses of the four cases of the bark Pax, would show by itself a deficiency of hemoglobin.

In the *Tribune Médicale*, September 10, 1891, Messrs. Bertin-Sans, and Moitessier show that it is the presence of hydrogen and carbonic acid in oxycarbonized blood that prevents the total destruction of hemoglobin.

By sweeping their solution of oxycarbonized blood and water with a current of hydrogen and carbonic acid gas, and an addition of sulphide of ammonia, they obtained the spectrum of reduced hemoglobin. They thus show that oxycarbonized hemoglobin can be readily transformed into a mixture of methemoglobin and oxide of carbon. It is, therefore, reasonable to suppose that in an outbreak of beriberi, where we have the presence of oxides of carbon and a deficiency of hemoglobin (observable in all cases of beriberi), the latter is the effect of the former.

In Japan, the universal burning of charcoal produces the oxides, which held down in the low places by the moist atmosphere of the beriberi season, there is produced on a large scale, and continually during the moist season, what happens on board of each of those ships which come to us from the East with carbonized cargoes and beriberi-sick crews.—*Science*, July, 1893.

SUMMER DISEASES.

THE hot weather is here, and with it the beginning of bowel troubles. While the heat is a factor in the causation of some of these troubles, because of its depressing effect when long continued, yet it is only a small factor. The principal cause is the kind of food ingested, but more particularly the quantity, quality, and character of the food. An excessive amount taken, or when taken green, or overripe, or stale, will act as an irritant to the mucous membrane of the alimentary tract, or poison the blood, and thus bring on gastric or enteric troubles.

In the treatment of these cases the physician must impress emphatically upon the patient's mind, and that of the attendant, that diet and hygiene are the essential factors in the cure and in preventing the occurrence of another attack. At the time a simple diet must be taken. Easily digestible fluids and solids, known to agree with the patient, such as milk, eggs, toast, etc., should be given, and cool or hot water, as the appetite may crave—at least, the temperature should be such as not to cause pain in the stomach or bowels.

On general principles, the bowels should be emptied by a cathartic which will not be drastic in its nature, such as salts of magnesia, with a little camphorated tincture of opium, or a few drops of the extract of hyoscyamus, after which the hyoscyamus and a little tincture of opium, sufficient to control the pain and irritation, should be given, and entire rest should be enjoined. Flushing the colon, in some cases, is essential, and if there is periodicity, a sufficient quantity of quinine should be given to overcome the malaria. The skin should be kept clean and protected from the sudden changes from draughts of air. Thin flannel should be worn next to the skin. With attention to the food, skin, and hygiene, but little medication will be required, and the mortality lessened.—*Kansas Medical Journal*.

BERLIN has 183 polyclinics. Lately a number of medical men met to discuss the situation, which was regarded as militating against the profession. A committee was appointed to study the question and report as to the proper steps to check the encroachments of the polyclinics.

Abstracts.

EAR COUGH.

Too OFTEN neglect of detailed examination leads to diagnostic errors and unsuccessful treatment, when symptoms are directly manifested; and far too often does this occur when disorders at remote points are manifested through the reflexes.

It is believed that the occasions are infrequent when the aurist should be consulted for the explanation of cough. This I believe to be true, but that there are more cases than generally observed, I also believe to be true. During the last thirteen years of general and special practice, I have in many cases found it quite impossible to examine the ear without exciting a cough, the pressure of the speculum alone many times causing quite a paroxysm of coughing. I have also observed many cases where inflammation of the auditory canal has kept up an irritable cough, which has subsided upon the proper treatment.

One very interesting case of ear cough, which I wish to report, in order to add to the literature upon this subject, is that of Mrs. L., a clergyman's wife, who consulted me in June, 1886, for deafness of the right ear. I observed, during the consultation, that she suffered from a harsh rasping cough. She informed me that she had been coughing for a year, and had consulted several physicians, each making a different diagnosis, and that at the present time she was under the care of a gynecologist who pronounced it of reflex uterine origin. Upon inspection, I found the auditory canal filled with what seemed to be inspissated cerumen. I succeeded in removing the mass, which I found to be a cockroach entirely incrustated with cerumen. Her deafness was, of course, relieved, the cough ceased immediately, and has never returned. I think it advisable, in all cases of intractable cough of apparent unknown origin, to which is applied that vague and unscientific appellation, "irritable cough," that the auditory canal should be examined. I have observed that most individuals suffering from ear cough have been neurasthenics, but, as in reflex affections of other organs, where the cause seems skeptically slight, so in this affection we must give due attention to the reflexes of aural origin. The exciting cause in all cases coming under my observation has been pressure causing irritation. Opportunities for studying aural

reflexes have been very limited for specialists in otology, as the cases fall more frequently into the hands of the general practitioner. The subject is not, nor will it ever be, as voluminous as that of some other reflexes, but it is interesting and will add its mite to the general study of reflex phenomena.—*A. G. Aldrich, M. D., in Ophthalmic Record, August, 1893.*

SPINAL CONCUSSION.

IN REALITY spinal concussion is a temporary condition and ordinarily of brief duration, lasting a few hours, or days at most.

Authors have erroneously considered under this heading many of its consequences, such as the psychoses and secondary inflammation of the cord and its membranes.

For the sake of convenience only, and in order to be in fashion, I have included under "concussion" the primary shock as well as the subsequent sequences after spinal injuries.

Spinal concussion, as thus considered, has no demonstrable pathology attached to it, and all secondary inflammations should be designated as myelitic or some variety of meningeal inflammation, and should be treated as such.

In this disease the injury is thrust upon the sympathetic system of nerves through the perceptive centers of the brain, and not through any inflammatory process of the cord; so that persons asleep or intoxicated at the time of an accident, and those whose attention is riveted upon some grossly injured member of the body, are always the lightest sufferers after such accidents.

In its nature, spinal concussion is a true hypochondriasis, and is kept alive by morbid suggestions and evil forebodings from self and others, as well as perpetuated by a lack of self-confidence and a neglect of proper exercise, both physical and mental.

Being a disease with few if any objective symptoms, it is often the avenue adopted by malingerers to claim pecuniary reward for home-manufactured injuries.

Absolute rest after injury, and mental diversion with light bodily exercise (especially remunerative exercise) in the secondary stages, are the best means known for averting chronicity and warding off incurableness in spinal concussion.

Where the foregoing methods are properly carried out, the prognosis in this disorder, both as to life and future usefulness, will be very good.—*Dr. Wilkinson in Medical Age, July 25, 1893.*

THREE CASES OF PERTUSSIS TREATED WITH BROMOFORM.

THREE children, aged respectively eight, six, and four years, members of the same family, developed pertussis within a few days of each other. They came under my observation at the Babies' Hospital at the onset of the disease,—in fact, before the diagnosis was absolutely positive. Pertussis was strongly suspected, however, and they were put on the bromoform treatment at once, which drug has been used in the management of this affection by many observers with widely varying results. It is claimed by some that if bromoform is given early, the disease may be aborted; by others, that the number and severity of the paroxysms will be diminished, and the duration of the attack shortened. Equally good observers, on the other hand, state that after a fair trial the drug proved itself valueless in their hands.

Concerning the cases in question, the youngest, a decidedly rachitic girl of four years, was given five drops four times daily, the other two, fairly healthy boys, each received six drops four times daily. Under the treatment, the disease developed apparently about equally severe in all. The paroxysms varied from fifteen to twenty daily; vomiting occurred frequently during the second week, during which time the disease was most severe, the patients presenting the typical appearance; the eyes congested and the faces puffed and swollen. At about the eighteenth day of treatment, the disease began to subside, the number and severity of the paroxysms diminished rapidly, the vomiting ceased, and at the end of the fourth week, greatly to my surprise, they were practically well as far as the pertussis was concerned.

No other drug was used. Whether the short course and sudden subsidence of the acute symptoms were accidental or due to the treatment, I will endeavor to clear up by further trial.—*Chas. G. Kerley, M. D., in Archives of Pediatrics.*

SCOPE AND LIMITATIONS OF CEREBRAL SURGERY.—Dr. Kirchhoff has contributed to the *Therapeutische Monatshefte* an article on this subject, a summary of which appears in a recent number of the *Revue Médicale*. He enumerates the varied conditions for which operations on the head have been proposed or carried out, and indicates the reasons for and against operation in each one. Intra-cranial abscess, for example, is a condition in which the

advisability of operative interference is not to be disputed, whether the abscess be due to traumatism or result from ear disease, and operation should be carried out as soon as the diagnosis is made. With regard to intra-cranial growths, it is never easy to foretell whether a tumor producing certain symptoms is removable or not. Superficial encapsulated growths are naturally those offering the best opportunities, whilst deeper and more extensive ones do not present the same chance of recovery afterwards, and, on account of the destruction of tissue and the risks from hemorrhage, the operation itself is a formidable one. Epilepsy, when the result of localized lesion of the cortex, is practically the only form of this disease in which a good result is anticipated from operation. Hernia cerebri, Dr. Kirchhoff thinks, may be removed if situated anteriorly, as no paralysis appears to follow. It may also be possible to remove a small one posteriorly. Of course, a condition such as hemorrhage from the middle meningeal artery, if a result of injury, must be treated by trephining, and the same is true of the similar condition associated with pachymeningitis, although it is not easy of diagnosis. The large serous effusions associated with tuberculous meningitis, cerebral tumors, etc., have been evacuated by trephining and puncture, and such an operation may, at least, temporarily relieve the patient. It is doubtful whether trephining for cerebral hemorrhage would be practised even if the difficulty in diagnosticating between that condition and softening could be overcome. Headache, if the pain be localized to some distinct tender point, offers a good opportunity for relief by trephining; but permanent benefit from operation in mental disease has yet to be obtained.—*Medical Age*.

BOW-LEGS.—Dr. A. E. Hoadley (*Chicago Clinical Review*) says: Rugged and rapid development produce bow-legs, and more commonly straight legs, which will uniformly correct themselves without assistance.

The severe forms of ordinary bow-legs, especially where the joint itself partakes largely of the deformity, will require treatment by restraining and corrective force.

The prognosis, in the ordinary forms of bow-legs, is very favorable under the influence of mild corrective force.

The prognosis in rachitic bow-legs is unfavorable. When this condition is of long standing, it is practically not amenable to treatment by gradual corrective force, and, therefore, should be

corrected by osteotomy. The rachitis itself requires the most careful and comprehensive constitutional treatment.

The anatomical arrangement of muscles favors the spontaneous correction of bow-legs, and the biceps is the most important in the exercise of this corrective force. In the opposite condition, or knock-knee, there are no opposing muscles that can act as correctors of the deformity.

The strong contrast between these two conditions, bow-legs with a tendency to recovery, and knock-knee with a tendency to progression and difficulty of correction, is due entirely to the anatomical arrangement of the muscles.

THE ACTION OF GLYCERINE IN NEPHROLITHIASIS.—Besides piperazine, which is the best known solvent of concretions of uric acid and its salts, glycerine has attracted attention in recent literature as a remedy in nephrolithiasis. Upon the administration of fifty to one hundred cubic centimeters of glycerine, concrements to the size of a bean have been observed to pass away with the urine in patients suffering from nephrolithiasis fourteen to fifteen hours after taking the drug, the urine also containing a remarkable amount of mucus. Two or three hours after the drug has been taken, pains occur with great regularity in the region of the suspected kidney. In order to explain this action of glycerine, A. Hermann has made experiments, which have been published in the *Prag. Med. Wochen.*, from which the following may be deduced :

The largest part of the glycerine, taken internally, is secreted unchanged within the next twenty hours with the urine, and the latter is neither quantitatively nor qualitatively changed, excepting that it becomes slippery. The solving power of glycerine for concrements is extremely small, even at the boiling point. When introduced into the ureter of rabbits by abdominal section, no contraction of the involuntary muscular fibers of the urinary passages takes place. When administered to excess, per os, similar symptoms occur as are observed when a saturated solution of sodium chloride is injected into the veins. The action of the drug can, therefore, only be a mechanical one. Glycerine, after entering the blood, withdraws a large amount of water from the tissues, which passes through the kidneys, the mucus in the uriniferous tubules shrinks in consequence of the withdrawal of water by the glycerine, and is thereby loosened and with the concrements washed away by the slippery urine.—*Medical Review.*

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ADVANCED MEDICAL EDUCATION.

THE discussion of the subject of medical education, especially during the last ten years, in and out of the profession, is at last bringing forth its fruits. It is a lamentable fact that we have reason to blush in comparing our standards with those of Europe, or even of Canada. The defects of the system are too plain to be denied. We may plead, in extenuation of these depreciated standards, that the rapid development of our country in its material wealth has resulted in a demand for material in the profession that would meet the exigencies of the times. Standards in medical education, as in other scientific pursuits, have been determined by the direct and practical demands of our people. We are fast approaching the epoch in our national life when the science of medicine here must keep pace with the spirit of research which inspires the profession abroad.

The latest evidence of the growth of this principle in the profession is the organization of the Johns Hopkins Medical School, which opens its first session in October next. We have received the first annual announcement, and also the excellent address of Prof. Welch, defining its objects and its aims. Here the difficulty of fixing the requirements for admission has received the serious consideration the subject demands. "How are we to adapt," writes Prof. Welch, "to the embarrassing and anomalous development of American colleges, a system of medical education for which a liberal education is demanded as a prerequisite? We are not prepared to recognize a High School training as sufficient, and between this and the training in a college or scientific school there is no intermediate grade. We must, therefore, endeavor to conform to the peculiar conditions in our colleges and scientific schools, by asking that students who are admitted to the medical schools as

candidates for the doctor's degree shall possess the liberal education implied by a degree in arts or in science, and shall also have a specified amount of knowledge in certain sciences, as physics, chemistry, and general biology, which are fundamental to the study of medicine."

These words portray the high aims of this new venture in medical education in this country. When taken in connection with the recent advances at Harvard and the prospective advance to a four-years' course at Columbia College in 1894, with the late utterances of the vice-president of the faculty of medicine of Niagara University, who advocates a like advance, it is evident that the long struggle to remedy the deficiencies of the past is at last reaching the end the profession has sought.

The announcement of the Johns Hopkins Medical School furnishes the following requirements for admission: 1. Those who have satisfactorily completed the chemical biological course which leads to the degree of A. B. in that university. 2. Graduates of approved colleges, or scientific schools, who can furnish evidence (*a*) that they have a good reading knowledge of French and German; (*b*) that they have such knowledge of physics, chemistry, and biology as is imparted by the regular minor courses given in these subjects in that university. 3. Those who give evidence, by examination, that they possess the general education implied by a degree in arts or in science from an approved college or scientific school, and the knowledge of French, German, physics, chemistry, and biology already indicated.

These extracts give an idea of the preliminary training required for admission. They are above the standard of any other medical school in this country, and in the world. They indicate the triumph of a principle for which the medical profession has been fighting, and must stimulate other institutions to like efforts in the same direction.

Within two or three years, the Legislatures of New York have established a standard for admission to the medical colleges in this State which amounts to a mere elementary education. The State Board of Medical Examiners also has been established, which furnishes an additional safeguard to the profession. We advocate, in view of the movements already indicated in other States, that this should be raised to the standard of graduation from the High Schools, with sufficient knowledge of Latin and Greek to enable the student to understand the nomenclature of medical terms.

Our State societies should inaugurate a movement in this direction at once. We think the medical schools would cheerfully endorse the principle. The trend of thought in the profession is in that direction, and the movement will go on until the Empire State acquiesces and adopts an advanced standard fully equal to that of the most enlightened States.

THE NEED FOR GREATER UNIFORMITY IN THE DIVISION OF THE ABDOMINAL REGIONS.

IT IS AS TRUE OF SCIENCES AS OF HABITS, that if we begin with a foundation in which everything about it is not exact and mathematically accurate, so to say, the superstructure will reveal similar defects. This is strikingly so in the science of anatomy, in which the size, position, etc., of the various organs and portions of the organism vary in each individual case, and, therefore, do not admit of being described with mathematical precision. Our estimates are only approximate. The result has been that in their descriptions of regions or organs authors show a laxity, begotten, it is true, by the nature of the subject, but in which they have gone much farther in the approximative than seems justifiable. This is the more easy in a field of science such as anatomy, where originality is not easily shown, and the desire to make one's name live by putting this line in one place and that in another (in the majority of instances but a few millimeters from the place of someone else), is readily yielded to. Unless by so doing one simplifies matters and seeks to bring about such a condition as shall lead to uniformity, it is better to desist. These remarks have been suggested by the lack of uniformity shown by various authors in marking out the regions of the abdomen. There are over one dozen methods of placing lines upon the surface of the abdomen, thus dividing it into regions, so that an organ situated in one region, according to one author, is found either not at all, or only in part in the same region according to a second. Confusion is the natural result, and a science which should supply the necessary to the daily needs of the practitioner does not do so at all.

In a communication to the Anatomical Society of Great Britain, in May last, Professor Anderson made a strong plea for a greater uniformity and simplification in setting the limits of the abdominal regions, and suggested a plan which, to our mind, is a great improvement upon anything heretofore advanced. His plan

is briefly as follows: Draw a line from the symphysis pubis to the ensiform appendix, and draw another at right angles to this at the level of the umbilicus. This marks off the abdomen into four regions whose boundaries are fairly constant. They can be designated as upper and lower, right and left quadrants. Such regions can be demonstrated upon the dorsum with equal ease, as there the vertebral column corresponds to the vertical line anteriorly, and a line drawn between the third and fourth lumbar vertebræ, if prolonged, would join the anterior horizontal line. When the term "line" is used, it must be remembered that we are really speaking of planes of which these "lines" are but the outer borders. These regions, therefore, are so many compartments (pigeon-holes, if you will), in which the various abdominal organs are stored. Professor Anderson would reduce these from nine to four, in which the organs found would be as constant as it is possible to have them. We hope that the Association of American Anatomists may take this subject into consideration at their next meeting, and adopt this or some equally simple and excellent plan.

TOPICS OF THE MONTH.

MR. ERNEST HART, the distinguished editor of the *British Medical Journal*, paid a visit to this country in the early Summer, and attended the annual meeting of the American Medical Association, at Milwaukee, in June. During the course of a very able address which Mr. Hart delivered at the Medical Editors' meeting on Monday evening, June 5, 1893, he took occasion to refer to consultations with homeopaths. Whatever may have been the practice in England with regard to this subject, and upon which Mr. Hart animadverted, there has never been in this country any considerable danger of such an admixture of methods that are as diametrically opposed as the poles.

Somebody must have given Mr. Hart an erroneous view of the ethical conditions surrounding the American medical profession. We infer that he has been "coached" with reference to the attitude of the American Medical Association towards the Medical Society of the State of New York.

Whoever has gratuitously falsified the real situation, will probably felicitate himself over his cunning. His triumph, however, will only be of a temporary nature. "*Mene, mene, teket*

upharsin” was never more plainly written than the handwriting on the wall with reference to the so-called ethics, of which it seems that the loudest and most ardent champions are the earliest to violate either in letter or in spirit.

Dr. Love, the distinguished second vice-president of the American Medical Association, has definitely and intelligently set forth the proper attitude of the profession to ethics, in his address, published in the July number of the *JOURNAL*, and which we need not further dilate upon at present. Let all interested read Dr. Love's address.

THE Pan-American Medical Congress, which has excited such universal interest in medical circles for the past two years, is nearly at hand. It will be held at Washington, Tuesday, Wednesday, Thursday, and Friday, September 5, 6, 7, and 8, 1893. Let us again urge all progressive physicians to attend this remarkable meeting, and to take part in its deliberations.

Rarely has it been the province of the profession to consider in Medical Congress assembled more important issues than will be discussed at this meeting. International quarantine, marine sanitation, and medical pedagogics, together with all other scientific medical questions, will be broadly discussed.

We publish in this issue of the *JOURNAL* the program, in part, of the Section on Gynecology and Abdominal Surgery. A number of papers have been announced since this program was put in type, and it is safe to say that the work to be done by this Section will take high rank in the literature of the departments of medicine which is its province to consider.

THE Post-office building in Buffalo is a fair target for the Health Commissioner in his endeavor to improve the sanitary condition of this city. Let him visit the basement and there make note of the environment of the faithful officials who conduct the most important branch of the postal service. If foul air, superheated by gas, can ever breed disease, it would seem that here is a favorable opportunity.

The New York Board of Health has made an inspection of the post-office building in that city, where there are 259 persons employed in the newspaper department in the cellar of the building, of whom there are on an average of ten on the sick list daily.

While these buildings are under the control of the general

government, it is yet within the province of the local boards of health to make recommendations looking towards the improvement of the present unsanitary conditions. Let such a report be made with reference to the Post-office building in Buffalo, and forward it to Postmaster Gentsch. A copy of such report would, no doubt, be forwarded by him to the Washington authorities, and this would, probably, hasten action with reference to the erection of a post-office building more than any other argument.

THE eleventh International Medical Congress, that was to have convened in Rome in the latter part of September, has been postponed until April of next year, on account of the prevalence of cholera in Italy. This, it seems to us, is a wise solution of the problem. No doubt there will be much disappointment, in view of the fact that many of the members of the Pan-American Medical Congress, which will meet in Washington, September 5th, had arranged for an excursion to Rome by the Werra, to sail from New York on September 9th; but this is of too small a moment as compared with the danger that might grow out of the assembling of the Congress during such an epidemic.

Personal.

DR. NELSON G. RICHMOND, of Fredonia, was elected president of the medical society of the county of Chautauqua at its annual meeting, held at the Chautauqua House, Mayville, N. Y., on Wednesday, July 12, 1893. This is a fitting recognition of the talent and executive ability of one of the most prominent members of the society.

Dr. Richmond and Dr. H. J. Dean, of Brocton, were chosen delegates from the medical society of the county of Chautauqua to the medical society of the State of New York for three years.

Academy of Medicine Notes.

THE programme of the Section on Medicine, it is stated, will surpass anything that has as yet been attempted in Buffalo medical circles. A hearty coöperation with the officers is all that is necessary to insure success.

THE next regular meeting of the Academy will be held Tuesday, September 12, 1893, under the auspices of the Section on Medicine.

THE annual dues, amounting to \$5, are payable in September.

THE second year of the Academy should certainly eclipse the first year's record. There is no reason why the Academy should not have a membership of 200 at the close of the year.

THE Academy rooms have had a forlorn and deserted appearance during the Summer months. It is expected that this appearance will improve greatly after the sections are in working order.

THE Section on Surgery will hold its first Fall meeting Tuesday, September 5th. The programme arranged for the evening consists of a paper on Minor Surgical Operations, by Eugene A. Smith, M. D., and a paper on The Preparation of Suture Material and Dressings, by F. J. Thornbury, M. D.

College Notes.

THE Medical Department of Niagara University opens its doors Monday, September 25, 1893.

THE Medical Department of the University of Buffalo commences its forty-eighth regular session on Monday, September 25, 1893.

THE following changes have been made in the faculty of the Medical Department, University of Buffalo: Dr. S. Y. Howell has resigned, and Dr. W. H. Bergtold has been appointed Professor of Pathology; Dr. J. B. Andrews has been made Emeritus Professor of Insanity; Dr. A. W. Hurd has been appointed Lecturer on Insanity.

THE annual announcements of the Buffalo medical schools are more tastefully and elaborately gotten up than any that have been received in many years. They contain a lot of information, are handsomely illustrated, and reflect credit on their respective schools. Readers of the JOURNAL desiring copies can obtain them by addressing Dr. A. A. Hubbell or Dr. John Parmenter.

Society Meetings.

PROGRAMME OF THE SECTION ON GYNECOLOGY AND ABDOMINAL SURGERY, PAN-AMERICAN MEDICAL CONGRESS.

To BE held at the Law Department of the National University, Thirteenth street, between H and I streets, N. W., Washington, D. C., September 5, 6, 7, and 8, 1893.

EXECUTIVE OFFICERS.

Dr. W. W. Potter, Buffalo, N. Y., Executive President; Dr. Brooks H. Wells, New York, Dr. Ernest W. Cushing, Boston, Secretaries.

OPENING SESSION, SEPTEMBER 5TH, 3 P. M.

Address of welcome, by the Executive President; The Value of Certain Methods of Surgical Treatment for Chronic Procidentia of the Uterus, Aug. P. Clarke, Cambridge, Mass.; The Coördination of the Muscles Closing the Urethra, Vagina, and Rectum, and its Application to the Precise Diagnosis and Surgical Treatment of Injuries of the Pelvic Floor, A. W. Abbott, Minneapolis, Minn.; The Intra-uterine Tampon, Andrew F. Currier, New York; Gynecological Treatment in Sterile Women, De Saussure Ford, Augusta, Ga.; Shortening of the Round Ligaments in Retro-position of the Uterus, T. Johnson Alloway, Montreal, Can.; The Relation of Urinary Conditions to Gynecological Surgery, Chas. P. Noble, Philadelphia, Pa.; Ectopic Pregnancy, Joseph Hoffmann, Philadelphia, Pa.; Two Cases of Ectopic Gestation with Unusual Complications—Laparotomy—Recovery—T. H. Hawkins, Denver, Col.; The Treatment of Extra-uterine Pregnancy after the Viability of the Child, with Report of Two Cases, Joseph Taber Johnson, Washington, D. C.; Observacions sobre un Caso de Preñez Extrauterina (Tubaría derecha) Operado en el Hospital de San Salvador por el Dr. José Antonio Delgado, J. Antonio Delgado, Guatemala City, Guatemala.

MORNING SESSION, SEPTEMBER 6TH.

The Technique of Celio-Panhysterectomy, George M. Edebohls, New York; Hysterectomy, Indications and Technique, J. M. Baldy, Philadelphia, Pa.; Notes pour l'Histoire des Fibromyomes Uterins, Nicholas San Juan, City of Mexico, Mexico; Vaginal Hysterectomy, E. E. Montgomery, Philadelphia, Pa.;

Total Extirpation of the Fibroid Uterus, Florian Krug, New York; A Plea for the Value of Early Diagnosis and Prompt Electrical Treatment of Fibroid Tumors of the Uterus, G. Betton Massey, Philadelphia, Pa.; The Results of Vaginal Hysterectomy, Andrew J. McCosh, New York; Cavernous Angioma of the Uterus Removed by Vaginal Hysterectomy (with Specimen), H. S. Boldt, New York.

AFTERNOON SESSION, SEPTEMBER 6TH.

The Treatment of Suppurative Disease of the Pelvic Organs, H. J. Boldt, New York; Drainage of Ovarian Cysts where the Adhesions are such that it is Impossible to Remove the Sac, A. Vanderveer, Albany, N. Y.; Post-operative Sequelæ of Pelvic and Abdominal Surgery, Joseph Price, Philadelphia, Pa.; After-treatment of Abdominal Section, L. S. McMurtry, Louisville, Ky.; The After-treatment of Coeliotomy Cases, with Special Reference to Shock and Sepsis, Eugene Boise, Grand Rapids, Mich.; Estudio Clinico sobre las Heridas Penetrantes del Abdomen i Pecho, Juan Manuel Escalana, Caracas, Venezuela; The Omentum and the Rôle it Plays in Operative Work upon the Abdomen, James F. W. Ross, Toronto, Can.; The Present Status of our Knowledge of the Pathology of Pelvic Inflammations, with Special Reference to the Treatment of Pelvic Abscess, R. B. Maury, Memphis, Tenn.

MORNING SESSION, SEPTEMBER 7TH.

An Inquiry into the Etiology of Mental Disturbances Following Operations upon the Pelvic Organs, George H. Rohé, Catonsville, Md.; What I Have Learned in the Surgery of the Gall-bladder, Joseph Eastman, Indianapolis, Ind.; Surgical Treatment of Peritonitis, M. B. Ward, Topeka, Kan.; A Study Based upon 100 Consecutive Cases of Removal of Diseased Uterine Appendages with two Deaths, R. Stansbury Sutton, Allegheny, Pa.; Report of 100 Operations Done for Serious Structural Disease of Abdominal and Pelvic Organs of Women, I. S. Stone, Washington, D. C.; Deductions from My First 110 Laparatomies for Appendicitis, with Report of Experimental Investigations, J. B. Murphy, Chicago, Ill.; Cura Radical de las Hernias, Luis C. Maglioni, Buenos Ayres; Last Resort in the Operative Treatment of Hernia, Robert T. Morris, New York.

AFTERNOON SESSION, SEPTEMBER 7TH.

Joint discussion by the Sections on Therapeutics, Surgery, and Gynecology on The Indications Governing the Employment of

the Various Anesthetics. Co-referees for Section on Gynecology and Abdominal Surgery, G. M. Edebohls, New York, and E. E. Montgomery, Philadelphia.

MORNING SESSION, SEPTEMBER 8TH.

Apuntamientos para el Estudio Comparativo de la Pelvis Mexicana y Europea y Consecuencias Practicas á que dá Lugar la Especial Conformacion de la Primera, Manuel Gutierrez y Tomas Noriega, City of Mexico ; The Dorsal Decubitus after Confinement and Miscarriages is the Most Frequent Cause of Retrodeviation with Fixation, A. Laphorn Smith, Montreal, Can. ; Ought Craniotomy to be Abolished ? Wm. H. Myers, Fort Wayne, Ind. ; Does the Catamenia Invariably Appear Earlier in Hot than in Cold Climates ? J. H. O'Donnell, Winnipeg, Manitoba, Can. ; When Operation is Refused, What Then ? George R. Deane, Spartansburg, S. C.

Papers have also been promised by Edw. W. Jenks, Detroit, Mich. ; W. E. B. Davis, Birmingham, Ala. ; H. A. Kelly, Baltimore, Md., and others.

SECTION ON PATHOLOGY.

John Guiteras, M. D., Executive President, Philadelphia, Pa. ; David Inglis, M. D., English-speaking Secretary, Detroit, Mich. ; L. F. Criado, M. D., Spanish-speaking Secretary, Brooklyn.

Special attention of the profession is called to the practical demonstrations in pathology, photo-microscopy, and bacteriology.

One session devoted to a formal discussion on the subject of Cancer, to be opened by Dr. Wernicke, of Buenos Ayres, and, as co-referee, Prof. Allen J. Smith, of Galveston. Papers on this subject have been promised by Dr. Joshua M. Van Cott, Honorary President of the Section, and Dr. Joseph McFarland, of the Advisory Council.

Another session will be devoted to Yellow Fever, the discussion to be opened by Drs. Acosta and Grande, of Havana, Cuba, and, as co-referee, Dr. A. J. Amades, of Puerto Rico, Honorary President.

One day, two sessions, will be devoted to Practical Demonstrations, as follows: Dr. James E. Reeves, of Chattanooga, of the Advisory Council, Practical Demonstration of the Methods in Pathological Histology ; Dr. Wm. M. Gray, of the Army Medical Museum, Practical Demonstration of the Methods in Photography Applied to Pathology ; Dr. J. J. Kinyoun, P. A. Surg. U. S.

Marine Hospital Service, Practical Demonstration of Methods in Bacteriology.

Papers have been promised as follows: Notes on Three Years' Work in the Pathological Laboratory of the Charity Hospital of New Orleans, by Dr. Henry Dickson Burns, of New Orleans; Medical Geography of Puerto Rico, by Dr. A. J. Amades, of Puerto Rico; Theories of Inflammation, by Dr. Jose Torres Matos, of Havana; On Inflammation, by Dr. E. O. Shakespeare, of Philadelphia; On Cholera, by Dr. Herman M. Biggs, of New York; L'état de Hyperexcitabilité du Nerf Phrenique, dans le Beribiri, by Dr. J. B. de Lacerda, of Rio de Janeiro; Paludismo, by Dr. A. J. Amades, of Puerto Rico; Bacteriological Observations on the Waters of the Harbor of Havana, by Drs. Acosta and Grande; Observations on Malaria, by Drs. Coronado and Madau; Operations of the Anti-rabic Laboratory in Havana, by Dr. Acosta; Abscess of the Liver, by Dr. James E. Reeves, of Chattanooga; On Influenza, by Dr. Ramon Guiteras, of New York; Observations on the Brains of Feeble-minded Children, by Dr. Henry W. Cattell; Pathology of Pelvic Inflammatory Trouble, by Dr. Joseph Price, Philadelphia.

Papers have been promised, without giving the subject, by Prof. Wm. H. Welch, of Baltimore; by Dr. W. J. Councilman, of Boston; and by Dr. G. F. H. Nuttall, of Baltimore, and Drs. Wm. Hughes and W. J. Carter, of Philadelphia.

AMERICAN DERMATOLOGICAL ASSOCIATION.—Program of the seventeenth annual meeting, to be held at the Hotel Pfister, Milwaukee, Wis., September 5, 6, and 7, 1893:

Officers for 1893.—President, George Henry Fox, M. D., of New York; Vice-President, Henry W. Stelwagon, M. D., of Philadelphia; Secretary and Treasurer, George T. Jackson, M. D., of New York; Council: E. B. Bronson, M. D., G. T. Jackson, M. D., G. H. Fox, M. D., H. W. Stelwagon, M. D., J. C. White, M. D.

First Day, Tuesday, September 5, 1893.—Business meeting (with closed doors) at 9.30 A. M.; Report of the Council; Nomination of Officers for the ensuing year; Appointment of Auditing Committee; Proposals for Active and Honorary Membership; Miscellaneous Business.

Morning session, at 10.30 o'clock. President's address. Papers: Antiseptic Treatment of Skin Diseases, by Dr. C. W. Cutler; The Principles of Antisepsis in the Treatment of Eczema, by Dr. H.

G. Klotz; Cosmetics, by Dr. R. B. Morison. Adjournment at 1 P. M.

Evening session, at 8 o'clock. A Case of Tuberculosis of the Skin Simulating Lupus Erythematosus, by Dr. W. A. Hardaway; A Case of Rhinoscleroma, by Dr. G. T. Jackson; Atrophia Maculosa Cutis, with a Case, by Dr. W. T. Corlett.

Second Day, Wednesday, September 6, 1893.—Business meeting (with closed doors) at 9.30 A. M. Reports of Treasurer and Auditing Committee; Election of Officers; Report of the Council upon Candidates for Membership; Election of Active and Honorary Members; Selection of time and place of next meeting; Miscellaneous Business.

Morning session, at 10.30 o'clock. Report of Committee on Statistics; General Discussion on Pityriasis Rosea: (a) Its Etiology, (b) Its Relation to Ringworm, Seborrhea, Eczema, etc., (c) Its Treatment; Dermatitis Exfoliativa: (a) Its Clinical Forms, (b) Its Etiology, (c) Its Treatment; What do we Understand by Pemphigus? Adjournment at 1 P. M.

Evening session at 8 o'clock. A Contribution to the Pathology of Acne Varioliformis, by Dr. J. A. Fordyce; Angiokeratoma, by Dr. J. Zeisler; Subject to be announced, by Dr. M. B. Hartzell.

Dr. H. R. Crocker, of London, will read a paper on Lupus Erythematosus as an Imitator.

Retirement of old officers and induction of those newly elected. Adjournment.

It is earnestly requested that a duplicate copy of every paper read at the meeting be handed to the Secretary for publication in the transactions.

THE AMERICAN SOCIAL SCIENCE ASSOCIATION.—The Education Department of the American Social Science Association offers an unusually attractive program for its day at Saratoga, September 5, 1893. Mr. Hamilton W. Mabie, the well-known literateur and editor of the *Outlook*, will make the opening address. This will be followed by a paper on The Seamy Side of the Kindergarten, by Edward Fisher, of Berkshire, Mass. American Colleges and their Work, is Dr. G. Stanley Hall's subject. Dr. Louise Fiske Bryson will read a paper on The Education of Epileptics, and the Hon. Oscar Strauss will speak on Turkey and Civilization. In the Health Department, September 6th, Dr. Frederick Peterson will give an address on Recent Progress in Medicine and Surgery.

PAN-AMERICAN MEDICAL CONGRESS.—The headquarters of the Section on Hygiene, Climatology, and Demography, with which the Section on Marine, Hygiene, and Quarantine has been consolidated, and of the Section on Military Medicine and Surgery, will be at the Hotel Richmond, corner of Seventeenth and H streets, N. W., Washington, the proprietor of which, Major F. W. Coleman, offers reduced rates to members and their families attending the Pan-American Medical Congress, September 5–8, 1893.

Book Reviews.

THE STRUCTURES IN THE MESOSALPINX : Their Normal and Pathological Anatomy. By J. W. BALLANTYNE, M. D., F. R. C. P. E., F. R. S. E., Lecturer on Midwifery and Diseases of Women. School of Medicine, Edinburgh ; Secretary to the Edinburgh Obstetrical Society ; and formerly Senior Assistant to the Professor of Midwifery and Diseases of Women and Children in the University of Edinburgh ; and J. D. WILLIAMS, M. D., B. Sc., Freeland Barbour Fellow (Univ. Edin., 1888-90). Edinburgh : Oliver & Boyd, Tweeddale Court. 1893.

This is a capital little brochure upon the normal and pathological anatomy of the Fallopian tubes, and the organ of Rosenmüller. The authors preface the descriptions proper with a few remarks upon the mesosalpinx. This is a double fold of peritoneum, bounded above by the Fallopian tube, internally by the lateral wall of the uterus, externally by the tubo-ovarian fimbria, and the ligamentum infundibulo-ovaricum of Henle, and inferiorly by the ovary and the utero-ovarian ligament. Irregularly triangular in form, its base is directed toward the side wall of the pelvis, its apex toward the uterus. Its average breadth at its widest part (junction of outer and middle third) is four centimeters; its average length is eight centimeters. It is not identical with the broad ligament, but is the superior or middle fold of the three making up the broad ligament. Its synonyms are *ala nesperilionis* (of the older anatomists), and mesentery of the Fallopian tube (modern). The structures within the mesosalpinx are the Fallopian tube, the relics of the mesonephros (organ of Rosenmüller), scattered smooth muscular fibers, and blood-vessels, lymphatics, and nerves.

The authors base their deductions upon the results of examination of 110 pairs of broad ligament taken from females of varying

ages (fetal life to seventy-six years of age). The specimens were first examined by the naked eye by transmitted light; they were then placed in a weak solution of acetic acid, and, after three or four hours, examined again in the same way; then the posterior layer of the ligament was carefully dissected off under water and the structures accurately followed out. Finally, the specimen was placed in a preservative fluid for future microscopical examination. The Fallopian tubes are first considered. The histology is carefully given, and the interdependence of normal and pathological anatomy emphasized. Equally clear and instructive are the pages dealing with hypertrophy of the Fallopian tubes, hydro-, hemato-, and pyosalpinx, certain malformations and displacements of the tubes, tubercular disease, and cancerous affection of the tubes.

In the same intelligent way the macro- and microscopic character of the organ of Rosenmüller, the homologues of the mesonephoric relics are discussed. Among the pathological conditions of this organ here described are cysts, cancer, varicosity of the veins, and phleboliths. A few remarks upon backward displacement and cellulitic thickening of the mesosalpinx form the conclusion of this valuable pamphlet. The reader will find in it much that does not appear in ordinary text-books of anatomy of even recent date. It is excellently printed, and deserves a wide circulation.

J. P.

THE STUDENTS' QUIZ SERIES. Genito-Urinary and Venereal Diseases. A Manual for Students and Practitioners. By CHAS. H. CHETWOOD, M. D., Visiting Surgeon, Demilt Dispensary, Department of Surgery and Genito-Urinary Diseases, New York. Series edited by Bern. B. Gallaudet, M. D., Demonstrator of Anatomy, College of Physicians and Surgeons, New York; Visiting Surgeon, Bellevue Hospital, New York. Philadelphia: Lea Brothers & Co.

This work is one of the best of the Quiz compends, and aims to present the various subjects by questions which would be suggested to the student and practitioner, and to form the answers in a conversational and descriptive manner, avoiding terse summaries. The author draws from a large clinical experience in this department of medicine, and also from the standard authorities. He has succeeded in condensing, in a small compass, a mass of valuable data, which will aid the overworked student and also the busy practitioner. We regard such works as absolutely necessary, and conclude that this effort of the author is a very successful one.

THE STUDENTS' QUIZ SERIES. GYNECOLOGY. A Manual for Students and Practitioners. By G. W. BRATENAHL, M. D., Assistant in Gynecology, Vanderbilt Clinic, New York, and SINCLAIR TOUSEY, M. D., Assistant Surgeon, Out-Patient Department, Roosevelt Hospital, New York. Series edited by Bern. B. Gallaudet, M. D., Demonstrator Anatomy, College Physicians and Surgeons, etc. Philadelphia : Lea Brothers & Co.

The subjects treated in this compend are of great interest to the profession, and are here presented in a concise manner, the salient points alone being touched upon by the authors. The larger works on these subjects are in the library of every intelligent physician, and are often too exhaustive to meet the exigencies in his daily experience. It is objected that such works lead to a very superficial knowledge of the subjects, and, in a measure, this objection is well founded. But we think there is a field of usefulness filled by such compends, and, in this view of the case, conclude that the authors have done good service in presenting in a direct manner the main points of many interesting features of the department of medicine, to which the work is devoted.

THE STUDENTS' QUIZ SERIES. Diseases of the Eye, Ear, Throat, and Nose. A Manual for Students and Practitioners. By FRANK E. MILLER, M. D., Attending Physician, St. Joseph's Hospital ; Throat Surgeon, Vanderbilt Clinic, New York. James P. McEvoy, M. D., Throat Surgeon, Bellevue Hospital, Out-patient Department, New York ; and John E. Weeks, M. D., Surgeon New York Eye and Ear Infirmary ; Lecturer on Ophthalmology and Otology, Bellevue Hospital Medical College, New York. Lea Brothers & Co.

A very useful compend, which contains much condensed information, useful both to the practitioner and the student. It would ordinarily be of more use to the practitioner than the student on account of the large amount of ground it covers. The anatomical and histological descriptions are good and complete. The definitions are clear and concise, and the treatment is very fully described. Taken as a whole, if it were not for the interpolations of the questions, it would answer very well for a text-book.

BOOKS RECEIVED.

Report of the Commissioner of Education for the year 1889-1890. Volumes I. and II., containing Parts I., II., and III. Washington, D. C.: Government Printing Office. 1893.

Operation Blanks. Second edition. Prepared by W. W. Keen, M. D., Professor of the Principles of Surgery in the Jefferson Medical College, Philadelphia.

Transactions of the Medical Society of the State of New York for the year 1893. Published by the Society. 1893.

Weekly Abstract of Sanitary Reports. Issued by the Supervising Surgeon General, M. H. S., under the National Quarantine Act of April 29, 1878. Volume VII., Nos. 1 to 53. Washington: Government Printing Office. 1893.

Reactions. A Selection of Organic Chemical Preparations Important to Pharmacy in Regard to their Behavior to Commonly Used Reagents. By F. A. Fluckiger, Ph., M. D. Translated, revised, and enlarged by J. B. Nagelvoort, Analytical Chemist of the Parm. Chem. Laboratory of Parke, Davis & Co. Authorized English edition. Detroit, Mich.: George S. Davis. 1893.

Mineral Springs and Health Resorts of California, with a complete Chemical Analysis of every Important Mineral Water in the World. Illustrated. A Prize Essay. Annual Prize of the Medical Society of the State of California, awarded April 20, 1889. By Winslow Anderson, M. D., M. R. C. P., Lond., M. R. C. S., Eng., etc.; Joint Editor and Publisher of the *Pacific Medical Journal*, etc., etc. San Francisco: The Bancroft Co. 1892.

Bureau of Education Circular of Information No. 4. 1893. Abnormal Man. Being Essays on Education and Crime, and Related Subjects, with Digests of Literature and a Bibliography. By Arthur MacDonald, Specialist in the Bureau of Education. Washington: Government Printing Office. 1893.

Miscellany.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.—The William F. Jenks memorial prize. The third triennial prize of \$500, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on Infant Mortality During Labor, and Its Prevention.

The conditions annexed by the founder of this 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 a foreign language, accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pa., U. S. A., before January 1, 1895, addressed to Horace Y. Evans, M. D., Chairman of the William F. Jenks Prize Committee.

Each essay must be typewritten, 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 not to make an award if no essay submitted is considered worthy of the prize.

JAMES V. INGHAM,
Secretary of the Trustees.

THE PAN-AMERICAN MEDICAL CONGRESS—SECTION ON DISEASES OF CHILDREN.—The organization of this section is complete, and the work of arranging a program is well advanced. Numerous valuable papers have been promised, and the success of the meetings is assured. Physicians interested in diseases of children are cordially invited to attend these meetings, which give promise of great interest both to the specialist and general practitioner. Any American physician desiring to read a paper will please communicate at once with the Secretary, who will be pleased to furnish all needed information.

Executive President—Dr. John M. Keating, Colorado Springs, Colorado.

Secretaries—Dr. F. M. Crandall (English-speaking), No. 113 W. Ninety-fifth street, New York, N. Y.; Dr. Damaso Lainé (Spanish-speaking), Media, Pa.

Honorary Presidents—Dr. S. S. Adams, Washington; Dr. A. D. Blackader, Montreal, Canada; Dr. Samuel C. Busey, Washington; Dr. Charles Warrington Earle, Chicago; Dr. F. Forchheimer, Cincinnati; Dr. L. Emmet Holt, New York; Dr. A. V. Meigs, Philadelphia; Dr. W. P. Northrup, New York; Dr. J. O'Dwyer, New York; Dr. C. I. Putnam, Boston; Dr. T. M. Rotch, Boston; Dr. J. Lewis Smith, New York; Dr. Louis Starr, Philadelphia; Dr. J. E. Winters, New York; Dr. Jesus Valenzuela, City of Mexico, Mexico; Dr. I. N. Love, St. Louis, Mo.

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PAN-AMERICAN MEDICAL CONGRESS.

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SUB-COMMITTEES.

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Entertainments.—Dr. G. Wythe Cook, Chairman ; Drs. G. N. Acker and Thos. E. McArdle.

Registration.—Dr. Carl H. A. Kleinschmidt, Chairman ; Drs. John S. McLain and Johnson Eliot.

Railroads.—Dr. H. L. E. Johnson, Chairman ; Drs. E. L. Tompkins and J. Foster Scott.

Printing.—Dr. Llewellyn Eliot, Chairman ; Drs. Thomas N. Vincent and F. B. Bishop.

Halls and Exhibits.—Dr. H. H. Barker, Chairman ; Drs. J. T. Winter and C. M. Buchanan.

Ways and Means.—Dr. C. W. Richardson, Chairman ; Drs. John Van Rensselaer, Wm. Dillenback, Henry B. Deale and Wm. Compton.

Information.—Dr. W. Sinclair Bowen, Chairman ; Drs. E. Oliver Belt and F. S. Nash.

Hotels.—Dr. Geo. S. Ober, Chairman ; Drs. Wm. E. Handy and D. O. Leech.

Buffalo Medical ^{and} Surgical Journal

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No. 3.

Original Address.

SCHOOL-LIFE AND PHYSICAL DEVELOPMENT.¹

By LOUIS A. WEIGEL, M. D., Rochester, N. Y.

President of the Medical Association of Central New York.

It is quite the proper thing at the present day to indulge in physical culture. The merchant, the professional man, the clerk and the artisan feels it his duty to atone for sins against his personality by exercise.

Well-equipped gymnasia and facilities for athletic sports of various kinds are at his command, which enable him to indulge in physical culture according to his taste and fancy. Learned dissertations upon the necessity of exercise to overcome the direful effects of our enervating mode of life exist in profusion; and in perusing them one is led to believe that in exercise alone is to be found the universal remedy for the violations of the laws of Nature. We have no desire to underestimate the good that may be accomplished by properly regulated exercise; at the same time, it may not be out of place to give a little consideration to natural physical development in contradistinction to the artificial.

It goes without saying that the early years of life are preëminently the ones in which the body may and should be developed in a natural way. It is also the period during which proper physical development is most easily interfered with. During the very early periods of life, it may be assumed that Nature is usually allowed to have her sway, and is unhampered in her efforts to gradually bring about a nicely adjusted coördination of the functions of the body. But as the child of Nature advances in years, the time for artificial education arrives, which means that it must be subjected to conditions entirely at variance with its former habits of life, and

1. President's address delivered before the 26th annual meeting of the Medical Association of Central New York, held at Rochester, N. Y., June 16th.

which may or may not exert a deleterious influence upon its physical development, according to circumstances.

In taking up the question of school-life and its effect upon physical development, we are confronted with a difficult task, for it is not an easy matter to determine to what extent premature or close mental application is responsible for defective bodily vigor. Investigations instituted with this object in view, must of necessity be general in character, and cannot take into account the individual, however desirable this might be. Our schools are made up of children in all stations of life, and thus represent the average of a given community. It is by a study of this average that we are enabled to arrive at some conclusion with reference to the perfection or imperfection of a system of education, in so far as it affects the health of children.

It is said that "our modern system of education imposes too great demands upon the young organism in the critical period of its growth; that it seeks too one-sidedly to stimulate mental growth, and that the physical development is thereby so neglected that great dangers arise to the body, as well as to the closely related mental health." Let us briefly examine these charges against our school system.

It is obvious that statistics with reference to the health and physical development of school children, to be of any value, must include a large number. Investigations of this character have been made in several foreign countries and the results published. Thus, in 1881, a fundamental research was instituted in Copenhagen, and its result was so significant that a special hygienic commission was appointed to examine the conditions of health in all the schools of the country. This commission has examined nearly 15,000 boys from the middle or preparatory schools, and 3,000 girls in private schools, in reference to their health, and has measured and weighed them. The results of these researches show that boys pass through three different periods of growth: First, a moderate increase in their seventh and eighth years; second, a weaker growth from the ninth to the thirteenth years, and a much more rapid increase in height and weight from their fourteenth to sixteenth years, or during the period of puberty. The growth continues after the last period, but more slowly.

The development of girls, also, presents distinct periods, but the changes occur a few years younger than in boys. Comparing the subject by stations in life, it was found that the more rapid

growth begins a year earlier in the children of well-to-do classes than in those of the poorer classes. Scanty and hard conditions of life are restrictive and hindering to the growth of children. The growth of the poorer children previous to puberty is prolonged at the cost of the latter. It is as if something hindered these children from entering their period of more rapid development in the same year of life as the children living in better circumstances. The development of puberty is delayed in them, but as soon as it is begun it goes on with increased rapidity, and in spite of the delay, is completed in the same year as it is in better situated children.

It is an interesting question, and especially important in relation to education, whether the growth of children goes on evenly during the different seasons in summer and winter. Researches show that children exhibit a relatively light growth from the end of November to the end of March. This period, which includes all the winter months, is followed by a second, from the end of March until July or August, during which children grow rapidly in height, but their increase in weight is reduced to a minimum. After this follows a third period continuing to the end of November, in which the increase in height is very small, but the gain in weight very large; the daily accession of weight is often three times as great as during the winter months.

Investigations by this same commission among school boys as to the percentage of illness, demonstrated the fact that during the period of weak growth, which precedes the coming on of puberty, and during which pupils are passing through the preparatory or low classes of the schools, the power of resistance of the youthful organisms against external influence is diminished.

During the period of development of puberty, on the other hand, when the youthful life is approaching maturity with all its swelling force, the capacity for resistance rises from year to year, the liability to illness falls, reaching its minimum in the last year of that period. Immediately afterwards sets in another period of diminished capacity for resistance, which usually includes the last years of school-life; the very time when the greatest demands are made upon the pupil.

The percentage of illness among girls is even greater than among boys, as it was found that sixty-one per cent. of the whole, all belonging to the well-to-do classes, were ill or affected with serious chronic disorders. Such a condition of affairs, growing

worse in the years preceding puberty and during its beginning, while it is not materially improved in the last years of the period, certainly deserves careful attention.

Professor Key, of Stockholm, in commenting upon this, says : "The amount of work, sitting still, etc., exacted of the girl, is not consistent with her health during her growing time. Without going into particulars as to the influences injurious to the health of growing children, which proceed from their homes, or may be brought out in connection with the school and school-work, it is still manifest that the burden of work that children have to bear under the present school regulations far exceeds what is permissible, and is, to a large extent, responsible for the liability of school children to illness."

It may be objected that statistics regarding the condition of children in some foreign countries do not apply to American boys and girls ; that in this country the social surroundings and general mode of life are better. We are said to be better fed and better housed. Be this as it may, it cannot be denied that the nervous strain to which children are subjected in this country, both in and out of school, more than counterbalances our boasted advantages in other directions.

In this country no extensive researches have been made to show the relation of school-life to growth and health. Most of the investigations I am familiar with were made with the object of obtaining data for special purposes.

I should suggest that physicians, particularly in the larger communities, institute inquiries in a systematic and thorough manner, so that, eventually, we may be able to determine in what manner physical development and growth during the critical periods of childhood and youth are influenced by school-life. Similar researches in rural districts would be valuable for a comparative study of the influence of city and country life upon children during the years they attend school.

It would also be of interest to extend our inquiries to children in reformatories and other institutions, where the daily routine of life is, perhaps, painfully regular. In reformatories we would find a class of children who grow up under less restraint, and in whom the natural propensities and impulses have been to a larger extent unchecked. We would probably find that good physical development is the rule.

In collecting data, the special points to be considered are age,

sex, weight, rate of growth as between boys and girls of the same age, rate of growth at different periods of school-life, the percentage of illness, and its nature, whether functional or organic, etc., etc. By collecting observations bearing upon these points, we will eventually be able to pass judgment upon the merits and value of certain systems of education, and to determine to what extent the health of children is affected by them.

As Professor Key says : "It is incumbent on us to see with all possible care that the growth of youth during their years of puberty, which is so full of importance, is not disturbed or distorted by any influence adverse to Nature. But as instruction is now arranged, at school and at home, we should first of all direct attention to the phase of a child's age immediately preceding the period of puberty, when the growth is at its lowest, the child's capacity for resistance is weak, and his liability to illness increases from year to year. We must learn how to obviate this liability to illness, and it is for science to forge the weapons with which to do it."

It is not within the scope of this paper to dilate upon the various diseases and malformation for which the exactions of the school-room are responsible ; you are all familiar with them. It may not be out of place, however, to say a few words upon the subject of prophylaxis. As already stated, there exists a popular notion that physical exercise is a universal remedy, applicable to the child as well as to the adult. Our educators seem to realize that the health of children is affected by long-continued mental application, and attempt to provide relaxation by the introduction of physical exercise, in the shape of calisthenics, or some other gymnastics. But such exercises, as usually practised, fall far short of what is actually required, and may be mildly termed a farce. Is it not true that the very children who need physical exercise the most, take the least interest in what is intended for their physical betterment ? This is, perhaps, due to the fact that the methods adopted are not sufficiently recreative in character, or are too difficult of execution. As Lagrange well says : "It is obvious that difficult exercises cannot be recreative. This is still a great reproach to our gymnastics; when we undertake to apply it to children subjected to school-work, and who have so great need of amusement and distraction in the intervals between their studies. It is not a relaxation that the brain of a child can find in these methodical exercises, but, rather, one lesson more added to so

many others. Among the movements of our gymnastics, those which are not hard enough to discourage the child by long apprenticeship, are so destitute of interest that they repel by their monotony. Such, for example, are the 'floor' exercises. Forty children, ranged in three lines, wait, with erect body and fixed eye, the command of the master. Then, all together, at his order, turn the head first to the right, then to the left; they count aloud, one, two, three; and, while counting, extend their arms, bend them, raise them, drop them; then the legs have their turn, and, finally, the trunk and loins. All these motions are very hygienic, but where is there a place for transport and joy in that cold discipline, that fixes the features and effaces the smile, in those insipid gestures, of which the slightest distraction would destroy the grouping. Yet, to the pupil, pleasure is not only a moral satisfaction; it is a hygienic element, indispensable to his health. To impose on a child exercises in which he will find no pleasure, is more than a want of solicitude—it is an offense against hygiene." Furthermore, he says: "Our artificial methods of gymnastics are not favorable to the physical education of children, because they are athletic, and not hygienic, methods. They look especially for strong subjects to make champions of them, when a good hygiene should look for weak subjects to make strong ones of them." We must not forget that the weak form a large majority of the children of the present generation. Our children, so precocious now in their mental development, are far behind in their bodily growth. They need methods of education adapted to their weak physical aptitudes. This is the capital fault of artificial and difficult methods. They do not bring exercise within the reach of children. They are, properly speaking, methods of "selection." They subject children to a sort of trial, taking the strongest to make athletes of them, but leaving the weakest, or the great majority, delivered to all the physical and moral woes that are derived from want of exercise.

Artificial and difficult exercises are to natural exercises what, in mental education, the higher instruction is to primary and secondary instruction. Physical education has its "grades," as well as mental education, and we commit an error when we reverse them.

We do not, perhaps, sufficiently appreciate the true relation between the muscular and nervous systems. Long ago, Dubois-Reymond reminded us of the fact that all bodily exercises are

really exercises of the central nervous system, the brain and spinal cord. It is true, a certain amount of muscular power is necessary for exercise, but this is not all. A man may have the muscles of a Hercules, and still be unable to stand or walk, to say nothing of executing more complicated movements. For instance, simple intoxication is sufficient to deprive him of the power to coördinate his movements properly. Every action of our bodies, as a locomotive apparatus, depends more upon a correct coördination of the muscles than upon the strength of their contraction. The real mechanism must be located in the central nervous system; consequently, exercise of muscles is essentially an exercise of the nervous system. A harmonious development of these two systems is necessary, for, as Maudsley says: "He who is incapable of guiding his muscles is incapable of concentrating his mind."

Recognizing the applicability of artificial gymnastics, especially the machine variety, to children, it may be a question whether it is desirable or wise for our boards of education to add gymnasiums, with their elaborate appliances, as a part of a school outfit, or to engage teachers of gymnastics, who are an expensive and unnecessary luxury. It would be no great loss to dispense even with the æsthetic Delsarte system. We are already provided with a perfect gymnasium. We have plenty of lawns, shady streets, public parks, etc., where children may indulge in gymnastics best suited to them, that is, natural, unrestrained movement. You will, no doubt, agree with me that a half-hour's unrestrained exercise in the open air accomplishes more good than any amount of artificial work.

In all natural movements we use a large number of muscles at once, and we sometimes bring into action those which are very remote from the point where the work appears to be localized. Active games constantly tend to the division of the work among a large number of muscles. This is the consequence of the very character of natural exercise. Being copied from instinctive acts, of which they are simply the methodical regulation, they will present the same character of causing the human machine to execute much work without demanding much effort from it. The hygienic quality of exercise is not effort, but rather work. The more work we do, the more we stimulate the great vital functions, notably, respiration, and the circulation of the blood.

There is one more point to which I call your attention. In order to indulge in physical exercise, either in the shape of

gymnastics or games, a certain amount of muscular power is necessary. Now, occasionally we find a child so exhausted, both physically and mentally, that it is utterly impossible for it to make any muscular effort. Its nervous system has been subjected to such a degree of tension, that any form of exercise would simply throw an additional burden upon it, and add fuel to the fire. Such children are never at rest, not even during sleep; they toss about the whole night, and arise in the morning exhausted, instead of refreshed. They have indulged in involuntary muscular exercise at a time when Nature intended them to be at rest. In such cases, a mode of life which would place the child, to a certain extent, in a passive condition, would be far more beneficial than enforced activity.

Our American method of living is one of ceaseless activity, and the time may come when we will be forced to acquire the ability to rest, which we certainly do not have now.

In briefly presenting these points, I intended them to be suggestive in character. You all realize that the subject is a prolific one, and one upon which there is, perhaps, a great deal of misconception. By making investigations, as indicated, we may be better able to fit the demands of the child's organization to its strength and capacity of resistance during the different periods of his growth; better able, than we are now, to devise means to promote his health and physical development. One hundred years ago, the author of school hygiene introduced his warning against a too early and too sudden strain upon the physical powers of the mind and body, with these words: "Yet, spare their fibers, spare their minds' strength; waste not upon the child the vigor of the man that is to be."

43 MORTIMER STREET.

MIGRAINE.—Migraine may be relieved, Lucking says, with a pill, twice daily for some time, consisting of Indian hemp one-sixth grain, phosphate of zinc one-tenth grain, and arsenic one-thirtieth grain. The severity of the attack may be effectually diminished with liquor trinitrine, in minim doses, two or three times daily.—*N. Y. Med. Record.*

Original Communications.

INTUBATION.¹

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THE object of this paper is not to produce something new, but principally to call your attention to some important features of intubation, together with the experience of different operators.

I must necessarily confine my remarks to acute affections of the larynx in children requiring intubation, and will incidentally allude to its practicability in laryngeal stenosis of the adult.

I will not take up your valuable time with an historical sketch of intubation, since every practitioner is more or less familiar with it; it is sufficient to state that the O'Dwyer tubes are the only practicable ones for general use at present, giving by far the most satisfactory results, and bidding fair to hold first place indefinitely. In the following remarks, therefore, I will consider their use only.

The question, whether a child would not do as well if left alone, is pertinent and deserves some notice. I do not always consider the operation one of necessity as regards the saving of life, but principally to relieve obstructive breathing. No doubt, many children in whose larynx a tube had been inserted, would recover without it, but the agony caused by the want of air, before the child becomes delirious, must be fearful. I have been called upon to intubate when the previously attending physicians said "The patient may die or may recover. I have seen some do one and some the other;" but did not advise intubation to relieve the most urgent symptom, obstructive breathing. Since jotting down these notes, I have been talking with other medical men, and have learned that many consider relieving stenosis to be entirely a secondary matter and has no bearing whatever upon the final result. In my opinion this is a grave mistake. Any operator can trace recoveries directly to this mechanical intervention. Even though the child dies, the parents are very much relieved when they know the little patient has not suffocated. If you take into consideration the suffering a child endures, no rest, no sleep for

1. Read before the Roswell Park Medical Club.

two or three days, what a relief it was to find in every instance the little patient fast asleep before you have cleaned the instruments and left the house. I, therefore, maintain that in all cases of laryngeal stenosis, pseudo membrane or no pseudo membrane, if life is threatened, insert a tube, and if the child dies, it will certainly die happy. Then again, the tube serves another purpose. In diphtheria, for instance—for in that disease principally we are called upon to intubate—when the membrane does not extend to the bronchi, the pressure exerted upon the surface surrounding the tube causes maceration of the pseudo membrane and its consequent expulsion by coughing, thereby preventing its active absorption. The argument advanced by those not inclined to interfere, that dyspnea is often observed after as well as before operating because the membrane rapidly extends into the trachea and bronchi, holds good in a limited number of cases only. Dr. O'Dwyer has examined a large number of cases post-mortem, in which stenosis was marked, even though the tube was still in the larynx; he found great swelling of mucous and submucous tissue, the false membrane playing an unimportant part in the obstruction.

A peculiar relaxation of tissue occasionally occurs after a tube has been extracted. Breathing may go on easily for some minutes, when suddenly stenosis recurs, requiring the immediate replacement of the tube or death will speedily follow. In fact, the time may be so short that it is always necessary to have a second tube threaded; if this has been neglected, a thread may be wound around the upper end and immediately under the collar, and the tube rapidly introduced. The cause of this second obstruction occurring when the child has apparently recovered, and after three or four days the tube removed, cannot possibly be due to reformation of pseudo membrane, as that cannot develop so quickly, but seems to be caused by the relaxed tissue, and possibly the vocal cords having been pressed apart for several days, suddenly collapse, and thus shut off the air. I have had one death follow this accident. The child, four years old, had the tube removed the third and fifth days, each time replacement became necessary within an hour; the seventh day, while playing about the room, and eating bread, some crumbs probably having been drawn into the tube, it was coughed up, and as immediate assistance could not be had, the child died from suffocation.

We have a habit of counseling patients that in case the tube is coughed up, not to swallow it. This seems to be a needless

precaution, according to O'Dwyer, as it never happens, the tube always escaping by the mouth.

Nevertheless, a case is on record where the tube was swallowed.

Occasionally, sudden cessation of respiration occurs after the tube has been introduced, caused by false membrane occluding the opening. In that case a small catheter may be passed through the tube to push the membrane out of the way, and while doing this the child will probably die, it is far better to withdraw the tube immediately ; the irritation attendant upon the manipulation usually causes coughing, and false membrane is expelled often in sufficient quantity to relieve the stenosis.

All writers seem to agree upon the position in which the child should be placed while introducing a tube. I do not lay much stress upon this point. I have introduced a tube while the child was lying in bed just as easily as when held by an assistant. Of course, when the operation is done upon a child in bed, you may depend upon it that it is so far gone it cannot resist. The object of the upright position is only for the purpose of holding firmly the struggling child.

What is the result of intubation as compared to tracheotomy ? Waxam has gathered 1027 cases, of which only twenty-six per cent. recovered. Rauchfuss reported to the Deutscher Aerztlicher Verein in St. Petersburg thirty per cent. of recoveries in thirty-eight cases, but adds that in eight cases tracheotomy had to be resorted to. Prescott and Goldwaith report in *Boston Medical Journal* 392 cases of intubation with a mortality rate of seventy-nine per cent. and 139 cases of tracheotomy with a death-rate of 88 per cent. Altogether 2,815 cases of intubation and 23,941 cases of tracheotomy have been collected and analyzed, showing very little difference in the percentage of deaths in the two operations. Although the percentage of recoveries is small, it no doubt would be greater if left alone.

How long may a tube be borne by the larynx, is an interesting question. The longest time I permitted a tube to remain *in situ* was seven days. Dr. I. H. Lynde, of Fillmore avenue, had a patient in which it was left four weeks, but the child finally died. O'Dwyer left his first tubes in thirteen days on an average. In one case it was left in a month, then extracted and re-introduced, remaining in this time over two months without removal. Schmeigelow, of Copenhagen, cites the case of a child six years old, in

which intubation was performed three months after tracheotomy ; the child finally recovered after having intubation kept up for a whole year. Another case, a child four years old, intubated eight days after tracheotomy, tube removed after a month, cure. A most interesting case is recorded by Dillon Brown, New York. A little girl, aged three and a quarter years, had intubation done seven days after the first appearance of laryngeal symptoms ; twelve days afterward, marked dyspnea was present during the course of an attack of diphtheria ; dyspnea was immediately relieved, and a piece of pseudo membrane was coughed up. At the end of seven and a half days, the tube was removed, but was returned within fifteen minutes because of urgent dyspnea. Four different attempts were made to remove the tube, but it had to be returned each time after intervals ranging from four hours to thirteen days ; it being impossible to insert a full-sized O'Dwyer tube, and the smaller one not relieving dyspnea, tracheotomy was performed. There was marked stenosis of the trachea, not, however, extending along its whole length. At the time of operation, the inner tube only of the canula could be pushed into the trachea, fitting very tightly, but next day the parts being stretched, a regular tube was inserted. A month later, the tracheotomy tube was removed, and after dilating from below with sounds, a three-year-old O'Dwyer tube was inserted. An attack of pneumonia subsequently followed. The tube was removed every month or two, but always had to be inserted within an hour. Digital exploration proved the larynx to be occupied with granulating tissue overlapping the edge of the tube ; a larger tube was inserted to press upon the granulations, subsequently this could be removed, and there was no return of the dyspnea. The patient is now perfectly well and has a good, though at times rather harsh, voice. Intubation in this case was continued for nine months.

From the foregoing it appears a tube may be retained any length of time, but it is well to remember that enough irritation may be set up to cause erosion and, finally, granulations which occlude the tube, when removal becomes necessary, probably the larynx dilated, and a larger tube inserted, which will press on the granulations and cause their absorption. In acute stenosis from edema or pseudo membrane, the tube is not left in long enough to produce such an effect. I make it a rule, if the child's condition permits, to remove the tube the third or fourth day and re-insert it if necessary.

The shortest time on record, I think, occurred in one of my cases. I introduced a twelve-year-old tube into the larynx of a ten-year-old girl ; it was immediately coughed up, followed by a piece of false membrane two inches long. The child breathed easily afterwards and I declined to replace it that evening. After twenty-four hours, however, I was again called to insert the tube ; I removed it the next day, because the girl could take no nourishment. It was not necessary to replace it. This patient was strong and apparently little affected by the disease, but I gave an unfavorable prognosis based upon the frequency of respiration, showing diphtheritic toxemia present. I find whenever respiratory movements reach thirty-five per minute, the case invariably terminates fatally.

All writers agree that it is more difficult to remove a tube than to insert one, and it seems the older the child the more difficult the operation. I found in the girl above quoted, that every effort of inspiration drew the larynx away from my index finger, and it required several attempts before I could locate the opening in the tube. At any rate, it is exceedingly difficult to extract at the first attempt.

In the past year I have intubated seventeen times in twelve children, with four recoveries. The operation was performed in two children on one morning, and each tube removed the third day, both recovered ; ages three and four years. Another case, four years old, tube removed fourth day, recovery. The fourth case, a Fitch patient, tube removed the third day ; stenosis still very marked, reinsertion refused ; a week later I learned the child had recovered. Of the eight cases that died, five had the tube removed several days before death. Dyspnea did not return, death being caused by diphtheritic toxemia. Whether or not all twelve cases were diphtheria, I cannot say, as but two occurred in my own practice, no pseudo membrane being visible and both recovered. The ten other cases occurred in the practice of other physicians ; their diagnoses I do not presume to criticize, as all of them had seen a large number of cases, and, I judge, are competent to make a diagnosis, since our best authorities agree to disagree on the question.

My percentage of recoveries is a little higher than the average ; those of Dr. Mynter (not including his hospital cases), reach as high as eighty per cent., I am told, in five cases ; Dr. Niemand had, of seventeen cases, about forty per cent. of recoveries ; Dr.

Park, twenty-five per cent. out of thirty-five cases; Dr. Myers, assistant to Dr. Park, had thirty per cent. out of seventeen cases; Dr. Bergtold obtained thirty per cent. Dr. Renner had thirty-five per cent. So that Buffalo has as good a record as any individual city in the world.

The present O'Dwyer gag, or any other, has given more trouble than is convenient, constantly slipping, and even breaking, under the enormous pressure exerted by the jaws of the child. If a gag could be constructed which would move with the child's head, there would be no danger of slipping and being bitten by the sharp teeth, which occurred to me several times, although just short of penetrating the skin. Such a gag, to be successful, must be self-retaining. In order to run less risk, I had a ring made to fit upon the index finger, between the second and third joints, the most exposed part; it is broad above, and narrow below. The dorsal surface of the finger, being rather thin, is easily penetrated, while the palmar surface being thick, is not affected. Mobility is not lessened by its use, as is the case with other protectors found in the shops.

In conclusion, let me insist on early intubation, not in preference to tracheotomy (for the American people do not take kindly to that operation), but to give the child a very fair chance to recover, if that be possible, for certainly a small proportion die for want of air, and that is always obviated by the tube. The principal objective symptom, among others, which always means obstruction somewhere in the air passage above the bronchi, is a very marked recession at the pit of the stomach at every inspiratory effort, and cannot be overlooked. I make this statement, since surgeons have often been called upon to operate because the patient was breathing thirty or forty times per minute, which, however, had nothing at all to do with the obstruction.

In passing, I may say that intubation is just as efficient in the adult as in the child, and I would never hesitate to use a twelve-year O'Dwyer tube in edema, or any other obstruction of the larynx in the adult, if I had no larger one at hand. I would, however, allow the thread to remain attached to the tube, to prevent slipping. I think it preferable to tracheotomy in such cases, especially when obstruction would not last long anyway; moreover, no scar will be left, as in tracheotomy. Still, in chronic stenosis, it seems to be more serviceable than the tracheotomy tube.

Schmeigelow has performed intubation in six chronic cases. He says "Intubation is indicated in all cases of chronic stenosis, and ought, or might, be performed in every case of acute stenosis from diphtheria."

560 MICHIGAN STREET.

THE TREATMENT OF POTT'S DISEASE OF THE SPINE.

BY A. B. JUDSON, M. D.,

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WHILE caries of any part of the vertebral column cannot be considered an unimportant affection, it is well to recognize the fact that much depends on the region of the spine involved. In the middle dorsal region it is, perhaps, the most serious trouble, excepting malignant disease that can attack the bones of the growing child. In this part of the spinal column the destruction is often extreme and the deformity great, evidently because the affected bones are at the greatest disadvantage mechanically. Lower down, the vertebral bodies are so large that they do not lose their relation of mutual support until the loss of substance is very extensive; and above, the vertebral bodies, though small, have less weight to sustain. But, in the intermediate portion, not only do the bones feel the incessant movements of respiration, but they are also more widely moved in flexion and extension, and in lateral curving with rotation, than in other parts of the column; and, furthermore, they are exposed in a peculiar manner to the risk of over-strain, from their position in the middle of the column. I think it is in the experience of all of us that in this middle and upper dorsal region Pott's disease continues longest before consolidation takes place.

Here we have a most striking illustration of the fact that the recovery from articular osteitis is postponed by unfavorable mechanical environment. As joints in the upper extremity, free from the mechanical stress attending locomotion, recover easily, while those which, in the lower extremity, bear the heat and burden of the day, recover only after prolonged and extensive destruction, so articular osteitis, in the cervical region of the spine, is easily curable, while in the upper and middle dorsal region, relief and repair come only after desperate and prolonged risk.

1. Presented at the Pan-American Medical Congress, at Washington, September, 1893.

How can we best assist Nature to cure this disease in this difficult part of the skeleton? The same general rules apply here as in the treatment of articular osteitis in the lower extremities. We cannot cut short the disease by an operation, or by any procedure whatever, but can expect, with confidence, and must promote by our best endeavors, the arrest of destruction and the beginning of repair. What then can we do to put the affected vertebræ in their best attitude, and to raise the defensive and reparative powers of the system to their highest efficiency? As in articular osteitis, occurring elsewhere, we desire (1) to relieve the bone of the duty of supporting weight and concussion; and (2) to prevent the affected joint from motion, believing that the arrest of these two functions, weight-bearing and motion, are essential to good treatment. It does not seem wise to keep the patient recumbent for the long period necessary. In the management of hipdisease, we put the affected limb to bed, so to speak, while the patient is up and about. But a similar resort in Pott's disease is impossible. Since the patient must be up, and, to a certain extent, active in locomotion, our best resort, in my opinion, is to take what benefit can be had from the application of a lever making pressure from behind forwards, in the neighborhood of the posterior projection, and counter-pressure from before backwards at two points, one above and the other below the level of the seat of the disease. In a limited sense, this application relieves the diseased joints from the weight of the body while the patient is up and about, because antero-posterior pressure, thus applied, transfers a part of the weight and concussion incident to standing and walking, from the diseased bodies of the vertebræ to the processes, which remain sound. Having thus (1) removed, so far as is practicable, injurious pressure from the diseased structures, it is obvious that we have also applied the most effective kind of retentive splint for (2) the arrest of motion in the affected joints.

It does not take much practical experience to convince one that efficient pressure, applied in this manner, is productive of good. It may not at once arrest morbid action and induce cicatrization of the carious bone. For these events we must wait for the natural reaction, but it is not difficult to believe that Nature will the more promptly intervene with reparative efforts if our mechanical applications relieve distress and substitute a feeling of strength for weakness and apprehension. A well-applied support

at once gives a degree of relief, which finds plain expression in the face and attitude of the patient. As a matter of fact, a feeling of security and comfort is afforded by the use of a corset made from any of the materials in ordinary use. I will not indicate the defects of apparatus of this kind. The inexpensiveness of jackets, and the ease with which they can be obtained and applied, make them of the greatest service to a vast number of patients who otherwise would have no mechanical support whatever. But, when and where it can be done, it is necessary to give the patient the benefit of accurately adjusted antero-posterior pressure.

At the best, antero-posterior pressure, no matter how carefully applied, fails to give all the support which is desirable. This is because the leverage is deficient. In the vertebral column there is found no long bony lever, such as is at hand in making a mechanical application for fixing the knee. There is, rather, a succession of irregular bones, movable upon each other, which, from the nature of the case, impair the success of any attempt to arrest motion or support the column by pressure from behind forwards and counter-pressure from before backwards, because the pressure from before backwards will, a part of it at least, be expended in bending backward portions of the vertebral column above and below the projection. The force thus employed is, however, by no means wasted, as it secures an ultimate improvement in the shape of the trunk, which is often characteristic of patients who have been thus treated.

The apparatus needed is essentially simple, consisting of two parallel uprights united below by a pelvic band, and diverging at their upper ends at the base of the neck, and curving over the tops of the shoulders. Pressure from behind forward is made by two pads attached to the uprights at the level of the projection, and applied a short distance from the median line on each side. Counter-pressure from before backward is made below by a strap passing from one end of the pelvic band to the other in front of the pelvis, and above by straps, one on each side, passing from the upper end of the upright through the axilla, to be buckled to the upright. The most important feature of a brace constructed to carry out these views is the use of mild steel for all the metal parts. The use of this material puts in the hand of the surgeon the power to modify the degree and direction of pressure to the changing shape, and to meet the increasing tolerance of the skin to pressure. The reaction of the skin should receive special and

constant attention, and gentle and gradually increasing pressure should be made till the limit of comfortable tolerance is reached.

By patient attention to details, apparatus thus designed may with certainty be made comfortable and efficient. The diffused support furnished by a jacket is often secured by the addition to the simple lever, described above, of aprons and other pieces, which add to the feeling of stability and security without interfering with the chief function of the apparatus, which is to make antero-posterior pressure. One hardly knows where to begin and where to end in the consideration of the details which demand attention in practice of this kind. I will close by saying that cheapness and cleanliness may be promoted by leaving the steel parts of this brace unpolished, and covering them with a single layer of adhesive plaster, and then with strips of canton flannel, or silk, cut bias, and renewed without much trouble as often as may be desired.

25 MADISON AVENUE.

A REVIEW OF THE OPERATIVE TREATMENT FOR THE RADICAL CURE OF INGUINAL HERNIA.¹

BY SAMUEL E. MILLIKEN, M. D.

Lecturer on Surgery at the New York Polyclinic.

HAVING but recently given my views on the subject of the Radical Cure for Inguinal Hernia, I wish to discuss only briefly the comparative merits of three methods, viz., that of Bassini, of Kocher, and of Halsted.

After having looked up more than one hundred cases of recurrent hernia after various methods, which came under my observation at the Hospital for Ruptured and Crippled, I am convinced that the percentage is far greater than the operators are led to suppose by the immediate apparent good results. Hospital cases are very difficult to follow, particularly in the large cities, because the poorer classes change their addresses so often, without leaving behind them any tidings as to their whereabouts.

It is my opinion that we expect too much for the radical operation anyway, owing to the fact that, with all of Nature's devices, she has failed to let the structures of the spermatic cord

1. Read before the Pan-American Medical Congress, in Washington, D. C., September 6, 1893.

make their exit from the abdominal wall, without leaving each subject liable to hernia—no age being exempt. Our laparotomists will, I think, agree that any abdominal section is likely to be followed by hernia, whatever precautions are taken in closing the wound; and from our herniotomies, when the testicle is not sacrificed, I don't see how we can but expect a larger percentage of recurrences than they get of the ventral variety.

So long as it is not deemed advisable to sacrifice the testicle, the best that we can hope for is to imitate Nature and reëstablish the obliquity of the canal. This is best done, in my opinion, by the method of Bassini; and I will endeavor to show its advantages over the other two methods above mentioned.

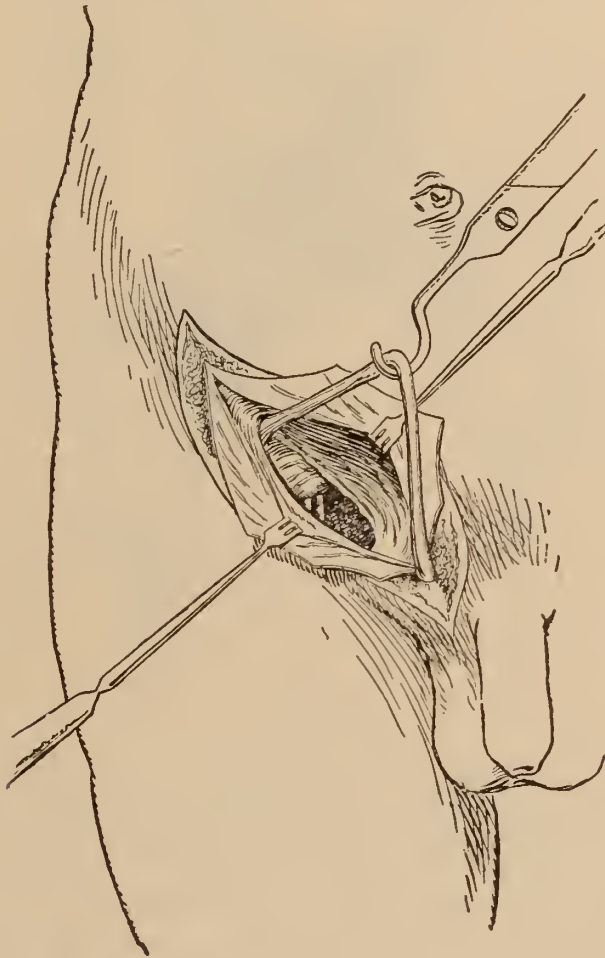


FIG. 1.

First, the aponeurosis of the external oblique muscle is divided over the cord structures, until the internal ring is well exposed; the flaps are separated from their underlying structures until the conjoined tendon on the upper, and the shelving process of Poupart's ligament on the lower, are brought into view. The cord structures and the hernial sac are next lifted out of their bed

en masse, after which the sac is isolated, opened, and tied off at the highest point.

Secondly, with the cord held out of the operation field by a blunt hook, or the finger of an assistant, the conjoined tendon on the upper is sutured to the shelving process of Poupart's on the lower by means of the kangaroo tendon, or of chromaticized catgut,

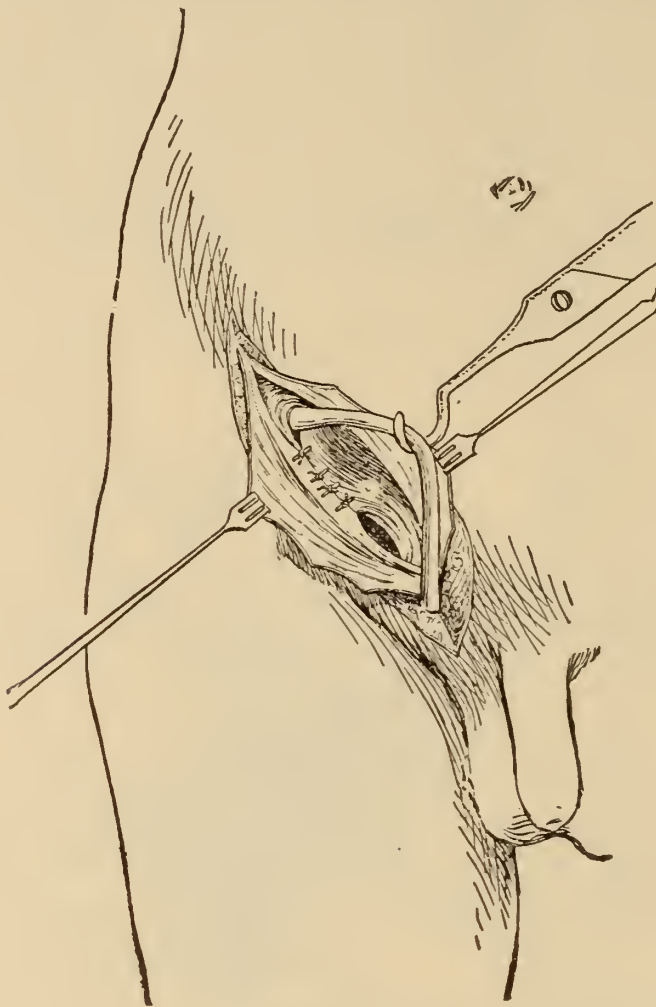


FIG. 2.

but I prefer the former, as the time for absorption is longer, and the sutures are stronger in proportion to their size. From four to six interrupted sutures will be sufficient to make a firm posterior wall for the cord structures, care being taken not to constrict them at the internal ring.

Thirdly, the obliquity is reëstablished by bringing together the flaps of the external oblique, by a continuous suture of the same material. The skin wound is closed with interrupted catgut without drainage.

Kocher's method simply deals with the sac, which is dissected out as thoroughly as possible, without slitting up the canal, and

pulled through a small opening, which he makes in the aponeurosis of the external oblique, opposite the internal. He afterwards sutures it to the aponeurosis, over the canal, but in so doing only strengthens the outer wall.

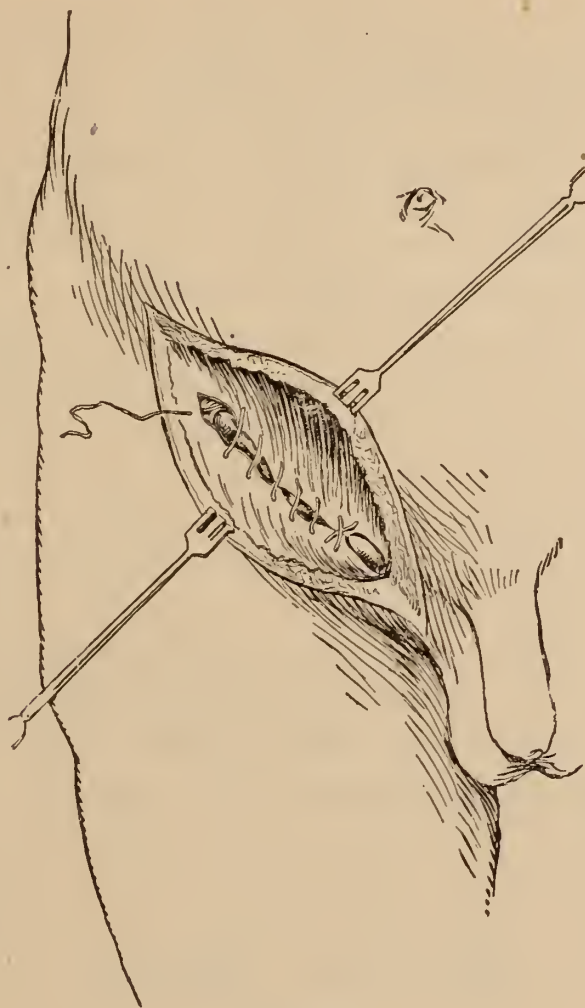


FIG. 3.

Halsted's method is simply the transplantation of the cord without any particular endeavor to rebuild the canal. After dividing the external oblique, he lifts out the cord structures, and ties off the sac; then sutures the respective tendons together, posterior to them, allowing them to come out directly instead of obliquely. Although I have never met with any recurrences from this operation, possibly owing to its being rarely employed in New York, I am confident that, sooner or later, a hernia will develop at the point of exit of the cord structures. Another decided objection to this procedure is the liability to adhesions with the overlying fascia, which will not occur when they pass between the serous covered tendons.

Of something over thirty cases, operated upon by me after the method of Bassini, I have had three recurrences. In each, suppuration occurred, and the hernia made its appearance during the first six months.

CONCLUSIONS.

1. Reconstruction is the best method.
2. No drainage should be employed.
3. The use of trusses should be prohibited afterwards.
4. While a certain percentage will recur, the operation is justifiable between four and forty years of age, unless some physical disability contraindicates the same.
5. Where omental or intestinal adhesions exist, and the use of a truss is unsatisfactory, the operation should always be attempted, as the danger from strangulation is greater than that from the employment of an anesthetic.
6. It is advisable to attempt a radical cure in all cases operated upon for strangulation, unless the gut be gangrenous, or the patient's vitality too low.
7. Where undescended testes exist, it will usually be found to be complicated by hernia, and at the time the organ is anchored to the scrotum, the inguinal canal should be reconstructed.

36 WEST FIFTY-NINTH STREET, NEW YORK.

Clinical Report.

CYSTS OF THE NASAL PASSAGES.¹

BY W. SCOTT RENNER, M. D.,

Professor of Laryngology, Medical Department, Niagara University, etc.

UNTIL recently, cysts of the nasal passages were scarcely ever mentioned in medical literature, and even since the development of rhinology, and the rapid strides which have been made within the last few years, few cases have been reported.

Four different pathological conditions of the nasal passages have been described under this title. These are glandular retention cysts, cystic degeneration of nasal polypi, or cystic polyp,

¹ Read before the Section on Anatomy, Physiology, and Pathology, of the Buffalo Academy of Medicine, September 19, 1893.

osseous cysts, including cysts of the turbinated bones, especially of the middle, and dermoid cysts of the nasal passages.

Before speaking of these different forms of cystic growths, I wish to relate the principal points of a case which occurred in my practice.

The specimen which I now show you is the sac of a multilocular cyst of the nasal passage. It measures about two inches in length and about three-fourths of an inch in breadth. The amount of fluid which it contained, unfortunately, could not be estimated.

I removed this specimen from the left nostril of Mrs. J. N., thirty-five years of age, a charity patient at the Buffalo Eye and Ear Infirmary. She came from the country, and applied for treatment at the Infirmary in October, 1891. She complained of nasal obstruction, headache, and catarrhal symptoms. She stated that only the left side of her nose was constantly obstructed, the other only at times. The left side had troubled her for years. I examined her nose, and found what I supposed was a large nasal polypus filling the left nasal passage, anteriorly. This growth could be easily seen without a speculum by lifting up the tip of the nose. The same or a similar growth could be seen on the same side when making a posterior rhinoscopic examination. It did not, however, extend into the cavity of the naso-pharynx. Although I supposed the tumor was an ordinary soft nasal polypus, it was much more translucent than they generally are. I informed the patient that she had a growth in the left nasal passage, which should be removed in order to relieve her unpleasant symptoms. She consented to the operation, and I operated rapidly with the cold snare. Much to my surprise, as soon as I commenced to encompass the tumor, it burst, and fluid of a light yellow color flowed from the nose. I was compelled to tear the growth from its attachment with some force, when I found that it was a multilocular cyst, of which the largest cavity had been opened when the fluid escaped from the nose, that the growth seen posteriorly was the same one which had presented itself anteriorly, and that the whole growth had been removed. I then applied a cocaine solution thoroughly to the bleeding surface, and was able, in a few minutes, to demonstrate that the growth had had an extensive origin from the free border and anterior end of the middle turbinated bone of the left side. I also discovered that the patient had no other polypoid or other growths in the nose. The patient returned the following day to the country, and has remained well ever since.

I was inclined to think that this cyst was formed from a degenerated nasal polypus. Dr. William C. Krauss examined it, and found it to be a multilocular cyst with no epithelial lining. He considered it a degenerated soft nasal polypus, and not a retention cyst, a condition of the mucous membrane of the nasal passages which has been described by some writers. It is not uncommon to find small cavities, or degenerated spots, in the center of old nasal polypi, as well as in tumors in other localities, and not seldom one of several polypi may have a large cystic cavity in its center, filled with fluid, as was the case with this specimen. I removed this (Specimen No. 2) from the naso-pharynx of a boy, twenty years of age, who came to consult me, from the country, about two years ago. The whole of his nasal and naso-pharyngeal cavities were filled with soft polypi. When I first saw him, the expression of his face was so peculiar that I thought that I had a case of fibroma of the naso-pharynx. The specimen was one of several large polypi which I found extending from their attachment to the middle turbinated bone into the naso-pharynx.

Moure, of Bordeaux, in 1886, reported a case of cystic polyp, partly occluding the posterior nares of the left side, in a patient suffering from mucous polypi of the right side. The growth was removed and expelled through the mouth, the fluid having escaped. This cyst, when distended, was about the size of a small egg. "The author looks upon the growth as a mucous polyp, a portion of which had undergone cystic degeneration, a condition which he does not consider uncommon, especially where polypi pass through the posterior nares into the pharynx."

The late Dr. F. H. Potter, of this city, reported a case of unilocular cyst of the nasal mucous membrane attached to the middle turbinated bone. Besides this, and the case of Moure's, which I have just mentioned, I can find reference to but eleven cases of cysts of the nasal mucous membrane in the literature at my disposal. Park, Johnson, Watson, Bonauno, Zahn, Lefferts, Ingals, C. W. Richardson, and Babcock, have each reported one case, Chatellier two. This list does not, of course, include the reports of osseous and dermoid cysts which may be found in the literature. The original articles I have not been able to consult, in most cases, on account of the short space of time at my command to prepare this paper.

In Watson's case, the tumor was multilocular and attached to the middle turbinated bone. In the cases reported by Lefferts,

Johnson, and Potter, the cysts, although unilocular, were attached to the middle turbinated bones, those of Lefferts and Johnson extending into the naso-pharynx. None of these cases differ materially from Moure's case of degenerated polyp, except in that they were not associated with nasal polypi. These growths, in the four cases enumerated above, resemble Moure's as well as mine, in that they all were attached to the middle turbinated bone, which is the favorite attachment for soft nasal polypi, a fact which would make one suspect that these retention cysts were retention cysts formed in the glandular tissue found in the substance of the so-called myxomatous or soft nasal polypi. Two of these tumors, like Moure's, extended into the naso-pharynx. It is quite common, according to Moure, for polypi extending into the naso-pharynx to undergo cystic degeneration. This statement is supported by the second specimen which I showed you. A third one, Watson's, was, like mine, multilocular and confined to the nasal cavity. It is natural to suppose that a multilocular cyst is much more likely to have its origin in a degenerated polypus than in an obstructed gland. Potter's case was not multilocular, and did not extend into the naso-pharynx. The two reported by Chatellier did not originate from the middle turbinated bones. The point of origin of the other five cases I have been unable to learn.

Whatever the origin of these cysts, whether by distension of a simple gland, or within a degenerating polypus, they are practically the same. In one case they form from the adenoid tissue of the nasal mucous membrane, in the others, probably, from the adenoid tissue found usually in soft nasal polypi.

By the operator, they are usually mistaken for polypi. He, generally, only becomes aware that these growths are cystic after he has commenced operating, except in cases attached far forward in the nose, as they were in both of Chatellier's cases.

Osseous cysts of the nasal passages have been found most frequently in the anterior extremity of the middle turbinated bones. They pass unnoticed until the mucous membrane covering them becomes hypertrophied, when the symptoms of pressure against the septum cause the patient to consult the specialist. All such enlargements of this part of the turbinated bone do not contain a cavity, and no examiner of the nose can be positive of the presence of such a cavity until he has removed the enlarged end of the bone, unless it be of very great size, like the case reported by Knight, of New York.

Tucker Kandl describes these cavities of the middle turbinated bone as an anomalous condition of their development. He does not consider them the result of any pathological process. Some consider them the result of hypertrophic changes. Osseous cysts of the septum and lower turbinated bone have been so described.

Dermoid cysts of the nasal passages are rare and interesting, but foreign to the subject of this paper.

The prognosis in all these cases is good, and the treatment is always surgical.

361 PEARL STREET.

Progress in Medical Science.

NERVOUS DISEASES.

Conducted by JAMES WRIGHT PUTNAM, M. D.,

Clinical Professor of Nervous Diseases, Medical Department, University of Buffalo.

SPASMODIC TORTICOLLIS—TREATMENT BY EXCISION OF NERVES.

NOBLE SMITH (*The Lancet*, August 26, 1893). In this article five cases are reported. In Case I., after four years, there is no pain in the neck; there have been no spasms since the operation. The spine has become straight. Motion of head is good, sensation is normal, and the appearance of the neck is natural. This is the result in a case of sixteen years' duration, in whom the spinal accessory of the left side was operated on by excision of a piece. Later, the same was done on the right side to the posterior branches of the second, third, and fourth cervical nerves.

CASE II.—A man, fifty-seven years old, had, in addition to spasm of muscles on both sides of the neck, spasm of muscles of the face. Two years after operation he wrote: "I am cured of the distressing malady on the side of the head you operated upon, but the other side gives me great trouble."

CASE III.—Patient aged forty-five; duration of disease, fourteen years; was free of pain one and one-half years after operation.

CASE IV.—A woman, past sixty years, had spasms over fourteen years. Excision of the left spinal accessory, and of the posterior cervical nerves on both sides, resulted in perfect freedom from spasms, although the strength of the neck has been somewhat impaired.

CASE V.—Showed improvement after operation.

These results certainly show that excision of the nerve, for this obstinate malady, is justifiable in obstinate cases.

FOR MYXEDEMA.

THE *Alienist and Neurologist*, July, 1893. (Abstracts from *The Lancet*, February 4, 1893.) The following are the methods of employing the thyroid juice in this affection: One-eighth of a thyroid gland, in powder, given two to seven times a week in lukewarm beef tea.—(Arthur Davies). One-half to one thyroid gland daily, eaten raw—(Pasteur). One-half a thyroid gland, three times a week, fried sufficiently to make it palatable—(Calvert). Equal parts of thyroid juice and glycerine, and a five per cent. aq. sol. of carbolic acid. (ʒiiss. equal to one sheep's thyroid.) Give m. x.–xv. hypodermically, or ʒi. by mouth—(Murray).

THE MENTAL SYMPTOMS OF MYXEDEMA AND THE EFFECT ON THEM OF THE THYROID TREATMENT.

CLOUSTON (*British Medical Journal*, August 26, 1893). The author reported nine cases of myxedema sent to the Royal Edinburgh Asylum on account of insanity. Two of these had been treated by thyroid extract.

One of the cases had been insane for one year, the other for three years. The myxedema had existed for over five years in both. Both were enfeebled in mental power, this having succeeded exaltation, morbid suspicion, and excitement at the beginning of the attacks of insanity. One case was cured in four months, the other in six. A slow intermittent treatment, by small doses (one-sixteenth of a thyroid twice a week), was found to be the best. In both cases the mental symptoms disappeared with the bodily symptoms. The whole mental powers acquired strength, and the normal enjoyment of life was restored.

THE SENILE FORM OF MULTIPLE NEURITIS.

OPPENHEIM (*Berlin Med. Wochenschrift*, No. 25). The author gives the result of a study of six cases as follows: The characteristics of the senile form of multiple neuritis are: (1) The absence of the etiological influences, intoxication, and infection; (2) the pronounced chronicity of its course; (3) the absence of

the mildness of irritative sensory disturbance; (4) the incompleteness of motor and sensory impairment; (5) the freedom from involvement of the cerebral nerves.

As a result of treatment, two cases were almost completely restored, a third was decidedly improved, the fourth was made worse. No change was observed in the other two.

OBSTETRIC PARALYSIS.

CARTER (*Boston Medical and Surgical Journal*, May 4, 1893). Thirty-two cases are tabulated by the author, including sixteen of his own. He concludes that paralysis is due to a stretching of the nerve trunk, formed by the fifth and sixth cervical nerves, by traction on the head or pressure on the breach when the head is retarded, or by traction on the shoulder when the head is retarded. It is not caused by pressure from the forceps. The paralyzed muscles are the deltoid, supraspinatus, infraspinatus, teres minor, biceps, and brachialis anticus with the supinators. In some extreme cases the paralysis includes the extensors of the wrist and fingers.

The arm is rotated internally, the elbow points outward. The paralysis is not noticed before the second or third day. Reaction of degeneration is present after a few days. Treatment consists of passive movements, massage, galvanism every other day through the affected muscles, and brachial plexus.

The prognosis is good, though recovery is sometimes delayed for months and even years. Permanent disability is very rare.

MENIERE'S DISEASE, CURED BY SALICYLATE OF SODIUM.

GAY (*British Medical Journal*, September 9, 1893). The writer reports the case of a lady, aged 65, who had suffered since 1890. Was treated with gelsemium without much benefit. The patient was put on three-grain doses of soda salicylate, the fits being at once reduced in frequency, but continued for some months. March, 1891, saw her much better, but she suffered from heart weakness in May, 1891. In June she had one fit. In November, 1891, she considered herself cured, and has since remained free except slight deafness in one ear.

Treatment lasted rather more than a year, salicylate being taken daily. During the last six months, however, she had considerable intervals without it.

EFFECT OF OPIUM HABIT IN THE MOTHER ON THE NEW-BORN.

DR. WOOD (*Journal of Inebriety*, July, 1893,) says: "When a mother uses opium, the child in the womb has the opium habit at the time of birth." It has frequently been noted that when children are born in women who are opium eaters, the child seems at first well; then, in the course of a few hours, goes into a collapse and dies. Now, I believe that the collapse in these cases develops because the child has not the usual stimulus of opium, and should the child be given opium immediately after birth, it would live.

Selections.

SUPERFICIAL LACERATION OF THE FEMALE PERINEUM.

BY FREDERICK P. HAMMOND, M. D., New York City.

IN THE evolution of research concerning the female perineum and its diseases, a few suggestions do not seem out of place concerning the pathological changes which take place following a laceration of the skin and superficial connective tissue. Our older teachers and many of the present day deal with the area of tissue between the vagina and rectum as the perineal body, and teach that its main function is the support of the female pelvic viscera. The newer school, unable to believe Nature had been so imperfect in her work as to leave the important organs of generation dependent upon a mass of connective tissue and skin for their support, sought for and found the more logical pelvic floor, consisting chiefly of the levator ani and triangular ligament. But these, having found the true support of the pelvic viscera, have in their enthusiasm lost sight of this still important organ, the perineal body. For, in a degree, it still remains a body, and its function is hardly less important than our older teachers held, for it closes and protects the vaginal outlet from the atmosphere and friction of the clothing, and affords support for the superficial perineal muscles.

From a careful observation among dispensary patients and in my private practice, I have taken special note of the existing condition of affairs in all cases presenting themselves where a laceration of the superficial perineum, or relaxation of the pelvic floor, due to a division of the fibers of the levator ani, has existed, and in both the resulting pathological condition has been the same.

From my observation, therefore, it seems conclusive that the more modern teaching of the slight laceration of the superficial perineum being harmless, further than for its cosmetic effect, is entirely erroneous. For, if any gynecologist wishes to convince himself that hypertrophy and edema of the vaginal walls follow a superficial laceration as well as a relaxed pelvic floor, he has ample opportunity in observing a number of the cases presenting themselves before him. While I admit that the serious train of symptoms, such as cystocele and rectocele, with its attendant prolapse and subjective symptoms, is delayed in a case of simple laceration, it as certainly results from a case of relaxation. For, given any case, where the normal protection from atmospheric irritation and friction of the clothing is destroyed, hypertrophy and edema are the logical result. And while those with opposite views would combat this argument with the circumstance that they have observed cystocele and rectocele in virgins who have passed the menopause, they must remember that they cite one of the rare occurrences of pathology, and might be brought to see the absurdity of their views by going still further and calling to mind the fact that cases of complete prolapsus uteri have occurred in strong, robust domestics, who have the hymen intact.

The sooner we, in a degree, come back to a realization of the fact that a laceration of the perineum, however slight, is a pathological condition which demands interference as much as any of the other ailments of the female genital tract, the earlier shall we relieve our patients of so much suffering. There are many today who, for a case of endometritis or salpingitis, advocate dilatation of the os and curetting—an operation not less serious in its results than a salporrhaphy in the hands of an ordinarily careful operator. Why, then, do we remain as extremists in our views regarding this condition, when proof is forthcoming that in this, as with nearly all others where minds have been at variance, a middle ground is our shield and haven?—*Medical Record*.

THE CAUSATION OF ANEMIA AND THE BLOOD-CHANGES PRODUCED BY URIC ACID.

DR. ALEXANDER HAIG read a paper on this subject at the recent meeting of the British Medical Association. He pointed out that his previous researches on "anemic attacks," paroxysmal hemoglobinuria, splenic leucocythemia, chlorosis, and anemia, showed

that these troubles are very commonly associated with excess of uric acid in the blood and urine. The excess of uric acid is not the result of the blood-changes, but their cause; for the uric acid fluctuation begins before there are any blood-changes. The speaker said that he had the power, by influencing the solubility of uric acid, to bring it in excess through the blood into the urine at pleasure, and it is also possible to increase the uric acid in the blood and urine by taking a known quantity by the mouth. Applying this knowledge to the experimental production of blood-changes, he said the value of the blood fraction $\frac{\text{Per cent. Hemoglobin}}{\text{Per cent. Red cells}}$ varies with the amount of the uric acid passing through the blood from day to day; and by intentionally increasing the amount of uric acid, definite and distinct falls in the value of the blood fraction can be produced. Uric acid is more powerful than iron, and when in excess in the blood, will prevent iron from raising the value of the blood fraction; hence the observation of Murchison, that iron will not act when the liver is out of order, for dyspepsia entails an excess of uric acid in the blood. Others have produced similar blood-changes by the administration of thyroid extracts, which are rich in extractives closely related to uric acid; and a patient under this treatment gave undoubted clinical signs of uric acidemia. The author explained, by means of this uric acid causation, the anemia and chlorosis in girls, and the relation of these troubles to the function of menstruation; also the similar effect of fevers, tropical climates, and diet. As a result of these observations, he drew the conclusion, that anemia can be prevented by taking care not to introduce an excess of uric acid into the body, and can be cured by clearing it out of the blood.—*Medical Record*.

DISLOCATION OF THE CERVICAL VERTEBRA.

G. L. WALTON, of Boston, states (*N. Y. Medical Journal*) that this condition is not rare, though frequently overlooked. Reduction by extension, usually attempted, was unsuccessful. Spontaneous reduction had occurred, showing that direction was more important than force. This fact had led him to the discovery of the method theoretically correct, as shown by manipulation of the vertebræ, and by experiments upon the cadaver, made by Dr. Richardson, of Boston, and himself. The method had been recently demonstrated in practice by Dr. Beach, at the Massachusetts General Hospital, with successful result:

Suppose the left articular process of one vertebra has slipped forward over that of the vertebra below and fallen into the depression anterior to the articular process : This bends the head to the left and turns the face to the right. The reduction is accomplished by extending the head diagonally backward to the right, so as to elevate the articular process, after which rotation to the left replaces the displaced vertebra. The transverse processes on the right act as a fulcrum. The ligaments, which hold the vertebra firmly in the false position, make no opposition to this manœuvre, which requires no force. In bilateral dislocation the same movements should be made, first on one side, reducing it to unilateral displacement, then on the other.

Dr. J. J. Putnam said that cases were more numerous than was supposed, and cited the instance of a man injured by a fall, who accidentally died through carelessness in his removal to a hospital. Dr. Sachs asked if this method would be practical in other than recent cases. Dr. Walton replied that the operation had been performed in one case of about ten days' standing. A case in which bilateral dislocation was produced spontaneously, with perfect recovery, would lead him to recommend the attempt at reduction, even after a number of months, should there be no doubt as to the diagnosis.—*Medical Standard*.

THE TREATMENT OF HEMOPTYSIS.

DR. FR. EKLUND, of Stockholm, (*Therapeutic Gazette*, February, 1893,) severely condemns the common practice of giving cold drinks and small bits of ice to the patient with hemoptysis to swallow. He believes that the irritation of the ends of the pneumogastric nerve in the mucous membrane, by the cold, must result in paroxysms of coughing, as is the experience with many phthisical patients, and that the cold tends to contract the vessels of the stomach and vicinity, leading to higher pressure in the pulmonary area. Instead, he advises lukewarm, mucilaginous drinks. He also advises against the popular practice of giving large amounts of salt dissolved in water, since the fragility of the vessels is increased upon absorption of the sodium chloride and fluid. He suggests that a small ice bag be placed over the bleeding spot, and that quinine be administered as follows :

R Sulphate of quinine ʒj
 Extract of ergot. gr. xxx

M. Make into forty pills, and take one or two pills twice or three times a day.

Or the following may be given :

R	Fluid extract of hamamelis.....	ʒij
	Fluid extract of cinchona	ʒij
	Extract of liquorice.....	ʒijss
	Distilled water.....	Oj

Shake thoroughly, and take a dessertspoonful to a tablespoonful every two or three hours.

He advises that in young persons lead acetate be withheld, for fear of colic; in older persons this remedy may be of service, but should be given in combination with morphine.—*Texas Medical Journal*.

Academy of Medicine Notes.

THE Council has decided to meet monthly immediately after the close of the Section on Medicine.

DRS. ARTHUR E. COLLINS and Burt G. Johnson were elected fellows at the last meeting of the Academy.

THE program for the December meeting of the Academy will be arranged by the Section on Surgery.

AT THE next meeting of the Section on Medicine, Dr. Krauss will read a paper on What Have the Newer Therapeutical Procedures Done for Neurology. The discussion will be opened by Dr. Putnam, followed by Dr. Crego and others.

THE officers of the Section on Medicine have sent to each fellow of the Academy a circular asking for original report of cases and contributions. The program committee is composed of Drs. Rochester, Frederick, Pohl, Heath, and Potter.

THE library of the Academy has received a handsome donation of a full set of the proceedings of the American Association of Obstetricians and Gynecologists. Dr. W. W. Potter, the secretary of the Association since its organization, was the donor.

THE next meeting of the Section on Surgery will be held Tuesday, October 3d, with the following program: Affections of the Eye, associated with and dependent upon the Scrofulous Diathesis, Dr. Alvin A. Hubbell; Discussion by Dr. Lucien Howe, Dr. H. Y. Grant, Dr. Elmer E. Starr, Dr. B. H. Grove.

BUFFALO MEDICAL AND SURGICAL JOURNAL

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THOMAS LOTHROP, M. D. - - - WM. WARREN POTTER, M. D.

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THE FIRST PAN-AMERICAN MEDICAL CONGRESS, WASHINGTON, D. C., 1893.

THE First Congress of the medical profession of all the Americas, has met, discussed the questions for which it was convened, and adjourned. Its record has passed into history, and will furnish many a theme for reflection during many years to come. There are some points which it seems within the province of the journalist to comment upon, even though it is yet too soon to form a complete judgment as to the far-reaching benefits that will accrue from this remarkable meeting.

In the first place, it must be understood that this Congress was an independent organization, with its own autonomy from start to finish. While it is true that the Organization Committee was made up by appointment of the American Medical Association, yet, as soon as the Congress became incorporated, it ceased to have any relationship to the American Medical Association, or to owe any fealty to that body. It seems necessary to make this clear at the outset, for the reason that it has been asserted that some prominent physicians remained away from the Congress because it was supposed to be a creature of the American Medical Association. If any such there be, let them be pitied; we fear they made a serious mistake, besides having shown, by their conduct, on what small foundation their mentality is constructed.

The Pan-American Medical Congress possesses the power of self-perpetuation, and has already appointed the second Congress to convene in the City of Mexico, three years hence.

The opening address, by the President of the United States, was in singularly good taste, not only with reference to its material, but also with regard to its length. Brief, concise,

finished, it is, taken altogether, one of the best public addresses that His Excellency has made.

The President of the Congress, Dr. William Pepper, of Philadelphia, was an ideal presiding officer. His practical knowledge and tact, together with his wit, wisdom, and acumen, equipped him with all that was needful for the occasion, and it is hardly necessary to add that the best possible use was made of all this varied and diversified talent. Dr. Pepper's address was a scholarly paper, that will take rank among the first of such, and should be read by every thoughtful physician in the Western hemisphere.

The attendance upon the Congress was very large, even more so than could reasonably have been anticipated, for the enormous number of 1,500 was borne upon the register as early as the second day of the meeting. The total registration was several hundred greater. The foreign delegates were there in goodly numbers, and were representative men in every sense of the word.

The work of the sections was judged by competent observers to be above the average at such meetings. Several of the sections were very largely attended, and in them discussions were both animated and instructive to an extreme degree. It is fair to say that the congress was subdivided into too many sections to make its work the most effective, and its experience will serve to benefit the organization of future congresses. The sections on medicine, surgery, obstetrics, gynecology, pedagogy, and hygiene, were especially interesting, and the debates were participated in by representative men from every portion of the Western hemisphere.

It is to be regretted that it became necessary to fix the date of the meeting so early in the season, on account of the hot weather which nearly always prevails in Washington during September. It was originally thought to name the first Tuesday of October as the date of meeting, and this would have been much the better time. But it was ascertained that that date would conflict with the Eleventh International Medical Congress at Rome. Since it has been necessary to postpone the latter, we regret that October was not chosen instead of September for the congress.

The founder of the congress, Dr. Charles A. L. Reed, of Cincinnati, can ever look back upon his work, arduous though it has been for more than two years, with the satisfaction that he has been supported by the best men in the profession that

America can produce, supported loyally and faithfully from start to finish, and he will always be able to point with great pride to the fact that the First Pan-American Medical Congress was the creature of his own brain, and its great success will ever be a monument to his skill, erudition, and executive talent. All praise, then, say we to the father and secretary-general of the First Pan-American Medical Congress. The Congress was not merely a success—it was a triumph.

THE RELATION OF NOISES TO HEALTH AGAIN.

IN THE issue of the JOURNAL for July, we discoursed briefly upon the influence that noises in great cities have over the health of their inhabitants, intimating that we should probably return to the subject again in the near future. We have also alluded, in paragraphs at various times, to the nuisances of certain particular noises. Possibly the subject may be somewhat threadbare to many of our readers. Nevertheless, it is one of great importance, and we venture to recur to the subject for the reason that reform can only be brought about by continual hammering at the evils which exist.

The *Medical News*, of Philadelphia, in its issue of August 26th, has considered the subject in much detail, and with great completeness, in an editorial entitled *Medicine and City Noises*. This article has attracted great attention among the newspapers in several American cities, many of which have published lengthy editorials on the subject. The *New York World*, in its issue of August 27th, was the first to take up the cudgel, adopting the editorial of the *News* as its text, and amongst those later to discourse thereupon, is the *Buffalo Enquirer*, in its issue of September 14th.

We herewith reproduce, from the *Medical News*, its editorial entire, and ask from our readers its careful consideration. The matter is ably presented, and is withal so scientific, that we hope the constituted authorities may heed the suggestions given and take some action to correct the evils complained of.

MEDICINE AND CITY NOISES.

NOT long since a foolish gentleman, who preferred to live in New York or not live at all, committed suicide rather than to longer endure the ear-splitting noise of the bells of a neighboring church. In thousands of cases people are being made ill, are committing slow suicide, or are

being painfully and slowly killed by useless city noises. Noise, then, becomes a question of health and of medical importance concerning which physicians should have a word to say and a duty to perform.

Scientifically, our rebellion against the noise-makers is founded upon the physiologic truth that rest is necessary to health, and that over-stimulation or persistent stimulation of any organ or of all organs in essentially pathogenic. Herbert Spencer secured for himself a sad sort of freedom from noise by a mechanical contrivance that held some kind of soft plugs or stoppers in the external auditory meatuses. If there were only some method whereby one could, at will, shut out unwelcome sound, as one can shut out the light from the eyes; if some aurist could devise an artificial method *à la* Spencer, one that would not injure the ear, he would be a great benefactor to humanity. The evil done the few people that would thereby possibly be burned to death or otherwise injured would be small, as compared with that of the many deaths and much sickness due to noise.

Sociologically, the whole community has an unrecognized duty as regards noise that rests upon a physiologic and æsthetic basis. Delicacy and accuracy of response to a physiologic stimulus are the characteristic marks of perfection in an organism. Whatever prevents this is against the welfare of society and progress. In this brutal noise-making era, one of two things must follow the ceaseless bruising of the mind by noise. Either the auditory mechanism, and the nervous mechanism with which it is related—that is, the whole mind—must become blunted in sensitiveness, crushed and stupefied; or it must react pathologically. People are, therefore, divisible into two classes: those whose nervous systems and minds are becoming mechanicalized, anesthetic, and brutalized, and those who, thus failing to kill sense and mentality, develop disease-reactions. The distinct agency of noise is to make us either savage or sickly. Civilization, of which noise-making is a decided component, is thus bearing in its bosom a self-poison, to its own undoing. We are losing all refinement and delicacy of the senses, and are reverting to the condition of the barbarian whose senses had to be pounded and whipped into reaction, or we are becoming neurotic, hysteric, and neurasthenic. Generally and progressively, "Society" is either a crowd of the mentally stupid or of the hyperæsthetically morbid, and social amusement is becoming a game of battering and spurring jaded and blunted senses, or of ministering to sense-diseases.

In the narrowest sense, we are medically bound to reduce the amount of noise-making, not only because noise engenders disease, but also because it prevents the cure of disease, or aggravates disease—very often, indeed, is the immediate cause of death. In an American city like Philadelphia, there are something like 3,000 needless deaths and the equivalent of 6,000 years of needless illness each year. What pro-

portion of this waste of life is due to noise, it is, of course, impossible to say, but certainly a considerable proportion is chargeable to it. The sick are in private houses scattered all through the city, or in hospitals that are often located in the most densely crowded portions. Every physician knows how necessary quietness is to the sick, and how often noise has been the last baneful influence that the weakened organism could not resist, and thus the controlling and distinctive cause of failure to cure.

The recklessness of production and the unnecessariness of modern city noises are disgustingly astonishing. The worst of it is that they are even kept up throughout the night. If the night, at least, were kept quiet, and the organism were thus given periods of repose, it would not be so impossible to preserve normality of sense-reaction and sanity of mental reaction. In Philadelphia one or a dozen drunken brawlers may make the night hideous with howl, and curse, and obscenity. Remonstrance with the policeman elicits a smile, with ill-concealed contempt for the remonstrant as a crank, and the avowal that he has no authority to interfere. In Philadelphia it is illegal for locomotive-engineers to blow whistles, and yet all night long, sleep, at least in Summer, is to healthy ears and minds impossible by reason of this ear-splitting curse. Street-car bells rung all the time (by horses or by wheels) are no protection to the public, and yet the public submits to the horrible nuisance. The laying of railway-tracks and the paving of streets at night are only necessary for the advantage and profit of mercenary corporations, and yet the authorities have no power, or do not assert it, to repress the evil. If our freedom-loving American submits to the dictation of his tyrant and master as to trolley-cars, his master puts down the new tracks at night, with fiendish noises, and will by-and-by run the cars with the still more fiendish and ceaseless noises.

From whatever aspect the subject be considered, it seems strange that people will submit to the indignities of the noise-makers. A thousand are outraged in order that one or a few may possibly be benefited. The shrieking of whistles and the ringing of bells to notify workmen to stop or to start work is an instance in point. Everybody has a watch or a clock at hand. Why, then, blow the whistles? Why, also, thunder or jangle bells to tell people that should be asleep what o'clock it is during the night? The ten per cent. of people who go to church must be warned by bells; but have the ninety per cent. no rights who do not need or heed; and what about the sick? The milkman arouses a whole neighborhood in delivering a quart of milk. The cartmen, the peddlers, the hawkers, the ragmen, etc., bawl and howl to be heard half a mile away if some other greater noise near by did not drown their voices. There are persons that think it strange that barking dogs and crowing roosters in a city should be objected to.

All noises may be divided into the necessary, the partially neces-

sary, and the wholly superfluous. The makers of the last class of noises should be proceeded against in the interests of the public health by all the forces and with all the vigor at the command of physicians. And this by all odds is the largest and most injurious class of noises. Here is a work ready for the Associations for the Public Good. There is something particularly exasperating and baneful in the unnecessary noise in the very fact of its unnecessaryness. Let all the loafing rowdies, howlers, hawkers, whistle-blowers, bell-ringers, and the rest be incontinently hushed, and especially if they carry on their diabolism at night.

Concerning the class of partly preventable noises of cities, the greater amount of them is connected with street traffic, and here arises the shameful need of good smooth pavements. As with the strawberry so it is with the asphalt pavement—doubtless a better one could have been or may be invented, but doubtless it never has been invented. It is incomprehensible that people should consent to endure the torment arising from the stone and boulder pavements, and seemingly designed, like African music, for creating the most intolerable clatter possible. In addition to this aspect of the question, there is another reason why, as physicians, we should do away with block and cobble-stone pavement; they are excellent culture-grounds for lodging filth and disease-germs. The asphalt pavement offers no such a nidus, and can be easily flushed and kept clean.

The degree and character of the civilization of a country are indicated by the amount of unnecessary noise it endures, and this is accurately gauged by the condition of the pavements of its cities.

In the city of Buffalo, the noise incident to pleasure and traffic is greater, we venture to assert, than that required for the same conduct of affairs in the city of London, and it is assuredly greater than in the city of Paris. We mean that the aggregate noise in Buffalo is greater than the aggregate in either of the cities mentioned, both of which are several times larger than Buffalo. So long as the question of noise is considered only as a mere discomfort, no one would feel disturbed enough over it to call the attention of the municipal authorities thereto, but when the noise nuisance becomes so serious as to menace health, it is high time that measures were adopted to at least reduce it to a minimum. Every superfluous noise, from the shouting, tooting, and whistling boy, up to the ringing of church bells and screeching of locomotives and other steam whistles, should be prohibited under severe penalty.

In a nation whose nerves are so highly strung as ours, there is sufficient unavoidable wear and tear in the every-day conduct of

affairs to shorten human life without the addition of a large catalogue of unnecessary noise nuisances. We respectfully invite the attention of the health authorities of Buffalo to this important subject. Preventive medicine has an important function to perform in the field of noise nuisance.

NOTES OF THE CONGRESS.

MR. ERNEST HART, the learned and distinguished editor of the *British Medical Journal*, delivered an address at the Pan-American Medical Congress, at Washington, the subject of which was The Ethics of the Medical Profession. In the course of this remarkable address, Mr. Hart animadverted upon consultations with homeopaths, and, if he is correctly reported in the daily newspapers, characterized these practitioners as quacks, supporting his assertion by a reference to Dr. Johnson's definition of "quack." It is true that the published abstract does not read quite that way, but even the revise makes Mr. Hart come 'dangerously near the line.

It seems a pity that the otherwise harmonious proceedings of the Congress should have been disturbed by such an address. However much we may be willing to tolerate a discussion on ethics in our local societies, we have always held that a national or international congress was not the place to deal with this question. It applies entirely and totally to the local societies, and Mr. Hart makes a mistake when he comes to America and drags in such questions gratuitously, as he did both in Milwaukee and in Washington. We hope our homeopathic friends will not be disturbed by Mr. Hart's dogmatic assertions, or conceive any dislike to the Congress on that account, for we beg to assure them that it was entirely foreign to the purposes of the Congress to have any such matter interjected into its proceedings. We hope it will be excluded from the Transactions.

- THE foreign delegates, after the adjournment of the Congress, made a special tour, as the guests of the United States, under charge of Dr. S. S. Adams, of Washington, chairman of the committee of arrangements. This tour included Philadelphia, New York, Boston, Niagara Falls, Detroit, Cincinnati, St. Louis, and Chicago. They were specially entertained in these several cities

by the medical profession, and their visit to the several points of interest will ever be a memorable one. At Chicago, after visiting the World's Fair, the members separated for their several homes, apparently much delighted with the visit they had made to this country.

WHILE the Pan-American foreign delegates were in Philadelphia, and during their visit to the grounds and buildings of the University, Dr. Charles A. L. Reed, Secretary-General, was pleasantly surprised by the presentation of a silver salver, on which was inscribed the following: "Presented to Dr. Charles A. L. Reed, of Cincinnati, Ohio, Secretary-General, by the members of the First Pan-American Medical Congress, Washington, D. C., September 4-8, 1893, to commemorate the brilliant success—largely due to his faithful and devoted efforts in its organization—of that important occasion, when for the first time representatives of the medical profession of the Western Hemisphere met in council for the advancement of science and the promotion of the public health."

Dr. Pepper, President of the Congress, made a happy speech as he uncovered the salver, and Dr. Reed, in accepting it, replied in a most felicitous manner. Dr. A. M. Owen, Treasurer of the congress, then took Dr. Pepper by surprise, by presenting him with an ivory gavel, appropriately inscribed, commemorative of the congress. Dr. Owen's speech was in his usual happy vein, and served to loosen the tongues of several delegates, who made speeches in a multiplicity of languages.

"ERNEST HART, F. R. C. S., D. C. L., Editor of the *British Medical Journal*, Dean of St. Mary's Hospital." This is the way, says Dr. Hammond in the *New York Medical Journal* of September 16th, that it appeared on the register at the Arlington hotel. Then Mr. Hart proceeded to read a lecture to the American medical profession on ethical morals, in which he deprecated so-called advertising in the newspapers, through the publication of interviews and photographs, and especially did he consider it wicked to consult with homeopaths. A very Daniel come to judgment!

"THE American Medical Editors' Association" held a banquet at the Arlington hotel on Monday evening, September 4, 1893, which was the inaugural feast at the congress. The President, Dr. C.

H. Hughes, of St. Louis, occupied the post of honor and made a brief but spirited address of welcome. Then he turned the meeting over to Dr. I. N. Love, the talented editor of the *Medical Mirror*, who acted as toast-master. Among the regular toasts were: "The President of the United States," responded to by Hon. J. Sterling Morton, Secretary of Agriculture; "The Secular Press," responded to by Hon. Frank Hatton, of the *Washington Post*; "The American Medical Association," by the President, Dr. J. F. Hibberd, of Richmond, Ind.; "The Pan-American Medical Congress," by the President, Dr. William Pepper; "The Medical Press," by Dr. Hobart A. Hare, editor of the *Therapeutic Gazette*; "The Surgeon-General of the Army," in the absence of Surgeon-General Sternberg, was responded to by Surgeon-General William A. Hammond, retired; "The Surgeon-General of the Navy," by the Hon. John B. Henderson, of Missouri, President of the Pan-American Congress of four years ago; "The Journal of the American Medical Association," and "The Public Health," by Dr. John B. Hamilton, Surgeon of the U. S. Marine Hospital Service and editor of the *Journal*.

Among those who made voluntary speeches were Dr. Phillipot, of Jamaica; Dr. A. M. Owen, of Evansville, Ind., and Dr. Alonzo Garcelon, ex-Governor of Maine. Major Stofer, the well-known Washington correspondent, and Mr. Seabrooke, the actor, entertained the company between speeches with musical selections and recitations. This proved one of the most entertaining of the social features of the Congress.

THE efforts of the Medical Society of the State of New York, in advancing the cause of higher education, is meeting with some appreciation, as will be noted by the following, which we clip from the *Chicago Medical Standard*:

Whatever be the opinion of the New York State Medical Society anent its position on the code, it is clearly doing more to elevate the status of the profession and the individual physician than any other State society. Through its efforts, the medical institutions of the State have been lifted from the slough of "baseness" and "politics." No one can be selected as medical officers except from such as have passed an examination. A tenure-of-office act secures them in their position. The excellent medical practice act of that State was originated by the State Medical Society. It, and all other reforms, have been bitterly fought by a heterogeneous crowd of allies, among whom patent medicine "fakirs" and old codeite professors loom up prominently.

Personal.

AT THE recent meeting of the American Microscopical Society, held at Madison, Wis., Dr. Wm. C. Krauss, of Buffalo, was awarded the prize for the best collection of mounted slides.

DR. A. WALTER SUITER, of Herkimer, N. Y., ex-president of the Medical Society of the State of New York, received the degree of A. M. at the commencement of Union University, held in June, 1893.

DR. H. C. LEONHARDT, of Tonawanda, sailed for Europe on September 1, 1893, by the steamer Normanna. He will pass a year on the continent in perfecting himself in medical and surgical knowledge, first, however, spending several weeks in a general tour of observation and pleasure, visiting Germany, Switzerland, and Italy, after which he will locate for several months in Vienna.

Obituary.

DR. WALTER VOUGHT, of New York City, died at the New York Hospital, on Sunday, September 24, 1893, of typhoid fever, contracted, it is alleged, while attending a child ill of that disease. Dr. Vought was thirty-one years of age, a promising young physician, and was the son of Annie M. and the late John H. Vought of this city. His remains were brought to Buffalo for interment.

DR. GRAILY HEWITT, of London, one of the best known medical men of his time, is dead at the age of sixty-five years. He was professor of obstetric medicine in the university, and obstetric physician to University Hospital, London. He was a voluminous writer, a teacher of great fame, and, altogether, one of the most genial and lovable characters that Great Britain has lately produced in the field of medicine. His loss will be seriously felt not only in the immediate locality of his work, but throughout all the world of obstetric and gynecological medicine.

DR. CHARLES L. DAYTON died at his residence, No. 400 Dearborn street, Buffalo, N. Y., on Thursday, September 7, 1893, in the sixty-seventh year of his age. His fatal ailment was typhoid fever, and had been of about ten days' duration.

Dr. Dayton was born in Eden, Erie county, N. Y., and was graduated in medicine from the University of Buffalo in 1854. Immediately thereafter he began the practice of his profession at Black Rock, and had been an active practitioner of medicine for nearly forty years, when he died. His family practice was large, and he was a man of genial companionship and of a sympathetic nature. He had been Health Physician of Buffalo, which was the only public office that he ever held. He leaves a wife and one daughter, besides his brother, Dr. Louis P. Dayton, who was formerly Mayor of Buffalo.

The funeral was largely attended, on Saturday, September 9th, and was conducted with Masonic rites.

He was a member of the Medical Society of the County of Erie, that has taken action relating to his death as follows :

At a special meeting of the Medical Society of the County of Erie, held September 8th, for the purpose of taking suitable action upon the death of Dr. Charles L. Dayton, the President, Dr. John Parmenter, opened the meeting in appropriate terms, then called for remarks by members of the profession.

The older members present who were well acquainted with Dr. Dayton, readily responded. Those who addressed the meeting in eulogy of the deceased, were Dr. Conrad Diehl, Dr. Hauenstein, Dr. Phelps, and Dr. Samo. The following resolutions were reported and read :

WHEREAS, This society has sustained a great loss in the death of Dr. Charles L. Dayton, one of its oldest members ; therefore,

Resolved, That while we bow to this dispensation of Divine Providence, we desire to place on record our appreciation of the many virtues of the deceased ; his never-failing devotion to his profession, and his high ethical bearing towards his brother practitioners, endeared him to all. His was a spirit of the true philanthropist, making him a faithful friend to the poor, a sympathetic confidant and adviser to the sick and suffering, and a public-spirited citizen, faithful and efficient in the discharge of official duties as Health Officer in times of great peril to the community.

Resolved, That these resolutions be spread upon the minutes of the Society, and a copy be transmitted to the family of our deceased brother.

Resolved, That the members of this society attend the funeral in a body.

GEO. F. COTT,
Asst. Secretary.

WM. C. PHELPS,
JNO. J. WALSH,
GEO. F. COTT,
Committee.

Society Meetings.

THE Mississippi Valley Medical Association will hold its nineteenth annual meeting at Indianapolis, Wednesday, Thursday, and Friday, October 4, 5, and 6, 1893. President, R. Stansbury Sutton, M. D., Pittsburg; Vice-Presidents, W. N. Wishard, M. D., Indianapolis; W. S. Christopher, M. D., Chicago; Secretary, Frederick C. Woodburn, M. D., Indianapolis; Committee of Arrangements—George J. Cook, M. D., Chairman; H. M. Lash, M. D.; O. G. Pfaff, M. D.; Theo. Potter, M. D.; George W. Vernon, M. D.

The following titles of addresses and papers have been offered, namely: President's address, Fibroid Tumors of the Uterus, R. Stansbury Sutton, M. D., Pittsburg; address on Medicine, James F. Hibberd, M. D., Richmond, Ind.; address on Surgery, The Anatomy and Surgical Treatment of Inguinal Hernia in the Male, Henry O. Marcy, M. D., Boston.

Papers will be read in the different sections as follows: S. E. Allen, Cincinnati, The Pathology of Pharyngeal Inflammations; E. Wyllis Andrews, Chicago, A Surgeon's View of Appendicitis; John Aulde, Philadelphia, Cellular Therapy, Its Practical Adaptation in the Treatment of Disease; Robert H. Babcock, Chicago, The Schott Method of Treating Diseases of the Heart by Means of Baths and Gymnastics; A. J. Banker, Columbus, Ind., Some Practical Points in the Treatment of Abscesses and Tuberculous Glands; A. D. Barr, Calamine, Ark., The Physiology of Conception; Adolph Blitz, Indianapolis, Pterygium, Its Nature and Treatment; Joseph L. Bauer, St. Louis, The Treatment of Hip-Joint Disease as Related to its Etiology; Louis Bauer, St. Louis, Incurability of Advanced and Extreme Cases of Talipes Equino-Varus by the Means and Methods in Vogue at the Present Time—Suggestion of a Way to Remove the Deformity Without Disturbing the Usefulness of the Extremity; J. T. Berghoff, St. Joseph, Mo., Treat-

ment of Fractures of the Leg; Seth S. Bishop, Chicago, Treatment of Mastoid Diseases, with Operation; I. N. Bloom, Louisville, Electrolysis in the Removal of Superfluous Hairs; A. W. Brayton, Indianapolis, Presentation of Cases of Skin Disease, (a) Sarcoma of the Face, with Sections, (b) Lupus Mutilans, (c) Xeroderma Pigmentosum, two cases; J. G. Carpenter, Stanford, Ky., Strictures of Large Caliber, Follicular Urethritis, Urinary Infiltration, Abscess—two cases—recovery; A. Morgan Cartledge, Louisville, Shall We Operate in All Cases of Appendicitis? Wm. Cheatham, Louisville, Medical Ophthalmoscopy; Joshua Chitwood, Connerville, Ind., The Old and New Method as Applied to Surgery; C. G. Comegys, Cincinnati, Medical Jurisprudence; Wm. T. Corlett, Cleveland, Pemphigus, Its Varieties, Course, and Treatment, with a Report of Some Unusual Cases; T. D. Crothers, Hartford, Conn., The Medical Treatment of Inebriety; N. D. Cox, Spencer, Ind., Puerpera Hemorrhagica, with Report of a Case; J. C. Culbertson, Cincinnati, Diphtheria; Ephraim Cutter, New York, The Treatment of Sclerosis of the Spine; Wm. H. Davis, Denver, Col., Paper; Wm. B. Dewees, Salina, Kan., The Erect Posture for Gynecological Examinations; Allen De Vilbiss, Toledo, O., New Devices for Cutting Bone; Arch. Dixon, Henderson, Ky., Paper; L. H. Dunning, Indianapolis, Intestinal Obstruction After Abdominal Section; Joseph Eichberg, Cincinnati, Essential Paroxysmal Tachycardia; Orpheus Everts, College Hill, O., Problems of Public Interest Concerning the Insane; Wm. A. Galloway, Xenia, O., Diphtheria, A Treatment, Giving a Low Death-rate in Hospital and Private Practice; Heneage Gibbes, Ann Arbor, Mich., The History of a Case of Phthisis Treated with Gold and Iodine, and where Inoculations of Guinea Pigs with the Sputum were kept up until it became Inocuous; Rufus B. Hall, Cincinnati, Paper; D. J. Hayes, Milwaukee, Some Points on Surgery of the Prostate; F. C. Heath, Indianapolis, Hygiene of the Eye; Fred Jenner Hodges, Anderson, Ind., Continuous Submersion in Infected Wounds of the Extremities; T. E. Holland, Hot Springs, Ark., Paper; Bayard Holmes, Chicago, What Sort of a Medical Education is Required, and Whose Duty is it to Furnish it? Wm. H. Humiston, Cleveland, The Treatment of the Diseases of the Uterine Appendages; Wm. F. Hutchinson, Providence, R. I., Electric Anesthesia, Further Studies; Geo. F. Keiper, Lafayette, Ind., Etiology of Deafness, and Its Prevention; J. H. Kellogg, Battle Creek, Mich., A Critical Study of the Symptomatology of

the Disorders of Digestion ; G. W. H. Kemper, Muncie, Ind., A Case of Senile Gangrene, Treated by Amputation ; Emory Lanphear, Kansas City, Surgery of the Cranium, What is the Proper Treatment ? Hugh M. Lash, Indianapolis, Chorea, Its Etiology and Treatment ; Bransford Lewis, St. Louis, The Pathological Anatomy of Urinary Retention, with Deductions as to Treatment ; Wm. H. Link, Petersburg, Ind., The Value of a Close Observation of Other Men's Work ; H. W. Loeb, St. Louis, Some Illustrative Cases of Nasal Headache ; I. N. Love, St. Louis, Mo., Chorea in its Relation to Rheumatism ; G. Frank Lydston, Chicago, Some Heresies Regarding Prostatic Pathology ; Anne H. McFarland, Jacksonville, Ill., The Classification of the Insane ; Chas. F. McGahan, Bethlehem, N. H., Physical Culture in Pulmonary Disease ; Theo. A. McGraw, Detroit, Paper ; L. S. McMurtry, Louisville, Paper ; Joseph M. Mathews, Louisville, Ulceration of the Rectum, Its Etiology and Treatment ; J. G. Meachem, Racine, Wisconsin, Lung Diseases as they Occur on the Shores of Lake Michigan ; Giles S. Mitchell, Cincinnati, Ohio, Caesarian Section and its Substitutes ; J. McLean Moulder, Kokomo, Ind., Brain Surgery, with Report of Cases ; J. B. Murphy, Chicago, Perforative Peritonitis ; Frank P. Norbury, Jacksonville, Ill., Medico-Legal Aspect of Brain Tumors ; A. H. Ohmann-Dumesnil, St. Louis, Chancroid of the Eyelid ; J. C. Oliver, Cincinnati, Tubercular Disease of the Tarsus, Surgical Treatment, Results ; L. F. Page, Indianapolis, Hay Fever ; H. O. Pantzer, Indianapolis, Tubercular Peritonitis ; Theo. Potter, Indianapolis, The Pathology and Principles of Treatment of Asthma ; Joseph Price, Philadelphia, Why Gynecology and Obstetrics Should be in the Hands of Specialists ; I. N. Quinby, Jersey City, N. J., A New Method of Operating at the Ankle-Joint for Injuries of the Foot ; A. Ravogli, Cincinnati, Cutaneous Psorospermosis ; J. M. Ray, Louisville, The Nose and Naso-Pharynx in Their Relation to Suppurative Diseases of the Middle Ear ; Thad. A. Reamy, Cincinnati, The Evolution in the Treatment of Uterine Fibroids Since my Entrance into the Profession ; B. Merrill Ricketts, Cincinnati, Report of Surgical Cases, with Photographs ; John Ridlon, Chicago, Differential Diagnosis and Principles of Treatment of Hip-Joint Disease ; Eric E. Sattler, Cincinnati, Paper ; J. C. Sexton, Rushville, Ind., Study of a Fatal Case of Essential Tachycardia ; M. T. Scott, Lexington, Ky., Septic Infection of the New-Born ; Y. C. Smythe, Greencastle, Ind., Dirt vs. Drugs in the

Treatment of Diabetes Mellitus ; Albert E. Stearne, Indianapolis, Multiple Sclerosis ; F. E. Stewart, Watkins, N. Y., Some of the Treatments Employed in Sanitariums ; C. B. Stemen, Fort Wayne, Ind., Antiseptic Precautions in Railway Injuries ; Leon Straus, St. Louis, A Plea for More Frequent and Earlier Colotomy in Painful Malignant Diseases of the Rectum ; Frank J. Thornbury, Buffalo, N. Y., The Bacteria of the Surface—Disinfection of the Latter—Non-Utility of Antiseptics ; Max Thorner, Cincinnati, Modern Methods of Treating Ear Diseases ; Lyman Beecher Todd, Lexington, Ky., Certain Diseases of Infancy, Their Prevention ; Geo. W. Vernon, Indianapolis, Infantile Therapeutics ; Carl H. Von Klein, Cleveland, Nasal and Post-Nasal Vegetations ; Karl Von Ruck, Asheville, N. C., Paper ; Edwin Walker, Evansville, Ind., Reflex Irritation as a Cause of Disease ; H. O. Walker, Detroit, Kraske's Operation, with Report of Cases ; Geo. W. Webster, Chicago, The Value of an Examination of the Blood as an Aid in Diagnosis ; X. O. Werder, Pittsburg, The Present Status of the Treatment of Uterine Fibroids ; J. R. Weist, Richmond, Ind., The Diagnosis and Treatment, by the General Practitioner, of the Minor Diseases of the Sexual Organs of Women ; Wm. E. Wirt, Cleveland, Treatment of Old and Neglected Cases of Hip Disease ; Wm. N. Wishard, Indianapolis, Paper ; E. A. Wood, Pittsburgh, Therapy of Gold ; J. E. Woodbridge, Youngstown, O., Can Typhoid Fever be Aborted ?

AT THE meeting of the Ohio State Medical Society, held in June, the following officers were elected: President, N. P. Dandridge, M. D., Cincinnati ; First Vice-President, F. C. Larimore, M. D., Mt. Vernon ; Second Vice-President, Wm. Caldwell, M. D., Fremont ; Third Vice-President, W. T. Corlett, M. D., Cleveland ; Fourth Vice-President, L. S. McCurdy, M. D., Dennison ; Secretary, Thos. Hubbard, M. D., Toledo ; Assistant Secretary, Charles Graefe, M. D., Sandusky ; Treasurer, J. A. Duncan, M. D., Toledo.

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.—The following Business Committee has been appointed by the President of this Society, Dr. Bendell,—namely: Dr. Henry Flood, of Elmira ; Dr. L. Bolton Bangs, of New York ; Dr. Edward Clark, of Buffalo—to whom communications may be addressed regarding papers for the next meeting of the society, in February next.

F. C. CURTIS, *Secretary*.

Book Reviews.

A TEXT-BOOK OF THE THEORY AND PRACTICE OF MEDICINE. By American teachers. Edited by WILLIAM PEPPER, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. In two volumes; illustrated. Vol. I. Large octavo, pp. 909. Philadelphia: W. B. Saunders, 913 Walnut street. 1893.

The list of authors who have written for this work comprises the names of some of our most eminent and admired teachers,—men who have for many years led the ranks in medicine. The names of those contributing to this volume are Billings, Osler, Pepper, Thompson, Whittaker, and Wood.

John S. Billings contributes an admirable article upon Hygiene, which occupies first place in the volume and sets forth the great principles of hygiene, supported by statistics, clear argument, and calm reasoning. We consider it a noticeable step in advance that this sound and elaborate article upon hygiene should fill the first pages of a modern text-book of medicine.

William Pepper, among other articles, contributes one of especial value upon Typhoid Fever, in which eighteen pages are devoted to treatment. We are glad to see that Dr. Pepper is opposed to the use of semi-solid or solid food during the course of typhoid fever; and, while he says some excellent observers sanction its use, he has repeatedly observed harmful effects from its administration. The tenor of Dr. Pepper's remarks upon the administration of alcohol in typhoid fever indicates that he deprecates the use of alcohol simply because the diagnosis of typhoid fever is admissible, and he evidently advises the use of alcoholic stimulants only when there is profound constitutional disturbance, while in mild cases which are progressing favorably alcohol should be withheld. In the consideration of the temperature of typhoid fever, Dr. Pepper says that the high mortality in this disease comes, directly or indirectly, from persistent pronounced pyrexia, and he advocates the use of cold baths, according to the Brand method, in order that the temperature may be kept below 102.5° Fahrenheit. Other methods of application of cold to the surface of the body, in typhoid fever, for the reduction of temperature, are described; but, happily, Dr. Pepper places the highest value upon the Brand treatment, the details of which he carefully gives. We do not think, however, that Dr. Pepper sufficiently emphasizes

the beneficial effects of the cold baths upon the nervous system, the circulation, the digestive apparatus, and the general tone of the patient; nor does he lay enough stress upon the fact that complications are rendered less frequent and less serious under the bath treatment; nor does he show how medication may be reduced to a minimum or entirely dispensed with, and how the therapeutics of typhoid fever may be greatly simplified, so as to consist merely of the regular administration of milk, attention to the hygienic surroundings, good nursing, and the cold plunges. From the pen of so able a man as Dr. Pepper, we should be pleased to see a plea for simplified therapeutics in typhoid fever. As regards the administration of intestinal antiseptics in typhoid fever, more caution and discrimination should be advised, as it is with a delusive hope of affecting the intestinal lesions and the specific bacteria of the disease that so many physicians give, as we have often had occasion to notice, numerous doses of the most incompatible and disgusting combinations. Too free medication in typhoid fever is to be deprecated as urgently as the cold plunge treatment is to be advocated.

James T. Whittaker writes well-arranged and concise articles upon the Exanthemata, which admit of easy reference, and are valuable alike for practitioner and student. The chapters written by W. Gilman Thompson are noticeable for the careful and detailed account of the specific agents in the causation of diphtheria and the malarial fevers. These chapters are otherwise well up to date, and are worthy of careful reading.

H. C. Wood writes the section upon Diseases of the Nervous System in his familiar felicitous style, which makes delightful reading of this portion of the volume. His articles upon Neurasthenia and Hysteria are concise and to the point, although the failure to mention eye-strain as a causative element in these affections renders their discussion far from complete. The correction of ocular errors, refractive or muscular, has done so much toward relieving hysteria and neurasthenia that it is no longer a subject to scoff at, but one which should engage our earnest attention.

Among other excellent contributions to this volume, William Osler writes a valuable chapter upon Vaso-motor and Trophic Disorders, in which are discussed Raynaud's Disease, Angio-neurotic Edema, and Acromegaly, affections the literature of which has been heretofore found chiefly in the journals. This volume has more than usual merit, in that it is composed of the most advanced

writings of some of the ablest among our American physicians, and we should be proud of it as a purely American production and as an effort that reaches a high standard. A. A. J.

HUMAN EMBRYOLOGY. By CHARLES SEDGWICK MINOT, Professor of Histology and Human Embryology, Harvard Medical School, Boston. 463 illustrations. New York: William Wood & Co. 1892.

Professor Minot has presented, in this volume of some 800 pages, an exhaustive treatise of the subject. It appeals most strongly to the advanced student of embryology, but even the average medical reader, who has only the most rudimentary knowledge of the subject, can appreciate the magnitude of the work, and the years of earnest, persistent labor that have been required to complete it.

The introductory chapters treat of the Anatomy and Physiology of the Uterus, with special reference to the histology of its mucosa, and the transitions which the latter undergoes during functional activity. The formation, minute structure, and function of the deciduæ, are discussed in detail. The author shows that the functions of menstruation and gestation are essentially homologous—the former being simply less prolonged and intensified,—in fact, a mimic labor.

Part I., on the Genital Products, contains five chapters, the first two of which are devoted to the life history of the spermatozoon and ovum, respectively. The third and fourth, to ovulation and impregnation, and the last, to a discussion of the theories of sex and heredity.

It is from a careful study of the genesis of the sexual elements that he obtains the data from which his theory of the nature of sexuality is deduced. He says: "This hypothesis is based upon three categories of facts: First, sexual reproduction is effected by the union of a male and female element, which produces a cell; this cell is, therefore, hermaphroditic, or perhaps one should say, asexual or neuter, since it is neither male nor female; second, when the cell which gives rise to the female element matures into an ovum, it undergoes a remarkable process of unequal division, known as the extrusion of the polar globules; in other words, the cell divides into three bodies—(a) two polar globules, (b) a single female element—in some cases the polar globules divide further; third, when a cell divides into male elements, there remains one cell which does not form a spermatozoon; in mammals

it is probable that the parent cell divides into three cells, one of which (*b*) remains to form the base of Sertoli's column, and two of which (*a*) subdivide further to produce the spermatoblasts, and, ultimately, the spermatozoa."

Assuming that this view of spermatogenesis is true, the author shows that in each cell both sexes are potentially present—that in order to produce sexual elements (genoblasts), the cell divides into its several parts; in the case of the egg-cell, the male polar globules are thrown off, leaving the female ovum. In the case of the sperm-cell, the male spermatoblasts, which are supposed to be analogous to the polar globules, multiply considerably, and their descendants give rise to the male elements, while the parent cell atrophies. In order to make a complete cell, which will be capable of developing into a fetus, the union of these sexual elements is necessary. According to this view, parthenogenesis is only an extreme case of asexual reproduction, and in no wise the development of a female element without impregnation.

The theories of heredity are briefly stated, and the author's views thus summarized: "The child is like its parents, because its organization is regulated by not merely similar, but by some of the same chromatine (nuclear substance) as that of its parents."

Part II., on the Germ Layers, includes (Chapter IV.), Segmentation (Chapter V.), Concrecence, the law of which is stated on page 125: "The vertebrate primitive axis is formed by the growing together in the axial line of the future embryo of the two halves of the ectental line" (Chapter VI.). The Mesoderm and the Coelom, in which the various theories of that much disputed question, the origin of the mesoderm, are thoroughly discussed, and the conclusion drawn that it is derived from the entoderm (Chapter VII.), General Remarks on the Germ Layers.

Part III., on the Embryo, includes Chapters VIII. to XIII.; on the Medullary Groove, Notochord, and Neurenteric Canals; Division of the Coelom; Origin of the Blood, Blood-vessels, and Heart; Origin of the Urogenital System; The Archenteron and the Gill Clefts; The Germinal Area; The Embryo, and its Appendages.

Parts III. and IV. are replete with interesting facts, a detailed review of which, we regret, space will not permit.

In Part V., an excellent account is given of the growth and development of the fetus, its appendages, organs, and special systems. This is the largest part of the book, covering over 300 pages.

We can speak none but words of praise for this valuable contribution to the literature of embryology. The author's statements are clear and concise, and a thoroughly scientific spirit is manifested throughout the entire treatise.

The drawings from microscopical sections call for special commendation. Only those who have made such drawings can appreciate the labor involved.

Many authors have been quoted, and full credit is given in the remarkable bibliographical reference list, which is appended.

The publishers have done their part well, and the book should have a wide circulation.

E. P. L.

HYGIENE AND PUBLIC HEALTH. By LOUIS C. PARKES, M. D., D. P. H., London University. Fellow of the Sanitary Institute, and Member of the Board of Examiners; Lecturer on Public Health at St. George's Hospital Medical School; Medical Officer of Health and Public Analysis for the parish of Chelsea. Third edition, with illustrations. Price, \$2.75. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1892.

The study of the science of hygiene and public health has progressed in a remarkable degree within the last decade. It has come to be a necessary part of the equipment of every physician, whether he is a specialist or a general practitioner of medicine and surgery, or whether he is simply a laboratory teacher, to be familiar with the essential subjects treated under this general head. Every physician, nowadays, is asked questions that come within the province of the sanitarian and public health scientist, and he must be ready to give an intelligent answer when this information is sought. The people are not slow to understand that it is more important to prevent disease than to cure it, and even those who are only moderately informed on science in general are apt to have some information on the prevention of disease, through care of the person, house sanitation, and good drainage.

This work has passed through two editions within a comparatively short time, and now presents itself in an admirable dress, with some additions and improvements, and a thorough revision.

The subject of Smoke Prevention by Mechanical Appliances, of Weather Observations, of Cyclonic Systems, and of Epidemic Influenza, have been newly introduced, while the article on Diphtheria has been entirely re-written, and other chapters, dealing with Etiology and Bacteriology, have been brought up to date.

We are pleased to give endorsement to such an admirable work,

for it must be so regarded, alike in matter, method, and make-up. It has a very complete index, which we desire to especially commend.

DISEASES OF THE KIDNEYS AND BLADDER. A Text-book for Students of Medicine. By W. F. McNUTT, M. D., M. R. C. S., Ed., L. R. C. P., Ed., Professor of the Principles and Practice of Medicine, University of California; Professor of the Diseases of the Kidneys and Heart, Post-Graduate Department of the University of California; Consulting Physician and Surgeon to St. Mary's Hospital, and to the Children's Hospital; Member of the International Medical Congress, of the American Medical Association, and of the California State Medical Society; President of the California Gynecological Society; Ex-Acting Assistant Surgeon United States Navy, etc. Philadelphia: J. B. Lippincott Co. 1893.

This work begins by giving the anatomy and physiology of the kidneys, including anomalies of position, form, and number. In its second section, Diseases of the Kidney are taken up, the first being nephralgia, or neuralgia of the kidneys. There is scarcely any organ or section of the body which may not be the seat of this distressing symptom, for, in most instances, neuralgia is a symptom of some significance relating to structural or functional disease. It is especially so in the kidneys, where calculi furnish the chief cause for pain in the organ.

Hyperemia, Hematuria, Anemia, Disease of the Renal Blood-vessels, and, next, the Urine are taken up in their natural order. The chapter on the Urine is an exceedingly interesting one, and deserves careful study. Casts of the Uriniferous Tubules, Albumen, and Nephritis in its various forms, are then discussed in the order named.

The author is very clear in his treatment of the subjects grouped under the general head Nephritis, and has illustrated its pathology with a few cuts, and these, it seems to us, might have been increased in number with much profit. Uremia is next taken up, then Degenerations and New Growths.

Section III. considers Diseases of the Pelvis of the Kidneys, including the ureters, and finally, in the next chapter, the Surgical Treatment of the Kidneys is dwelt upon.

Section IV. considers Diseases of the Bladder, which is a department of medicine requiring more careful attention by the general practitioner than it usually receives. He will here find carefully considered instructions that will aid him in the diagnosis and treatment of these sometimes very subtle conditions.

In Section V., Diabetes is treated upon, and the volume closes with an excellent index.

We commend it to the careful consideration of the general practitioner as well as the genito-urinary specialist.

CARDIAC OUTLINES FOR CLINICAL CLERKS AND PRACTITIONERS, AND FIRST PRINCIPLES IN THE PHYSICAL EXAMINATION OF THE HEART, FOR THE BEGINNER. By WILLIAM EWART, M. D., Cantab., F. R. C. P., Physician to St. George's Hospital; Clinical Lecturer and Teacher of Practical Medicine in the Medical School; Physician to the Belgrave Hospital for Children; Additional Examiner, in 1891, for the third M. B. of the University of Cambridge; late Assistant Physician and Pathologist to the Brompton Hospital for Consumption and Diseases of the Chest. With sixty-two illustrations. New York: G. P. Putnam's Sons, 27 West Twenty-third street. London: The Knickerbocker Press, 24 Bedford street, Strand. 1892.

The author of this monograph states in his preface that he indited the work with a three-fold object, namely: To help the beginner through his first difficulties; to encourage the clinical clerk in the cultivation of a graphic method as a means to thoroughness and accuracy; and to place at the disposal of the practitioner a way and method of adequately recording important clinical observations.

A careful examination of the work indicates that Mr. Ewart has admirably succeeded on the three lines laid out. The importance of stating clinically the location of the heart in health and disease cannot be over-estimated, for disease of this important organ must be early diagnosticated, if its multifarious diseases are to be relieved. Anatomical accuracy is essential as a beginning to diagnosis.

We commend this little work to the student of clinical accuracy, and to practitioners of medicine, as a valuable guide in their researches and investigations.

LESSONS IN PHYSICAL DIAGNOSIS. By ALFRED L. LOOMIS, M. D., LL.D., Professor of the Practice of Medicine and Pathology in the University of the City of New York. Tenth edition, revised and enlarged. Octavo; illustrations, some in color; 240 pages, extra muslin; price, \$3.00. New York: William Wood & Co.

The tenth edition of this volume requires but very little notice at our hands, beyond the mere announcement of the fact that this distinguished author and teacher has kept his work well to the fore in the point of progress. It has been thoroughly revised, and such corrections and additions have been made as seemed to him necessary to make it fully abreast of the present moment.

Dr. Loomis says, in a prefatory note, that the section on the physical action of the heart, and the lesson on the examination of the urine, have been entirely re-written, and that a new lesson on clinical microscopy has been added.

We commend the lesson on the examination of the urine to every student and practitioner interested—and who is not?—as worthy of the most careful study. It is a subject second to none in importance, for through the examination of the urine often has been found the key to many an obscure malady; but this work must be done carefully, and not in the usual slipshod manner. Dr. Loomis is especially strong in reference to the diagnosis of cardiac diseases, and has long been the accepted authority in this branch of internal medicine. Here, again, his teachings deserve careful reading, since they furnish a safe guide in this important field.

The book is handsomely printed, and contains many useful illustrations.

NAPHEYS' MODERN THERAPEUTICS. Medical and Surgical, including the Diseases of Women and Children. A compendium of recent formula and therapeutical directions from the practice of eminent contemporary physicians, American and foreign. Ninth edition, revised and enlarged. Volume II. General Surgery, Gynecology, and Obstetrics. By ALLEN J. SMITH, M. D., Professor of Pathology, University of Texas, Galveston; late Assistant Demonstrator of Morbid Anatomy and Pathological Histology, and Lecturer on Urinology, University of Pennsylvania, and J. AUBREY DAVIS, M. D., Assistant Demonstrator of Obstetrics, University of Pennsylvania; Assistant Physician to Home for Crippled Children, Philadelphia. Large octavo volume. Pp. 19-1112. Price, \$6.00 Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1893.

The second volume of this important work is constructed on similar lines to that of Volume I., which we noticed in the issue of the *JOURNAL* for December, 1892. It is scarcely within the province of the reviewer to go beyond the mere statement that this work is one of the most practical of its kind, and must necessarily prove useful in a marked degree to the general practitioner of medicine. This is its appropriate field, in our opinion, for here is recorded, briefly, such practical therapeutical points as will serve to aid him in the treatment of disease. Besides the many useful formulæ that the volume contains, there are numerous clinical memoranda and suggestions which are not usually found in therapeutical treatises.

The ninth edition of a work usually bespeaks its popularity, and we know of none that has become more so in twenty-two years than Napheys' *Modern Therapeutics*.

FERMENTATION, INFECTION, AND IMMUNITY. A New Theory of these Processes, which Unifies their Primary Causation and Places the Explanation of their Phenomena in Chemistry, Biology, and the Dynamics of Molecular Physics. By J. W. McLAUGHLIN, M. D. Pp. 240. Austin, Texas : Eugene Von Boeckman, printer.

This so-called new theory is no new theory at all, but an elaboration of the old physical theory of Liebig. Dr. McLaughlin, however, rids the old theory of much of its crudeness, and presents the physical theory in a manner which is most intensely interesting reading.

We congratulate the author upon having given the scientist a very interesting description of fermentation, and having made a very laudable attempt to explain the same by means of molecular physics.

The theory of fermentation, in a nut-shell, as presented by Dr. McLaughlin, is that yeast (*saccharomyces cerevisiæ*, for example,) has a certain molecular motion as regards wave length and period of time ; that the sugar with which it comes in contact, and in which it produces the phenomena known as fermentation, has a molecular motion which coincides, or nearly coincides, with the wave length and period of time of the yeast cell. Now, the constant beating of the yeast cell against the molecule of sugar causes the sugar molecule to be resolved into its atomic constituents, and these atoms re-arrange themselves under the formation of ethyl alcohol, carbon dioxide, propyl, isopropyl, and butyl alcohols, succinic acid, glycerine, etc.

The theory is a grand one, but why, in the fermentation of dextrose by *saccharomyces cerevisiæ*, ethyl alcohol should be formed in by far the largest quantity, is not explained. Viewed from the standpoint of chemical possibility, the molecule of dextrose might just as well re-arrange its atoms into methyl alcohol, propyl alcohol, and carbon dioxide, as into the products which we know are produced.

On the other hand, take the unorganized ferments. Do they produce their specific effect by means of bombardment ? Does diastase, for instance, train its dynamite guns upon the starch molecule and resolve it into its atomic elements ? If such is the case, then hydrochloric, sulphuric, and other acids must convert the starch molecule into sugar by a similar process. In regard to the unorganized ferments, we do not know but that they combine with the molecule upon which they are to act, and that this combination is again decomposed. Let us not forget the mystery which long sur-

rounded the formation of ether from alcohol and sulphuric acid. "Contact action" explained, for a great many years, a process which we know today is simply synthesis and decomposition.

Another point in the theory, which appears very weak to us, is the action of one specific form of yeast upon sugars which are physically and chemically different. For example, why should *saccharomyces cerevisiæ* produce the same products from dextrose and levulose, two sugars physically different, or from maltose, a sugar different, both chemically and physically, from the two just mentioned?

The theory advanced, while very plausible, fails to explain many peculiarities met with in actual practice. J. A. M.

DISEASES OF THE HEART, LUNGS, AND KIDNEYS. By N. S. DAVIS, Jr., A. M., M. D., Professor of Principles and Practice of Medicine, Chicago Medical College; Physician to Mercy Hospital, etc., etc. Philadelphia and London: F. A. Davis & Co., Publishers. 1892.

The author states in the preface that this volume comprises a part of the topics of his lectures before the students of the Chicago Medical College, and this presumably is the reason for their appearance in book form. The various affections of these organs are treated carefully and logically, but contain nothing new or original, and nothing that cannot be found in any good book on practice. The author treats the various forms of disease of these organs very carefully and conscientiously, giving formulas and special directions wherever convenient. The binding is similar to the other volumes of the ready reference series. W. C. K.

MANUAL OF CHEMISTRY. A Guide to Lectures and Laboratory Work for Beginners in Chemistry. A Text-Book Specially Adapted for Students of Medicine and Pharmacy. By W. SIMON, Ph. D., M. D., Professor of Chemistry and Toxicology in the College of Physicians and Surgeons; Professor of Chemistry and Analytical Chemistry in the Maryland College of Pharmacy, Baltimore, Md. Fourth edition, thoroughly revised, with forty-four illustrations and seven colored plates, representing fifty-six chemical reactions. Pp. vii.—493. Philadelphia: Lea Brothers & Co. 1893.

This work is by no means a new one to the profession, and its popularity is evidenced by the call for a fourth edition in a comparatively short time. The author has brought it down to the present status of chemical science. The colored plates used for the purpose of illustrating the different precipitates is a great aid to the student, and highly commendable.

This work is written in a clear, concise style, and imparts to

the student who will study it carefully, an excellent outline of the science.

The typography and make-up of the book is in the usual good taste which is characteristic of this firm. J. A. M.

BOOKS RECEIVED.

A Manual of Medical Treatment or Clinical Therapeutics. By I. Burney Yeo, M. D., F. R. C. P., Professor of Therapeutics in King's College, London. In two 12mo volumes, containing 1275 pages, with illustrations. Complete work, cloth, \$5.50. Philadelphia: Lea Brothers & Co. 1893.

The Throat and Nose, and Their Diseases. By Lennox Browne, F. R. C. S. E., Senior Physician to the Central London Throat and Ear Hospital. Fourth and enlarged edition. In one imperial octavo volume of about 750 pages, with 120 illustrations in color, and 235 engravings on wood. Cloth, \$6.50. Philadelphia: Lea Brothers & Co. 1893.

A Manual of Diseases of the Ear. By George P. Field, M. R. C. S., Aural Surgeon and Lecturer on Aural Surgery, St. Mary's Hospital Medical School, London. In one octavo volume of 391 pages, with seventy-three engravings and twenty-one colored plates. Cloth, \$3.75. Philadelphia: Lea Brothers & Co. 1893.

Annual of the Universal Medical Sciences. A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by Charles E. Sajous, M. D., and seventy associate editors, assisted by over two hundred corresponding editors, collaborators, and correspondents. Illustrated with chromo-lithographs, engravings, and maps. Five volumes. The F. A. Davis Company, Publishers, Philadelphia, New York, Chicago, and London. Australian Agency: Melbourne, Victoria. 1893.

The Art of Preserving Health by Preventing Disease. Outlines of Practical Hygiene, adapted to American Conditions. By C. Gilman Currier, M. D., Visiting Physician to the New York City Hospitals; Fellow of the New York Academy of Medicine; Member of the New York Pathological Society; Member of the American Medical Association, etc., etc. One large octavo volume, 468 pages, illustrated, \$2.75. New York: E. B. Treat, 5 Cooper Union. 1893.

A Chapter on Cholera, for Lay Readers. History, Symptoms, Prevention, and Treatment of the Disease. By Walter Vought, Ph. B., M. D., Medical Director and Physician-in-Charge of the Fire Island Quarantine Station, Port of New York; Fellow of the New York Academy of Medicine, etc. Illustrated with colored plates and wood engravings. In one small 12mo volume, 110 pages. Price, 75 cents net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry street.

The Pharmacopeia of the United States of America. Seventh decennial revision (1890). By authority of the National Convention for Revising the Pharmacopeia, held at Washington, A. D. 1890. Official for January 1, 1894. Published by the Committee on Revision. Octavo pp. 1.—602. Philadelphia: J. B. Lippincott Company, Printers and Binders. P. Blakiston, Son & Co., Agents. 1893.

A Treatise on Ophthalmology, for the General Practitioner. By Adolph Alt, M. D. Second edition. Revised and enlarged, with 140 illustrations, 8vo, pp. xvi.—330. St. Louis: J. H. Chambers & Co. 1893.

Transactions of the Texas State Medical Association. Twenty-fifth Annual Session, held at Galveston, May 2, 3, 4, and 5, 1893. Edited by H. A. West, M. D., Secretary. Octavo volume, pp. 448. Galveston: Knapp Brothers, Printers and Publishers. 1893.

Transactions of the Association of American Physicians. Eighth Session, held at Washington. D. C., May 30–31, and June 1, 1893. Volume VIII. Edited by I. Minis Hays, M. D., Recorder. Philadelphia: William J. Dornan, Printer. 1893.

Literary Notes.

THE MAGAZINE OF THE FUTURE.—The July *Cosmopolitan* marked the most radical step ever taken in periodical literature. With that issue, the magazine, unchanged in form, in fact one of the best numbers of the *Cosmopolitan* ever issued, was put on sale at twelve and one-half cents per copy—\$1.50 a year. The cutting in half of a price already deemed low for an illustrated magazine, is the result of an intention long since formed, to give to the public an illustrated monthly of the very highest class at such a price as must bring it within the reach of all persons of intellectual tastes, however limited their incomes. There are more than 10,000,000 readers in the United States, and less than 800,000 magazines are printed to supply their demands. More than four years have been spent in reaching the organization necessary for the production of the *Cosmopolitan* at this price, a figure hitherto undreamed of by the reading world. Each department of the work has been slowly perfected, until, with the January number of this year, 150,000 copies of the magazine were prepared upon presses and machinery of the most improved form, built with a view to producing the finest results at the very minimum of expense—the only establishment in the world, it is believed, devoted exclusively to the printing of an illustrated monthly magazine. To establish a magazine upon such a basis at the outset was impossible. Only the rapid growth of the *Cosmopolitan's* editions, almost unprecedented in magazine records, has produced the conditions which make this departure from established prices possible. The *Cosmopolitan* promises to make the year 1893 the most brilliant in its history. No other year has seen such an array of distinguished names as will appear on its title page during 1893. De Maupassant, Mark Twain, George Ebers, Valdez, Spielhagen, Francois

Coppée, Flammarion, and Paul Heyse, are some of the authors whose work will appear for the first time this year in the pages of the *Cosmopolitan*. Among the artists whose work will decorate its pages for the first time during 1893 are Laurens, Toussaint, Vierge, Rochegrosse, and Schwabe. William Dean Howells will be a regular contributor during 1893-94.

THE Secretary of the State Board of Health, Dr. Lewis Balch, has prepared a manual for the use of members of local boards of health, health officers, and all others interested in health matters. The book is exactly what it purports to be a—practical working manual. It defines the powers of the State and local boards, it contains directions to the local health officer, it gives examples of problems which may arise and their solution, it offers suggestions for the prevention of disease, and it includes directions to be followed in times of danger from epidemics of contagious diseases which formulate the best method of stamping these out which experience has devised. It solves many legal questions in the most plain and practical way. The value of the vital statistics gathered by the State Board is explained, and the duty of those who are required by the law to fill out the certificates is fully defined. Blank certificates, having the questions properly answered, are given as models to be followed. Bound with the manual is a copy of the Public Health Law, to which it is designed to serve as a commentary. The volume will be found to be of the greatest value to all who are interested in the public health, and it will enable boards of health and health officers to be certain of their positions in their dealings either with their municipal governments or with the people. Price, \$1.50 ; delivered upon receipt of price. Banks & Brothers, Albany, N. Y.

A NEW ILLUSTRATED DICTIONARY OF MEDICINE, BIOLOGY, AND COLLATERAL SCIENCES.—Dr. George M. Gould, already well known as the editor of two small medical dictionaries, has now about ready an unabridged, exhaustive work of the same class, upon which he and a corps of able assistants have been uninterruptedly engaged for several years.

The feature that will attract immediate attention is the large number of fine illustrations that have been included, many of which—as, for instance, the series of over fifty of the bacteria—have been drawn and engraved especially for the work. Every scientific-

minded physician will also be glad to have defined several thousand commonly used terms in biology, chemistry, etc.

The chief point, however, upon which the editor relies for the success of his book, is the unique epitomization of old and new knowledge. It contains a far larger number of words than any other one-volume medical lexicon. It is a new book, not a revision of the older volume. The pronunciation, etymology, definition, illustration, and logical groupings of each word are given. There has never been such a gathering of new words from the living literature of the day. It is especially rich in tabular matter, a method of presentation that focuses, as it were, a whole subject so as to be understood at a glance.

The latest method of spelling certain terms, as adopted by certain scientific bodies and authorities, have all been included, as well as those words classed as obsolete by some editors, but still used largely in the literature of today, and the omission of which in any work aiming to be complete would make it unreliable as an exhaustive work of reference.

The publishers, Messrs. P. Blakiston Son & Co., announce that, notwithstanding the large outlay necessary to its production on such an elaborate plan, the price will be no higher than that of the usual medical text-book.

A NEW MEDICAL DICTIONARY.—A completely new medical dictionary is announced for early publication by Lea Brothers & Co. The author, Dr. Alexander Duane, of New York, is already widely known as the medical expert for Webster's International Dictionary. His new work has been drafted to supply medical students with all desired information concerning the words they will meet in their course of reading, and as the vocabulary has been selected most liberally, the work will be of value to practitioners also. The pronunciation of each word is given by a simple and obvious phonetic spelling; then follows the derivation, an unexcelled aid to memory, and finally a full definition. Descriptive matter has been appended to such words as cannot be adequately explained by simple definition. Thus, diseases are described, and their symptoms and treatment are given; drugs are followed by their properties, effects, doses, etc. Extensive tables of bacteria, doses, etc., are placed in the alphabet most conveniently for reference. A work of real value is promised, and we shall take an early opportunity of reviewing it in these columns.

GRAY'S ANATOMY, NEW (THIRTEENTH) EDITION.—Another edition, the thirteenth, of this standard work is announced for early publication by Messrs. Lea Brothers & Co. It is hardly too much to say that this work has been the most popular of all medical textbooks whatever since its first appearance, in 1851. Its text has been revised successively by the foremost anatomists of a generation, and the present edition embodies whatever changes were necessary to make it represent its advancing science. The illustrations have always been noted for their clearness. Their large size has rendered it possible to print the names of the parts directly upon them, thereby indicating not only their names, but also their extent—a most important matter. A liberal use of colors has been made to secure additional prominence for certain parts. Notwithstanding these improvements, the constantly increasing demand has justified a reduction in the price of the colored edition. An early review will appear in these columns.

A TEXT-BOOK OF NORMAL HISTOLOGY, by Dr. George A. Piersol, Professor of Anatomy in the University of Pennsylvania, is announced by J. B. Lippincott Company, among other new medical publications, for early issue. The author is eminently qualified by learning, research, and experience as a teacher, to prepare such an important work as this, and in the arrangement of the text shows a wise sympathy with the wants of the students. While his descriptions of the various tissues and organs are sufficiently full, he has carefully avoided such detail as would bewilder the learner. The numerous illustrations are excellent, and with few exceptions cover the entire field of normal histology.

DUNGLISON'S NEW PRONOUNCING MEDICAL DICTIONARY.—A new edition of Dunglison's Medical Dictionary is announced as in press for early publication. It has been thoroughly revised and greatly enlarged, and will contain about *forty-four thousand* new medical words and phrases. Pronunciation has been introduced into the new edition by means of a simple phonetic spelling. This work has always been noted for the fulness of its definitions, ample explanations being its distinguishing characteristic. In the new edition much encyclopedic information, difficult of access elsewhere, will be found conveniently at hand. Especial attention has been devoted to matters of practical value. A review will appear in an early issue.

DR. THOMAS MORE MADDEN, well known as one of the foremost gynecologists of Europe, has prepared a hand-book of Diseases Peculiar to Women, which will be published at once by J. B. Lippincott Company. The work is more than usually important, from the fact that it contains the result of the author's wide experience and is embellished with numerous excellent sketches of gynecological diseases and appliances, together with engravings and drawings or photographs of cases under clinical observation made by some of the most eminent physicians in England and America. The work is entitled Clinical Gynecology.

ELINOR FENTON, by David S. Foster, is a charming romance, the scene of which is laid in the heart of the Adirondacks. The plot is full of incident, and the characters, manners, and scenery are happily depicted. Love receives a due share of attention, its blisses, its woes, its apparent defects, and ultimate victory being described with much humor in a very life-like way. Mr. Foster has produced a pleasing story that is sure to increase a reputation already recognized. It is published by J. B. Lippincott Company.

ABOUT October 15th, a Medical Directory of the State of Connecticut will be issued by the Danbury Medical Printing Company, of Danbury, Conn. It will contain a list of all the medical practitioners of the State, the various medical societies, all the dentists and dental societies, druggist and pharmaceutical societies, nurses and training schools for nurses, hospitals, etc. Price, \$1.00, delivered free by post.

FRANK R. STOCKTON has written the history of "How I Wrote 'The Lady, or the Tiger,'" for the next issue of *The Ladies' Home Journal*, and tells what came of the writing of the famous story, and the condition of his own mind, at the present time, of the correct solution of the problem, whether the lady or the tiger came out of the opened door.

NOTICE TO CONTRIBUTORS.—We are glad to receive contributions from every one who knows anything of interest to the profession. Articles designed for publication in the JOURNAL should be handed in before the first day of the month. The Editors are not responsible for the views or opinions of contributors. All communications should be addressed to the Managing Editor, 284 FRANKLIN ST., BUFFALO, N. Y.

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PARANOIA, WITH DELUSIONS OF CHANGE IN SEX.¹

PSYCHOLOGICAL OBSERVATIONS AND SURGICAL NOTES.

By C. B. BURR, M. D.,

Medical Superintendent of the Eastern Michigan Asylum.

I BELIEVE that alienists generally will bear me out in the statement, that delusions of sexual change are of relatively rare occurrence. In an experience with the insane in a large State asylum, extending over a period of many years, I can call to mind but two or three cases presenting these symptoms. In view of this, the study of the genesis of such delusions comes to my mind as a matter of considerable interest.

A. P., a woman, single, aged 36 at the time of her admission, came under observation in the Eastern Michigan Asylum in 1885. She had always shown a lack of application and adaptability, was naturally suspicious and apt to misconstrue motives, was erratic, and had met with numerous failures and disappointments. Mental disease was said to have existed for ten years, and for the three years immediately preceding her admission rational intervals had been wanting. A period of great depression, succeeded by excitement and the development of extravagant delusions, occasioned her admission to the asylum. She was suspicious and thought her life threatened. She denied relationship with the members of her family, and called herself "Queen Anne." At one time she expressed the delusion that she had been ravished. She alleged conspiracy on the part of her relatives, claimed that she was an adopted daughter of R. P., and that he, dying, had made her sole legatee. Upon this she based her claim to all the property in possession of the family. "Some one" had told her, ten years ago, that there was a vault in the house filled with gold that belonged to her, and this she made unsuccessful attempts to find. She did not explain the reasons for believing herself of royal lineage, but alleged that if opportunity were offered she could prove it. She displayed a reluctance to comply with the rules of the Institution because of superiority to those about her and to all regulations, signed herself "Princess," was selfish, and would work for herself only. In July, 1886, about one year after her admission, physical failure was noticed. Her

1. Read before the American Medico-Psychological Association, Chicago, June, 1893.

countenance became sallow and she lost flesh, but opposed any investigation of her case. From this condition recovery soon took place. In August of the same year she expressed the delusion that she was the mother of ten children, became more elated, signed herself "Lady A——," disposed of hall property, on the ground that it was hers, by throwing it out of the windows, and was pleased to discard her night-dress after one night's wearing. She expressed delusions of poison. In the year 1887 she was more industrious, but was inclined to seclude herself, and closed the opening to the ventilating flue with a cloth to prevent the "hot gas" from descending. She called herself "Richard the Lion-Hearted's Daughter." Her physical health was fair, but on one occasion she had an attack of vomiting, the cause of which could not be discovered. In 1888, she developed the delusion that there was a child concealed in her mattress, and frequently tore it open under that impression. In the same year the note is made that she "is apparently losing mental force, and her conversation has less point and coherency." She still disclaimed relationship with her family, and was alternately patronizing and rude toward her relatives when they visited her. In September, 1888, physical failure is again noted. She complained of bloating and pain in the abdomen. Her pulse was weak and intermittent, and she suffered from menorrhagia and metrorrhagia, an interval of but two weeks occurring between periods of flowing. There was also present at this time a sub-acute rheumatism, referred to the knees. In the following January, 1889, she declared that her head was "filled with babies." On one occasion she contracted a cold, from exposure consequent upon removing her mattress from the bed, under the impression that there were "young ones in it that might crawl into" her. She asserted that she was the "fourteenth daughter of King James," that her name was "Icelandoor," because her father was born in the arctic regions as the result of union of the temperate and frigid zones. In March she had a sensation in the abdomen, which caused her to request the physician to listen to "hear the young ones." In April, 1891, there occurred a complete change in these impressions. She then, for the first time, claimed that she was a man, desired to be called "Mr. Leslie," and alluded to her clothing as if she thought it were that of a man. Later she wished to be known as "Lord Halton," showed a marked preference for the society of men, and was extremely indignant toward the attendants for bestowing upon her ordinary attentions. She sat in her room much of the time, assuming man-like attitudes, wore her dresses looped up above her shoe-tops, and parted her hair on one side; declined to walk with the party, because out of place with women, and demanded that a barber come upon the hall to shave her at regular intervals. On the day of the fire at the Asylum she separated herself from the party as it was passing from one hall, through the center building, to

another. Her absence was discovered, and when asked what her purpose was, she replied that she was about to get a lunch for the firemen. At night she plead law. In March, 1892, she expressed the delusion that there were children in her body, which could not be born because children were only born of women. Her physical health became much improved, although the flow from the uterine cavity was profuse, frequent, and irregular. In April, while convalescing from a fever, she complained of pain in her right side. Examination showed an enlarged abdomen, over which there was an extended area of dullness, and two small tumors, apparently in the abdominal wall. Examined later by Dr. Manton, consulting gynecologist, the presence of a solid tumor, probably in connection with the uterus, was diagnosed. During the months of May and June she suffered from suppuration of the middle ear. This was succeeded by a collection of pus posterior to the ear, and sub-periosteal, which required surgical interference. After recovering from the operation she improved much physically. During subsequent investigations of the abdomen she explained that at some previous time she had been operated upon and her genitals made to conform to those of a female. She spoke of her vagina as a wound. The abdominal enlargement increased very rapidly.

In March, 1893, laparotomy was performed by Dr. Manton. An incision four inches in length was necessary, because of the large size and irregular shape of the tumor. This proved to be a uterine fibro-cyst, weighing seven pounds. There was no pedicle in connection with the tumor, and, in extracting it, removal of much of the uterine tissue was necessary. A Koebele's serre-nœud was applied at the level of the internal os. After the removal of the tumor, the abdomen was thoroughly washed out with hot water, the stump fixed with pins fastened in the lower angle of the wound, and the abdominal incision closed. She has recovered rapidly, and without incident of any surgical importance, is now able to be about the hall, and is in every respect more comfortable than previous to the operation. For some time following it she objected to attentions from the nurses, and was extremely improper in her remarks to those who came near her, because of the impropriety of their presence in the sick-room of a man. She insisted upon being called "Jim Michilimackinac," and was extremely irritable if spoken of as "she" or "her," or called by her own name. Since getting up from bed, however, her mental improvement has been of the most marked and conspicuous character. She is less irritable toward those about her, is pleasant when addressed, and takes an interest in hospital matters. Previous to the opera-

tion she was irritable, inclined to seclude herself, unwilling to converse, and did not show interest in anything outside of her delusions. She now seeks the company of others, enters pleasantly into their conversation, and avoids no one. While still contending that she is a man, and asserting that many years ago an operation was made with the effect of unsexing her, her assertions are less irritable made, and arguments to show the falsity of her belief are not met, as heretofore, with anger, rage, and vituperation. Her avoidance, in the past, of the society of women, arose, doubtless, in a measure from her delusion that she was of the opposite sex. While this delusion still persists, it does not lead her to the same conduct. For the first time in the many years she has been under observation, she is on friendly terms with her attendants, seems to take delight in doing little things which they request, and shows an affectionate disposition. Previous to the operation she was restless at night and inclined to sit up in bed and talk. Now she sleeps soundly the night through. She no longer speaks of babies in her abdomen or in her mattress.

In view of the size and character of the tumor, and the liability to attacks of peritonitis which constantly menaced the patient, the removal of the tumor was undertaken none too soon, and the results of the operation, surgically speaking, have been highly gratifying. Whether the absence of the tumor will correct the delusions in respect to sex, it is yet too early to predict. Such manifest improvement in her general mental condition having already occurred, however, much is hoped for.

If, as Ribot contends, "the personality results from two fundamental factors—the bodily constitution, with its tendencies and feelings, and the memory," we must, I think, seek for the genesis of this delusion in the changed sensations arising from the sexual organs in consequence of its presence. Lallemand, quoted by Ribot, records the case of a patient who believed himself to be a woman, and who wrote letters to an imaginary lover. At the autopsy there was found hypertrophy with induration of the prostate, and alteration of the ejaculatory glands. Ribot makes the assertion that it is probable that in many cases of this kind there has been a perversion or abolition of the sexual feelings.

That the delusion as to the change in sex developed about the same time that the uterine fibroid began to make serious encroachments, seems reasonable to conclude from the history of the case, the delusion having been present for about two years. While

metrorrhagia had occurred previous to that time, it is probable that the tumor had not before acquired a growth sufficient to determine any marked alteration in the organic sensations proceeding from the pelvic viscera.

STATISTICS OF INFECTIOUS DISEASES.¹

BY FRANKLIN C. GRAM, M. D.

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UNDER ordinary circumstances, statistics prove a dry subject, but when we examine those of infectious diseases our interest increases as we proceed.

I have compiled, in as brief a manner as possible, during the short period at my disposal, a summary of the statistics of all the principal infectious diseases recorded in the office of the Registrar of Vital Statistics, for this city, beginning with the year 1886—the first in which a complete detailed statement was published. Experience and acquired knowledge gradually improved the system of securing and compiling the necessary statistics in this department, so that today it stands as near the realization of perfection as any of the best standards adopted in this country.

I shall first present the table in its entirety :

	1886	1887	1888	1889	1890	1891	1892	Total for Seven Years.	Per cent. of Deaths from Infectious Diseases.	Per cent. of Total Deaths.
Consumption	426	456	460	440	498	549	546	3,375	.335	.09457
Cholera Infantum.....	344	436	393	314	347	381	376	2,591	.257	.07482
Diphtheria	122	183	174	130	111	165	177	1,062	.105	.03066
Croup.....	147	147	136	76	124	177	149	956	.095	.02760
Typhoid Fever	61	77	68	73	98	129	98	494	.049	.01484
Scarlet Fever.....	40	100	88	50	21	67	84	450	.045	.01299
Cerebro-Spinal Meningitis..	70	62	47	58	89	73	49	448	.045	.01293
Whooping Cough.....	20	24	17	61	18	14	76	230	.023	.00664
Measles	5	60	35	5	56	47	18	226	.022	.00652
Erysipelas	13	13	18	10	14	17	26	111	.011	.00325
Syphilis.....	7	12	12	7	13	11	15	77	.008	.00222
Small-Pox .....	.....	.....	44	3	.....	.....	.....	47	.005	.00135
Total.....	1,255	1,570	1,492	1,227	1,389	1,630	1,614	10,067	.....	.....
Total from all Causes...	3,869	4,688	4,929	4,328	5,117	6,001	5,697	34,629	.....	.....

1. Read before the Buffalo Academy of Medicine, Tuesday evening, September 12, 1893.

Let us now analyze the foregoing table, and make a few additions as we proceed.

Influenza is not mentioned therein, as I only found it in the summary for the year 1891, which stated that the remarkable number of fifty-five deaths were ascribed to this cause. Considering the prevailing fad at that time, physicians were either very successful in treating this disease, or they certified to the true cause of death, whenever the alleged "grip" robbed them of a patient. So common was it to call everything by that name, that you will pardon me for mentioning two cases, both of which were treated by old and successful practitioners, and with similar remedies. The first was that of a middle-aged lady, who had erysipelas of the face in an unmistakable degree. It was pronounced a case of "grip," and phenacetine was prescribed. The second case was that of a man who was suffering from an acute attack of prostatitis and orchitis. This was promptly designated as "grip," and he was given the same kind of treatment as the woman got for her face.

Of the total number of fifty-five, who were certified to as having succumbed to influenza, five were under one year, two between three and four years, five between twenty and thirty, one between thirty and forty, three between forty and fifty, ten between fifty and sixty, thirteen between sixty and seventy, and sixteen were seventy and over. There were twenty-four males, thirty-one females, and only one colored.

Small-pox, you will note, were only mentioned during the years 1888-89, when forty-seven deaths from that disease occurred in this city. During the same period, about 250 deaths occurred in this State from the same cause. The records at the Quarantine Hospital show that during the epidemic, lasting from January 24, 1882, to July 7, 1883, forty-nine cases of small-pox were treated at that institution, with only seven deaths, or about fourteen per cent.; while, during the last epidemic, 114 cases were treated at the Quarantine Hospital, from July 16, 1888, to October 12, 1889, with thirty-three deaths, or about twenty-nine per cent. There were 147 cases in all, with forty-seven deaths.

Considering the large number of cases of measles which occur, the mortality rate from this disease is much less, and more uniform than that of most of the infectious diseases. Its variability is seen by the foregoing table, where there is a difference of 1,200 per cent. in two consecutive years. In 1886, there were only

five deaths from measles in this city, while the following year this number jumped to sixty; in 1888, it dropped to thirty-five, then came down to where it was in 1886, then jumped to fifty-six in 1890, and represented forty-seven and eighteen deaths, respectively, in the two succeeding years. Of those dying from measles at different periods, from ninety to 100 per cent. were below the age of five years.

Scarlet fever prevailed to the greatest extent in 1887, when a general increase in its mortality was noted throughout the State. It reached its minimum point in 1890, and continued at an unusually low rate throughout that year, when only twenty-one deaths, out of a total of 5,117, were ascribed to that cause in this city. It again began an upward tendency the following year, giving a total of eighty-four deaths last year, while the statistics for this year will doubtless exceed that point.

Diphtheria stands third on the list of infectious diseases, and omitting cholera infantum from this class, as is done by some authorities, it ranks second. It has constituted a considerable part of the mortality of this as well as other localities, being almost constantly present. Comparing diphtheria, croup, scarlet fever, whooping cough, and measles, we find that the ratio between diphtheria and scarlet fever is more proportionate in each year than that of the others. Whenever the ratio of one increases, the other does likewise. The greatest mortality from this disease, during the past seven years, was reported in 1887, when it reached 183 deaths out of a total of 4,688, and the smallest in 1890, when the number was lowered to 111. Of those dying, about ninety-five per cent. were under ten years of age. The average mortality for the seven years shows a rise of one-third in the mortality of October over that of September, from this cause, clearly indicating that the closing up of buildings and exclusion of fresh air from cellars are important factors in the causation of this disease. A study of the statistics in the various reports of the State Boards shows a much larger proportion of deaths from this disease in the cities than in the country.

Croup ranks next to diphtheria as regards mortality. I use the simple term "croup" because in the reports no distinction is made of the various kinds; and, right here, I beg permission to call the attention of physicians to the importance of giving all the information at their command when filling out death certificates.

The mortality from whooping cough is slightly in excess of that from measles, having been greatest in 1889 and 1892.

Cerebro-spinal meningitis and erysipelas show a greater uniformity in their death-rates than most of the other infectious diseases.

Cholera infantum, with all its terrors, does not claim as many victims as consumption. The former is found almost exclusively in the statistics of the hottest months of the year, but the latter we have always with us. My short experience in the Registrar's office happens to cover the cholera infantum period. A careful study of the death returns convinces me that the term "cholera infantum," as used by many practitioners, is about as indefinite as the term "heart disease," and in discussing the subject with some, I found that they made no distinction between gastric catarrh, dysentery, colitis, enteritis, entero-colitis, gastro-enteritis, and cholera infantum, but called any one of these by the latter name. This would indicate that the statistics on cholera infantum are misleading, caused by the fact that there is a diversity of opinion as to what really constitutes that disease.

Enteric, or typhoid, fever shows its greatest mortality between the ages of twenty to thirty, the next in rank being the ages of thirty to forty, while the period between fifteen to twenty comes third.

I added syphilis to this table, at the request of one of the gentlemen who is to discuss the subject tonight. Looking at the summary as here shown, and comparing it to the large number of cases of syphilis known to be extant, it would appear that this disease is not always stated as the cause of death when it ought to be. Taking the summary for last year, I find that out of a total of fifteen deaths five occurred in children under one year, three between the ages of twenty to thirty, four between the ages of thirty to forty, one between forty to fifty, one between fifty to sixty, and one between sixty to seventy years. There is very little variation between this and the tables for the previous years. But in this table I also find that no distinction is made between hereditary and acquired syphilis, so we are left to draw our own inferences by studying the ages. Perhaps one of the reasons for this is that if a young man, between the ages of twenty to thirty, would give a history of hereditary syphilis he might be suspected of not telling the truth as regards himself.

For the sake of comparison, the mortality of infectious diseases in the entire State, for the year 1890, is herewith presented. It is

taken from the last published report of the State Board, and is as follows: Total deaths from all causes, 116,830; consumption 13,831; croup and diphtheria, 4,915; typhoid fever, 1,612; measles, 1,161; whooping cough, 1,156; scarlet fever, 913; cerebro-spinal fever, 476; erysipelas, 312; small-pox, 4.

I did not enter into any discussion of consumption because the statistics speak for themselves.

In conclusion, I desire to say that the true value of these statistics will depend entirely upon the accuracy preserved by the one who gathers the original information, namely, the practitioner.

CAUSES AND MODES OF COMMUNICATION OF CONTAGIOUS AND INFECTIOUS DISEASES.¹

BY EDWARD CLARK, M. D., Buffalo, N. Y.,
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THE Causes and Modes of Communication of Contagious and Infectious Diseases, the subject allotted me this evening, is one of such vast importance, and so deserving of our best thought and attention, that it will be impossible for me to do any sort of justice to it in a ten-minute paper. This, together with the fact that I am acting as a substitute tonight for our able Health Commissioner, and have had only four or five days in which to prepare my remarks, must be my apology to you for this, perhaps, somewhat rambling and incomplete discourse. The words contagious and infectious, as applied to disease, have given rise to no little confusion among physicians, as to their proper scope and meaning. That they are synonymous terms is held by many, while others argue that each has a distinct and separate meaning.

Personally, I regard contagious as a more comprehensive term than infectious, and believe it may even include the latter. The difference in meaning, however, of the two words, has no practical significance, for the efforts of physicians and sanitarians are called frequently into requisition to check and conquer both forms of disease. To indicate a typically contagious disease and a typically infectious disease, I might mention small-pox, contagious, and typhoid fever, infectious.

The chief and distinguishing characteristic of a contagious or infectious disease is its specificity; that is, the disease transmitted

1. Read before the Buffalo Academy of Medicine, Tuesday evening, September 12, 1893.

or caused by the particular virus of that disease is always the same in its essential characteristics. It may be of a very mild type, or of a very severe one, but, so far as quality is concerned, is always the same disease from which it sprung.

“Men do not gather grapes from thorns nor figs from thistles,” and small-pox always produces small-pox, scarlet fever always produces scarlet fever, and typhoid fever always produces typhoid fever. No matter how light the attack may be of any of these diseases, the virus or contagion produced is such that it will give rise to the same disease in another, and here the attack may be either very mild or very severe, its character depending, no doubt, on some inherent condition of the receptive party. A case of small-pox, scarlet fever, or diphtheria, which is so mild that it does not confine the patient to bed, may give rise to a form of the same disease in others of the most malignant type. In fact, I regard these “walking cases,” so-called, as the most dangerous, so far as the spread of the disease is concerned, because, as a rule, the restrictions and confinement imposed upon the patient are less complete, and the precautionary measures less secure, than in cases where the type of disease is more severe. From a large personal experience with small-pox, I know that the mildest possible cases should be subjected to a rigid isolation and complete quarantine until all danger is past, and I think the same rule should apply to other contagious diseases, especially scarlet fever and diphtheria.

The fact that all contagious and infectious diseases are the progeny of their own kind, and do not originate *de novo*, is, to my mind, the most unanswerable and convincing argument in favor of their germal or bacillary origin. I think I can affirm, without fear of successful contradiction, that by far a large majority of the best observers and experimenters, both at home and abroad, believe, as I do, that each and every form of contagious and infectious disease is produced by a specific germ peculiar to that disease, and to no other. “Hence, the one great fundamental idea, which it is important for the laity, as well as the members of our profession, to grasp, is that the “germ theory” of disease is now established on a firm scientific foundation,” and this supplies us a basis on which to erect the grand superstructure of preventive medicine. If this is so, it follows that all the diseases of the above-named types are preventable, and we will be effective with our preventive measures when we are fully able to recognize and study the life history of their causative germs.

Among the diseases which physicians have to deal with, under the head of contagious and infectious, we may mention : scarlet fever, diphtheria, small-pox, measles, pertussis or whooping cough, parotiditis, typhoid fever, cholera, yellow fever, typhus fever, glanders, epidemic cerebro-spinal meningitis, and tuberculosis, both general and local. As many of the above are somewhat rare with us, and as my time is limited, I shall take up, for consideration tonight, only five of the above-named diseases, four of which—scarlet fever, diphtheria, typhoid fever, and tuberculosis—are quite prevalent in our climate, and one, cholera, which is attracting much attention at the present time, and which we hope will not reach our city. Let us first consider diphtheria. Perhaps no disease in modern times has attracted more attention than this, and the clinical and experimental studies of Brettoneau, Trosseau, Virchow, Oertel, Mackenzie, Klebs, Wood, Formad, Sternberg, Loeffler, Prudden, Northrup, Koch, and many others of recent times, in and by strictly scientific methods, have elucidated the fact that true diphtheria is caused by a germ now known and described as the Klebs-Loeffler bacillus.

The type of disease produced by this particular organism may be either severe or mild, and in either case is liable to be followed by constitutional symptoms, such as the various forms of paralysis, etc. There is a type of pseudo-membranous disease, affecting the throat and air passages, which is caused by the streptococcus and other cocci. This disease has been called true diphtheria by many, but it is not, and it is not followed by the sequelæ which we often see in cases of disease caused by the Klebs-Loeffler bacillus. This bacillus, the true cause of diphtheria, not only possesses remarkable vitality, but remarkable powers of propagation. Numerous instances are on record where objects infected months and years previously, have communicated diphtheria. While filth does not of itself cause diphtheria or any other infectious or contagious disease, it affords the best possible soil for the development and growth of their deadly germs. Currents of air, or gases ascending from cess-pools, foul vaults and sewers, carry the germs and propagate diphtheria. In any large city like ours, where we have diphtheria, the many miles of underground sewers afford a good place for the propagation of the germ, and sewer gas, carrying the germ, and escaping into apartments, and inhaled by children, has caused diphtheria in numerous instances. This is why health officials are so particular about having good sew-

age and good plumbing, for the records of the health departments of any large city teem with instances where death and sickness have entered many homes through the avenues of untrapped pipes and improperly ventilated sewers. In fact, the rules for the construction of this class of work cannot be too severe or too rigidly enforced. Whenever diphtheria is endemic or epidemic, we find a certain number of mild cases—walking cases, so-called, which spread the disease very largely; they are not sick enough to be confined, and are allowed to go about among other children, sometimes even to school. The cases arising from these mild cases may be of the most malignant type, the severity, no doubt, depending on the particular condition of the individual affected. The following instance, showing a common mode by which diphtheria originates in cities, is related by Mallin: A boy, ten years old, had diphtheritic angina, followed by almost universal paralysis; the room which he occupied was found to contain an offensive odor, which was traced to an untrapped and broken pipe communicating with a cesspool. There was no diphtheria in the neighborhood, and no other cases occurred in the family. It seemed certain that the bacillus came from the drain. Domestic animals and fowls are subject to the disease in question, and they undoubtedly convey the infection to human beings to a greater or less extent. Dogs, cats, cows, calves, swine, goats, rats, mice, and especially the feathered tribes, are said to be subject to the disease, and they not only convey the disease by direct contact, but are the carriers of the contagion in their hair and feathers. Of these, the dog and cat exert the greatest influence for evil, as they are quite likely to be fondled by children suffering from the disease.

Air, water, and food, and especially milk, are the media through which the virus enters the body, and the mouth, throat, and air-passages are the localities where the germ lodges and develops, although inoculation may occur through any wound or abrasion on the body. It is not necessary that the germ be swallowed to produce the disease, as is the case with the germs of cholera and typhoid fever. A great variety of conditions increase the susceptibility of some persons, such as nasal and pharyngeal catarrh, debility from any cause, age, etc. Some assert that scrofulous children with light hair and eyes, contract the disease quicker and suffer from its ravages greater than those having dark hair, eyes, and skin. The disease is not caused by any agency within the body, but always comes from without.

The paralysis and other sequelæ are said not to be produced by the bacillus invading the blood channels, but by the noxious substances or ptomaines evolved by the bacillus. The ptomaines of diphtheria are among the most deadly poisons. One great reason why diphtheria prevails most during the cold, damp months of Autumn and early Spring, is, perhaps, that catarrhs and other throat troubles are more prevalent during these months, and the germs of diphtheria find easier access to the system on account of the already diseased conditions of the mucous membranes. In the Annals of the Pasteur Institute, "Roux and Yersin state it as their opinion that the Klebs-Loeffler bacillus is so specifically identified as a cause of diphtheria, as to render it necessary that all practicing physicians should be able to isolate and identify this bacillus. They think that not until diagnoses are made in this way will thoroughly scientific results be attained." "In order to stain the bacillus so that it can be readily seen and studied under the microscope, it is merely necessary to remove a small fragment of the false membrane, by means of a piece of absorbent cotton wool, tied firmly to a pair of forceps, or any other safe carrier, from which it is transferred to a scrap of blotting paper, and thence to a cover glass, when it is broken down as finely as possible, heated over a flame and stained methyl olive or gentian violet, washing thoroughly with water before examining."

Of the exact nature of the specific cause of scarlet fever, we have not so thorough a knowledge as of that of diphtheria, but observation and research have given us much insight into its behavior. The evidence is very strong that the disease in question does not originate *de novo*, or that it does not spring from certain atmospheric or telluric conditions, but is produced by a definite specific principle, since countries have been free from it for centuries, till it was imported by commerce. That it sometimes appears in certain localities and persons without any known exposure, can be explained by the fact that the causative bacillus is so subtle and transmissible that it is conveyed long distances in articles of merchandise, even in very small packages. Reading-matter and letters going through the mails can carry it; the dry goods in the stores, the fruits in the groceries, and the milk from the dairies, are looked upon as carriers of the contagious principle. The newspapers delivered at our doors, and the hand-bills thrown upon our doorsteps, may serve as vehicles for conveying the disease. The furniture, carpets, and even the wall paper of a room used by a scarlet

fever patient, have been known to hold and transmit the disease even after a long period of time has elapsed. Domestic animals, especially the dog and cat, may carry the germ in their fur. Doctors in attendance on scarlet fever patients, unless extremely careful, can carry the microbe in their hair, and beard, and on their clothing. Currents of air and flies can also carry the contagion ; in fact, the only way, perhaps, in which it cannot be conveyed, is by telegraph or telephone. The specific cause of scarlet fever is probably reproduced in the throats of patients, and in the desquamation from the skin. The sputa and other secretions from the mouth and throat dry, and thus the germs are set free in the air. The dried secretions, then, are just as dangerous in spreading the disease as are the small scales or particles thrown off in the process of desquamation. The disease is undoubtedly caused by the inhalation and lodgement of these particular specific particles in the throat of the victim.

As compared with other diseases, the one which must be recognized on every hand as being par excellence, that to which sanitarians and physicians must devote their special attention, is tuberculosis. This disease, or consumption, is produced by a bacillus which behaves to a great extent very much as does that of scarlet fever and diphtheria ; this is especially true of that form which affects the lungs. The germs are coughed up with the sputa ; these dry and set the bacillus free in the atmosphere.

This is the greatest and most dangerous source from which the disease springs. When we see a number of consumptive cases following each other in the same family, and where we see the husband or wife of a consumptive marital partner developing the disease, we may be quite sure that the disease came on through inhalation of the specific germ. Swallowing the germ may sometimes produce tubercular trouble in the bowels and rectum, and it is said to occur locally through a process of inoculation, but by far the large majority of cases are those of the pulmonary type, and are produced by drawing the bacillus into the lungs with the inspired air. It is said that the germ is not so tenacious of life as the scarlet fever bacillus, so that it cannot be so readily transported, but that it is carried to a limited extent by the same agencies, and in same manner is quite probable. Where the disease affects the intestines and rectum, the discharges from the bowels may contain the bacillus, and these, in consequence of improper drainage and sewer facilities, may contaminate water supplies. Local lesions

of a tubercular character may also act as foci of infection.

Many of the lower animals suffer from tubercular disease, especially the bovine species, and it is quite well established, or at least believed by many, that the disease from them can be transmitted to the human family in their milk and meat. This, however, is such an exhaustive subject, that I can give it only a passing allusion. Its importance, however, cannot be overestimated, and it is being made a special study by many noted sanitarians of today, as it has in times past. At the present day, almost all sanitary authorities agree that the beef from tuberculous cattle and the milk from tuberculous cows should be prohibited as unfit for food. The milk which gives rise to tuberculosis is probably that from cows suffering from tubercular disease of the udders, known as tubercular mammitis. While exact statistics are not at hand, it is asserted upon pretty good authority that over forty per cent. of dairy cattle in this country are afflicted with tubercular disease, and the finer grades of cattle are said to be the greatest sufferers. If this is so, we have here a very powerful etiological factor, and it behooves us as sanitarians and physicians to give this whole subject very serious attention. This subject is full of interest. But time is hastening, and for fear that I am wearying you I will hasten to briefly allude to typhoid fever and cholera before closing this paper ; but before leaving this subject I wish to mention one fact, which shows a decided difference in the character of such infectious diseases as scarlet fever and diphtheria, and tuberculosis on the one hand, where the bacillus is inhaled, and such diseases as typhoid fever and cholera on the other hand, where the bacillus is swallowed and gains entrance into the intestinal canal. This fact or proposition is that, as a rule, all inflammatory diseases of the throat, air-passages, and lungs, are increased by exposure to a cold atmosphere ; that the same is true of all specific diseases which generally enter the body by way of the throat, air-passages, or lungs. On the contrary, diseases which generally enter the body by way of the mouth and alimentary canal, increase during or following exposure in a warm atmosphere.

“It is now pretty conclusively established that the specific cause of typhoid fever is reproduced in the intestinal canal, and sometimes in other parts of the body, having been found in the spleen and other organs.” The characteristic lesion found in the lower part of the small intestine, indicates in what part of the body the

germ is most destructive of tissue. The glandular apparatus of the small intestine is undoubtedly concerned somewhat in this ulcerative process, for the destruction of tissue takes place only over an aggregation of the solitary glands of the bowel, known as Peyer's patches. The numerous experiments which have been made, with reference to a study of the bacilli of enteric fever, seem to point out the fact that both the bacillus coli communis, and the bacillus of Eberth, are instrumental in producing the disease.

“Arloing has reported the results of a study of the bacillus coli communis, and the bacillus of Eberth, made by Rodet, Roux, and Vallet. In an examination of the water supply of a community, in which 119 of the 215 persons were attacked with enteric fever, Rodet found an organism that possessed almost all of the characteristics of the bacillus of Eberth. Examination of two other water supplies used by communities in which enteric fever was prevalent, disclosed the presence of organisms that resembled the colon bacillus more closely than the bacillus of Eberth. Roux made a corresponding observation. Rodet and Roux now studied the stools of a number of enteric fever patients, and found some cases in which only the colon bacillus was present in the stools, and other cases in which the bacillus of Eberth was found in the spleen and the colon bacillus in the intestines. It was not possible to make a distinction between the two organisms from a study of their morphology, biology, or pathogenicity. These and other experimenters seem to have arrived at the conclusion that the colon bacillus and the bacillus of Eberth represent two species of the same organism, and that the human economy favors the transformation of the colon variety into the Eberth variety.”¹

Drinking water, contaminated by fecal discharges from typhoid fever patients, is, perhaps, the most common source or vehicle of typhoid fever. The disease has been traced to milk diluted with infected water, and apparently, in some cases, to emanations from cesspools and sewers. That the disease is sometimes caused by the inhalation of the specific microörganism seems to have been proven. At the present time, however, the weight of opinion seems to be that the specific germ must be swallowed, and thus

1. Caton, of Liverpool, calls attention to a possible means of dissemination of enteric fever from the employment of liquid manure obtained from cesspools, in the cultivation of lettuce, celery, and other vegetables.

gain an entrance into the stomach and small intestine. And the way in which this usually comes about, is that the germ is swallowed with our food and drink. The literature of the disease teems with illustrations of this fact.

The work of Koch and other investigators has left little doubt in the minds of the profession as to the true cause of cholera and its method of action. Like typhoid fever, the germ or bacillus is conveyed very largely by food and drink supply. Like it, also, it must find its way into the gastro-intestinal canal. Therefore, it must be swallowed, and not inhaled, to produce its specific effect. It is endemic only in some parts of Asia, and when other countries have it, it is always carried along the lines of commercial intercourse by land or water. Its diffusion has no relation to the direction or velocity of the wind. On land it creeps from place to place, and never invades an inland town or seaport without having been carried by some person or agency from a place already affected with the disease. A high atmospheric temperature is everywhere associated with the prevalence of cholera; its origin in a hot climate proves this beyond a doubt. The disease disappears to a great extent in very cold weather, and attains its greatest intensity in the hot summer months. Difference in temperature explains the fact, that of two ships arriving from Havre, France, in December, 1848, one at New York and the other at New Orleans, the former did not disseminate the disease, but the latter formed the starting point of an epidemic which lasted all Winter.

Much has been said and written about the predisposing causes of cholera, such as poverty, over-crowding, filth, intemperance, depression of spirits, etc.; that they all have a certain influence, cannot be doubted. They are the same factors which favor the spread of all infectious and contagious diseases. They never produce them *per se*, but simply afford powerful aids to the growth and development of their germs. This is especially true of over-crowding and its usual accompaniment—filth.

Some of the infectious diseases thrive better on filth than others. This is notably true of cholera and typhoid fever. One of the most graphic exhibits of the relations of filth to cholera and to typhoid fever is that prepared by Dr. Joseph von Foder, of Buda-Pesth, who tabulated the results of his investigations and study of the subject in Buda-Pesth for a period of fifteen years, 1863 to 1877 inclusive, as follows :

TYPHOID FEVER AND CHOLERA IN BUDA-PESTH, 1863 TO 1877.

1. *Influence of filthy houses :*

Deaths from cholera per 100 houses when the interior of the dwelling was.....	}	1. Very clean..... 92
		2. Clean 199
		3. Dirty 268
		4. Very dirty..... 402
Deaths from typhoid fever per 100 houses when the interior of the dwelling was.	}	1. Very clean..... 165
		2. Clean 177
		3. Dirty 182
		4. Very dirty..... 356

2. *Influence of filthy yards :*

Cholera deaths per 100 houses when the yard was.....	}	1. Very clean..... 188
		2. Clean 214
		3. Dirty..... 263
		4. Very dirty..... 389
Typhoid fever deaths per 100 houses when the yard was.....	}	1. Very clean..... 159
		2. Clean 186
		3. Dirty..... 208
		4. Very dirty..... 282

The specific cause of cholera, then, is taken into the alimentary canal, and through it produces the specific and characteristic symptoms of the disease. It is conveyed from the sick to the well by the discharges from the bowels and the vomited matter of the persons affected ; that is, the food and water supply becomes contaminated with these discharges, and are thus swallowed by the patient. The virus, or germ, can be carried in clothing and articles of merchandise, and is said to preserve its vitality for a long time. Personal wearing apparel of persons who are not cleanly in their habits affords a good vehicle for the transportation of the specific poison. There are good reasons for believing that the poison does not enter the system through the lungs. If the bacillus floats in the air, and is thus taken into the mouth, it must needs be swallowed to produce its specific effect.

I must leave the subject here, not because it is uninteresting, but because it is too comprehensive for one evening's discussion.

It is a subject on which volumes have been written, and at the present time is receiving more attention from sanitarians and law makers than ever before in the history of the human race. In fact, all departments of sanitary science are being studied by physicians, legislators, and the people, with an eagerness that is truly astonishing. The people, with the physicians, are coming to believe

that preventive medicine is to be the medicine of the future, and that the chief end and aim of many doctors of the future will be to restrict and limit the progress of disease by the application of the principles of preventive medicine. It is a noteworthy truth, that "an ounce of prevention is worth a pound of cure," and the people who pay the taxes are awaking to the fact that it is much cheaper to keep disease out of a given locality than it is to fight it after having once gained an entrance. The losses and hardships entailed by the present financial distress in our country, are a mere trifle compared to those which would result if cholera should become epidemic within our border. The intelligent portion of our people are always, as a rule, ready to aid and coöperate with our health authorities in preventing and stamping out disease when the necessity and wisdom of such coöperation is clearly shown to them.

They realize that private or personal hygiene is good so far as it goes, but that it is *per se* totally inadequate to restrict and prevent any of those diseases which now cause the largest death-rate. "For protection against the dangerous communicable diseases, the general coöperation of all classes of people is essential. Each person is so continuously exposed, directly or indirectly, to other persons in all ranks of life, that no person can live to himself alone. The safety of each, in consequence of the many and insidious means by which contagious and infectious diseases are transported and communicated, is bound up with the safety of others, so that each individual has a vital interest in the general health, and in general and special measures for the preservation of the public health." In view of these facts, it is evident that the public health, and all matters pertaining thereto, must be looked after by the public health officials, aided and backed up by a vigorous and intelligent public press and public opinion. Lord Beaconsfield gave utterance to a great truth when he said : "The health of the people is the first duty of the statesman."

This forms a pleasing contrast to the opinions held by the people not many years ago, "when the most enlightened public view of the subject of general sanitation included not much more than the abatement of nuisances and the restriction of small-pox." "We know, however," and intelligent people to a large extent share our knowledge, "that the important diseases which are spread by ordinary filth are few compared with those which are spread by particular 'specific' causes, which cannot be recognized by any

of the senses unaided." The specific causes of some of the most dangerous diseases have no odor. They are not visible, except through the aid of the microscope, or of some special method of cultivation, requiring the services of a skilled bacteriologist. Sanitarians have learned the cause of "the pestilence which walketh in darkness and wasteth at noonday," and are able to set forth to the people methods which will, undoubtedly, be effective for the prevention of that dread scourge, tuberculosis, or consumption, that causes more deaths than any other and of several other pestilences, which, like diphtheria and scarlet fever, rank only a little below that great white plague.

Is it too much to hope and believe that the rapidly revolving wheels of time will bring the human race, by-and-by, to a period when, as a result of patient study and laborious research, they will be able, fully and absolutely, to recognize the cause of each and every type of contagious and infectious disease? If the cause be a germ, or bacillus, as we are all coming to believe, will they not be able to study its method of development and propagation? This much accomplished, will it not be a comparatively easy task to compass the absolute destruction of these deadly germs, and forever wipe from the face of the earth the terrible scourges which now afflict the human family in the shape of what we now know as the contagious and infectious diseases?

WHAT THE NEWER THERAPEUTIC PROCEDURES HAVE DONE FOR NEUROLOGY.¹

BY WILLIAM C. KRAUSS, M. D., Buffalo, N. Y.

THE epoch in which we live may well be called the sky-rocket period of the XIX. century. Men, like methods, approach their zenith with an increasing roar and gusto, burst into sparkling brilliancy, and as suddenly fade and fall to the ground with a dull and heavy thud. What was yesterday a seemingly brilliant success becomes today a glittering failure, and the shores of time are laden with the wrecks of "wonderful discoveries."

Hypnotism, suspension, and the method of Brown-Séguard have each enjoyed their sky-rocket experience, and the impressions which they left after spending their force is what we propose to study tonight.

1. Read before the Section on Medicine of the Buffalo Academy of Medicine, October 10, 1893.

The first reports of the method of Brown-Séquard read like a fairy tale, and the "Elixir of Life," so-called, seemed to be the magic fluid that philosophers had sought to compound for centuries back. No doubt, Brown-Séquard was perfectly honest in the thought that he had invented a method unsurpassed and hitherto undiscovered, but on searching the alcoves of the National Library of Paris several brochures have been found, written by Dr. Mizauld, which contain much of interest if not of actual worth. This physician lived in Paris in the XVI. century, and the following passage must certainly establish for him a certain right to priority in favor of a method which, sleeping for several centuries, was re-awakened by Brown-Séquard. He says: "If the genital organs of a red bull be bruised in a mortar and taken by a woman in some wine or soup, it will give her a disgust for love, while, to the contrary, the same beverage taken by a debilitated man will re-awaken his amorous desires." Brown-Séquard said nothing any more explicit in his well-known communication to the Société de Biologie of Paris, on June 1, 1889.

It seems that Brown-Séquard had been at work on this project for many years, for, in 1869, he expressed a belief that if it were possible to inject spermatic fluid into the veins of old men they would experience a rejuvenation—sexually, mentally, and physically. After repeated experiments upon rabbits, dogs, and guinea-pigs, he, in a true scientific spirit, injected some of the testicular fluid into his system, and his experiences and results form the most interesting part of his memorable communication to this learned society:

The author of this communication, now seventy-two years old, has for the past twelve years watched his physical powers slowly and continually decline. The laboratory work has become laborious and heavy, and after each meal I have been obliged to take a short nap. After the third injection a complete change took place. The work in the laboratory has become agreeable, not the least fatiguing, and after three and a half hours of such work I have been able to edit a memoir. The dynamometer showed an increase of 6.7 kilogrammes, the bowels regained their former activity, and, in short, I have regained all that I have lost.

For some time the most enthusiastic reports were received, especially by Hammond and Loomis in this country, D'Arsonval, Villeneuve, Mairet, Gley, Hirschberg, and Egasse in France, Marro and Rivano, Ventro, Copriati, and Mosso in Italy, Owspenski in

Russia, and a host of other observers, each one eager to land his results on the ground floor. The diseases treated were general debility, locomotor ataxia, insanity, impotence, cholera, tuberculosis, cardiac weakness, nervous dyspepsia, lumbago, hemiplegia, myalgia, neurasthenia, etc. All of these affections have either been cured or else greatly benefited by injections of testicular juice, that is, in 1889 and 1890 especially.

Gradually the reports became less numerous and less encouraging, save those which came from the master himself and some of his former pupils. Perhaps the greatest check to this movement was the fact that Charcot and his pupils refrained from using these injections, or, at least to my knowledge, never gave it their sanction. Negel, of Jassy, France, has reported recently his experience with this fluid, and in a large number of cases treated, of various affections of the nervous system, failed to obtain any results whatever. Pulawski, of Warsaw, Russia, made a series of experiments upon twelve cases, and came to the following conclusions :

Local pain and abscess formation ; fever with chills ; no specific action ; subjective and positive amelioration were dependent upon suggestion.

Copriati studied the effect of testicular juice in four cases of insanity, and found that it had no dynamogenic influence on the nerve centers, its effects being limited to temporary stimulation of the nervous system. The unkindest cut of all was the report of Féré, one of the ablest of French neurologists, who, at the request of D'Arsonval, gave the method a thorough trial at the Bicêtre hospital. In his communication to the Société de Biologie, just four years after Brown-Séquard's, he, in unmistakable language, disapproves of the method and cites nine cases which had been under treatment. No favorable result was obtained in any case ; on the contrary, the injections seemed to act as a depressant. Ovarian juice has, according to Brown-Séquard, given similar though less marked results.

Spermine is the name of another fluid extract derived from Brown-Séquard's testicular juice by Poehl. Its action seems to be similar to the testicular juice, acting upon the motor areas of the cerebro-spinal axis, increasing the strength of the arms and legs, regulating the sexual, urinary, and digestive functions, and in improvement of the general sensibility.

Brown-Séquard's method today is not used by neurologists either in America or Europe, but is still being experimented with

by its champion and his pupils apparently with good results in a certain class of functional nervous diseases.

Following closely upon this method of treatment Gley, decided to inject the juice of thyroid glands in dogs thus deprived of these glands, and, instead of dying, they recovered without any serious difficulties. In the human family it has been found that after removal of the thyroid gland through disease, that a certain train of symptoms will develop, which have received the name of myxedema, a disease characterized by swelling of the face, body, and extremities, loss of hair, sub-normal temperature, etc. Horsley attempted to transplant the thyroid gland of animals to these patients, and met with partial success. Dr. Murray, of Newcastle, England, then injected hypodermically a glycerine extract of thyroid gland into patients suffering with myxedema, and his efforts were rewarded with beneficial results. Brown-Séguard and D'Arsonval were conducting similar experiments about the same time with equally good success. It was found, however, that the injection of this substance was followed in many cases by pain, inflammation, and abscess formation. To overcome these hindrances, Fox of Plymouth and Mackenzie advised and practised the treatment of myxedema by feeding with sheeps' thyroid glands, and the results seemed to be in every way satisfactory.

The writer has had a little experience in treating two cases of myxedema, but he has been unable to attain anything like the results claimed by the English and French writers. In fact, his experience has been negative, and not even obtaining temporary improvement.

MacAlister, of England, has treated cases of pseudo-hypertrophic paralysis with injections of thymus gland extract ; also a case of lymphadenoma with a mixture of red and yellow marrow, with seemingly good results.

Dieulafoy, of Paris, has injected extracts of the cortical portion of the kidney into patients suffering with Bright's disease. He proposes the name Nephrine for this particular fluid.

Comby and Dieulafoy have also injected the extract of pancreas in cases of diabetes with temporary good results.

Following the footsteps of Constantin Paul, of Paris, an American experimenter has injected a large list of specific agents into our *vis medicatrix*. Cerebrine (Hammond) and cerebrin (Parke, Davis & Co.), medulline, cardine, ovarine, testine, musculine, etc., are the newly-coined words which describe these prepar-

ations. I need not tell you what has been claimed for these fluids, for, no doubt, you have all read the paper extolling their virtues and efficacy, published in nearly every medical journal of America.

I have tried to give cerebrin a good, fair trial, and have used it in two cases of locomotor ataxia, two of epilepsy, two of neurasthenia, and one of general debility. Not a single one reported improvement; not even did a reaction set in. The only visible effect was the disappearance of the patients.

Archie Stockwell, in an interesting paper published in the *Medical News*, August 26, 1893, describes his experience with the two rival cerebrines, and a mixture of borax, glycerine, and water. He comes to the conclusion that these three preparations are equally efficacious, or rather equally inert for good or evil. Negel, of Jassy, also experimented with cerebrine without any appreciable results. Negative results, when reported, have a greater significance than successful results, because many observers are unwilling to have their failures paraded in the medical press; besides, many editors are averse to publishing articles detrimental to their advertisers.

My conclusions, then, in regard to the animal extracts, are: That since recent experiments fail to corroborate the results obtained immediately after the introduction of Brown-Séquard's method, the whole matter must be left open for further investigation. Secondly, that many of the results obtained were through suggestion and auto-suggestion, and that no specific action has been discovered.

In regard to the treatment of myxedema, although my results were negative, I believe that there is some virtue in the various methods of introducing thyroid glands into these patients, but the disease must be of recent standing and the patient not advanced in years.

As to the injection of the i-n-e compounds, I believe that it is all rot. I cannot be convinced that injections of masculine will cure an atrophied muscle, due to destruction of the ganglion cells of the ventral horns of the spinal cord; or that medulline will cure a sclerosed cord, the most common form of cord disease; or that cerebrine will cure apoplexy cerebri, perhaps the most common form of brain disease.

Just recently there has appeared a work by Chéron, of Paris, who writes pointedly on this subject. He says:

All liquids, when introduced under the skin, produce identical effects, provided they are not toxic and have no specific toxic action.

They increase arterial tension, and, in the diseases in which these fluids have been used, a degree of hypo-tension has existed, which being relieved by injections, temporary results have followed.

SUSPENSION.

Raymond, a pupil of Charcot, while studying the Russian University system in 1888, discovered Motchouskowski, of Odessa, suspending his cases of locomotor ataxia with beneficial results. Motchouskowski had himself discovered this method by accident in 1883, and, although published at that time, it had been entirely unheeded and forgotten. It was found that the lancinating pains, vesical and sexual disorders, eye symptoms, and the ataxic gait, would yield when all other remedies had failed. On returning to Paris, this method was tried secretly by the internes at the Salpêtrière, and after obtaining satisfactory results, was divulged to Charcot, who at once instituted a thorough trial. I had the pleasure of being in Paris at this time, and saw and examined many of the patients thus treated. New treatment gives new results, and many of the old staggers declared they were much improved and getting well. Charcot never claimed that suspension would cure locomotor ataxia, or any other organic disease of the cord, but the report gained ground that it would cure permanently, and the method soon fell in disrepute. All that was claimed for it was that it would relieve some of the terrible symptoms, and now, five years after its re-introduction to the profession, let us see what is still claimed for it.

Von Bechterew, perhaps the foremost Russian neurologist, says in *Neurologisches Centralblatt*, September 15, 1893 :

The suspension treatment has continued to exert a favorable influence on all cases thus far treated; particularly beneficial has it been in locomotor ataxia, spinal syphilis, transverse and central myelitis, compression myelitis, and compression of the spine. In some of these cases it has produced seemingly permanent good results, as nearly a year has elapsed and the patients still enjoy good health.

Writing, on April 1, 1893, in the same journal, he recounts the favorable influence it has upon the optic nerve in spinal-cord affections. Sprymon has had similar good results in locomotor ataxia and myelitis. Benedikt, of Vienna, another leader of neurological thought, has had, in a number of severe cases of tabes, apparently astonishing results. Patients who were quite powerless to walk or stand were enabled to take long promenades with, and sometimes without, a cane. Neuralgic attacks seemed to be

more often influenced by this method than any other train of symptoms.

Bonjour, of Zurich, in treating eighteen cases, thirteen of which were locomotor ataxia, obtained excellent results in the alleviation of some of the symptoms in every case. Duncan, of Glasgow, reported recently a case of locomotor ataxia with considerable improvement. Bogroff, of Paris, likewise reports success in his cases. Gray, in his recent work on nervous diseases, one of the best from a therapeutic standpoint, says :

Suspension, indeed, is a new fad that has certainly effected a temporary improvement in all the symptoms of some cases, often to a wonderful degree. Thus, in one case of my own, in the last stages of the disease, this remedy was tried as a last resort, and, incredible as it may seem, the patient, after two suspensions, got out of bed, which he had not left for weeks, and walked down several flights of stairs.

Other favorable results have been obtained by Rumpf, of Marburg ; Althaus, of London ; Mendel, of Berlin, and a host of other men high in neurological circles. Hirt, in his admirable text-book, recently translated into English, has had a somewhat monotonous experience. He treated 114 cases of locomotor ataxia (eighty-nine men and twenty-five women) by suspension. "In no single instance," says he, "was I able to note any marked or lasting improvement, and in no case was either the general condition of the patient, or the course of the disease, influenced for the better ; nay, even in the individual symptoms, no decided improvement could be perceived." This experience is rather surprising, because, coming from such a keen observer, he certainly would have detected results had they been forthcoming.

My experience with suspension has been very satisfactory, partly because I did not expect to see my cases cured in a few days, and partly because I would advocate this mode of treatment as a last resort, and was content with any relief, however slight it might have been. I treated three cases of locomotor ataxia, two of hemiplegia, three of railway spine, two of neurasthenia, and one of multiple sclerosis of the cord. One case of locomotor ataxia, a prominent business man in this city, came to me with all the characteristic symptoms of this disease, such as Romberg's, Westphal's, and Argyll Robertson's symptoms, ptosis, and strabismus, lancinating pains, ataxic gait, vesical and sexual disorders, stomach crises, etc. Surely a typical case of tabes. His treatment consisted of suspension three times weekly and spinal galvanism.

After five months of such treatment, I found that the tabetic symptoms had all disappeared, save the myosis. Even the tendon reflexes had returned, though not to their normal intensity. Today he is at his work, thoroughly convinced that he has been cured of locomotor ataxia. Occasionally he comes to be suspended, and on each occasion I find his condition improving. I would not dare claim that he has been cured or permanently benefited, because I cannot believe that a spinal cord once sclerosed can be cleared up, any more than a hobnailed liver can be repaired to its former usefulness. The other two cases of locomotor ataxia were temporarily benefited, especially the gait and pains. One case of hemiplegia recovered splendidly, surprising even herself; the other case died before the results came! The case of multiple sclerosis grew worse, if anything, while the cases of railway spine and neurasthenia have done well, and, supplemented by other treatment, have recovered.

From all these reports, with the exception of Hirt's, we are justified in saying that suspension has done all that was promised for it—sometimes doing more, sometimes less. When we consider how exasperating are some of the symptoms of locomotor ataxia, the least palliation that this treatment affords should be gladly embraced and thanks returned. I doubt whether it will ever disappear entirely as a therapeutic procedure in the treatment of spinal cord diseases.

HYPNOTISM.

Hypnotism and suggestion, another method which has at different times claimed the attention of experimenters, but not until recently has it been considered a therapeutic agent. Animal magnetism of Mesmer, Hypnotism of Braid, and Suggestion of Charcot is a brief history of the development of this strange phenomenon. Each of these experimenters has done much to unravel the mysteries surrounding this agent, but to Charcot must be credited the honor of snatching it from chicanery and giving it a certain respectability. Liebault, Liègois, and Bernheim must be commended for their zeal and interest, while Luys has plainly carried it beyond the limit of science and truth. Time will not permit to enter into a discussion of the various stages, the different methods, or into the points of difference between the Charcot and Nancy schools, but merely to indicate its applicability and the results that may be expected. I need not recall to you the wonderful results obtained by observers, the world over, during the

years 1886-1890 ; how long-standing chronic diseases of the brain and cord disappeared like the dew, and how in it was found the panacea of human ills. These much desired qualities were, however, of very short duration, for the crucial tests were soon applied, and hypnotism and suggestion quickly found their proper sphere.

Hypnotic suggestibility depends first upon the presence of extreme instability of the cellular nervous elements, and secondly, upon a weak power of inhibition or control of the activity of these elements. Persons of a low order of intellect are not favorable subjects for hypnosis; neither are persons of a strong individuality, nor the insane. The class of cases most favorable for hypnotic treatment are the hysterical; first, because they can be easily hypnotized, and secondly, because the disease requires a treatment which appeals directly to the perverted action of the cerebral centers. It surely is not indicated for exhibition purposes, or for the treatment of any nervous disease or state, unless all other remedies have been exhausted. Even in hysteria this holds equally true. Binswanger, of Jena, in reviewing the literature on the use of hypnotism in the treatment of the insane, finds that the best results were obtained in hysterical insanity, but in a number of cases of melancholia, and chronic alcoholism, hypnotic suggestion had marked success. Berillon, in treating 300 cases, one-third of which were hysterical, had good results in almost all from the use of hypnotism. Collins, of New York, Dujardin-Beaumetz, of Paris, and many others, have had good results in hysterical conditions, and uphold the Charcot doctrine. Almost every functional nervous disorder, and many of the organic diseases of the nervous system, have been benefited by hypnotism. My cases were all of hysteria, and generally of the dull phlegmatic temperament. Neurasthenia, and the excited states, are rarely ever benefited. I agree with Berillon that hypnotism is indicated (1) in the spasmodic attacks of grave hysteria and the paralysis following, (2) in mono-symptomatic hysteria, (3) in ordinary hysteria, and in (4) hysterical insanity.

This subject is of such recent discussion in medical literature, and the diseases treated so various, that I will refrain from taking any more of your valuable time. In conclusion, I may repeat that hypnotism is of the greatest therapeutic importance in some cases of hysteria, but that its use should be delayed until it is absolutely demanded.

Clinical Lecture.

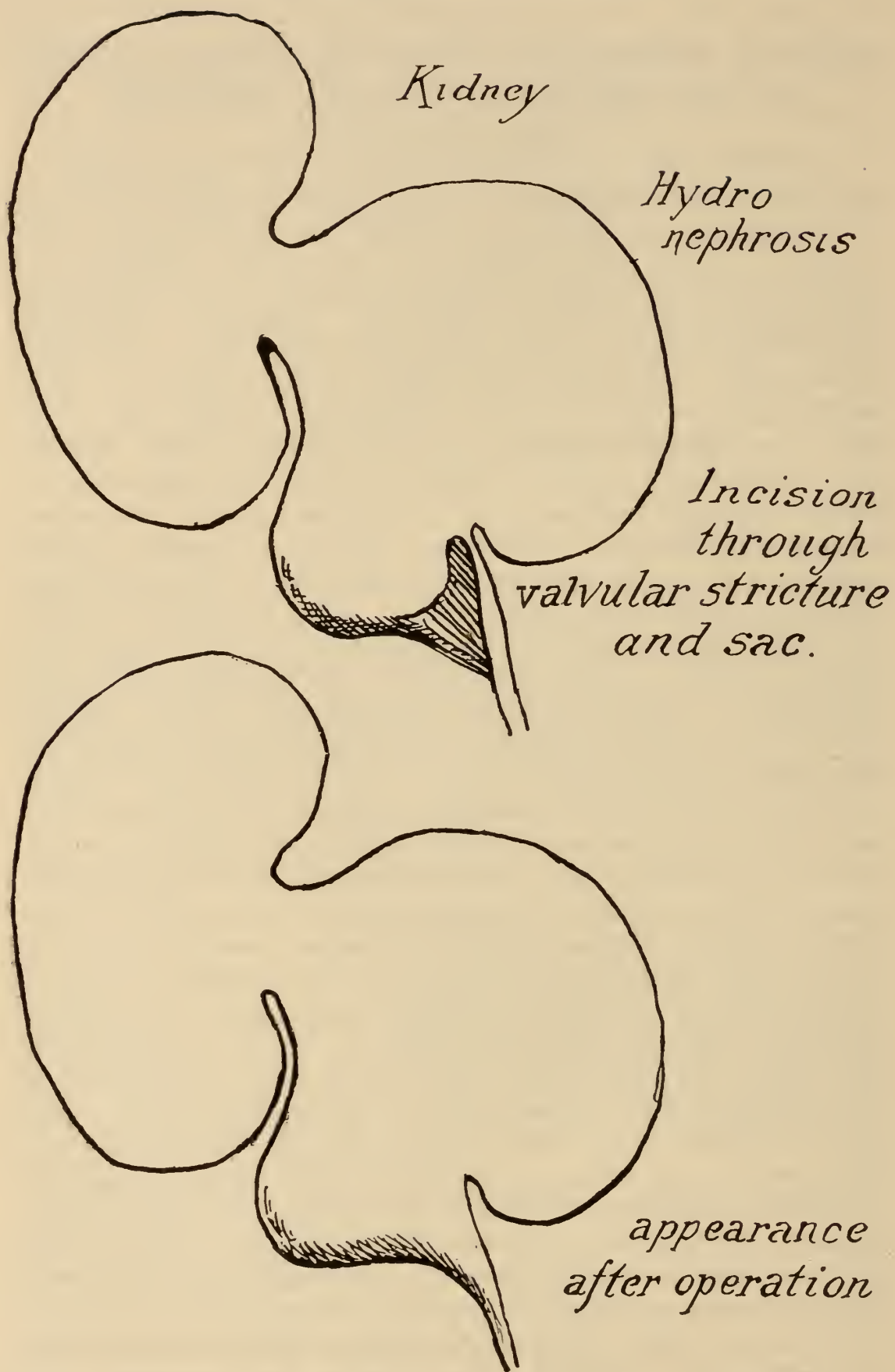
CLINICAL MEMORANDA FROM THE SURGICAL CLINIC AT THE SISTERS' OF CHARITY HOSPITAL.

BY HERMAN MYNTER, M. D.,

Professor of Surgery, Niagara University, and Surgeon to the Sisters' Hospital.

CASE OF ACUTE INTERMITTENT HYDRO-NEPHROSIS, FROM VALVULAR STRICTURE OF THE URETER, WITH TWO ILLUSTRATIONS.

CASE I.—Benjamin G., aged 25, tailor, entered the Sisters' Hospital on August 12, 1893, with the following history : He had, for twelve years, had periodical attacks of pain in the right lumbar region without any known cause. The attacks have come on about every two or three months, and then lasted for four or six days. The pain has usually been very intense, extending downwards into the thighs, scrotum, and head of penis, and could only be relieved by hypodermics of morphia. They were ushered in by continual vomiting and general malaise, with fever and restlessness. During the attacks he had noticed that the urine was somewhat scanty (one pint in twenty-four hours), and voided with some difficulty. When the attack was over, he passed urine freely and in greater quantity. The urine had never contained blood or pus to his knowledge. He had never passed any concrements. Of late the attacks had become more frequent. He had been treated by different physicians with alkalies, mineral waters, etc. His mother had died of phthisis ; the rest of the family were healthy. By the objective examination nothing particular was discovered. He was tender, upon pressure, in the right lumbar region, but no appreciable fullness was discovered. The examination of urine showed specific gravity 1035, acid reaction, no albumen, sugar, or bile. The color was slightly reddish. Microscopically it contained numerous crystals of oxalate of lime and blood corpuscles ; no pus or casts. It is to be deplored that no cystoscopic examination was made, as it probably would have given important information in regard to the diagnosis. The patient had suffered for so many years, that he was anxious to have something done to relieve him of his continual misery. The symptoms pointed to the right kidney as the seat of lesion, and to a kidney-stone, or an occlusion of the ureter, as the probable cause, and I, therefore, advised an explorative nephrotomy, and performed it on August 14, 1893, by aid of the usual oblique incision. After the kidney was exposed, a fluctuating swelling, as large as an orange, was discovered below and inside the kidney. It contained a clear, watery fluid and was a hydro-nephrosis. An incision, one inch long, was made in its lower end, and about one-half pint of fluid evacuated. The finger was introduced and the pelvis explored for stone, but none were



found. By spreading the incision laterally the opening of the ureter could be seen plainly. It appeared as a papilla, extending one-fourth of an inch into the cavity. A flexible bougie, No. 14 French scale, was introduced with ease into the bladder, showing the ureter to be permeable through its whole length. I could find no other cause for the recurrent hydro-nephrosis than this abnormal condition of the ureter. The kidney was not more movable than normally. I, therefore, enlarged the incision downwards through the papilla and well into the healthy ureter, pulled the margins of the wound outwards with fine hooks, and united the wound with numerous fine silk sutures, taking in the outer two coats of the ureter and the sac and avoiding the mucous membrane. After the wound was sutured, the appearance was more like that of a funnel. (See illustrations.) The wound in the ureter and sac was protected with a mesh of iodoform gauze for possible drainage, and the rest of the wound closed. For three or four days after the operation he complained of considerable tenderness in the lumbar region, and moderate fever. No discharge of urine occurred through the wound. The urine contained considerable blood, and had to be drawn by catheter. The amount was seventeen and eighteen ounces the first and second days, twenty ounces the third day, twenty-six ounces the fourth, thirty-eight ounces the sixth, and thereafter about forty ounces daily. Under the use of

Tinct. chlor. iron.....gtt. 20

Fld. ext. ergot.....ʒss.

Acid gallici.....gr. x.

Glycerine, q. s. ad.....ʒss.

d. Every four hours.

the urine cleared up and became normal, all pain and tenderness disappeared, the wound healed, and on August 29th, fifteen days after the operation, he was discharged well. He has since been well, and had no attacks. From a letter of October 11th, I quote: "I am still feeling well, and hardly realize that there ever was an operation performed on me." I have so far not made a cystoscopic examination, and satisfied myself that the function of the kidney is restored.

This case is of interest in more than one way. It proves, what otherwise is well known, that incised wounds of the ureter may heal as any other wound if carefully sutured. Fenger, of Chicago, has published a very similar case (*Chicago Medical Recorder*, March, 1893.) He remedied the defect by dividing the valve transversely and uniting the ends of the incision by suture. In a case of stricture lower down he made a longitudinal incision and united it transversely, similar to the operation of Heinecke-Mikulicz for stenosis of the pylorus. I united the incision by

longitudinal suture in my case, as there seemed to be a redundancy of tissue after the tip of the valve had been pulled outwards.

Fenger states that "valvular stricture at the pelvic orifice of the ureter is usually caused by lateral insertion of the ureter in a dilated pelvis." Küster, in a similar case, but with another stricture lower down, resected the stricture and united the ureter with the pelvis of the kidney. The result was excellent, but, as Fenger states, the plastic operation is easier of technique.

The spontaneous evacuation of the hydro-nephrosis was probably due to obliteration of the valve, or papilla, by pressure, when the hydro-nephrosis reached a certain degree.

The usual cause of intermittent hydro-nephrosis (according to Terrier and Baudonin, who publish eighty-three cases,) is a floating kidney, causing a kink in the ureter, and thus arresting the evacuation of urine.

Most of the cases become, eventually, permanent by inflammatory changes, which form bands of adhesions and thus fasten the kidney in its displaced position. They advise early nephroraphy, or else nephrectomy. Judging from the successful result of Fenger's and my own cases, nephrectomy can scarcely be indicated. It is well enough to call the attention of surgeons to the possibility that a valvular stricture may be the cause of the acute hydro-nephrosis, whether there be a floating kidney or not, and that it then may be remedied by nothing more serious than a slight plastic operation.

In the January (1893) number of the *BUFFALO MEDICAL AND SURGICAL JOURNAL* I reported eleven cases of operations on the kidney for various lesions. Three of these cases were nephroraphies for floating kidneys. Although considerably benefited by the operation, the result was not what had been desired. Sutures of animal tissue had been used; and what is there to prevent prolapse of the kidney again after the sutures have been absorbed? If too tightly knotted they will cut out anyway. Riedel tried to improve the results by producing adhesions between the kidney and the diaphragm, and he was successful in five cases. Having exposed the kidney, he strips off the fibrous capsule and pushes the organ so far up behind the diaphragm that only its lower half is exposed. The median portion of the fibrous capsule is then fixed to the anterior portion of the quadratus lumborum muscle by deep catgut sutures. A strip of iodoform gauze is then thrust up between the kidney and the diaphragm, so that the

entire posterior surface of the kidney is covered, a second piece of iodoform gauze is introduced into the space formerly occupied by the prolapsed kidney, and a third piece is placed upon the lower portion of the kidney lying upon the anterior surface of the quadratus lumborum muscle. The whole wound is thereafter sutured, leaving the ends of the gauze projecting at its upper and lower ends, and the gauze tampons kept in place for four weeks. When then removed, the cavity between the kidney and the diaphragm will be found surrounded with strong, healthy granulations, which will be changed into fibrous tissue and firm, strong adhesions between the kidney and diaphragm.

I carried this operation out in the following two cases :

CASE II.—Nephroraphy for floating kidney, after Riedel's method. Mrs. H., 32 years old, had been in perfect health till April, 1891, when she commenced to complain of dragging pain in the right side of the abdomen. She emaciated rapidly, her weight falling from 118 pounds to ninety-five pounds, complained of loss of appetite, insomnia, headache, and frequent attacks of renal colic. A tender and movable lump was discovered in the lower part of the abdomen. Shortly after she became pregnant, and as the pregnancy advanced, the symptoms gradually disappeared, so that she "had never felt better in her life." After confinement the symptoms returned with increased severity, the nervous symptoms particularly being severe. Dr. Frederick, who had delivered her, then discovered a floating kidney near the brim of the pelvis, which could be moved about with great ease, but was very tender on pressure. On January 17, 1893, I performed nephroraphy, after Riedel's method. With the exception of some surgical fever during the first days, and considerable oozing of serum from the wound, necessitating large dressings, the course was uneventful. On February 18th, the gauze tampons were removed, and the kidney and surrounding tissues found studded with healthy granulations. Drainage tubes were introduced. March 8th, the tubes were removed. March 12th, wound healed. March 17th, patient allowed to get up; kidney feels immovably fixed. September 23, 1893, the patient has since felt well, eats and sleeps well, has no pain, and is able to do all her housework and take care of her two children. The kidney cannot be felt in any position.

CASE III.—Nephroraphy for floating kidney, after Riedel's method. Mrs. R., 45 years of age, had for six months complained of severe pain one and a half inches to the right of the ensiform cartilage. The pain would come periodically, and be attended with yellow color of skin and conjunctivæ and clay-formed stools. Five weeks previous to her entrance in the hospital she had symptoms indicating peritonitis,

followed by a very severe attack of pain and jaundice, lasting four days. She felt then a lump in right hypochondriac region of the size of an egg, and corresponding to the gall-bladder. She entered in order to have a cholecystotomy performed, it being supposed, from the history and symptoms, that she suffered from gall-stone colic. Over the region of the gall-bladder a pear-formed, nodulated, apparently immovable tumor was felt, which had all the appearances of an indurated gall-bladder filled with gall-stones. An explorative incision was made in September, 1892, along the right margin of the rectus muscle, but on entering the abdominal cavity, much to our surprise, no tumor was found, and even the gall-bladder was absent. A hard lump was felt behind the colon transversum. An opening having been torn through the mesentery of the colon transversum, it was found to be a floating kidney. The wound was therefore closed, and the patient left the hospital in two weeks. She felt well for three months, when the attacks returned more severe than ever, and could only be controlled by opiates in large doses. For the last two weeks she had noticed that previous to, and during the attack, there was a decreased amount of urine, and that just after the attack had passed away, the urine would be discharged in large quantity, all indicating acute hydronephrosis from a kink of the ureter. She entered the hospital again on June 26, 1893. The kidney was then felt freely movable over the brim of the pelvis, moving over an area of about three or four inches. June 26th, operation after Riedel's method. The further course was favorable. The tampons were removed on July 25th, and the patient left the hospital on August 14th. October 3, 1893, the patient has had no attacks since, and says she is feeling perfectly well. She has gained considerably in flesh. There is no tenderness, even by deep pressure, in the iliac region, and the kidney cannot be felt in any position.

THE Massachusetts Institute of Technology has published a beautiful and handsomely illustrated brochure, giving a brief account of its foundation, character, and equipment, that was prepared in connection with the World's Columbian Exposition. It is published by the institute, and printed by the University Press, Cambridge. It contains much interesting information relating to this remarkable educational institution, and well repays reading by every friend of advanced education in this country. It can be obtained on application to Dr. H. W. Tyler, Secretary Institute of Technology, Boston, Mass.

Pennsylvania, we predict great and lasting results as the outcome of this latest step in the advancement of medical science.

Two years have rolled by since the law empowering the state *alone* to grant license for medical practice, has been in operation in New York, and the promises of the advocates of the measure have been more than fulfilled. The situation, fumed at by charlatan, fretted over by frightened student, and fought against by some college professors, has now become a matter of fact, and we hear of no one other than the barnacle that fattens in the absence of restraining influences, who is willing to return to the old order of things, which existed for so many years. It is safe to say that in less than ten years the distinctions, now barely understood, or for the most part very much misunderstood, by the laity, which in medicine, as in all science, recognizes only worth, and relegates bluster and charlatanry to the rear, will be an open book, so that he who runs may read. The advertising quack will have his place as does the shyster lawyer, because all *physicians* must needs by that time be on a parity, the foundation of which will be knowledge, vouched for by the state in the form of a license.

Most of the exemptions having ceased, the last academic year was a busy one for the New York State medical examiners. There were 327 candidates for license, showing that the estimate of an annual influx of 400 physicians, rather than from 600 to 700 as of old, is very near the mark. It is more than probable that the current year will demonstrate this still more clearly. Of this number, 267 succeeded in meeting all requirements and passing the medical examinations, and are now registered as practitioners of medicine by virtue of a state license. Two hundred and forty-four of these are state board men, seventeen are homeopaths, and six are eclectic.

Many persons suppose that the position of state medical examiner is a sinecure, and that from the fees collected a revenue of no mean proportions is returned to the individuals constituting the boards. It will be interesting, therefore, for such to study the following figures :

Gross income since September 1, 1891	\$10,005.00
Gross expenses of enforcing the law and conducting the examinations, disbursed by the regents....	7,835.40
Balance.....	<hr/> \$2,169.60

Divided among the examiners *pro rata*, according to the number of candidates examined, this has yielded to examiners representing

the Medical Society of the State of New York, \$246.21, or \$123.10 each, per annum; to those representing Homeopathic State Medical Society, \$163.17; and to those representing Eclectic State Medical Society, \$54.40.

The syllabus now in course of preparation promises to be a work of large proportions, and likely to be a standard for study in most, if not all, of the colleges in the country. The demand for the last one was very great, but its compilation was hurried and calculated more for the use of out-of-the-state practitioners of long standing than for the recent graduates; hence the text necessarily could not be "up to date." The work now in press will be a scientific model for the systematic study of medicine, as well as a guide for those who contemplate taking the state licensing examinations.

Some of the effects of the establishment of state boards of medical examiners have been improved methods of teaching, prolongation of terms of study, and the establishment of new chairs of instruction. While in New York State the entire subject of medicine is divided into seven main topics, the questions asked under these topics are so sub-divided as to comprehend almost every sub-head in medicine. Realizing the importance of having their graduates well equipped for passing these tests, the means above enumerated have been adopted for the benefit of college and profession. In consequence, teachers on hygiene, medical jurisprudence, and other sub-divisions of medicine, exist now in fact as well as in name in most of our colleges, a thorough drill and review teaching is a feature of the curriculum, and some of the lecture courses extend over a period of eight months.

Under the direction of the Committee on Legislation of the Medical Society of the State of New York, an auxiliary committee has been at work looking out for the enforcement of the law governing medical registration in every county in the state. They have done such excellent work, that today every registration recorded since the new law went into effect, is known to the society, and where correction of illegal registration has not already been made, the penalty of the law will be enforced. In addition, county clerks are now conversant with the conditions regulating registration, and it is more than certain that no new name will be added to the records unless the document on which registration is demanded, bears the seal of the regents.

Are you a graduate of an out-of-the-state medical college?
Was your diploma indorsed by the faculty of a New York State

medical college, or by the regents previous to your registration in this state? If not, you are practising medicine illegally; your evidence as a witness may be brushed aside whenever you attempt to give medical testimony; you cannot collect a claim for professional services; you are liable to prosecution for illegal practice. The remedy lies in making immediate application for validation of your illegal registration. This can be done only on the recommendation of the state board of medical examiners. If this fits your case, write at once to Regents' Office, Albany, N. Y., for proper blanks and a copy of the law,—you will find provision made for you in par. 148, sec. 2, ch. 661, Art. 8,° Laws of 1893.

Under the new law it is well to remember that every document presented at a county clerk's office, in order to be registered, must bear the impress of the Regents' seal. This seems on its face like the extreme of red-tape, but such is not the case. The man whose original registration was valid, may have the seal applied to his credentials on application and with only such loss of time as is entailed by the transmission of his documents or diploma to and from Albany. Every reputable practitioner changing his residence from one county to another is willing to take this little trouble to place himself on a safe footing. On the other hand, the quack, if he succeeded at some previous time in being registered illegally by some pliant or ignorant official, now finds his field of operations confined to the one county, as an appeal for the authoritative seal for practice elsewhere, at once exposes the irregularity of his original registration and renders him liable to prosecution.

THE RESIGNATION OF DR. ROCHESTER.

DR. DELANCEY ROCHESTER, one of the associate editors of this journal, tendered his resignation in that capacity, to take effect January 1, 1892. Upon our request he has deferred an insistence upon its acceptance until this time, but now asks us to drop his name as a member of the JOURNAL staff. We do so with great reluctance, but recognize the fact that Dr. Rochester's large and increasing practice makes such strenuous demands upon his time and strength, as to preclude his further services as one of the editors of the JOURNAL. We hope, however, to publish from time to time contributions from his pen that are always valuable and of interest.

TOPICS OF THE MONTH.

THE announcement of the College of Physicians and Surgeons of Ontario, for the academic year 1893-'94, is issued. This is the official record of the action of the Council of the Medical Profession of Ontario for the period indicated. It contains the names of officers, boards of examiners, committees, etc., of the council, together with full list of students of medicine who have passed the matriculation examination before the examiners appointed by the council; those who have passed the first, second, and third years', and the primary examinations, together with members of the College of Physicians and Surgeons, who have attained their membership by passing the final examination before the board of examiners. The minutes of the proceedings of the council are also incorporated in this volume, together with much valuable information relating to the functions and operations of this body. It is such a list as we hope the State of New York will soon publish annually for the information of the profession.

BRIGADIER-GENERAL George M. Sternberg, Surgeon-General United States Army, has inaugurated a plan for the establishment of an army medical school. General orders were issued from the war department on June 24, 1893, on this subject, and the regulations for the government of the school were announced as follows: Colonel Charles H. Alden, Assistant Surgeon-General, United States Army, president of the faculty and lecturer on the duties of medical officers; Lieutenant-Colonel William H. Forwood, Deputy Surgeon-General, United States Army, professor of military surgery; Major John S. Billings, Surgeon, United States Army, professor of military hygiene; Major Charles Smart, Surgeon United States Army, professor of military medicine and director of the chemical laboratory; Captain Walter Reed, Assistant Surgeon, United States Army, professor of clinical and sanitary microscopy and director of the pathological laboratory; Captain Julian M. Cabell, Assistant Surgeon, United States Army, assistant to the professor of military surgery and instructor in hospital corps drill.

It is further announced that the course of instruction will be for four months, and will be given annually at the Army Medical Museum in Washington City, commencing on the first day of November, 1893. It will include lectures on and practical instruction in—1. The Duties of Medical Officers in War and Peace. 2.

Military Surgery, the Care of the Wounded in Time of War, and Hospital Administration. 3. Military Hygiene. 4. Military Medicine. 5. Microscopy, Sanitary and Clinical; Pathological Histology, Bacteriology, and Urinology. 6. Hospital Corps Drill and First Aid to the Wounded. By permission of the Surgeon-General, medical officers of the army who desire to avail themselves of the course of instruction, and who are stationed in or near the City of Washington, or who have a leave of absence which enables them to attend the course, may be admitted as pupils under the same regulations as apply to recently "approved candidates for admission to the medical corps of the army." At the termination of the course of instruction, the "approved candidates for admission to the medical corps of the army" will be examined by the several professors, and their relative proficiency in each branch will be reported by the president of the faculty to the Secretary of War through the Surgeon-General of the army.

THE Colorado Medical Library Association, at Denver, is endeavoring to build up a medical library in that city. A committee of the medical profession, consisting of Dr. J. T. Eskridge, President, Dr. Henry Sewall, Secretary, and Dr. J. C. Dana, Librarian, has addressed a circular to the several medical journals throughout the United States, as well as to a large number of the profession, inviting the presentation of books to aid in the establishment of the medical library proposed.

We commend the subject to any physician who may have volumes, either singly or in duplicate, that he feels willing to place on the shelves of the Denver library. The association will pay transportation on any such gifts, and they should be addressed "Care of the Public Library, Denver, Colorado."

THE Philadelphia Polyclinic announces that a week will be devoted to the consideration of cataract. Lectures will be delivered, operations will be done, and clinical studies will be carried on in the wards, operating rooms and clinics of the Polyclinic, Wills Eye Hospital, and other hospitals with which the members of the teaching staff are connected. The course will be of special interest to those who are already engaged in the practice of ophthalmology, and there will be opportunity to refer to the museums and public libraries of Philadelphia in the pursuit of this or any

other special study. The course begins on Monday, October 30th, and continues during the morning and afternoon of each day up to and including Saturday, November 4th. The fee for the course will be \$15, and to students already taking the regular course on diseases of the eye at the Polyclinic, \$5.

Information may be had on the subject by addressing Dr. A. W. Watson, Secretary Polyclinic Hospital, Lombard street, west of 13th, Philadelphia, Pa.

DR. and Mrs. Charles H. Shepard, of Brooklyn, celebrated the thirtieth anniversary of the establishment of Turkish baths in this country, by a dinner given at their residence on Columbia Heights, Brooklyn, on Friday evening, October 6, 1893. The company included physicians, clergymen, merchants, lawyers, and journalists, with their wives. Dr. Shepard delivered a post-prandial address, in which he reviewed the ancient origin, the development, and the progress of the Turkish bath up to the time of its introduction into this country. He said he had been induced to launch the enterprise amid mammoth discouragements, and at first without much countenance from his brethren of the medical profession. He pointed out the advantages of the bathing system under a variety of circumstances, as a luxury, as a preventative of diseases, and as a cure for many different ailments, all of which had been amply demonstrated. Letters of regret were read from many persons from a distance, and other addresses, setting forth the beneficial experiences of the bath, were given.

This interesting occasion must have been very gratifying to Dr. and Mrs. Shepard, for the company were most cordial in compliments expressed to them for the great care and uniform courtesy which had marked their treatment of all who had betaken themselves to the influences of the Turkish baths on Columbia Heights.

MR. ERNEST HART, editor of the *British Medical Journal*, who recently visited this country as the guest of the Pan-American Medical Congress, has become involved in a wordy controversy with Dr. William A. Hammond, Surgeon-General United States Army (retired).

Dr. Hammond's letters have appeared in the *New York Medical Journal*, and so have Mr. Hart's ; but in addition, Mr. Hart has

seen fit to address at least one of his replies to Dr. Hammond to the entire list of medical journals in the United States. At any rate, we judge this to be the case, for we received such a communication in the form of a reproduction of a type-written letter, but signed by Mr. Hart autographically, and posted to us in a one-cent newspaper wrapper. It will thus be observed that Mr. Hart has little ethical respect for our postal laws. We notice that many of the journals throughout the land are publishing Mr. Hart's letter, though they have not published Dr. Hammond's communication which called forth Mr. Hart's answer.

We cannot understand the kind of journalistic ethics which warrants this freedom ; nor do we understand how Mr. Hart could expect to obtain so much advertising gratis. The explanation must be found, we presume, in the fact that many American medical journals have felt so highly honored with Mr. Hart's communication, that they have made haste to publish it, not thinking how rude it was to do so without having published previously Dr. Hammond's letter.

Whatever else Mr. Hart may be, or may fail to be, he is yet a very clever advertiser, which all must confess.

AMONG the novelties in the way of ambulances, is an ambulance car that is to be introduced upon the electric street car system of St. Louis. It seems that the health commissioner, Dr. George Homan, has devised a plan that the car company are giving him cordial support to perfect. It consists of an emergency hospital on wheels, with the springs so constructed as to prevent severe jars to the occupants of the car. We are looking forward to the practical trial of this system, from which we expect much good will come. Should expectations be met, it will undoubtedly be introduced in other cities, and we call the attention of the Buffalo Street Railway Company to the fact, for it should be early in the field with all useful and humane improvements like this.

THE *Cincinnati Lancet-Clinic*, under date of October 14, 1893, speaks editorially on the subject of a state board of medical examiners, and very pertinently asks what is to be thought of a medical college that will accept of a student's fees for tuition and graduation, and then not give him such an amount and quality of instruction as to enable him to pass the ordinary examination

of a state board of examiners. The *Lancet-Clinic* intimates that there are such colleges not far away from Cincinnati, and at the same time hopes that a law will be passed in Ohio that will soon regulate the matter satisfactorily.

It seems that Ohio is the only large or populous state in the Union that is not now operating under a state board of medical examiners, but we hope that it will not delay much longer in joining the procession; for if there is any state in the Union that needs the beneficent effect of a state board, it certainly is the Buckeye State.

THE Twenty-seventh National Encampment of the Grand Army of the Republic was held at Indianapolis in the early days of September, 1893. It is highly probable that at no former encampment was its medical department organized on so comprehensive and efficient a scale as at this meeting.

The medical director, Dr. E. S. Elder, of Indianapolis, superintended the organization, and its personnel consisted of a volunteer force of 160 resident physicians and surgeons, and twenty surgeons of the G. A. R. posts in Indiana. To those were added seven contract surgeons, seven hospital stewards, four ambulance surgeons, twenty-one stewards for emergency stations, eight ambulance drivers, one medical purveyor, four bicycle couriers, and four volunteer mounted couriers—a total force of 237. The work was divided into ten divisions, and a chief surgeon was assigned to each department. On the day of the parade twenty-two emergency stations were established along the line of march. These stations rendered medical assistance to 126 cases during the day, and it is highly probable that the lives of many veterans were saved by the timely assistance then and there so promptly rendered.

There is much more of the details of this organization that we might give, had we the space at command. We have extracted this much from the comprehensive report of Dr. Elder, published in the *Indiana Medical Journal* for October, and we commend the example of the Indianapolis profession to any city that in future may aspire to the honor of entertaining the veterans.

THE Bulletin of the Harvard Medical Alumni Association for 1893 is before us. It is No. 5 of the series, and contains a report of the third annual meeting, held in Boston, June 27, 1893. It is printed after the excellent fashion of the former bulletins, and

contains, among other things, the admirable address of Dr. J. M. Da Costa, which has already been published in the *Medical News*. The bulletin can be obtained by application to the secretary, Dr. Augustus Thorndike, 101 Beacon street, Boston, Mass.

A PETITION has been sent to the board of supervisors, signed by twenty-four physicians of Buffalo, offering their services gratuitously as an attending staff to the Erie county almshouse, provided that the almshouse be converted into a county hospital. The idea is not new, but has been under discussion at different times, though no action has ever been taken because of serious obstacles, which have now, however, apparently been removed. The object of this move is to give the inmates of the almshouse hospital a better service, and to lift the institution beyond the pale of politics. Scarcely had the new idea been given to the public, before a move was made to invest in the chairman of the board of supervisors the power to name a committee to have full control over the proposed hospital. The most important function of this committee would be to appoint a staff of physicians, and then the hospital would be launched right in the maelstrom of politics. Of the two methods proposed, the original seems to be the more humanitarian, the physician and the patients reaping the benefits, while if the other be adopted, the politician and the politico-doctor will be the gainers. We have no wish in the matter beyond the desire that patients shall obtain the best possible service—the service they themselves prefer.

Personal.

DR. ROSWELL PARK, of Buffalo, is lying ill of diphtheria at the Kimberly cottage of the Buffalo General Hospital. He contracted the disease in operating on two children of Dr. V. Mott Pierce. It is believed by his physicians that Dr. Park will recover and, indeed, that he has passed already the principal dangers of the malady, for which his many friends will be gratefully thankful.

Obituary.

PROFESSOR JOHN MICHAEL MAISCH, M. D., who occupied the chair of the Materia Medica and Botany in the Philadelphia College of Pharmacy, died on Sunday, September 10, 1893, at his residence, No. 753 North 40th street.

Professor Maisch was a native of Hana-on-the-Main, Germany, where he was born in 1831. He came to this country in 1850, and has taught pharmacy for a generation both in New York and Philadelphia. He was also editor of the American Journal of Pharmacy, and revised the last edition of Griffith's Medical Formulary. He edited, jointly with Professor Stillé, four editions of the National Dispensatory, and also the Organic Materia Medica, of which a notice appears in this number of the JOURNAL. He was an acknowledged authority in the department in which he has spent so many years teaching and writing.

AT A meeting of the New York Neurological Society, held October 3, 1893, the following resolutions were adopted :

Resolved, That it is with the deepest regret that this society has learned of the death of Dr. Walter Vought, one of its youngest and most promising members, and one who had already given evidence of the possession of exceptional knowledge and ability, not only in the department of neurology, but in the whole field of general medicine,

Resolved, That in the death of Dr. Vought, his colleagues lose a friend much esteemed for his excellence as a physician, and still more for his good-fellowship, loyalty, devotion to principle, and nobility of character.

Resolved, That this society in expressing its appreciation of the high qualities of heart and brain of its departed member, and its feeling of regret at his loss, desires in addition to extend its deep sympathy to his bereaved family.

FREDERICK PETERSON, M. D.,
JOHN W. BRANNAN, M. D.,

Committee.

DR. ALLEN AUGUSTUS STEVENS, of Sinclairville, Chautauqua county, N. Y., died at his residence on Friday, October 13, 1893, aged forty-five years. Dr. Stevens was a graduate of the Buffalo University Medical College, in the class of 1873, and immediately began to practise medicine in his native town, Sinclairville, and so continued for twenty years.

He married, soon afterward, Mary, daughter of Hon. Orsamus A. White, of Norwalk, O. His widow, with three children, survive; and he also leaves behind an aged father and mother, together with two sisters.

Dr. Stevens was respected as a citizen, and was largely interested in whatever advanced the interests of the community; espe-

cially was he active in promoting educational interests. As a physician he was accomplished and skilful, as well as eminent and popular. He was a member of the Medical Society of the County of Chautauqua. The funeral was largely attended at his late home on Park avenue, conducted by the Masonic fraternity, in charge of F. A. Shaw, assisted by Rev. Dr. Rafter, of Dunkirk. Five orders, or societies, in full regalia were present, and the services throughout were imposing and impressive. The bearers were Doctors E. M. Scofield, E. A. Scofield, Vosburg, Tompkins, Sales, and Harrison. The interment was in Evergreen cemetery.

Society Meetings.

THE New York State Association of Railway Surgeons will hold its third annual meeting, under the presidency of Dr. George Chaffee, at the New York Academy of Medicine, on Wednesday, November 15, 1893. A cordial invitation is extended to the profession.

THE Southern Surgical and Gynecological Association will hold its sixth annual meeting at New Orleans, La., on Tuesday, Wednesday, and Thursday, November 14, 15, and 16, 1893, under the presidency of Dr. Bedford Brown, of Alexandria, Va.

The good quality of work which this Association does, warrants the expectation that the attendance will, as usual, be very large this year.

Academy of Medicine Notes.

DR. H. U. WILLIAMS has resigned as curator of the museum, and Dr. F. S. Metcalfe has been appointed to fill the vacancy.

THE Section on Medicine will meet November 14th. The subject to be discussed will be Stomach Affections and their Treatment.

THE next stated meeting of the Academy will be held Tuesday, December 5, 1893, under the auspices of the Section on Surgery.

THE Section on Anatomy, Physiology, and Pathology did not meet on October 17th, but will meet on Tuesday, October 31, 1893. Papers will be read by Drs. Bennett and Benedict.

THE council has recommended to invite the medical students to the meetings of the Academy, subject to the approval of the Academy. The matter will be presented at the December meeting.

THE Section on Surgery will hold its next meeting November 7th. The following programme has been prepared for the evening: The Surgery of the Thorax, Dr. John Parmenter; Thoracic Diseases of Children, Dr. Irving M. Snow; Thoracic Diseases in the Adult, Dr. DeLancy Rochester.

Book Reviews.

BUREAU OF EDUCATION—Circular of Information No. 2, 1892. Benjamin Franklin and the University of Pennsylvania. Edited by FRANCIS NEWTON THORPE, Ph. D., Professor of American Constitutional History in the University of Pennsylvania. Washington Printing Office. 1893.

In a former number of the JOURNAL was noticed the first number of the Bureau of Education—a history of the University of Virginia, founded by Jefferson. We have now before us number two of the Bureau, a volume of 450 pages, giving a complete history of the University of Pennsylvania and an interesting sketch of Franklin, prepared by Professor Francis Newton Thorpe. We know of no more admirable narrative of the philosopher, philanthropist, and friend of education than this review of his life. Familiar as is the world with the career of Franklin as a statesman and scientist, his larger public services have somewhat overshadowed his labors in the cause of education. The volume before us reveals him as the inspiration of the best educational influences and labors in his adopted state. The glory and the pride of Pennsylvania in her University and in her larger charitable institutions are closely associated with the name of her greatest citizen. Franklin was the first president of the board of trustees of the University, and for a half century was an active member. His

early suggestion, in 1749, of the need of higher education indicates the scope and breadth of his thought. "The great end and aim of all learning is to serve mankind, one's country, friends, and family." His theory of education, and of life, was intensely utilitarian, and looked rather to social than political results, in contrast to Jefferson, whose basal theory was political rather than social. His proposal for founding an Academy in Philadelphia was responded to both by citizens and the local government.

Out of this beginning grew the Pennsylvania College, and, finally, the Academy, the College, and the Charity School connected with it, were merged in 1791, under a new charter in the University of Pennsylvania, which has become one of the most important educational institutions of the country. A large part of the volume before us is devoted to a history of its several departments. Of these one is a University Hospital—a rare, if not unique, feature in an educational institution, an adjunct of the medical department. The history of this department reads like a fascinating romance. It was begotten in the enthusiasm of three young physicians, who inspired both private and public wealth to so richly endow the Hospital that with a property now of over a million dollars in value, it is one of the noblest and most beneficent monuments of charity in the world. It is refreshing to read of the several \$50,000 legacies, another of \$80,000 and one of \$100,000, some of them from physicians connected at some time with the department, who have so embalmed their names in grateful memories. One such legacy was that of the venerable Dr. George B. Wood, the first president of the Hospital, who left \$60,000 to its permanent endowment fund.

The following statement has its interest: "Upon the young men of the board was to fall the oversight of the administration of the hospital."

The Government of the United States is rendering invaluable service to the interests of education in every department of learning by this series of educational circulars. They promise to give a history of the leading institutions of learning which will stimulate the best thought and action of their teachers, and, we trust, that liberality of private wealth which shall place our hospitals and universities on a basis of independence and usefulness equal to their needs and worthy the American people.

THE ART OF PRESERVING HEALTH. Outlines of Practical Hygiene, adapted to American conditions. By C. GILMAN CURRIER. M. D., Visiting Physician to the New York City Hospitals; Fellow of the New York Academy of Medicine; Member of the New York Pathological Society; Member of the American Medical Association, etc., etc. One large octavo volume, 468 pages, illustrated, \$2.75. New York: E. B. Treat, 5 Cooper Union. 1893.

The appearance of medical works on hygiene is one of the healthy signs of the times. Observing doctors believe that works of this character are now in demand, that the requisition is to be an increasing one, and, therefore, the books are to be produced.

The book in question gives evidence that its author felt the pressure of the demand, and we wish we might add that the book also shows that its author had something to say about hygiene of such a nature as to justify its appearance, regardless of any temporary conditions of the book market. The fact is, we turn the pages of Dr. Currier's outlines of hygiene with the feeling that here is a case of over-production; the case of a writer having a superficial acquaintance with his subject, but innocent of enthusiasm, convictions, or knowledge; right in his feeling that in the matter of the art of preserving health, the people need enlightenment, and amiable in his desire to stand in the gap and show the light.

We suspect that if the author had taken that advantage of the vigorous exercise and the cold baths which he so feebly recommends, and so drearily cautions against, he could and would have produced a more virile and useful book. It is possible the writer is prejudiced against both book and its author from what he says of his relations to the public institutions of his city. The visiting physician to the New York City *hospitals* must of necessity have but a limited portion of his time for the study of hygiene. The use of titles like the above, high-sounding, unmeaning, and misleading, seems un-American, unhygienic, and unprofessional. The inability of the author to grasp his subject is shown in his remarks upon contagious and infectious diseases, pages 401 to 429, in which the terms contagion, infection, contagious, infectious, transmissible, and communicable, are so interchanged, synonymously used, and abused, as to give the reader a tired feeling and yet a clear sense of the mental aridity of the author.

It is with a profound sense of relief that one turns from the amiable inanities of Currier to the sturdy, virile pan-American Gihon, and, in a single paragraph, gets a touch of what hygiene is

when adapted to American conditions. We would advise those would-be authors, who feel constrained to comply with the demand to write books upon hygiene adapted to American conditions, to read and re-read Gihon's Sanitary Motes and Beams. H. R.

THE DISEASES OF THE NERVOUS SYSTEM. A Text-book for Physicians and Students. By DR. LUDWIG HIRT, Professor at the University of Breslau. Translated, with permission of the author, by August Hoch, M. D., assisted by Frank R. Smith, A. M., (Cantab.) M. D., Assistant Physician to the Johns Hopkins Hospital. With an introduction by William Osler, M. D., F. R. C. P., Professor of Medicine in the Johns Hopkins University, etc. With 178 illustrations. Large octavo, pp. xv.—683. New York: D. Appleton & Co. 1893.

Professor Hirt has been long recognized as one of the ablest writers on neurology in Germany, and the translation of this work will do much toward creating a proper appreciation of his ability by American readers. The year 1893 has been fertile in the production of treatises on nervous diseases, and among the best must be considered the present volume.

The author divides the subject into four divisions, treating respectively of the Diseases of the Brain and its Meninges, including those of the Cranial Nerves; Diseases of the Spinal Cord; Diseases of the General Nervous System; and Diseases of the General Nervous System with Known Anatomical Basis.

The author is very methodic in the treatment of his various subjects and divisions, and herein lies one of the strong points of the book. Instead of beginning with the physiology or histology of the cortex, he commences peripherad, and discusses, first, the diseases of the inner surface of the dura mater, then those of the soft membranes of the brain, following with the various affections of the cranial nerves, beginning with the olfactory and terminating with the hypoglossal. Under the disorders of the vagus nerve are discussed gastralgia, nervous dyspepsia, and esophagismus. The author gives preference to arsenic in the treatment of these disorders.

Basedow's disease, or exophthalmic goitre, is also considered among the disorders of the vagus, contrary to the views of the majority of observers. No tangible reasons are given for this, neither does he state clearly his objections to it being considered a disease of the sympathetic. His mode of treatment is similar to that of most neurologists—namely, systematic galvanic treat-

ment, the cathode being applied to the lower angle of the jaw, over the vagus and sympathetic nerves, while the anode is held over the lower cervical vertebræ. This certainly has given the most brilliant results in this puzzling affection. Whether the vagus is thus benefited or the sympathetic, the author will not state. The chapters on the brain are profusely illustrated, showing the anatomy and the relative positions of the exterior and interior of the brain, with remarks on the physiology and histology of the various parts.

Regarding the use of electricity in these affections, the author states that it must be absolutely admitted that it is possible to act upon the brain with the galvanic current. This view is in contradiction to the ideas of some who claim that the electricity will pass through tissues offering the least resistance, as the scalp.

Regarding the treatment of hemiplegia after cerebral hemorrhage, the author deprecates the administration of internal medicines, and advises the long continued use of galvanism. These cases, he says, "which have been benefited, are numerous enough and they would undoubtedly be met with more frequently if a fair trial were given it more often than is unfortunately the case." It is quite the fashion among general practitioners to disparage these unfortunates from using systematic electricity, or else, perhaps, to advise them to buy the cheap faradic "music-boxes" and begin home treatment.

The chapter on Brain Tumor is nicely written, and full of good common sense, which feature, by the way, crops out in nearly every chapter of the book. For instance, he says that the existence of local symptoms does not always facilitate the diagnosis as much as one might suppose, because they may be due, indirectly, to the general symptoms, is a point well worth remembering; and, no doubt, some cases of brain tumor, with clearly definable ante-operation lesions, have disgusted both surgeon and neurologist by their absence in the exact position. The author does not take kindly to the affections known as anemia and hyperemia of the cord, regarding the special symptoms of each as altogether too hypothetical. The chapters on Chorea are well written, and deserve careful reading. As to the relation between chorea and rheumatism, the writer believes that there is some obscure association. He says :

We have to deal with a common noxious agent, an infection which, if chiefly localized in the brain, gives rise to choreic movements, while,

if it affects the joints, it causes acute rheumatism in them, and, if affecting the heart, produces endocarditis and myocarditis.

He also states that the possibility that chorea has some connection with epilepsy cannot, *a priori*, be thrown aside. Then epilepsy must be considered an infectious disease, a premise which will hardly be accepted by many neurologists. In the treatment of chorea, the author prefers Fowler's solution of arsenic, generally obtaining a beneficial result in from fifty to sixty days.

Multiple sclerosis, locomotor ataxia, dementia paralytica, syphilis of the nervous system, and the toxic paralyses are discussed under Diseases of the General Nervous System. The chapters are interesting to read, and contain some old information in very attractive language.

On the whole, it is worthy of careful perusal from preface to index, and coupled with well-printed, good paper, reflects credit on the author and on the Appletons. W. C. K.

A MANUAL OF BACTERIOLOGY. By GEORGE M. STERNBERG, M. D., Deputy Surgeon-General, U. S. Army; Director of the Hoagland Laboratory (Brooklyn, L. I.); Honorary Member of the Epidemiological Society of London, of the Royal Academy of Medicine of Rome, of the Academy of Medicine of Rio de Janeiro, of the American Academy of Medicine, etc. Illustrated by heliotype and chromo-lithographic plates and 268 engravings. New York: William Wood & Company. 1892.

Americans can point with pride to the work of Sternberg in the field of experimental bacteriology, and especially can they feel proud that the Surgeon-General of the United States Army is the author of such an excellent book as this one. It fairly outrivals anything attempted in the English language, and is exceeded by no work claiming to be a treatise in any language.

The author divides the contents into four parts. The first part deals with the Classification, Morphology, and General Bacteriological Technology. After reviewing briefly the history of bacteriology from the time of Leeuwenhoeck to the present, the author mentions the various attempts at classification, adapting that of Baumgarten with slight modifications. The chapters following treat of Staining Methods, the Culture Media, the Various Sterilizing Ovens, the Action of the Germs in Liquid and Solid Media, the Cultivation of Anerobic Bacteria, Experiments upon Animals, and the Various Steps in Photographing Bacteria. The author has had considerable experience in photomicrography, and

his advice in regard to the methods employed is very valuable. Perhaps the only fault to find in this chapter is that he advises the foreign instruments, especially *zuisse*. American lenses, equal if not superior to the foreign make, can be obtained at less cost and with the certainty that they are as represented. The photomicrographs of bacteria following the last chapter are superb.

Part second treats of the General Biological Characters, including an account of the Action of Antiseptics and Germicides. The substances eminently antiseptic and the proportions in which they are efficient are: mercurii iodide, 1 to 40,000; silver iodide, 1 to 33,000; hydrogen peroxide, 1 to 20,000; mercuric chloride, 1 to 14,300; silver nitrate, 1 to 12,500.

In part third is discussed the Pathogenic Bacteria. In regard to the Klebs-Löffler bacillus of diphtheria, the examination of cover-glass specimens and cultures should be made in every suspected case. Among the most favorable media for carrying these bacilli from an infected source to the throats of previously healthy children is mentioned—milks. Hence, the great caution which should be observed by the health authorities regarding the milk supply of cities.

Part fourth is devoted to the Non-Pathogenic Bacteria. In all, some 489 species of bacteria are described in this work, of which 158 species are considered as pathogenic, and 331 non-pathogenic. The bibliography is very complete; 2,582 references to the literature on this subject are given. A complete index adds much to the value of the book.

In a work like this, no review can do ample justice; a careful perusal of its pages is necessary to form any judgment of its worth and excellence. Every physician who tries to keep abreast of the progress of medicine should have Sternberg's Bacteriology in his library, and make frequent consultations with it.

The author is fortunate in having William Wood & Company for his publishers, for no cleaner work of typography has been seen in many days. The plates are beautiful, and the illustrations are exceedingly well executed.

W. C. K.

EVIDENCES OF THE COMMUNICABILITY OF CONSUMPTION. By G. A. HERON, M. D. (Glas.), Fellow of the Royal College of Physicians of London; Physician to the City of London Hospital for Diseases of the Chest. London: Longmans, Green & Co., and New York, 15 E. Sixteenth street. 1890.

The great work of the medical profession, just now, is to acquire the conviction that tuberculosis is an infectious disease,

and then the greater work of communicating this conviction to the public may begin.

We are glad to welcome this book, and to urge that it be read by every doctor in the land. It gives, in a simple, direct, and pleasing style, what its well-chosen title leads one to expect—Evidences of the Communicability of Consumption. The author is fortunate in his conception of the needs of the profession, and happy in his method of meeting that need by philosophical, logical argument, of which we need a little, and by an array of clinical facts and observations, of which we must have a vast amount. Theoretically, the findings and demonstrations of our laboratories should have produced the instant conviction as to the infectiousness of tuberculosis, and we should have been controlled and guided by this conviction for the last ten years; but medicine is an art and never will be entirely scientific, and the rank and file of our busy practitioners—the doctors at this moment in charge of our millions of cases of tuberculosis—will come to regard and treat these cases as producers of a deadly infection, not from the proclamations from headquarters—the laboratories—but from observations and reports from the field—the bedside. It is the good fortune of our author to see this, and to make a valuable addition to this much-needed array of clinical facts.

Particularly practical are Heron's remarks upon the wide prevalence of tuberculosis among the domestic birds, fowls, and animals, whose eggs, milk, or flesh we use for food. We deem it to be the highest duty of those who can, to call and to focus professional attention to the enormous quantity of tuberculous food we are consuming year by year. The public may be trusted to deal with the situation wisely, if the public ever gets the facts.

The serious, earnest spirit of our author is shown in the following from his chapter on prophylaxis:

It has been said that if the evidence stated in the preceding pages is true, at least two very grave conclusions are forced upon us, because they are its logical consequences. One of these very grave conclusions is, that every man, woman, and child who is tubercular should at once be removed from all possibility of contact, direct and indirect, with the healthy community. The other very grave conclusion is, that all tubercular beasts should be slaughtered, and their carcasses destroyed. I believe these are both logical consequences of the evidence.

The shock we will get from plain speech like this will show us how far we are from the conviction of the infectiousness of tuberculosis.

H. R.

A MANUAL OF ORGANIC MATERIA MEDICA ; being a Guide to Materia Medica of the Vegetable and Animal Kingdoms. For the use of Students, Druggists, Pharmacists, and Physicians. By JOHN M. MAISCH, Ph. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. New (fifth) edition, thoroughly revised. In one very handsome 12mo volume of 544 pages, with 270 engravings. Cloth, \$3.00. Philadelphia : Lea Brothers & Co. 1892.

This work has already received favor at the hands of the profession, as indicated by the fact that it has passed to its fifth edition. In its present form, it differs from that of the preceding edition mainly in the fact that the recent observations and investigations on the various articles of materia medica, so far as they come within the scope of this work, have been incorporated, and that the pronunciation of the systematic names of plants and animals has been indicated by marks of accent. The text, also, has been carefully revised, with the view of rendering the characterization of the directions and all other constituents even more precise and valuable for critical research. A number of the new illustrations, too, have been prepared for an elucidation of structural descriptions, and the pharmacopeial directions have been more conspicuously distinguished by the smaller cut, and smaller type for those articles which are not recognized by the Pharmacopeia, or which, at present, are scarcely ever met with in commerce.

This famous teacher states the foregoing, in substance, in his preface to this edition, and we need only call attention to these facts to bring the book sufficiently to the notice of the profession. Sadly enough, the distinguished author has only lately passed from earth, after having rounded up a life of great usefulness in the pursuit of his special field of observation and teaching.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1893. Edited by FREDERIC C. CURTIS, M. D., Secretary. Standard octavo, pp. 540. Published by the Society. Philadelphia : William J. Dornan, Printer. 1893.

This handsome volume appears with its customary promptness, and is replete with scientific papers and discussions. The first sixty-six pages of the book are taken up with preliminary matter pertaining to the organization of the Society and the minutes of the meeting. We desire to call particular attention to the careful manner in which these minutes are prepared. We are not aware that any State medical society publishes so accurately, in every detail, all the business that is transacted at its meetings.

President Pilcher's address is a scholarly paper that deserves careful reading by every member of the society, and especially by the president and ex-presidents of the American Medical Association.

This volume contains a few useful illustrations, but not as many as we should like to see in a work of this character. We think it would be of decided advantage to authors if they would make greater efforts to illustrate their papers for society transactions. The fact is, these works become text-books, and should be so regarded by every man who publishes a paper in them.

We especially commend the action of the society in formulating elaborate exhaustive discussions on important subjects, and we hope to see this fashion more and more followed as the years advance.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by CHARLES E. SAJOUS, M. D., and seventy associate editors, assisted by over two hundred corresponding editors, collaborators, and correspondents. Illustrated with chromo-lithographs, engravings, and maps. Five volumes. The F. A. Davis Company, Publishers, Philadelphia, New York, Chicago, and London. Australian Agency: Melbourne, Victoria. 1893.

The sixth issue of this great annual comes to hand somewhat later than usual. This, however, is not remarkable when we consider the immensity of the work and the great labor that is required to put it out. The delay is probably due to the fact that the editor has temporarily removed to Paris and the necessary complications which would grow out of such a radical change of residence. This, however, will be more than compensated for, we presume, by the fact that Dr. Sajous will be brought into closer touch with the European publications and authors who are drawn upon for contributions and editorial work.

The Annual appears this year without essential change in any of its departments, which we think is wise. The method of publication has already become familiar to the American profession, and the purposes of the work are well served. There is no undertaking in all the literature of medicine that compares with it, and we consider that the price of the volumes is fixed at an astonishingly low rate, considering the vast deal of time and money requisite to prepare them for distribution. We hope the enterprise will be well sustained by the profession of medicine throughout the world.

PSYCHOPATHIA SEXUALIS, with Especial Reference to Contrary Sexual Instinct. A Medico-Legal Study. By DR. R. VON KRAFFT-EBING, Professor of Psychiatry and Neurology, University of Vienna. Authorized translation of the seventh, enlarged and revised, German edition. By Charles Gilbert Chaddock, M. D., Professor of Nervous and Mental Diseases, Marion-Sims College of Medicine, St. Louis; Fellow of the Chicago Academy of Medicine, Corresponding Member of the Detroit Academy of Medicine; Associate Member of the American Medico-Psychological Association, etc. In one royal octavo volume, 436 pages. Extra cloth, \$3.00, net; sheep, \$4.00, net. Sold only by subscription. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry street.

This book, from its size, should be complete. Nothing pertaining to the contrary sexual instinct should be left out in such a work, and we look for something that is new as an excuse for its publication. We look in vain. There is nothing in it that adds to our knowledge. The conditions described in it have been well written up by Hammond, B. Ball, and other writers, on *Folie Erotique*, which is the name given by Ball, of Paris.

We doubt if the book will do as much good as it is sure to do harm in a moral sense. As far as establishing psychopathic sexualis as a distinct form of insanity, we think the distinguished author has failed in his purpose. We still believe these erotic feelings, and sensations, and delusions, to be, in a large proportion of cases, symptoms of various and well-recognized forms of insanity.

J. W. P.

TRANSACTIONS OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS. Volume V., for the year 1892. Edited by WILLIAM WARREN POTTER, M. D., Secretary, and published by the Association. Octavo, pp. 529. Philadelphia: William J. Dornan, Printer. 1893.

This is one of the volumes that it is a pleasure to possess and to notice in the columns of a medical journal. This association has shown itself to be possessed of great vigor and cohesiveness. It has risen above a systematic and well-planned adverse criticism and detraction so completely as to conquer all opposition. There is no more handsome volume of society transactions published anywhere than this association annually puts forth, and the present one is fully up to its high standard of excellence in every particular. It contains a number of excellent illustrations; but we should be pleased to see this part of the book improved upon very materially. Authors of papers should remember that society transactions are in reality text-books that often go into the hands

of general practitioners of medicine ; hence it is greatly to their individual advantage, as well as to the credit of the associations to which they belong, to bring out illustrations of their topics wherever practicable. This book is printed on tinted paper with clear type, and commends itself to the study of every thoughtful gynecologist, obstetrician, and abdominal surgeon.

ELEMENTS OF HUMAN PHYSIOLOGY. By ERNEST H. STARLING, M. D., Lond., M. R. C. P., Joint-Lecturer on Physiology at Guy's Hospital, London ; Member of the Physiological Society, etc. With 100 illustrations. Small 8vo, pp. 437. Philadelphia : P. Blakiston, Son & Co. 1892.

Here is one of the little volumes that it is a pleasure to examine. Not all condensations of medical literature are such as to command the favor, not to say the praise, of the reviewer ; but when physiology is correctly taught in a condensed and compact form, we have no hesitation in according to the successful author his full meed of praise. The fact is, that students cannot be taught too much physiology, and all should adopt a systematic method of acquiring a knowledge of this subject. That is the real purpose of hand-books and other more elaborate treatises. The illustrations of this volume are carefully drawn, for the most part, although their number might have been increased with propriety. We think there is great value in accurate drawings and photographs for the illustration of an author's meaning. We feel disposed to encourage artistic and truthful illustrations, especially in this department of science. This book will command a large sale by reason of the valuable nature of its contents.

ELEMENTARY PHYSIOLOGY FOR STUDENTS. BY ALFRED T. SCHOFIELD. M. D., M. R. C. S., Late House Physician to the London Hospital ; Special Lecturer, National Health Society. In one handsome 12mo volume of 385 pages, with 227 engravings and two colored plates. Cloth, \$2.00. Philadelphia : Lea Brothers & Co.

In this small manual, so the author states in his preface, is made an attempt to present to the student of physiology the leading facts of the science in a fuller way than is generally found in a work of this size, and a somewhat critical examination of the book leaves us with the impression that the author has accomplished, at any rate in a large measure, what he started out to do. There is very much need for the study of physiology in our public schools, and this would be a good text-book for educators to adopt.

for that purpose. It is well printed and exceedingly well illustrated. The figures, for the most part, illustrate in a very satisfactory manner the portions of the text to which they apply. We have not seen so much accurate physiological information presented in the same number of pages as we find in this treatise. Without an attempt at an analytical review, which is scarcely necessary at this time, we beg to commend the book to the study and examination of all students of physiology.

NOTES OF THE NEWER REMEDIES, their Therapeutic Applications and Modes of Administration. By DAVID CERNA, M. D., Ph. D., Demonstrator of Physiology in the Medical Department of the University of Texas, Galveston; formerly Assistant in Physiology, Demonstrator of, and Lecturer on Experimental Therapeutics in the University of Pennsylvania; Fellow of the College of Physicians of Philadelphia; Corresponding Fellow of the Sociedad Espanola de Hygiene of Madrid; Associate Editor of Sajous' Annual of the Universal Medical Sciences, etc. Duodecimo, pp. viii.—177. Price, \$1.25. Philadelphia: W. B. Saunders, 913 Walnut street. 1893.

In this book will be found a record of the newer remedies that have been introduced since the last revision of the pharmacopeia. Each remedy is briefly treated, giving after its name, its synonyms and chemical composition; then its physical properties, solubility, therapeutic applications, and mode of administering, are mentioned in their order. This is not considered a work on therapeutics in any sense, but the author says that one of his objects in preparing the book is to keep brief records of the therapeutic applications of the newer remedies, especially of those whose usefulness has been more or less ascertained by clinical investigation. It is an excellent book of reference, and will be found convenient for educators, students, and practitioners.

TRANSACTIONS OF THE KENTUCKY STATE MEDICAL SOCIETY. New series. Volume I. Thirty-seventh annual meeting, held at Louisville, May 4, 5, and 6, 1892. Octavo volume, pp. x.—340. Louisville: Printed by John P. Morton & Company. 1892.

Among the valuable scientific work done by State medical societies, that of Kentucky must take the first rank. We are pleased to see that this ancient and honorable organization has returned to the fashion of publishing an annual volume of transactions. This custom has not obtained in this society since 1877; consequently, most of its valuable work has been lost, or, at least, has not formed a substantial addition to the medical literature of the country, as it should have done.

Last year, under a resolution introduced by Dr. McMurtry, a committee of publication was appointed, of which he is the chairman, and the present book is the product of the committee's first labor. It is handsomely printed and bound, and makes a decided addition to a physician's library. We do not understand how any physician in Kentucky could possibly do without it, and it is useful reading for physicians outside the boundaries of that State.

A CHAPTER ON CHOLERA, for Lay Readers. History, Symptoms, Prevention, and Treatment of the Disease. By WALTER VOUGHT, Ph. B., M. D., Medical Director and Physician-in-Charge of the Fire Island Quarantine Station, Port of New York; Fellow of the New York Academy of Medicine, etc. Illustrated with colored plates and wood engravings. In one small 12mo volume, 110 pages. Price, 75 cents net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry street.

Hardly had this book issued from the press before its talented author succumbed to an infectious fever, said to have been contracted from a patient. There is an especial sadness connected with the death of so brilliant and promising a young physician as the author of this little brochure.

Cholera is a disease which the masses need information upon, and in this monograph may be found ample information connected with its history, symptoms, prevention, and treatment. We think it would be wise to provide Boards of Health with copies of the work to be distributed in their discretion, and to be especially studied by their subordinates who are not medical men.

MEDICAL POCKET ATLAS. Obstetrics. Part I. Labor delineated in ninety-eight plates. By O. SCHAEFFER, M. D., Assistant at the University Frauen-Klinik, in Munich. Translated and published under the supervision of J. Clifton Edgar, M. D., Adjunct-Professor of Obstetrics in the University of the City of New York; Attending Physician to the New York Lying-in Hospital; Assistant Obstetric Surgeon to the New York Maternity and to the Emergency Lying-in Hospitals. Formerly Volunteer Interne in the University Frauen-Klinik, of Munich. New York: L. Hydel, Publisher, 212 E. 50th street. 1893.

The plates in this work are excellent expositions of the mechanism of labor, and serve to refresh the memory in regard to many of its perplexities. This atlas is to be especially recommended to those who cannot afford to purchase larger works, and it is furnished at such a low price, that hardly any physician desiring such an aid, need deny himself thereof. There is ample need for

improvement in the study of obstetrics by physicians, especially those remote from the centers, and such accurate plates as these serve to refresh the memory on many doubtful points, with very little expenditure of time or labor.

MANUAL OF PRACTICAL MEDICAL AND PHYSIOLOGICAL CHEMISTRY. By CHARLES S. PELLEW, E. M., Demonstrator of Physics and Chemistry in the College of Physicians and Surgeons, (Medical Department of Columbia College,) New York. Honorary Assistant in Chemistry at the School of Mines, Columbia College, etc. With illustrations. Pp. 314. New York : D. Appleton & Company. 1892.

Taken in its entirety we consider the work before us an excellent guide for a laboratory course in medical chemistry. We also consider the arrangement of the subjects as not quite logical. We believe that Part IV. and V. should precede Part I.

On page 215, the author says : "Living animal membranes act in the same way as dead ones, or as parchment paper." To a certain extent the statement is true, but we believe that it is misleading, as the living membrane does not act in every respect like a dead one.

The author has supplied a needed manual and is to be congratulated over his success. The publishers have gotten the book up in excellent manner. The plates are splendid and typography fine.

J. A. M.

A MANUAL OF THE PRACTICE OF MEDICINE, prepared especially for Students. By A. A. STEVENS, A. M., M. D., Instructor of Physical Diagnosis in the University of Pennsylvania, and Demonstrator of Pathology in the Woman's Medical College, Philadelphia. Illustrated. Philadelphia : W. B. Sanders, 913 Walnut street. 1893.

The author of this book in his preface quotes Pope as saying, "Half of our knowledge we must snatch, not take." We presume Dr. Stevens has followed this precept in his professional life. The fact is evident at a glance that knowledge or information is fired at us in this book in the most laconic manner. The title-page announces that the work is prepared especially for students, but of what avail is it to students to have such snatches of the practice of medicine taught them as they will glean from this work ? The only purpose the book can serve is to prepare students through the brain-cramming process, for final examination. A knowledge obtained in this way is generally of a very poor order, and while we have nothing but kindness for the author, we still think he has made a mistake in publishing such a work on such a subject.

THE CHRONIC DISORDERS OF THE DIGESTIVE TUBE. By W. W. VAN VALZAH, A. M., M. D., formerly Demonstrator of Clinical Medicine, Jefferson Medical College. Octavo volume, pp. iv.—151. New York: J. H. Vail & Co. 1893.

This monograph has, for the most part, appeared in some of the medical journals within the past year. The author has grouped his contributions in a single volume, which makes them more readily accessible to those who desire to pursue the study of this subject and to possess all valuable literature thereupon.

Diseases of the digestive tract are constantly increasing, and command more attention than formerly; hence, all literature of excellent quality is hailed with delight. But we cannot commend this book as containing anything new or that has not been said before, perhaps, quite as well.

MATERIA MEDICA AND THERAPEUTICS. By L. F. WARNER, M. D., Attending Physician St. Bartholomew's Dispensary, New York. Being Vol. V. of the Students' Quiz Series. Pocket size, 244 pages, \$1.00. Philadelphia: Lea Brothers & Co. 1892.

The author of this compend announces that it is based upon the works of such acknowledged authorities as Brunton, Bartholow, Wood, Bruce, Edes, and Biddle, and upon the compiler's own notes of the didactic lectures of Professor Peabody, of New York.

Materia medica has to be obtained largely by memorizing, and sometimes a little work of this kind becomes useful in that direction. It furnishes some excuse, at all events, for the publication of a quiz-book like the one before us, which is one of the best of its kind.

BOOKS RECEIVED.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects, Volume XIV. Sutures-Universal. Quarto, pp. 14—1016. Washington: Government Printing Office. 1893.

Sander's Question Compend, No. 12. Essentials of Minor Surgery, Bandaging, and Venereal Diseases, arranged in the form of questions and answers, prepared especially for students of medicine. By Edward Martin, A. M., M. D., Clinical Professor of Genito-Urinary Diseases; Instructor in Operative Surgery and Lecturer on Minor Surgery, University of Pennsylvania; Surgeon to the Howard Hospital; Assistant Surgeon to the University Hospital, etc., etc. Second edition, revised and enlarged, seventy-eight illustrations. Philadelphia: W. B. Sanders, 1893.

Transactions of the Medical Association of Georgia: Forty-fourth Annual Association, 1893. Octavo, pp. 426. Atlanta, Ga.: Published by the Association. 1893.

Hernia: Its Palliative and Radical Treatment in Adults, Children, and Infants. By Thomas H. Manley, A. M., M. D., Visiting Surgeon to Harlem Hospital; Consulting Surgeon to Fordham Hospital; Member of the New York Academy of Medicine, American Medical Association, New York State and County Medical Associations, International Medical Congress, Pathological Society, National Association of Railway Surgeons, etc., etc. Octavo, pp. 231. Philadelphia: The Medical Press Company, Limited. 1893.

A Treatise on the Science and Practice of Midwifery. By W. S. Playfair, M. D., F. R. C. P., Professor of Obstetric Medicine in King's College, London; Examiner in Midwifery to the Universities of Cambridge and London, and to the Royal College of Physicians. Sixth American from the eighth English edition. Edited, with additions, by Robert P. Harris, M. D. In one octavo volume of 697 pages, with 217 engravings and five plates. Cloth, \$4.00; leather, \$5.00. Philadelphia: Lea Brothers & Co. 1893.

A Handbook of Ophthalmic Science and Practice. By Henry E. Juler, F. R. C. S., Ophthalmic Surgeon to St. Mary's Hospital; Surgeon to the Royal Westminster Ophthalmic Hospital, London. New (second) edition, revised and enlarged. In one handsome octavo volume, of 562 pages, with 201 engravings, seventeen colored plates, test-types, and color blindness test. Cloth, \$5.50; leather, \$6.50.

Supplement to the Reference Handbook of the Medical Sciences. By Various Writers. Illustrated by chromo-lithographs and fine wood- engravings. Edited by Albert H. Buck, M. D., New York City. Volume IX. Imperial octavo, 1084 pages. Cloth, price, \$6.00; sheep, price, \$7.00; half morocco, price, \$8.00. New York: William Wood & Company.

Minor Surgery and Bandaging. By Henry R. Wharton, M. D., Demonstrator of Surgery in the University of Pennsylvania. In one 12mo volume of 529 pages, with 416 engravings, many being photographic. Cloth, \$3.00. Philadelphia: Lea Brothers & Co. 1893.

A Text-Book of Ophthalmology. By William F. Norris, M. D., Professor of Ophthalmology in the University of Pennsylvania, and Charles A. Oliver, M. D., Surgeon to Wills Eye Hospital, Philadelphia. In one very handsome octavo volume of 641 pages, with 357 engravings and five colored plates. Cloth, \$5.00; leather, \$6.00. Philadelphia: Lea Brothers & Co. 1893.

Anatomy, Descriptive and Surgical. By Henry Gray, F. R. S., Lecturer on Anatomy at St. George's Hospital, London. New American from the thirteenth enlarged and improved English edition. Edited by T. Pickering Pick, F. R. C. S., Examiner in Anatomy, Royal College of Surgeons of England. In one imperial octavo volume of 1100 pages, with 635 large engravings. Price, with illustrations in colors, cloth, \$7.00; leather, \$8.00. Price, with illustrations in black, cloth, \$6.00; leather, \$7.00. Philadelphia: Lea Brothers & Co. 1893.

Miscellany.

CIVIL SERVICE EXAMINATIONS.

OPEN competitive examinations for the positions of junior assistant physicians and apothecaries in the State hospitals, will

be held at the office of the Civil Service Commission, Albany, Thursday, November 16, 1893, at 10 o'clock A. M.

Applicants as junior assistant physicians must be residents of the State of New York, graduates of a legally incorporated medical college, and have had, at least, one year's actual experience on the staff of a public general hospital. Salary, \$800 to \$1,500 per annum and board.

Applicants as apothecaries must be residents of the State of New York, at least twenty-one years of age, and must have a license from the State Board of Pharmacy. Salary, \$500 to \$600 per annum and board.

For application blank, address New York Civil Service Commission, Albany, N. Y.

THOMAS CARMODY,

Albany, N. Y., October 20, 1893.

Chief Examiner.

MESSRS. WILLIAM WOOD & Co., medical publishers of New York, announce the early publication of a System of Medical Jurisprudence and Toxicology, by R. A. Witthaus, A. M., M. D., Professor of Chemistry, Physics, and Hygiene in the University of the State of New York; and Tracy C. Becker, A. B., LL. B., Professor of Criminal Law and Medical Jurisprudence in the University of Buffalo.

This work will be sold by subscription only; muslin, \$5.00 per volume; leather, \$6.00. There are seventeen associated authors, three of whom are legal, and fourteen are medical. The plan of the system is such as to adapt it to the courts of the various states of America. Practically speaking, it is proposed that this work shall be so thorough as to supplant the requirement for any other text or guide-book for American practitioners of medicine or law. The system will consist of four octavo volumes, of about 600 pages each. These volumes will be printed in the best manner, from new type, and illustrated wherever desirable, by line and half-tone engravings and chromo-lithographic plates. In paper, press-work, and binding, it is promised that they will be specimens of the best work. The first volume may be expected to issue soon, and subscriptions should be placed at an early day. The prospects are that the first edition will be exhausted at an early day, as the prospectus is attracting the attention of doctors and lawyers in all English-speaking countries.

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No. 5.

Original Communications.

TORSION AND THE HOMOLOGOUS LIGATION OF DIVIDED ARTERIES.¹

By THOMAS H. MANLEY, M. D., of New York.
Surgeon to the Harlem Hospital.

THE QUESTION of prompt and effective suppression of hemorrhage is an all-important one to the surgeon, whose duties often bring him in contact with such serious railroad traumatism as entail an extensive mutilation of the soft parts, with more or less destruction of the larger vascular conduits. Hence, as an elementary study, as it were, that concerning the subjugation of hemorrhage occupies a position of paramount importance to one dealing with this department of surgery. Therefore, both by study and practice, a full and useful knowledge of the principles which underlie hemostasis should be sedulously cultivated by us.

As our art is one without finality, he who would keep abreast of the times, and give his patient the benefit of the latest and the most effective therapy, must needs continue in a ceaseless search for that on which the least improvement can be made.

Recent advances in wound treatment, aseptic measures, absorbable ligatures, the elastic constrictor, and improved material for dressings, have all contributed to radically revolutionize views and methods which, until recently, had the support of dogmatic principles. Cellular-pathology, the studies of bio-chemistry, morphology, and histology, have struck a smiting blow at former doctrines on the definite occlusion of arteries. Animal experimentation has been an enormous aid in this line of investigation. It has been recently demonstrated that the rupture of the internal coat is not essential in the application of a ligature. (Ballance, on the

1. Read before the section for Railway Surgery at the Pan-American Medical Congress, Washington, D. C., September 7, 1893.

Ligation of Arteries in Continuity.) It has been proven, too, by the same author, that the clot is a foreign body in the vessel and does not undergo transformation into cellular tissue, as was formerly taught, but that the cellular infiltration is from the inner surface of the intima, which, though normally is permeated by no capillaries, in the event of injury it does possess the property of active cell-proliferation. It has been found that an absorbable, assimilable ligature is amply powerful to occlude the largest arterial trunks and may be safely imbedded in the tissues, when it is properly prepared, to subsequently soften, liquify, and be consumed by the phagocytes.

It has been further shown that simple approximation, without the division of the internal coat, is as effective in the application of a ligature to effect permanent cicatrization. Prof. Murdock and others have permanently dammed back the arterial current by the application of torsion, entirely dispensing with the ligature.

Esmarch's constructor cannot be denied an important place in the therapy of hemostasis, though all must admit that by its careless, injudicious, and too general application, it has worked great damage and has caused the needless sacrifice of many limbs and lives, which might have been spared without it.

But the possibility of its employment has taught us a useful lesson. It has demonstrated that the arteries may endure severe and protracted pressure without serious detriment to their integrity, and that the living current will long linger within the lumen of an artery without coagulating and plugging it.

But the severe pain which its pressure always entails is a warning to us that its general application is not without danger. Acupressure, acutorsion, and many other expedients have been alternately praised and condemned.

In a communication presented to the New York State Medical Association, in 1889 (*Transactions* of same year), I described what I designated the *Temporary Transfixion Ligature*, a simple and effective means by which any of the arteries of the extremities, large or small, could be promptly and safely controlled. Since then, Wyeth, of New York, and Senn, of Chicago, have each devised special methods to control hemorrhage in hip-joint amputations, both of which, in certain respects, combine the principles of this ligature; the former employing steel skewers, and the latter elastic tubing. At an early date I hope to again call the attention of the profession to this expedient.

Thus we see that many and various have been the measures employed to subdue arterial hemorrhage, and that recent advances in our knowledge of the *modus operandi* of the healing of arteries and prevention of sepsis permit us to apply measures heretofore quite inappropriate.

But the ideal is yet to be attained. The materials at our command even now are, in a large measure, unsatisfactory. All dead substances are unsatisfactory. Perhaps catgut is the most valuable when it can be secured fresh and is properly prepared, though often it is a source of infection. It may slip, stretch, or melt down before definite closure of the vessel is secured. Over the openings in small vessels, unless other tissues are included in the ligature, it is prone to slip off, so that it cannot be said to hold well, except on medium-sized vessels. Kangaroo, rat-tail, horse-hair, and silk, are all objectionable, because of their irritating qualities.

Finding all heterogeneous materials more or less objectionable, and becoming better acquainted with the hemostatic properties inherent in the arteries themselves, surgeons have turned their attention to what might be accomplished by the utilization of the damaged segment of the vessel and the adjacent tissues as materials which might be utilized for the arrest of bleeding from arteries.

It had been observed that a very troublesome hemorrhage might follow the mere puncture of an artery, but that when it is cut cleanly across it immediately ceases. Vessels caught in the jaws of an artery-forceps, and held for a few moments, often promptly cease spouting when this is released. This, however, will not succeed in closing a vessel in continuity, unless the pressure is continued over considerable time, and a thrombus has formed at the proximal end. It has been often noticed that bleeding is seldom abundant from a large artery when a limb has been shot or torn off.

A wounded artery is essentially a structure seriously, if not totally, curtailed in function; blood circulating through it only under difficulties. All the tissues superjacent, or contiguous to it, become inflamed, and contract down on its walls; the vessel itself, after division, retracts within its sheath. The intima so coils on itself as to form a cuff of soft, filmy tissue, which, with the embolus, for the time at least, effectually aids in the arrest of hemorrhage. It has been claimed by Ballance, Zieler, Cornel, and Ran-

vier, that an embolus forms no essential part in the reparative processes of divided arteries.

My own observations incline me to the same view, for I wholly agree with those who regard the clot as always the result of septic infection, and, as Ballance so aptly puts it, "As much a foreign body in an artery as in the stump of an amputation." (Ballance and Edmunds, *Ligation of Arteries in Continuity*, page 127.)

There is every reason to believe, then, that auto-hemostasis is practicable when the secret methods by which it may be rendered efficient and practicable are revealed.

A long step in this direction was made when methodical asepsis became an accepted principle in wound treatment.

Baumgartner and Bottcher declare that no thrombus is ever formed if the vessel heals without suppuration (Ballance and Edmunds, pages 156 and 157). Perhaps, it is not sufficiently borne in mind that the various arteries of the body possess wide anatomical and physiological differences, and undergo certain definite changes at different stages in life, and that later researches, by more accurate and precise means than we now command, will show that there is a difference in the innate recuperative power, not only of various organs and parts, but in special elements of the same viscus, or member.

Dr. Murdock, after a careful survey of the history and principles of hemostasis, a long and ripe experience in general surgery, returned to first principles, with a strong conviction that with the aids which modern science have placed in our hands, the homologous occlusion of arteries as a general method in the hemostasis of traumatisms was feasible and practicable; therefore, he recommends the revival of the torsion of arteries on a large scale.

In Warren's late work on the Healing of Arteries, he tells us that Kocher, of Hamburg, related to Velpeau that he had not ligated an artery for twenty years; and that Velpeau himself was a strong advocate of torsion. The safety of torsion, he thought, depended on three things,—viz., the twisting of the external coat, retraction of the intima, and the coagulum. Ogston says (*The Properties of Arteries and Their Ligation*, p. 117,) that the normal blood pressure is from three to eight pounds to the square inch, and that a twisted vessel possessed less resistance than one ligatured.

I had but shortly cogitated seriously on the line of experimental work which had been confided to me by Dr. Murdock,

when it occurred to me if the blood-current can be arrested through an artery by a twist of it, why not by a knot; in other words, why not tie it with its own elements, and therewith commit it to the grip of its own living walls, as well as occlude, by turning the vessel on its own axis?

With a determination of testing the practicability of torsion and homologous ligation, I commenced a series of experiments on the dog, and, as far as the opportunity offered, extended my observations on the human being, but, I regret to say, that since I commenced I have not had an opportunity to test this expedient on any of the larger vessels of man; and, because of many difficulties which will be removed later, I was unable to conduct my work with entire satisfaction on the dog.

In the present instance, my aim will have been accomplished if I succeed in simply calling attention to the possibilities in the future of securely occluding the bleeding orifices of arteries without the employment of any sort of foreign substance to embrace the artery; by torsion, when the cleavage of the vessel is on a line with the surface of the divided tissues, and by homologous ligation of the vessel, by means of its own walls, in those extensive mutilations in which, formerly, the surplus vessel was sacrificed with the other tissues. It had occurred to me whether or not, in many, we might not utilize a ribbon of the intermuscular, fibrous septa, the aponeurosis, or other fibrous tissues, for this purpose!

OPERATIVE TECHNIQUE IN TORSION OF THE ARTERIES; IN EXPERIMENTAL PROCEDURES, AND ON THE HUMAN BEING.

Only the larger arteries were sought for.

The superficial femoral having been exposed and lifted out of its sheath, was seized between two clamps and divided with the scissors, directly across its long axis. There was an immediate separation of more than a centimeter of the ends.

The proximal end was put on extreme tension, when a second forceps was applied about two centimeters from the one which held the end. Now, the segment of the vessel was again stretched, when it was twisted until its outer superficial fibers were seen to rupture. Then, a fine suture was carried through the outer coat of the free end, to leave *in situ* for the purpose of drawing down the vessel in the event of torsion failing. The vessel was then liberated, when its twisted end disappeared in the tissues. There was no hemorrhage. The proximal end of the vessel

having been safely disposed of, the distal was now taken up. Immediately on removing the clamp, which had held the orifice in a tight grip for ten minutes, blood spouted through it with great energy. The clamp was re-applied in the same position, with another a little more than a centimeter farther down, when the vessel was treated as the preceding, with the same result.

The common carotid on another dog was treated by torsion, which failed at the proximal end. I have tried this, experimentally, on no other arteries thus far; but, since taking up this study, I have generally employed nothing else as a hemostatic agent in occluding those smaller bleeding vessels, divided in abdominal and all surface operations.

The very few imperfect observations which I have made thus far on hemostasis by torsion, have convinced me that this is an expedient of great value in appropriate cases, when all its details of technique are fully carried out.

It would appear that it is especially valuable in those small vessels with thick coats of yellow elastic tissue. When these are imbedded in muscular tissue, torsion should wholly supplant every description of ligature. But there are many arteries which form channels for themselves in the tissues through which they pass, as those of the scalp, and others in which the vessels' coats and sheaths are so intimately incorporated with the parts through which they pass, as in the palmar surface of the hand and the plantar surface of the foot, that they do not permit of sufficient displacement forward and outward to allow of ample twisting for effective occlusion.

Enough has not been accomplished from experimental and clinical observations to enable us to estimate just how far torsion is a practicable and useful expedient in the obturation of the major arteries, though much has been written on the subject. A definite and precise manual is essential in the performance of torsion.

The bleeding orifice must be seized separately from other tissues. Gradual, but considerable, tension must be made on the free end of the vessel in order to clear it from adhesions with adjacent tissues, and, besides, to put the longitudinal fibers on a full stretch. Now, a second clamp seizes the vessel at its uppermost point, while a rotatory motion is commenced below, when the twisting is carried to the point of rupturing the outer coat. Then the forceps last applied is removed, when two or three more

turns are given the end of the vessel. The latter is once more slightly stretched when we let go, and the stump of the vessel disappears in the tissues.

In order to give support to the mangled artery, and provide against secondary hemorrhage, it is always well to carry a light catgut suture through the tissues in which the crushed end of the artery is imbedded. In young people the collateral tributaries are so abundant that the distal end of the vessel must be effectually sealed before we finally close the wound, or complete the dressing. Now, the smooth, firm bandage over an abundance of aseptic, fluffy dressings, with the limb, stump, or part, in a comfortable position, the patient is placed on a proper regimen. Nature will promptly do the work of repair, and it may be said that in many cases the primary dressings need not be disturbed until the healing processes are complete.

This is the ideal to which we all should aim, but it is practicable and safe only under favorable circumstances. In order to realize it, every facility must be within easy command. Our patient, after operation, must always be placed in complete and permanent physiological rest until the healing processes are consummated.

HOMOLOGOUS LIGATION.

Oftentimes, in the course of our studies, experimentation, and clinical observations, a new idea flashes through our mind, and at once, perchance, we imagine we have made a discovery.

There are today, remarkable to say, many who firmly believe that Harvey alone discovered the circulation, while admitting that centuries before this profound investigator was born the properties of the arteries and veins were well understood; and so there are others who would give all the credit of pulmonary physics to Lannaec, and, besides, proclaim that Lawson Tait was the first to discover purulent masses in the Fallopian tubes. But it is said that "There is nothing new under the sun," and, surely enough, soon after one has come forth and vaunted his new discovery, and feels himself safe as the sole recipient of its honors, great is his chagrin to learn that there is nothing original in his contribution, and that it had long since gone into oblivion because it possessed no practical value, and was hence cast aside as useless.

Is the same fate in store for the Homologous Ligation of the Arteries? Is there anything in the principle of utilizing the waste or excess of a vessel to close its own lumen?

Is there anything original in the utilization and appropriation of a living ligature to close a vessel?

Has this an application to other organic elements and structures besides the blood-vessels?

And, lastly, have others given this procedure a trial?

Does the theory rest on a substantial *rationale*?

Bone, we know, can only undergo repair or reproduction by bone. Destroyed integument can be replaced with the same tissue only. The same law applies to all the organic elements. Ballance tells us that even the most aseptic catgut, wound around an artery, is a foreign substance, which the phagocytes attack and assimilate as heterogeneous elements. All of which points, as this eminent author avows, to the fact that the ligation of arteries is yet in a very unsatisfactory state.

In the near past, when "laudable suppuration" was regarded as an important phenomenon in all flesh wounds, the presence of extraneous materials was not regarded as harmful. But, in our time, the elimination of suppuration, absolute and complete, is demanded as the *sine qua non* of sound surgery in all contaminated wounds. The methods of the past will not do for the present. Accordingly, in order to have our therapy in accord and harmony with modern biological studies and pathological doctrines, further advances must be made in many directions.

When the thought dawned on me that the homologous ligation of the arteries was a practicable expedient, it was soon apparent that it would only apply to certain definite phases of hemorrhage. This I was quite certain of, though it occurred to me that in many instances when the vital elements of the arterial walls were too scant to be used in this way, the heterogeneous tissues might be drawn on, in the immediate vicinity, for a similar purpose. Yet, there remained many situations in which obturation might be impracticable. In the vast majority of those cases, by the appropriate utilization of torsion, we can efficiently obturate the vessel.

Homologous ligation promises the most happy results in the larger arteries, as the femoral, brachial, carotid, and the larger arteries of the forearm and leg. It seemed to me a simple and practicable expedient in closing the arteries of the spermatic cord, as the cremasteric and spermatic are long, thread-like vessels, which could be firmly knotted when divided close to the gland.

This expedient seemed to me likewise specially adapted to those cases of primary amputation in which the limb is immediately and

permanently destroyed beyond every hope, yet, in which many of the vessels and nerves preserve their vitality varying distances beyond the point at which an amputation must be made.

In the smaller arteries, when sufficient of the caliber of the vessel can be exposed without doing violence to adjacent parts, it might serve a most useful purpose.

That homologous ligation, in continuity, has a place in surgery, is yet to be determined. If, however, the principle on which it rests is a rational one, then there can be no question but that it may be utilized in this class with advantage.

TECHNIQUE OF HOMOLOGOUS LIGATURE.

This may be divided into three stages :

1. *The isolation of the vessel.*
2. *Its bi-section and ligation.*
3. *Vascular fixation and approximation of the tissues.*

In the mangling of tissues, which we so generally find in very serious compound fractures, and when the trunk of the vessel to be treated lies free and close to the surface, under the torn integument and other tissues, it may be easily detached from its loose connections, raised from its bed, and drawn out sufficiently for homologous ligation without difficulty. But when the artery is torn in two, the question may arise as to whether, if the distal divided end preserve vitality, it may not, in this manner, be utilized for ligating the proximal end.

Assuming, however, that we propose dealing only with the proximal end and utilize it for its own occlusion, many difficulties may present themselves. If the brachial artery, as an instance, is torn through at the inferior end of the insertion of the pectoralis major, close to where the internal and external cords of the brachial plexus form a Y, and the main trunk passes immediately into and under it, the isolation of it without damage to the nerves, or sacrifice of many of the numerous axillary branches, may seem quite impossible.

In an amputation we may have little consideration for those contingencies. Hence, if a large nerve trunk lies in the way, we divide it, lift the vessel up through the gap, then replace the nerve ends, pass a fine catgut suture through the neurilemma, and replace the nerve. If the section of the main trunk is convenient to a large branch, in amputation cases, this may be caught between two forceps and divided.

At least two inches of the extent of the vessel must be liberated and exposed with its sheath intact if possible, when gradual

but steady tension is made on the vessel in the direction of the long axis of the trunk until it is fully stretched; at which time another clamp forceps is firmly fixed as close to its point of emergence from the tissues as possible. This completes the first stage of the operation.

BI-SECTION AND LIGATION.

It will be noticed that thus far our initiation varies but slightly from that of torsion, which, indeed, this is a species of. Its contrasting features consist only in that instead of twisting the vessel on itself we utilize its walls for a knot.

The clamp on the free end of the vessel is now removed, and we will deal with it according to its caliber in two different ways. If it be a smaller vessel, it is tightly knotted on itself in two or three places. When each knot is drawn, tension is maintained until the elasticity of the vessel is overcome; and now that the knotting is completed, the vessel is liberated.

With a large trunk, a somewhat different technique must be observed. The initial steps, however, are similar to those employed on more diminutive vessels. The vessel is bisected or trisected, while I have succeeded by merely dividing the vessel and tying either end. Later experiments have assured me that to split the vessel in three segments, employing one to turn on itself and plug the open lumen of it, and then ligate with the other, a more effective obturation is secured than on using but two strands. In all these cases of section of the vessel, the division was carried up to within about two lines of the point, at which the uppermost margin of the artery appeared through the tissues. Now the free ends are again moderately stretched, when they are tied with a reef-knot, singly, doubly, or trebly. The knotting being completed, the free ends are firmly drawn on and tension continued from two to four minutes, when the upper forceps are removed and the vessel is released.

The third and final stage embraces *Vascular Fixation*, and approximation of the tissues. With the larger vessels, with this procedure, an adjustment ligature of strong catgut, carried well into the tissues and firmly knotted, serves a most valuable auxiliary purpose. The integumental suture will serve this purpose in the majority of cases, but if an accessory suture or two are regarded as necessary, we should not hesitate to insert them.

It goes without saying that in every instance the possible success of homologous ligation of the arteries depends on an aseptic wound.

Every description of straining and bodily movement should be prevented, as far as possible, for the first forty-eight hours after operation. Vomiting, coughing, or straining at stool, all greatly increase arterial tension, and should be avoided until the immediate danger of secondary hemorrhage is past.

CONCLUSIONS.

Whether homologous ligation or obturation of arteries, the former by a living tissue, and the latter by torsion of the vessel, possess any enduring value, experimental work and clinical observations alone will decide. Torsion is a very ancient expedient, which suffices for the diminutive and superficial vessels ; but, for those very deeply lodged, or those of very large caliber, it has not been very generally trusted until recent times. Since the attention of the profession has been called to the subject by Prof. John B. Murdock, who has revived it on a large scale, and has shown that with the perfected technique, with modern dressings, and the elimination of suppuration from fresh wounds, its application has a very large field.

As for homologous ligation, I am firmly convinced that, with the onward march of progress, in the near future, the question of perfected hemostasis will be definitely settled, and that on the experimental line of investigation its solution will, in the main, rest.

Time and opportunity permitting, it will be my aim to continue my experimental work, and test to the fullest this species of automatic obturation in the human subject, and report final results later.

EXPERIMENTS ON THE ARTERIES OF THE DOG—TORSION TRANSFIXION LIGATURE, AND HOMOLOGOUS LIGATION.

June 15, 1893, middle-sized terrier poodle. Animal anesthetized with ether. Right femoral artery exposed in Scarpa's triangle for about half an inch of its extent. Its sheath was divided, the wall of the vessel lifted out, when it was caught, and the entire caliber of the trunk compressed by two coarsely-toothed, strong, clamp forceps. These were allowed to remain on ten minutes, when they were removed. Immediately the lumen of the vessel refilled, and the pulsations were as vigorous as ever beyond the point of compression.

Now the two forceps were again applied over their previous site, when the vessel was divided with the scissors completely through, after which the distal forceps was seized, and slight but steady traction made for a moment, when it was made to twist the open end of the vessel until that extent of torsion was reached that it could be carried no further without effecting the complete detachment of that part of the vessel engaged. Both forceps, at this stage, were removed. The free orifice of the vessel had been completely occluded. It freely pulsated with each systole of the heart, but hemostasis had been complete. After the divided parts had been duly prepared, they were approximated and covered with dressings.

ACCIDENTAL DIVISION OF THE LEFT FEMORAL ARTERY—PROMPT AND EFFECTIVE HEMOSTASIS BY THE TEMPORARY TRANSFIXION LIGATURE.

It was intended to repeat the same experiment on the left femoral, at the same time, on the same animal. Not being aided by ample assistants, and finding that the vessels on this side pursued a rather abnormal course, the artery was accidentally wounded and immediately gave issue to large jets of blood. As it had been completely cut in two, both ends were quickly retracted out of sight in the soft parts.

In this emergency, as ample facilities were not at hand to search for and secure the spouting proximal end, the trunk was compressed over the pubis, when a silk ligature, with a sharply curved needle, was passed under the proximal segment of the vessel, about half an inch posterior to the orifice. This ligature included the loose connective tissue, the sheath, *vasa vasorum*, artery, and other structures. After being tied, one free end was left out. Thus, the transfixion ligature effectually succeeded in closing the lumen of the vessel and subduing all hemorrhage. The incised parts were closed in by one row of continued suture, when dressings were applied.

The dog came out of ether well, and was returned to his crib June 30th.

The wounds over the inner side of the thighs were at this time nearly healed. It was now intended to extend our investigations into the carotid triangles by torsion on one vessel and homologous ligation of the artery on the other side.

The animal was placed under ether, and the sheath of the vessel exposed on the right side, when it was noticed that he ceased to breathe. In a moment he was dead.

Now, a very careful examination was made over the site of the incisions, which exposed the femoral vessels, two weeks previously. The right side was the first dealt with. Here it was found that all the tissues had cicatrized into one homogeneous mass.

Tearing open this cicatrix, no trace of the artery could be found until about two centimeters of the scar tissue was stripped in the direction of the long axis of the limb in an upward direction, at which point the obturated cord-like proximal end of the artery was discovered, though it was so intimately incorporated with the cicatrix, in which it was imbedded, as to be only separated with difficulty. By tracing this up a few lines, we came on the artery, which was empty, except for a line above the point of obliteration, at which point a decolorized, conical blood-clot was found. The embolus was, even at this early stage, so blanched, consolidated, and organized, as to clearly resemble connective tissue.

The distal end was not so deeply decolorized as the proximal. Its lumen was obliterated, not by an embolus, but by an adhesion of its walls from an exudative endarteritis.

DISSECTION OF THE LEFT FEMORAL ARTERY.

On this side the *temporary transfixion ligature* had been employed. Although the purpose of this ligature is to only serve a momentary end in this case, it was allowed to remain on for two days, after which time it was cut away, when no hemorrhage followed.

In this dissection, as the former, it was seen that the injured artery was caught and entangled in a mass of new tissue.

But it was continuous, though, from a point immediately below Poupert's ligament, but the trunk of the femoral artery was obliterated for about five centimeters, when the open lumen below was reached.

As with the vessel on the right side, the proximal end was firmly occluded by an organized, firmly adherent embolus.

It may be added that in both of these extremities, in which simultaneously the femoral torrent was abruptly cut off, they remained well nourished, and, on *post-mortem* examination, there were no evidences of atrophic, wasting changes.

EXPERIMENTS ON SECOND ANIMAL.

July 6, 1893. (1) Homologous ligation of the proximal end of the right carotid artery in the superior carotid triangle. Closure of the distal end by torsion. Completely successful. (2) Homologous ligation of the right femoral artery in Scarpa's triangle. As the knot slipped, after the proximal end retracted, the hemorrhage was now controlled by the temporary transfixion ligature. The distal end of the artery was closed by torsion.

July 17th. Same animal, a bull-terrier, examined. All the ligatures held. There was a moderate-sized exudation into the subcutaneous tissues at the point where the carotid was divided; neither of the wounds healed; primary union. Again anesthetized and homologous ligation of the left femoral artery undertaken. Here, on division of the tissues, such an anomalous state of things was discovered as to render this species of arterial obturation rather impracticable. The vessel bifurcated in Scarpa's triangle, and so wound around the femoral vein as to render its isolation very difficult. Besides, the vein itself was lacerated, and gave issue to a large effusion of blood before it could be controlled. In this case, as the artery was wounded on manipulation, and it was found necessary to apply a ligature directly over its proximal and distal ends, our experiment on this occasion was an entire failure.

It was noticed, so far, in our experimental work, that the collateral branches of the arteries in the dog are large and numerous, and, hence, the suppressed circulation is very promptly reëstablished. This is apparent by the energy of the recurrent torrent from the distal end of the vessel after division; indeed, complete obturation is as necessary here as with the cardiac end of the vessel.

A singular peculiarity was noticed with the veins of the dog. Their walls are proportionally very much thicker than with man, and the energetic circulation through them demand well-directed pressure to arrest it.

MISCELLANEOUS APPLICATION OF THE PRINCIPLE OF HOMOLOGOUS
OBTURATION IN CLOSING THE LUMINA OF CAVITIES AND SPACES.

Since this line of study and experimentation has occupied my attention, it has occurred to me that if homologous obturation of the arteries is feasible and practicable, then the field for the general utilization of the living ligature, or suture, was, indeed, a large one.

On the 20th of July, this Summer (1893), a captain in the fire department of this city came into my hospital service with a strangulated hernia. On decortication of the sac, under cocanization, with a redundant flap of fibro-serous tissue, in my hand, the thought occurred to me, why not utilize this tissue to obturate the inguinal canal? Authors speak of stretching, twisting, furling, ligating, and excising the sac, in hernial operations; but none, that I am familiar with, have yet recommended utilizing it as a knot for tying into a knot and closing in the ring.

In this instance, I split the sac in the direction of its long axis, carrying the incision as far upward as the internal ring. I then seized two loops and tied them in a triple-reef knot. After the knot was fixed, it was pressed inward within the internal ring. Then the other two loops were so tied as to overlap the first knot. This was secured in a double-reef knot, when a catgut suture was carried on a needle directly through it and the edges of the pillars on either side, then firmly tied.

The incision was closed without drainage. Healing was prompt; constitutional symptoms, *nil*; and our patient left the hospital, soundly healed, in just two weeks.

Two weeks ago I resected a large plexus of veins on the inner aspect of the leg and thigh of a young woman, when I found that the homologous ligation of either ends of the vessels served an admirable purpose as a ready and effective means of obturation. The vessels were greatly dilated, and quite valueless, so that the recurrent flow from the proximal divided end of the saphenous required firm pressure to close it. But the living suture was equal to the occasion.

Cases might be multiplied in which this expedient serves an ideal purpose. When there is a sparcity of homologous tissue, there is no reason why we should not reach out and utilize or borrow from a neighboring structure, as from the muscular sheaths, aponeuroses, the nerve sheaths of nerves no longer needed, tendon, integument, etc.

Without doubt, other investigators and operators will so perfect and extend the employment of this principle that, in the near future, the technique will be so simplified and effective that no sort of extraneous ligation, or suture material, will be required for any only very exceptional cases. Man, undoubtedly, carries within himself all the necessary materials for the mechanical repair of many traumatic lesions to which he is liable.

Time has proven that all chemical solutions are foreign substances, and that they have no place in healthy wounds ; that the ideal is asepsis, sterilization, and non-irritant liquids ; that over-draining and excessive flushing are both needless and harmful. May not the time be near when the question of ligation of arteries and approximation of tissue by foreign materials will be solved by discarding generally all except such as are provided by the living economy ?

The successful utilization of the autogenous ligature, or suture, depends chiefly on rigorous asepsis. It has no place in a foul infected wound. Those operations in which it is employed are necessarily rendered more tedious, as effective technique entails very delicate manipulation. In all cases of homologous ligation of the blood-vessels, one should be assured that all hemorrhage is subdued before the wound is finally sealed. The parts must be extremely quiescent for the first twenty-four hours. After that, with ordinary care, everything will go on well, and, as a rule, not more than one dressing is necessary until union is complete.

WHAT KILLS PATIENTS AFTER LAPARATOMY — ANESTHETIC, NEPHRITIS, OR INFECTION ?

BY F. BYRON ROBINSON, Chicago, Ill.

FOR some time I have watched the effect of the anesthetic, kidney trouble, and infection following abdominal sections. The subject well repays careful study. In 1885, I gave ether to a perfectly healthy girl of about twenty years of age for one hour and a half. No trace of previous ill-health could be found in her life. The ether was given to extract sixteen teeth. Immediately after the administration of the ether,—*i. e.*, a few weeks, she was taken ill. I found that she had nephritis and albumin in the urine, which increased for some months, and lasted almost a full year. I noticed that it followed the anesthetic, and since have observed nephritis in other cases following anesthetics and laparotomy. Now, it seems to me that there can be but little doubt that nephritis is a frequent sequel to ether administrations. The nephritis follows a few months after, or, rather, it is detected a few months after by examining the urine and finding albumin in it. Ether affects the kidney, occasionally, detrimentally. But this may be on account of the fact that the kidney is already considerably diseased, and that the anesthetic simply precipitates matters. It may excite the old

kidney disease, or irritate the remaining portion of the kidney intact. At any rate, ether anesthesia is liable to induce disease of the kidney. Chloroform is so effective on the heart, and I have had so many narrow escapes from death that I almost entirely discard chloroform in laparotomy. In England, either the patient or the chloroform seem to act safer, for in large numbers of anesthetics I never saw any trouble, but it does not act so safe in this country.

The next subject is *nephritis* after laparotomy. Few laparatomists seem to give much attention to the kidney in their work. Many neglect to prepare the kidney for the ordeal of the operation. But one thing is certain: that abdominal tumors soon induce diseases of the kidney. Doran found in autopsies of women who died from ovarian tumors, or immediately after laparotomy to remove the tumor, that the kidney presented morbid symptoms in some eighty per cent. of the cases. Eighty per cent. of complicating disease is a factor too large to be accidental. It is common, in my own practice, in observing women with tumors, to see kidney disease accompanying them. In most cases the urine is scant and high colored, with pink urates. There is a frequent variation in the quantity. Occasionally the urine will be profuse in quantity and clear; but generally scant urine of high color is voided by women with tumors. Again, if one will take pains to examine the urine of women possessing an abdominal tumor, he will find that the urea varies very much.

In a series of cases of laparotomy at the Woman's Hospital of Chicago, I had the urine carefully examined for urea, and it was found varying from four to eleven grains to the ounce. After lying in bed for a few days, the urea would average about seven grains to the ounce—an amount which I consider safe for abdominal section. Kidney disease coëxisting with abdominal tumors is no accident or incident. It is a pathological factor of importance. I have noted it for some time; but it must not be considered that the kidneys alone suffer from abdominal tumors. Every abdominal and thoracic organ is more or less a sufferer. The heart first becomes hypertrophied and then ends in a degree of fatty degeneration. The liver suffers hypertrophy and fatty degeneration. The causes of visceral derangement from abdominal tumors is *reflex*. Pressure, producing chiefly obstruction of ducts, is another factor of less activity. The irritation produced by the tumor is carried to the abdominal brain by the hypogastric and ovarian plexus, or

any adjacent flexes which may be irritated. In the abdominal brain the irritation is re-organized and emitted to every viscus, and especially severely emitted to viscera containing large nerve flexes. So far as I can make out in carefully dissected bodies, the kidney is supplied with the largest nerve flexes of any organ, except the uterus; hence, the effect of reflex irritation on the kidney from a tumor is very severe. The reflexes go on night and day, Summer and Winter, with irregular constancy. The effect on the kidney may be stated to be of three kinds: (a) The secretion of urine is made excessive; (b) it is made deficient, and (c) it is made disproportionate. Disproportional secretion is the most disastrous. If the kidney is continually irritated, and, consequently, its secretions unbalanced, it will finally become diseased in structure. It will end in tubular nephritis or interstitial nephritis. If pressure of the ureters plays the *rôle*, obstruction of urine follows. Obstruction, reflex irritation, and congestion is frequently followed up by infection in the kidney, the disease travels up the ureter, the kidney pelvis becomes dilated, the kidney atrophies. Uterine myomas are very productive of kidney disease, no doubt, because they produce much friction, irritation, and reflex action. It may be observed that the connection of the kidney to the genital organs is very intimate. The kidney and genitals all developed out of the Woelfian body; hence, they are connected by nerves and vessels. Disturbance in the genitals soon disturbs the kidney, and kidney disease may induce genital disease. Again, it may be observed that the peritoneum is very intimately associated with the genitals and kidney, and injury to the peritoneum may be followed by kidney disease. I have seen a uterus removed per vaginum and the patient die five or six days after from nephritis. The test-tube was two-thirds full of albumen on the application of heat. The genitals, peritoneum, and kidney are a triumvirate with close and intimate connections, both anatomically and physiologically. The disease of viscera which results from tumors, especially kidney disease, will demand more and more attention from gynecologists.

Women frequently die after laparotomy from nephritis, induced by the reflex irritation from the operation. The anesthetic may aid in producing the nephritis if it be ether. Chloroform affects the heart. In operating on any patient, the standard measure should be the amount of urea to the ounce of urine. There should not be less than six grains of urea to the ounce of urine. The

patient should lie down for several days before the operation, so that the kidney would be well prepared for the shock.

In regard to *infection* causing death, it is so well recognized that little need be said. In the past eighteen months I have lost only one case from peritonitis after laparotomy. We have learned to keep out peritonitis by cleanliness—by heat and water.

I would also add that much manipulation in the peritoneum abrades the epithelium of the peritoneum, and leaves wounded surfaces, which allow infection to get in the system easily. But as we have no measure, constitutionally, of resistance, so we have no measure against the susceptibility of a person to peritonitis. However, these few desultory remarks may call attention to the subjects of anesthesia, kidney disease, reflexes, and infection following laparotomy. It is hoped that some of the points may lead others to investigate each or every individual factor.

34 WASHINGTON STREET.

LARYNGEAL TUBERCULOSIS—A TYPICAL CASE WITH ILLUSTRATION.¹

BY HORACE CLARK, M. D., of Buffalo.

THIS photogravure² was made from a drawing of a throat which presented the following essential appearances : buccal and pharyngeal membrane pale; otherwise nothing remarkable about these parts. Epiglottis thin and pale. Interior of larynx pale; secretion scanty; left ventricular band considerably swollen, partially obscuring the vocal cord on that side; several small yellowish points scattered along the free margin of the left cord; also extensive ulceration upon this cord; the right cord is thin and apparently free from disease. Both arytenoids are swollen; the swelling is semi-opaque, and extends throughout the whole length of the ary-epiglottic ligaments; symmetrically upon these ligaments are numerous yellowish white points; there are two cone-shaped elevations of unequal size in the inter-arytenoidal space; the smaller is in the median line and is truncated, with jagged upper edge, in comparison with the larger, which is intact and lies to the left; confluent ulceration, of ill-defined, irregular outline, occupies the remainder of this space to the right.

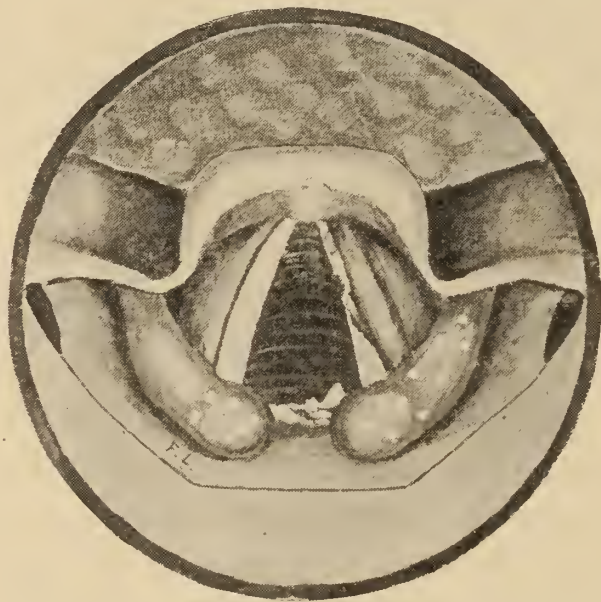
1. From cases reported to the Section on Surgery, Buffalo Academy of Medicine, May 30, 1893.

2. Page 276.

The case is taken from my clinic records for May, 1893. Woman, thirty-one years old and married; four living, healthy children; one child died in infancy of consumption; clear hereditary and personal phthisical history. Three weeks previous to visit, throat felt as if it were "growing up;" at this time noticed pain in the throat, which was pretty constant, increasing daily, and aggravated upon swallowing.

There are phthisical cavities in the upper parts of both lungs.

This history, in conjunction with the result of physical examination, belongs with the largest figures in the statistics of the disease, with the exception of sex.



LARYNGEAL TUBERCULOSIS.—CLARK.

Three facts are herein illustrated:

1. Regional origin. Development and its bearing upon diagnosis from syphilis.
2. Difficult and painful swallowing as the most prominent symptom.
3. The best method of treatment.

1. The disease usually (*a*) begins in the posterior commissure, in front of the arytenoid cartilages, working its way outwards through the sub-mucosa, thence extending symmetrically to the ary-epiglottic folds. This *symmetrical* arrangement of the ulceration and tumefaction is a very important factor in the (*b*) differential diagnosis from syphilis. In syphilis the ulcers are most frequently *unilateral, single, and large*; in tuberculosis they are *bilateral, numerous, and small*; in syphilis the ulcers are surrounded by an *inflammatory zone*; in tuberculosis their *margin is*

pale. If the *epiglottis* is the seat of ulceration, syphilis seems to have a predilection for its *upper surface* and *free margin*; whereas the ulceration of tuberculosis is *lower down and at its base*. In syphilis the *thickening is irregular*; in tuberculosis it is *smoother and more uniform*.

2. It is such a picture as this, or one closely allied to it, which is most commonly seen when the phthisical patient comes for assistance with the first symptom which he is sure relates to his throat. This refers to *difficult and painful swallowing*. Heretofore there may have been a noticeable increase in the cough, and in the amount of expectoration, accompanied, perhaps, with an exacerbation in the general decline. All this the patient has related to his lungs. Difficult and even painful swallowing may very well occur before the epiglottis is involved.

The epiglottis is usually represented in the books as greatly swollen. Within two months from the date of the first visit, the epiglottis in this case would have measured half an inch across its upper border. More extensively ulcerated areas are also shown. Anyone familiar with such cases could not fail to make a diagnosis at any stage of the disease. The appearances shown in this picture could scarcely be mistaken by the learner.

3. It is at about this stage of tubercular laryngitis, when the best results are obtained from operative procedure for the relief of the distressing symptoms, or, indeed, for the arrest of the disease. Operation consists in the liberal use of the curette upon the ulcerated surfaces.¹ This is followed by the rubbing in of lactic acid, in solution varying in strength from 20 per cent. to 80 per cent., according to the choice of the operator. The result is the formation of cicatricial tissue.² Schmidt³ devised a set of knives, for the purpose of incising the swollen parts, particularly the ary-epiglottic ligaments. Other observers find these enlargements to be hard, rather than soft and edematous. The knife does not give the result which would be expected from scoring a true edema. The explanation is, that an *appearance* of edema is caused, in part at any rate, by the infiltration of the membrane with tubercles.

It is stated that palliative treatment should always precede operation. The writer takes the view that, given such a case as the one here presented, no time should be lost in tentative efforts

1. The writer removes, in addition, such nodules as have not already broken down.

2. Hernyg : Die Heilbarkeit der Larynx-Phthise. Stuttgart, 1887, p. 57.

3. Cong. Internat. de Laryngol. Milan, 1880.

with palliative measures. Not that it is useless to rub in lactic acid alone,¹ but the formation of scar tissue is so much quicker and firmer when the parts have been first thoroughly scraped. Gratifying results are obtained by menthol used in the same way.² The writer's experience would justify the use of the curette in almost every case when ulceration can be made out; unless, indeed, the case has gone on to extremity. It is pretty generally laid down as a safe rule that, with extensive involvement of the epiglottis, instrumental interference is bad practice. In such cases palliative measures alone should be resorted to, including the hydrochlorate of cocaine in the form of a spray.

21 WEST NORTH STREET.

TRICUSPID INSUFFICIENCY.³

BY FRANK J. THORNBURY, M. D.,

Demonstrator of Bacteriology, University of Buffalo.

“REGURGITATION at the tricuspid orifice is generally secondary to mitral stenosis or regurgitation; primary disease of the tricuspid valves, however, is not infrequent.”

The above statement is made by Dr. Wm. Pepper, in his admirable *System of Medicine*, where he devotes no less than three pages to the discussion of this disease. The valvular lesions which lead to tricuspid insufficiency are similar to those which produce mitral insufficiency. The valves are thickened, shrunken, and opaque; the papillary muscles are shortened and thickened. The valves of the cordæ tendineæ and columnæ carneæ may rupture; in either case, acute and extensive insufficiency results. Acute endocarditis of the right heart is rare in adult life, but when it occurs the tricuspid orifices are its primary and principal seat. The first effect of tricuspid regurgitation is dilatation of the right auricle; following this there will be more or less hypertrophy of its walls. As soon as the valves in the subclavian and jugular veins are no longer able to resist the regurgitant current, jugular pulsation follows. The tributaries of the inferior vena cava, and the organs to which they are distributed, become greatly engorged. The liver may present pulsation and, later, assume a nutmeg character in consequence of the continued, chronic congestion. The

1. Krause: *Berlin Klin. Woch.*, 1885, Vol. XXII., p. 462.

2. Rosenberg: *Therap. Monatsheft*, 1888, Nos. 7 and 8. C. H. Knight: *Journal American Medical Association*, 1890, Vol. XIV., p. 89.

3. Read before the Buffalo Academy of Medicine, October 31, 1893.

skin takes on a dingy yellow hue, which, combined with the cyanosis, gives a peculiar greenish tinge that is only met with in heart disease. The condition which I designate *cyanotic induration*, occurring more often under other circumstances, may also be present in this disease. This gives rise to a gastro-intestinal catarrh, or, perhaps, hemorrhoids, which, with ascites, speak for congestion within the abdominal cavity. The spleen becomes enlarged, ordinarily. The kidneys often show cirrhotic changes. Edema of the lower extremities and general anasarca may develop. The obstruction to the systemic circulation may cause hypertrophy of the left ventricle, by an extra amount of work being thrown upon it. Then we have disease of the left ventricle consecutive to that of the right heart.

The symptoms in tricuspid insufficiency, whether the disease be primary or secondary, are for the most part those which pertain to derangements of the abdominal viscera. There may also be present palpitation, cardiac dyspnea, and irregularities in the force and rhythm of the heart action.

Gastro-intestinal disturbances are very common. The latter comprise dyspepsia, nausea, vomiting, or hematemesis. There may be constipation or hemorrhoids. The urine is often high-colored and scant, sometimes containing albumin or casts. Cephalalgia, dizziness, and vertigo may be present as indications of cerebral congestion (passive), and there is a peculiar *mental* disturbance, which Pepper regards as *characteristic* of tricuspid insufficiency.

Of especial importance in this disease is the possible disastrous consequence of the assumption of the horizontal posture, as illustrated by the following case. The patient taking the recumbent posture may become cyanosed, and, remaining long recumbent, stupor, coma, and even death may supervene. This fact may be called upon to explain why people are sometimes found dead in bed with heart disease, the case being, perhaps, one of this peculiar type.

According to Dr. Pepper, in no other form of valvular disease is the area of cardiac impulse so markedly increased as in extensive tricuspid insufficiency. This area sometimes extends from the nipple to the xyphoid cartilage, and it may reach as high as the second right intercostal space. Not only the jugular veins pulsate, but also those of the face, arms, hands, and even of the thyroid gland and mamma. The apex beat of the heart is indistinct, and there is commonly epigastric pulsation. Sphygmographic tracings of the pulse show it to be dicrotic.

The area of cardiac dulness, as revealed by percussion, sometimes reaches to the second intercostal space. Auscultation elicits a murmur which is synchronous with, or takes the place, of the first sound of the heart. It is superficial, of low pitch, blowing, soft, and heard best directly over the valves between the fourth and sixth ribs.

The distinctive features of this murmur, as compared with that due to aortic or pulmonary stenosis, or to mitral regurgitation, are, first, its location; second, its character; third, its point of maximum intensity near the base of the ensiform cartilage, and, fourth, the absence of any associated accentuation of the second sound. The presence of jugular and epigastric pulsation are what give weight to the diagnosis in this disease.



Tricuspid Regurgitation (after Galabin) *a, a*, anadicrotic wave synchronous with the auricular systole, and caused by reflux into the large veins.

In connection with this presentation of the subject, I desire to report the following case of tricuspid insufficiency, with autopsy :

S. G., male, *æt.* 35 years; single; an American; a farmer by occupation. He gave the following history: had rheumatism four years ago, and was now suffering from "heart and liver disease." There had been progressive weakness for the past six weeks, which, together with shortness of breath and irregular heart's action, necessitated discontinuance of work. There had been edema of the feet and general anasarca, which subsided under treatment. Present condition: patient fairly well developed, of medium height and weight; physique, poor; expression of countenance, haggard; pulse, very feeble and irregular; area of cardiac impulse enormously enlarged, and its outlines imperfectly defined. Patient was intensely dyspneic, and suffering from great mental anxiety. He had walked a long distance prior to coming under observation. He now laid down, and, upon assumption of the horizontal position, immediately died.

Autopsy, fourteen hours after death, revealed the following conditions: body that of an adult male, about thirty-five years of age, well developed; poorly nourished. Rigor mortis is present. Some *post-mortem* staining. Thoracic organs: heart enormously hypertrophied, especially upon its left side. Right auricle and ventricle very

much dilated. The tricuspid (right auriculo-ventricular orifice) extremely enlarged, admitting the tips of four fingers, the valves being incompetent. Ante-mortem clots were found in the ventricles of the left side. Liver, intensely congested; lungs, hyperemic and edematous. Other organs normal.

469 DELAWARE AVENUE.

Clinical Reports.

CLINICAL MEMORANDA FROM THE SURGICAL CLINIC AT THE SISTERS OF CHARITY HOSPITAL.

By HERMAN MYNTER, M. D.,

Professor of Surgery, Niagara University, and Surgeon to the Sisters' Hospital.

IN A paper on Arthrectomy of the Knee-joint, read before the Medical Association of Central New York, on June 2, 1891, I discussed the importance of the early discovery and prompt removal of the local tuberculous focus in the epiphysis, before the joint had become permanently injured by perforation of the focus directly into the joint, or by extension of the tuberculous process through the periosteum and synovialis. The main symptoms of a local focus, in its early stage, near the epiphyseal cartilage, are diminished extreme extension and flexion, while the motion is free in the middle ranges, slight atrophy and commencing muscular contractions, starting pains, increased surface temperature and pain on tapping over a circumscribed area. Where such symptoms are present, any delay is dangerous, and painting with tincture of iodine, the universal remedy for obscure bone and joint affections, is worse than useless. There is but one thing to do, *i. e.*, to incise down to the bone over the painful area, trephine the epiphysis, and remove the local focus with a sharp spoon. The quickness with which these patients recover by this treatment is as astonishing as it is gratifying. I do not know of anything that gives me more pleasure than the early discovery and removal of such a local focus. The years of sufferings, with resections and amputations as a final resort, which I have saved these unfortunate patients, are quite large. The same symptoms may accompany a chronic osteomyelitis in the diaphysis of the long bones, particularly in those bones which, as in the hip and shoulder joints, have the epiphysis completely surrounded with the synovial capsule. The original

pathological condition, the chronic osteomyelitis, is often overlooked, and the patients treated for joint rheumatism or tuberculous joint affections. Yet, a careful examination would show that the joint is perfectly free in the middle ranges and not tender by crowding the joint surfaces together, while the upper or lower third of the diaphysis is thickened, tender on pressure, and doughy in consistency. The accompanying muscular atrophy and diminished motion simply show that the osteomyelitic process has extended near the joint, and that this prepares itself for the inevitable perforation by becoming more or less obliterated. To illustrate these points, I take the liberty to publish a few of the quite numerous cases I have seen :

TUBERCULOUS EPIPHYSITIS OF TIBIA.

CASE IV.—Alice Goodrich, aged 7 years, entered the hospital on August 18, 1893, with the following history: she sprained her left knee by a fall on the ice, last Winter, but recovered perfectly. A few weeks ago her mother noticed that she limped and could not extend the left leg completely. She became peevish and fretful, and cried at night. At the examination the left knee was seen somewhat swollen, on account of moderate hydarthrus. A distinct doughy swelling was seen over the internal condyle of the tibia, with increased surface temperature and great tenderness on tapping and pressure. Motion in the middle ranges of the joint was free and painless, but forced extension and flexion was very painful. Some atrophy of calf and contraction of hamstring muscles apparent.

A curved incision was made over the internal condyle of the tibia, the periosteum elevated, and a small opening discovered in the bone, through which tuberculous granulations were sprouting out. The opening was enlarged by chisel, and a cavity discovered as large as a hickory nut, and filled with bone detritus and tuberculous granulations. The cavity extended up near the joint cartilage. It was scraped and packed with iodoform gauze under an antiseptic bandage.

August 22d, patient discharged to her home. The cavity was kept open for four weeks, and then healed rapidly. The hydarthrus disappeared in short order, the motions in the knee became free and normal, and she is now in perfect health.

ACUTE OSTEITIS OF INTERNAL CONDYLE OF FEMUR.

CASE V.—William Garling, aged 20, Walcottsville, N. Y., entered the hospital on May 23, 1893, on crutches, and unable to use his right leg. He was struck on right knee by a horse three weeks previously. There was seen considerable swelling and apparent expansion of internal condyle of right femur, with increased local temperature and

pain by pressure and tapping. Complete extension and flexion of the knee-joint was impossible, but motion in middle range was painless. Under narcosis, the internal condyle of the femur was trephined. The periosteum was found thickened, and easily peeled off. The condyle was found in a state of softening and congestion, without any distinct cavity. The osteoporotic bone-tissue was gouged out, leaving a healthy cavity as large as a small walnut. The cavity was plugged with iodoform-gauze, under an antiseptic bandage.

June 4th, wound dressed; looks healthy. Patient can bear considerable weight on the foot.

June 10th, patient discharged. He can walk without crutches, and has no pain in the knee, which appears normal as far as motions are concerned, but he presents a distinct genu-valgum on the right side, evidently the result of the enlargement of the internal condyle on account of the acute inflammation.

TUBERCULOUS OSTEOMYELITIS OF HUMERUS.

CASE VI.—William D., aged 27, Hammondsport, N. Y., clerk, entered the hospital on September 20, 1893, with the following history: three years ago the patient had a severe attack of gonorrhoeal rheumatism, from which he recovered. He has complained for one year of pains under right shoulder, expectoration, cough, and some night-sweat, and has lost considerably in weight.

Three weeks ago he noticed a slight pain in the right shoulder, which has since steadily increased. He describes it as a dull, aching pain, continuing day and night, and the shoulder feels as if there was a heavy weight resting on it. He has been feverish since, lost his appetite, and had night-sweats. He has been treated at home for inflammatory rheumatism with salicylates, but without any benefit.

On examination, he looks pale and suffering. The examination of the lungs does not reveal anything abnormal. There is a diffuse swelling of the upper third of the humerus, while the shoulder-joint itself seems rather smaller and the acromion more prominent than normal, on account of atrophy of the deltoid muscle. Limited motions of the joint and crowding the joint surfaces together are not painful, but raising and rotating the arm are very painful. The skin is reddish, the surface temperature increased, and the humerus, in its upper fourth, feels thickened and is very painful upon pressure. Temperature, 100; pulse, 96. The diagnosis in this case was so evidently that of a bone affection in the neighborhood of the shoulder joints, that I decided on immediate operation. Under narcosis, an incision, four inches long, was made along the anterior margin of the deltoid muscle. Under the muscle a collection of tuberculous granulations was found, but the bone seemed normal here. Another incision was then made along the posterior margin of the deltoid, where the same tuberculous granula-

tions were found. The periosteum was here thickened, and easily peeled off. The medullary cavity of the humerus was chiseled open, just below tuberculum major, and found in a state of tuberculous degeneration, with softening and numerous foci of tuberculous material and small pus-cavities. The disease extended into the head of the humerus, which was gouged out with a sharp spoon, and down the shaft for about three inches. The joint was not opened. The cavity was plugged with iodoform-gauze, the anterior incision closed by sutures, and an antiseptic bandage applied.

He improved very rapidly, the wound was dressed once a week in the same manner, and he left the hospital for treatment in his home, October 5th. October 25th his wounds were all healed; there was still some stiffness in the joints, for which passive motions were recommended. He had gained twenty-five pounds in weight, and was in perfect health.

OSTEO-ARTHROITIS HUMERI AND RESECTIO HUMERI.

CASE VII.—Mrs. Murphy, 66 years of age, residing at Lockport, N. Y., entered the hospital on June 20, 1893. She had complained for five years of rheumatism in her left shoulder; eighteen months ago she noticed a slight stiffness and pain in the left shoulder. It grew worse gradually, and interfered greatly with her work. She was treated by various physicians for rheumatism, but without any benefit. About one year ago, the pain became more severe and of a dull, aching character, and the movements of the shoulder became very limited. Blisters, liniments, and anti-rheumatic remedies were again tried unsuccessfully. At last, the joint was aspirated and a turbid fluid removed. Later on, two incisions were made and a similar fluid evacuated. The incisions made did not heal, and continued to discharge a thin, watery fluid. Worn out by pain, she entered the hospital on June 20, 1893.

On examination, the region of the left shoulder was seen uniformly enlarged and swollen, the muscles, above and below, greatly atrophied. An unhealthy-looking sinus, discharging a thin, watery pus, was seen in front about an inch below the acromion. Motions were very limited and painful, but a good deal of looseness and grating of the joint was noticed. Under narcosis, the sinus was enlarged and the finger could then easily be introduced into the joint, where a large sequestrum could be felt. The joint was thereupon resected, Langenbeck's anterior incision being used, and the head of the humerus removed at the surgical neck. The head was found in a state of caries, the cartilage had disappeared, and soft tuberculous-looking granulations covered the denuded surfaces. A large sequestrum was found in the joint, representing the whole glenoid process of the scapula. The osteitic process had evidently commenced here and then invaded the whole joint, just

as would have happened in case number six, if it had not been discovered and promptly operated. The diseased synovial capsule was thereafter removed. The long head of the biceps had completely disappeared. The long anterior incision was closed by sutures, and a drainage-tube inserted through an incision at the lowest posterior angle. The wound healed by first intention, the tube was removed on July 10th, and the old patient left the hospital, on July 18th, in good health and with a quite useful arm.

November 20, 1893, she had gained twenty-two pounds in weight, feels well and is able to use her arm in her daily work. A small fistula is still left through which occasionally a little pus is discharged.

TUBERCULOUS ARTHROITIS OF ELBOW-JOINT—RESECTION.

CASE VIII.—Andrew Steislinger, aged 25, horseshoer, entered the hospital on June 17, 1893, for the fourth time in two and one-half years.

The first time, in February, 1891, he had suffered for six months with pain, stiffness, and swelling of left elbow-joint, and had been treated for rheumatism. A chronic synovitis, without bone affection, was diagnosticated. Three large moxies were applied with the thermo-cautery posteriorly, and a plaster-of-Paris dressing applied. He was discharged in a few weeks with a normal joint and without pain.

He reëntered in July, 1892, with an abscess over the olecranon. It was found to be dependent on a tuberculous focus in the olecranon, which was promptly removed, and he left the hospital shortly after with a normal joint again.

He entered the hospital again in February, 1893. At that time the whole joint was swollen, lateral motion, crepitation, and pain on crowding the joint surfaces together were present. The old focus in the olecranon seemed well, and as no other could be discovered, he was considered to suffer from a tuberculous synovitis, pure and simple. Injections of iodoform and glycerine (twenty per cent.) were used, and he improved quite remarkably for a time, although he was not perfectly recovered when he left the hospital. In April a fistula formed, which had discharged since. I did not see him again until he entered the hospital on June 17, 1893, in a much worse condition. The elbow-joint was greatly swollen, with muscular atrophy above and below, great lateral mobility with crepitation, intense pain by crowding the joint surfaces together. The joint was flexed to an angle of 120 degrees, and scarcely any flexion was possible. Two sinuses were found, one leading down to the head of the radius, another into the old focus in the olecranon.

Under narcosis, resection of the elbow was performed by posterior median incision and subperiostally. The humerus was sawn off immediately above the condyles, the bones of the forearm just beneath

the head of the radius. The whole capsule was removed, the cavity packed with iodoform gauze, the wound sutured except in the center, and an antiseptic dressing applied, and over that a plaster-of-Paris dressing, the arm being secured in a right angle. By examination of the removed epiphysis, another local focus was found in the internal condyle of the humerus. It had perforated into the joint and done the damage. June 22d, wound dressed, gauze removed.

June 27th, wound almost healed. Splints with hinges applied and surrounded with plaster-of-Paris dressing, passive motions commenced, and patient discharged to his home.

October 25, 1893, the final result is very excellent. He can actively flex and extend his arm to almost normal, pronation and supination normal, very little lateral motion in the joint. He has taken up his work of shoeing horses and is able to work well with his resected arm. As a matter of safety, he still uses an apparatus with two lateral hinged splints.

A CASE OF ANGIO-NEUROTIC EDEMA, SHOWING REMARKABLE HEREDITY.

Reported by WILLIAM C. FRITZ, M. D.,
Of Resident Staff Buffalo General Hospital.

MR. P., aged 23 ; single ; printer by occupation ; born in United States. Patient was admitted to the Buffalo General Hospital during the service of Dr. W. C. Phelps, May 18, 1893, where he gave the following history :

On May 17, 1893, he fell, striking on his right temple ; shortly after this his left eyelid began to swell, and very soon the eye was completely closed. This swelling extended downward, involving the cheek, lip, and cellular tissue of neck. On entering the hospital the patient was slightly cyanosed, suffering from dyspnea, almost entire loss of voice, and expectorating a moderate amount of frothy material. On physical examination, the uvula was found to be about the size of a hickory nut ; left tonsil, pillar of fauces, and left side of glottis were very edematous. During the following night the swelling began to extend to the right side of the face, at the same time subsiding where it had first appeared. On examination of chest, lungs and heart were found normal.

Next day, May 19, 1893, after some of the acute symptoms had disappeared, the family history was obtained as follows : his paternal grandmother died with edema of the glottis. His father was insane six months before death, the cause of death being abscess of the lungs. His mother is alive and well. One aunt had an edema which appeared and disappeared at various times. Two of her children died with edema of the glottis. Patient had two brothers and two sisters. One

sister is comparatively healthy, the other is troubled with edema of the glottis, and both his brothers died with this form of edema. This makes a total of eight persons in the family who have suffered edema.

Patient has always enjoyed good health, but stated that drinking on an empty stomach, overeating, or slight injuries, would bring on attacks of swelling, which usually appeared on extremities and eyelids, and that he had been troubled with this ever since he was four years old.

In conclusion, I will state that the following day the edema of face and neck had subsided, but at the same time his right foot and ankle began to swell, whereupon an examination of his urine was made, and it was found that he passed 900 cc. of urine in twenty-four hours; specific gravity, 1022, acid reaction, containing 28.8 grams of urea; no albumin; no sugar. Microscopical examination showed uric acid crystals and amorphous urates; no casts.

The treatment consisted of hot fomentations and rest. On May 22, 1893, after all signs of edema had disappeared, patient was discharged.

Selections.

THE EVILS OF SUBSTITUTION.

BY CYRUS EDSON, M. D.,

Commissioner of Health of New York City and State: President of the Board of Pharmacy of the City and County of New York.

THE term "substitution," in its commercial sense, is the perpetration of a fraud by the seller upon the buyer, the former selling the latter something different from the article demanded, under the same name. This fraud is really but another phase of commercial adulteration, and in the practice of pharmacy its evils are as insidious and harmful as those of any crime committed by man. These evils are both direct and remote in their effects. They injure, first, the patient; second, the physician; third, the manufacturer. From the standpoint of the patient, the evil affects him directly and indirectly. The dishonest pharmacist has, of course, palmed off on his unsuspecting customer a cheaper preparation than that ordered by the prescriber, because the motive for the crime is, in ninety-nine cases out of a hundred, a mercenary one. The result to the patient from the inhibition of the substituted article may be one of the following: first, no therapeutic action; second, therapeutic action of less potency; third, therapeutic

action of greater potency ; fourth, therapeutic action of different character than aimed at by the prescriber. It needs no argument to prove that any of these four results would, under certain conditions, be likely to be disastrous to the patient.

The pharmacist is the responsible and trusted dispenser of the physician's order, and when he acts differently than ordered by the doctor, he snips at the threads of fate, possibly without the slightest idea of what will result from the snipping. Then, he is no better than a man who fires a bullet among a crowd of people. The result in either case may be manslaughter. Let us take a less extreme view of the crime from the patient's standpoint. The latter fails to get benefit from his medicine, and, as a result, loses time and money. He was cheated when he bought the preparation. Now, indirectly, he has lost the fee he paid the physician, and, last but not least, he has lost confidence in his doctor.

From the standpoint of the physician, the evils of substitution have a wider range in their effect than on the individual patient. Medicine has been said to be an inexact science. The reason of this is because it is very difficult to ascribe a given effect to a certain cause. In other words, so many causes operate to produce a given effect in the human economy that it is difficult to ascertain and fix upon a definite cause. Modern therapeutics is the outcome of the physician's observations and experience of the effect of drugs upon the human system. It is a science to which every physician contributes his mite or his much, according to his ability and his opportunity.

The pharmacist who substitutes leads physicians astray. By presenting false premises to the latter, the former causes him to make erroneous deductions. The entire medical profession may thus feel the result of a single instance of substitution, and numerous other invalids suffer on account of the errors following faulty experience in the case of the physician treating a single patient who is the victim of the fraud in question.

I have already spoken of the loss of confidence in his physician on the part of the victimized patient. This has not only a direct effect upon the invalid, because confidence in his doctor's efforts are, to a great extent, essential to the latter's success in the treatment of the case, but it may also cause the dismissal of the physician, and his loss of what, perhaps, would have been a lucrative practice. In this country, physicians have the reputation of being practical. They are the best practitioners in the world.

In other countries, medical men are deeper students and better theorists, but here we pride ourselves on the results we obtain in curing disease. The reason for this is because we strive less for honor and glory than we do for the almighty dollar. We must give our patients the worth of their money, and we know we will not be tolerated unless we do. Our patients are quick to discover mistakes, and they are laid at the door of the physician rather than at that of the pharmacist. If this was not the case, the subject of substitution would not be worth consideration, for it would be a rarely committed crime.

The question of injury to the manufacturer is a very important phase of the matter, for, rather singularly, the remedy for the great evil must spring mainly from this source. This is not so strange after all when we come to think of it, for here we find the effects of the evils of substitution so direct and so distinctly felt that interest is natural. Nothing causes men more concern than pecuniary loss. Cause and effect are here so closely associated that a hue and cry at once follows. The manufacturer invests large sums in producing a reliable preparation; he spends more in bringing it before the medical profession. The latter find it worthy of use and patronize it until the weeds of substitution check its growth. The way these weeds act, after what I have said, is obvious. For example, some pharmacist substitutes an inferior mixture or drug in the preparation of the physician's prescription; the effect of the medicine on his patient is *nil*. The disappointed doctor heralds the fact to his brethren. Such news travels faster than any favorable comments, and undoes in a short time that which the manufacturer has taken months, or perhaps years, to accomplish. Great injury is in consequence done to a deserving business.

Then again, the evil is a widespread one, and the same substitution in a good preparation is very large, and directly affects its sale. I know of no other crime that tends so much to destroy one's faith in man's goodness as substitution. For the sake of insignificant profit, the dishonest pharmacist deliberately cheats and perhaps destroys his fellow-man. I can only account for the practice by assuming that the perpetrator in some way persuades himself that he is doing no harm, that he is selling something "just as good," that he holds the judgment and knowledge of the physician in small repute, and that he feels perfectly competent to act in the premises. It is a curious psychological fact, that it is the easiest

thing in the world for a man engaged in a nefarious trade to persuade himself that he is doing no harm so long as he is making money by his acts.

To correct the practice of substitution does not seem to me a difficult matter. A few years ago, the adulteration of food products was a very serious fraud. Confectionery, for example, was greatly adulterated at that time. The exposure of the practice by the Health Department of New York City so injured the confectionery business, that the reputable manufacturers banded together in an Anti-Adulteration League. Not only did the Health Department cause the formation of the league in the way I have described, but the unfair competition, engendered by adulteration, also had its effect in forcing honest manufacturers to protect themselves. This league made it its business to run down and punish all persons who adulterated their wares. The result was that in a short time adulteration ceased, and today it is impossible to find any adulterated candy offered for sale. Another instance of manufacturers banding together for mutual protection is offered by the Jewelers' Protective Association. This body pursues like an avenging Nemesis any one who robs or cheats its members. Let the manufacturers of pharmaceutical preparations who suffer from the evils of substitution, form a like union, and charge its agents with the duty of bringing to justice the perpetrators of the fraud of substitution. The Penal Code and the Pharmacy Act both afford excellent laws for the punishment of these criminals. The Board of Pharmacy is not sufficiently equipped to enforce the provisions of the law to this end, and the Health Department is too busily engaged fighting disease to cope with the evil. The formation of such a union as I have indicated, however, and the punishment of a few offenders would soon stop the practice. The mere publication of a few instances of fraud, giving the names and addresses of the dishonest pharmacists, would go far towards suppressing substitution, for the public is quick to discover and shun the druggist who is considered unreliable and unscrupulous.—*The Doctor of Hygiene.*

THE INDICATIONS FOR TRIONAL.—The recent tests of trional point to its special value in moderate or severe conditions of melancholic or hypochondriacal depression, in which case Brie and others state that it is always successful in doses of one to two grams. Sometimes a dose of two grams, given in the beginning, controls

the condition so well that the following doses need not exceed one gram. That group of patients usually spoken of as having "melancholia with agitation" are also especially amenable to the trional treatment, even in cases which had proved refractory to treatment by opium, morphine, paraldehyde, and amyl hydrate. In maniacal excitement, inclusive of paralytic mania, doses of two and even three grams were sometimes required, especially when the restlessness was very marked. In hallucinatory dementia and paranoia, from one to three grams of trional gave satisfactory results. It is indicated in simple agrypnia (one to two gram doses), and in insomnia, with restlessness and excitement, as often observed in persons suffering from organic disorders. Trional causes no nausea, vertigo, or gastric disturbance of any kind, and, in suitable doses, causes no more than a transient drowsiness, which passes off after eating.—*Ex.*

SURGICAL TREATMENT OF URINARY INCONTINENCE IN THE WOMAN.

—Gersuny and Zuckerkandl (*Internat. Klin. Rundschau*, No. 19, 1893). Incontinence of the urine in many women is by no means rare. As it is known, the slightest increase of abdominal pressure produced by coughing, laughing, or any other effort, causes the urine to escape. Therapeutic attempts have been made to remedy the weakness of the sphincter and the shortness of the urethra by cauterization of the external orifice of the canal. Three years ago, Gersuny proposed to twist the canal, and this operation has just been successfully performed by Zuckerkandl. The patient was a woman, fifty-four years of age. Examination showed the bladder to be in normal condition. She was afflicted, however, with the variety of incontinence just described, and had been submitted to various modes of treatment without favorable result. Zuckerkandl made an oval incision around the urethral orifice, and separated the walls of the canal up to the bladder. By then twisting the urethra in the direction of the hands of a clock, he obtained a rotation of 360°. The external orifice was then fixed in this new position with a row of stitches, a sound was left in place for two days, and after fourteen days' rest the cure was complete, and the patient could easily retain her urine. It is well to remember that the first patient operated on by Gersuny in this way, three years ago, has never again been troubled by incontinence, but has, on the contrary, to make an effort to pass water.—*New York Therapeutic Review.*

BUFFALO MEDICAL AND SURGICAL JOURNAL

A MONTHLY REVIEW OF MEDICINE AND SURGERY.

EDITORS:

THOMAS LOTHROP, M. D. - - WM. WARREN POTTER, M. D.

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THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

THE sixth annual meeting of this association was held in New Orleans, on November 14, 15, and 16, 1893, and it may be justly characterized as one of the best medical meetings of the year. This association is noted for its good work, but it seems to have fairly outdone itself during its late annual gathering. Dr. Bedford Brown, the President, is a representative Southern surgeon, and an experienced man in the conduct of medical societies. It was fortunate for the association that Dr. Brown's term of service occurred during the year that the meeting was held in New Orleans. In his response to the address of welcome, among other things, he said:

"I am sincerely glad that I came to New Orleans. I am glad to know the gentlemen of the profession of this city. I have long heard of the high character, the great skill, and high order of intelligence of the medical men here, and I congratulate the association that we have met in this grand, old, historic city, and that we are permitted to associate with them on common grounds and on terms of friendship and unity. Gentlemen, I thank you."

His speech was greeted with prolonged applause, and the association then fairly got down to its work. The first paper was an address on the Life and Character of Ephraim McDowell, of Kentucky, by Dr. L. S. McMurtry, of Louisville. Dr. McMurtry is singularly adapted to the task which he assumed by vote of the association on this occasion, for he himself is a native of the city of Danville, where McDowell first introduced to the world abdominal surgery by the performance of an ovariectomy. Dr. McMurtry is thoroughly familiar with the subject on which he discoursed,

having been secretary of the McDowell Association, and one of the prime movers in erecting the monument to the memory of the great surgeon, which stands in the center of the plot set apart therefor in the city of Danville. We shall anxiously await a full report of Dr. McMurtry's address.

The association was the guest of the Boston Club and the Pickwick Club during its stay in New Orleans, and a special entertainment was given by the French Opera Company for their enjoyment, the opera of "Faust" having been selected for the evening. On Wednesday evening, November 15th, the association was entertained at a reception at the St. Charles Hotel, given by the medical profession of New Orleans.

Dr. Joseph Price was especially invited to operate in the amphitheatre of the Charity Hospital on Wednesday morning, at 8.30 o'clock, when a large audience assembled to witness the technique of this expert and successful abdominal surgeon. The attendance upon this annual meeting was uncommonly large, the scientific work done was enormous, the debates were spirited and instructive, and the work of the stenographer, Dr. Whitford, was especially heavy. The next volume of transactions will be an interesting one, and deserves to be in the hands of every Southern physician, as well as those who may be unfortunate enough to reside on the north side of Mason and Dixon's line.

Dr. Brown was especially felicitous in his annual address, which secured the attention and the approbation of his auditors as testified by generous plaudits. He gave the history of the organization of the association, and traced its eventful career down to the present time. He said, *inter alia*, that the origin of the Southern Surgical and Gynecological Association was based on the necessity of the times. Its object was the promotion of the practice of scientific surgery and gynecology in the South, and its aim was the development of the surgical talent and learning of the Southern profession. Forming, he said, an opinion on his own individual experience and by that of others, he was persuaded that no member who had followed the progress of the association closely, and who had taken assiduous part in the proceedings, had failed in having his knowledge of the science of surgery and gynecology expanded, or his ideas enlarged by the able papers and discussions that have characterized the transactions. He defended the association from the charge of sectionalism in the following words:

In conclusion, I desire to make some passing allusion to the alleged sectional character of our title and purpose, "The Southern Surgical and Gynecological Association." Those who founded this association never entertained the remotest idea or intention of organizing it, or using it, for sectional purposes. They believed that the necessities of the medical profession of the South demanded and required such an institution, based upon broad, liberal, and democratic principles, open to merit, talent, and character for the encouragement of medical progress in that section.

No, we are of all people the least sectional. We are a band of workers linked together, working with one mind, with the single purpose, the noble object alone of promoting the sciences of surgery and gynecology. We know no politics, no political distinctions. We do not even know the political opinions entertained by each other. We are composed of ardent workers in search of scientific knowledge from the far North, the distant West, the East, and the South, that mingle together on perfect terms of equality, in social pleasure, and in a spirit of kindness and mutual confidence. There are those here mingling together in friendly intercourse who took part in the great struggle and who stood arrayed against each other in bloody array, now united in friendship and engaged in the humane office of devising means for alleviating human suffering and prolonging human life. The scene, as it presents itself to my mind, of men with one single and grand and glorious object, working together harmoniously, congenially, trustingly, forgetting all differences of opinion, political and social, each ready to make sacrifices for the other and for the good of the cause, presents a sight truly noble and worthy of the greatest admiration. To those illustrious and distinguished men who have, at our invitation, come from the great cities of the north—Boston, New York, Philadelphia, Buffalo, Chicago, Cincinnati, and St. Louis—and united their destinies with ours, and are sharing with us our toils and responsibilities, I have only words of admiration, commendation, and kindness.

The concluding sentences of his splendid address were words of caution towards faithfully guarding the honor of the association, maintaining its high standard of purity, and its great strength of character. When the erudite and venerable President had concluded his address, the plaudits that rang in his ears must have nearly deafened him. After the usual complimentary vote of thanks, a resolution was offered by Dr. Kollock, of South Carolina, instructing that 500 copies of the President's address be struck off for distribution among the members. We believe the careful perusal of this valuable paper will be of great service to this and similar associations.

A long list of new Fellows were read, and it was unanimously voted to hold the next meeting at Charleston, S. C. The following-named officers were elected for the ensuing year: President, Cornelius Kollock, M. D., of Cheraw, S. C.; Vice-president, A. B. Miles, M. D., New Orleans; Secretary, W. E. B. Davis, M. D., Birmingham, Ala.; Treasurer, J. B. S. Holmes, Rome, Ga.; to fill vacancy in Council, Bedford Brown, M. D., of Alexandria, Va.

Dr. L. S. McMurtry, of Louisville, then took the floor, and presented resolutions expressing the thanks of the association for the courtesies and hospitalities so gracefully and generously extended by the Committee of Arrangements, and from the members of the profession in New Orleans; to the ladies who graced with their presence the reception on Wednesday night; to the daily press for its very complete report; to the Boston Club and the Pickwick Club for courtesies and hospitalities enjoyed. Dr. McMurtry supported his resolutions with the following remarks:

Mr. President—The scientific work provided for the sixth annual meeting of the Southern Surgical and Gynecological Association has been completed. Within a few hours the trains will be carrying our Fellows to their distant homes and their respective fields of labor. The valuable papers, discussions, and demonstrations, which have made this meeting a conspicuous one in its history, will be presented to the profession in the annual volume of transactions. Before the gavel falls we would express our appreciation of the hospitality and courtesies we have received from our confrères in this Crescent City of the South, a hospitality so cordial and generous, a courtesy so spontaneous and graceful, as never to be surpassed or forgotten. The bright sunshine of this genial clime, where the air bears abroad the fragrance of the magnolia and orange blossom, has seemed only a natural and harmonious element in these three days of pleasing labor and delightful recreation. It is all beautiful, and will remain a happy memory.

It is most appropriate that this organization, to advance and diffuse surgical science in the South, should convene in this Southern metropolis, where was founded, in the century's early decades, one of America's most famous schools of medicine. To conduct our deliberations in this beautiful Temple of Medicine, fresh from the hands of the builder, and so recently dedicated to science, has been an inspiration. Here, within a square of us, was the home of Warren Stone and the site of his private hospital, the first ever founded in America by individual enterprise. The surgical career of Stone is one of the glories of this university. A great teacher, an original and courageous operator, he made a lasting impression on Southern surgery. If the elder Gross has the place in our surgical annals occupied in the history of European

surgery by Sir Astley Cooper, then was Stone our Velpeau. To Stone, more than any other, is due the gratitude of the profession for the splendid educational privileges we have witnessed in the Charity Hospital. There, in those wards, taught for years the scholarly and sagacious clinician, whom many now present knew and loved, Samuel M. Bemiss. Who that ever heard the gifted Hawthorn, cut down by the reaper in his prime, can forget the clinical lessons? If in Stone we found here the prototype of the blacksmith surgeon of the French school of surgery, surely in Hawthorn we had the American Trosseau. These halls have so forcibly and constantly reminded us of the life and labors of Richardson and Logan, so recently gone over to the silent majority, that we can scarcely realize that these two eminent Southern surgeons are no longer here. These eminent teachers are at rest, the lot universally meted out to mankind, but their great work goes on. We know that the standards they bore are safe in the hands of our confrères, and will be borne ever onward in the front ranks of advancing science.

These thoughts, Mr. President, have been suggested by the occasion, and it is our wish that our confrères be assured of our keen appreciation of their courtesy. We hope that our visit here may strengthen the professional ties among our members, and cement those ties by the stronger bonds of personal friendship and mutual esteem.

The speech was received with prolonged applause, and the resolution adopted most heartily.

President Brown took the floor, and, on his own behalf, said a few appropriate words on the hospitality with which he and his fellows had been received in New Orleans.

We have devoted considerable space to this meeting, because we regard it as a timely theme to discourse upon. There are so many medical associations that are useless, or without much value, that we feel it a pleasure to commend the work of a body like the Southern Surgical and Gynecological Association, and to extend its fame and methods as far as lies in our power so to do.

TOPICS OF THE MONTH.

CONSUMPTION was officially declared a communicable disease by the Michigan State Board of Health, at its meeting, held September 30, 1893, and it was decided that it must be reported by physicians and householders to the several boards of health. This we regard as a very timely order, and we hope that it will be technically and efficiently enforced.

SOUTHERN PINES, Moore county, North Carolina, is a new Winter health resort, just coming into prominent notice. It is located in the high, dry, long-leaf pine sand hills, amid the tar, pitch, and turpentine district. Thousands of Northern invalids have visited this region, and many remarkable cures have been effected. Prominent physicians have visited the place for investigation, and, without a single exception, say it is the best in the United States, and we are specially requested by Mr. John T. Patrick, Commissioner of Immigration for the Southern States, to invite physicians of the Northern and Western States to visit the locality and investigate in the interest of their patients. Any physician desiring information can address Mr. Patrick, at Pine Bluff, N. C.

AT THE Emergency Hospital at the World's Fair, there were treated 18,500 cases, and there were twenty-three deaths and nine births at the institution. This seems to make a creditable showing for the hospital, where so many people, from all sections of the world, were cared for.

AT THE annual meeting of the American Orthopedic Association, recently held in St. Louis, Dr. L. A. Weigel, of Rochester, exhibited a hip splint, with a traction mechanism, which consists of a coarse screw which telescopes into the shaft of the splint, this shaft being constructed of steel tubing. For the purpose of preventing the screw from rotating within this tubing, a feather is braced in, which works in a groove cut in the screw. Traction is obtained by running the screw out by turning a milled nut. When a desired amount of traction is obtained, this nut is firmly held in position by a lock-nut, which prevents all possibility of the screw going back from its position by concussion in walking or other means.

THE *Medical News* commented editorially, in its issue of November 18th, on society transactions and libraries in a vein that we most heartily endorse. The editor has had occasion recently to look up a certain subject, on which he hoped to obtain information from the transactions of one of the medical societies of America. He was, however, surprised to learn that the volume desired could not be found in the library of the College of Physicians and Surgeons in Philadelphia. But he also found that the

transactions of most of the American societies were conspicuous by their absence from the famous library in question. He then says that every society should instruct its secretary or its editor to send the annual volume to all the medical libraries, and even to some selected general libraries, such as those of historical societies of the respective States and counties. We endorse this suggestion most heartily, and hope that the secretary of the Medical Society of the State of New York will take hint from Dr. Gould's suggestion, and place the annual volume of Transactions in all the great medical libraries of the land.

AT LAST the patient and long-suffering citizens of Buffalo who patronize the street cars, are promised relief from the distressing cold of Winter weather while in transit. The street car company, through its manager, Mr. Littell, has given assurance, in a published interview, that stoves have actually arrived in Buffalo, and will be placed in the cars as rapidly as possible. Let us hope that this promise will be kept, and that in future it will be one of the comforts of street railway travel to ride in a warm car. Opposition to this sanitary measure has kept the people from enjoying its benefits and privileges for many years,—an opposition born in ignorance and bred in obstinacy. The JOURNAL has for many years contended for this reform, in the publishing of occasional editorial articles advocating it, and it will be a source of gratification to its management to witness a consummation that is so devoutly to be wished.

DR. ROBERT BATTEY, of Rome, Ga., has presented his medical library to the State, and it has been accepted. This will form the nucleus of what will ultimately grow to be a valuable collection of medical works. The example of Dr. Battey is to be highly commended. In our own city, too, Dr. F. W. Bartlett has presented his valuable medical library, consisting of several hundred volumes, to the Buffalo Academy of Medicine. Such generous actions on the part of public-spirited citizens ought not to pass without comment, and they deserve the approbation of all progressive men. We hope that Dr. Bartlett's munificent gift will be supplemented by others, so as to create in Buffalo, within a reasonable time, one of the best medical libraries in the State. It certainly ought to be made second only to that of the New York Academy of Medicine.

THE greed of Mr. Anthony Comstock, special agent of the Post-office Department, has at last led him to visit Buffalo and fasten his clutches upon the Daggett Table Company with more zeal than judgment. It is claimed by this apostle of purism that the catalogue which the Daggett Table Company sent out is not in strict accordance with Mr. Comstock's ideas of propriety. The manager of the company was placed under arrest and cited before United States Commissioner Fairchild, when the special agent was allowed to tell his version of the story which led to the arrest.

Unless we are misinformed, this virtuous agent did not confine himself strictly to the rules of propriety in relation to his correspondence with the company. We are also informed that, among other things, he claimed that the company sent out circulars that were unmailable and in violation of the statutes, no matter for what purpose they were intended or used.

Whatever may be the motive behind this venomous attack upon a legitimate business, in this particular instance it is important that the entire medical profession shall understand that, if it succeeds, the whole illustrated literature of medicine may be excluded from the mails. We cannot believe that any court will listen to the puerile sentimentality of this attenuated and hypervirtuous fossil; hence, the most that can come to the Daggett Table Company will be the annoyance that grows out of such citation.

We are in accord with the *Buffalo Express* when it asserts that "Anthony Comstock is engaged in more useful work in prosecuting saloon-keepers who circulate indecent business cards than when he prosecutes physicians for spreading needed medical information."

DR. WILLIAM B. DEWEES, of Salina, Kansas, read a paper, at the late meeting of the Mississippi Valley Medical Association, entitled *The Erect Posture for Gynecological Examinations*. He said, among other things, that digital examination, per vaginam, with the patient in the erect posture, affords one of the most positive means for diagnosis in gynecology. It is a well-established fact that respiration, the various movements and attitudes of the body, as well as pathological conditions, change the conditions and environments of the viscera. Thus the importance of posturing the patient in making physical examinations in gynecic practice becomes evident, as most of the symptoms of diseases of the intrapelvic organs are more marked, and very many only manifested when the patient

is standing ; while certain conditions of descent, prolapse, or displacement may entirely disappear or change when the pressure or the superincumbent weight of the abdominal viscera is removed by the patient being placed in the dorsal, semi-prone, genu-pectoral, or high pelvic positions ; therefore, the erect posture is of paramount importance as an aid in diagnosis in this field of labor.

The author emphasized the advantage and necessity of digital examination in the erect posture, more particularly in examinations undertaken for a cure in women of—first, displacements of the uterus ; second, vesical and rectal disorders ; third, lack of perineal and vaginal support ; fourth, ovarian and tubal disorders ; fifth, abdominal and pelvic tumors ; and sixth, differentiation between abdominal tumors and pregnancy.

THE Orleans Parish Medical Society, following the lead of a few of the foremost medical organizations of the land, has adopted the plan of sending galley proofs of its proceedings to the medical journals. We desire to commend this progressive spirit, and wish that some of the societies near home might follow the example of this spirited Louisianan. If more pains were taken to publish full reports of discussions, in connection with papers previously put in type and distributed in galleys to the members, it would increase the value of society work four-fold.

THE *Medical Mirror*, in its November issue, has damned Mr. Ernest Hart with faint praise, but "let us judge not that we be not judged." The *Post-Graduate*, for November, also pays its respects to Mr. Hart in its usual forceful, logical, and convincing manner. Both these journals ought to be read on the subject to be appreciated. We tender, in this connection, our thanks to the erudite and brainy editor of the *Ohio Medical Journal* for its complimentary reference to us in its November number. *Vale*, Mr. Ernest Hart !

Personal.

DR. GEORGE F. COTT announces his removal from 560 Michigan street to 43 W. Huron street. He will hereafter limit his practice to the treatment of diseases of the throat and nose. His office hours are from 10 A. M. to 1 P. M.

DR. HENRY J. MULFORD announces his removal from 107 Delaware avenue to 56 Allen street. His telephone number is 599, and his hours are from 9 A. M. to 1 P. M.

DR. A. B. MILLER, of 326 Montgomery street, Syracuse, announces that his practice in the future will be limited entirely to the treatment of diseases of women, including abdominal surgery. He will, therefore, decline all general practice. Dr. Miller's skill in the lines he has adopted is well known.

Obituary.

DR. CHARLES WARRINGTON EARLE, of Chicago, died in the city of his home on Sunday, November 19, 1893, at the age of 48 years. He had been ill about four weeks, and, according to reports, his disease was spinal meningitis.

Dr. Earle was president of the Woman's Medical College; one of the founders of the College of Physicians and Surgeons; president of its board of directors; professor of operative obstetrics in the Post-Graduate Medical School; ex-president of the Illinois Medical Society, and a member of the British Medical Association.

Dr. Earle was well known by reason of his contributions to the literature of obstetrics and the diseases of children. After graduating in medicine in Chicago, he pursued his studies in Paris, Berlin, and Vienna. In 1871, he married Miss Fannie L. Bundy, a sister of the late Maj. J. M. Bundy, of the New York *Mail and Express*.

Dr. Earle's military career was almost phenomenal. He enlisted at the age of sixteen years, and before reaching his eighteenth birthday he was promoted to the rank of second lieutenant, and in this capacity commanded his company at the battle of Chicamauga, where, out of forty-five men of the company, it is reported that thirty-five were either killed or wounded. Official reports of the battle made special mention of his bravery. Two days afterward the army retreated into Chattanooga. By some mischance, Lieut. Earle and thirteen others were left on Mission Ridge, where they were captured and taken to Richmond. He escaped from Libby prison through the famous tunnel, and after a week of wandering in the Virginia woods, reached the Union

lines near Williamsburg. Returning to his own command, he was promoted to first lieutenant, and commanded his company much of the time through the Atlanta campaign. Dr. Earle was a splendid specimen of robust manhood, and has sadly and suddenly been stricken down in the very prime of his usefulness.

SIR ANDREW CLARK, Bart., M. D., F. R. S., LL. D., died in London, November 6th, in the 68th year of his age. He was one of the best known medical men of England, and his writings were numerous and valuable.

DR. JOHN M. KEATING, LL. D., formerly of Philadelphia, died at Colorado Springs, his late residence, on Saturday, November 18, 1893. Dr. Keating was formerly medical director of the Pennsylvania Mutual Life Insurance Company, of Philadelphia, was an author of national reputation, and a physician of distinction. One of his latest literary efforts was the editing of a series of International Clinics, issued from the press of the J. B. Lippincott Co., of Philadelphia.

Society Meetings.

THE Tri-State Medical Society (Alabama, Tennessee, and Georgia) held one of the most interesting meetings in its history, at Chattanooga, in October. A very full account of the proceedings has been published, and advance sheets have been sent out to the journals. We regret that we have not space to give an abstract of the work done at the meeting. It is proposed to hold the next meeting in Atlanta on the second Tuesday of October, 1894, and there is a proposition on the table to change its name to the Southeastern Medical Society, which will be considered at that time. This will embrace the territory east of the Mississippi and south of the Ohio. We think it is well, in view of the fact that there are several of these triple State organizations, for them to adopt more distinctive names.

THE American Electro-Therapeutic Association, at its last meeting, elected, for the ensuing year, the following-named officers: Dr. W. J. Herdman, of Ann Arbor, president; Dr. Margaret Cleaves,

of New York, secretary ; Dr. Franklin H. Martin, of Chicago, and Dr. A. Laphorn Smith, of Montreal, vice-presidents ; Dr. R. J. Nunn, of Savannah, Ga., treasurer. It was decided to hold the next meeting in New York City on the last Tuesday in September, 1894.

THE ELEVENTH INTERNATIONAL MEDICAL CONGRESS.—Dr. A. Jacobi, chairman of the American National Committee of the International Medical Congress, has issued a circular, in which he says that this Congress, which was postponed from September 24th, on account of cholera prevailing in Italy, according to a notification that he has received from the Secretary-General, will be held at Rome from March 29 to April 5, 1894. Instructions and documents relating to the journey, etc., are promised for the near future.

Academy of Medicine Notes.

THE next regular meeting of the Academy will be held Tuesday evening, December 5, 1893, when the following program will be carried out : Prostatic Diseases, with special reference to the Prostate of Old Age, Dr. Marcell Hartwig. Discussion by Dr. William S. Tremaine and Dr. William H. Heath.

Book Reviews.

A TEXT-BOOK OF OPHTHALMOLOGY. By WILLIAM F. NORRIS, M. D., Professor of Ophthalmology in the University of Pennsylvania, and CHARLES A. OLIVER, M. D., Surgeon to the Wills Eye Hospital, Philadelphia. In one very handsome octavo volume of 641 pages, with 357 engravings and five colored plates. Cloth, \$5.00 ; leather, \$6.00. Philadelphia : Lea Brothers & Co. 1893.

Advances in ophthalmology have been so rapid during the past decade, that it is not surprising that a number of text-books on the subject should have appeared of late. One of the most recent, as well as one of the best of these, has recently been presented to the profession by Prof. William F. Norris, of the University of Pennsylvania, together with Dr. Charles A. Oliver, and is published by the well-known firm of Lea Brothers & Co.

It is a book of 600 pages or more, and the many students who have been under Prof. Norris, and others as well, cannot but regard with interest any such work coming from his hands. Although it is issued as a text-book of ophthalmology, one soon perceives from the style that the lectures which he delivered to the students of the University have here been formulated, and this didactic method tends at first to produce an unfavorable impression, except to those who have been accustomed to listen to the senior author's lectures. One soon becomes accustomed to this, however, and to the general practitioner, as also to the specialist well versed in the subject, this style becomes rather attractive than otherwise.

The book very properly opens with a chapter on the Embryology of the Eye, a subject usually too much neglected, and in a few pages a good outline of that branch of the subject is sketched. The portions which treat of optics, the usual *bete-noir* of the student, have here been handled in a simple and systematic manner. With the teacher's instinct for clearness, the author begins by tracing the ray of light as it passes straight through a meridium with parallel sides, then shows how it is refracted by a prism, next by a combination of prisms, and finally, while the student imagines that he is dealing with elementary facts, he finds he has familiarized himself with the principles upon which the most complicated laws of optics depend.

In a chapter on the Examination of the Eye, the student is instructed to follow carefully a certain routine which is described, and although the directions given for this are rather detailed, and not at all times clear, the lesson of thoroughness is so taught that one cannot fail to be impressed by the great advantage to be derived from it in this branch above all others. The value of careful observations and accuracy in recording the detail of data found, is also most wisely insisted upon. It is, however, particularly in the chapters which relate to the more recent advances of ophthalmology, that this text-book is especially admirable. Inasmuch as the fundus reflex test (the shadow test) has of late been receiving so much attention, it is gratifying to find a whole chapter devoted to this method of measuring the refraction. The text is illustrated here with frequent diagrams, which give the reader a clear idea as to the optical principles upon which this method of examination depends.

The more recent methods of measuring the cornea are also given, and an illustration and short description is included of the

Javal-Schiotz instrument, now so common in the office of ophthalmologists.

In the chapter on the Muscles, the most recent views are presented, and it is worthy of note that the authors retain the nomenclature which may be considered thoroughly American.

It is with satisfaction that we observe in this connection a clearness of statement which tends to lessen the confusion, usually so manifest, concerning abnormal conditions of the ocular muscles, and it is also gratifying to observe that the writers do not allow themselves to be influenced by the vagaries which are of late too common in regard to indiscriminate tenotomies. The book is full of illustrations which, although taken almost entirely from other authors, are yet so well chosen as to elucidate at a glance any difficulties in the text, while a complete index brings any desired portion of the book quickly within reach. The typographical finish is admirable, and reflects credit upon the publishers, who will probably find themselves well repaid in this effort to offer to the profession so excellent and complete a text-book of ophthalmology.

L. H.

MODERN GYNECOLOGY : A Treatise on Diseases of Women, comprising the results of the latest investigations and treatment in this branch of medical science. By CHARLES H. BUSHONG, M. D., Assistant Gynecologist to the Demilt Dispensary, New York ; formerly Attending Physician to the Northern Dispensary, and Assistant to the Vanderbilt Clinic, College of Physicians and Surgeons, New York. Illustrated. Octavo volume, pp. 380. Price, \$2.75. New York : E. B. Treat, 5 Cooper Union. 1893.

Added to the large number of treatises on the diseases of women we here find another that is presented for the favor of the profession. It seems to be the purpose of this author to instruct the general practitioner (we presume he means of medicine), otherwise the family physician, in the science and art of gynecology. He asserts in his introduction that when this class of physicians seeks to inform themselves on this subject, they are generally offered books as large as the volumes from which they studied the entire subject of the practice of medicine. He says, further, that it is not surprising that busy men should feel their time inadequate for mastering so large a subject.

The fact is, in our observation, that all physicians are busy men, and we do not expect them to master every possible subject or branch of medical art. If they equip themselves so fairly well as to

be able to diagnosticate the common ailments of womankind, so as to be able to recommend when necessary the proper specialist, that is about all that they will be required to do in the department of gynecology. It is utterly impossible for the general practitioner of medicine to acquire that dexterity in the use of instruments and in the delicacy of touch, necessary to diagnosticate and treat successfully the more intricate maladies pertaining to women.

However, the book before us is a fair treatise on the subject for a small one, and undoubtedly will command a large sale from the fact that the subjects are so arranged as to be easily accessible, and the mechanical part of the book is well-nigh perfect. Some of the illustrations, however, are not calculated to give a very clear idea of the subjects to which they pertain. This is the case especially with a number of those figures that are "made from photographs expressly for this work." For instance, it is difficult to see what information can be obtained beyond what is already possessed by an average person of intelligence, from figure 1, on page 21. Figure 19, on page 43, borrowed from Savage, has done duty so long that we fear it is pretty well worn out. Figure 23, on page 47, Cleveland's speculum in position, is not a very satisfactory exposition of the subject.

If our author expects to enlighten the family physician on the use of the uterine sound, he had better warn him against its dangers in a few brief paragraphs, and not devote several pages to its description and its application to the redressing of uterine displacements. Jennison's repositor, or uterine sound, is illustrated on page 269, figure 80, but what possible use this instrument can be made to serve, it is difficult for us to understand. It seems to be high time that authors should only illustrate useful instruments in their books, and we unhesitatingly declare this to be useless beyond all measure. Some of the figures have been made to do double duty, such as figure 78, on page 262, and figure 88, on page 281. The former is Dr. Campbell's old drawing of the genu-pectoral posture, and has done duty in nearly every gynecological treatise since 1873.

The peculiarities of this work may be accounted for by the fact that the author is one of the junior members of the profession, and no doubt will improve his treatise by illustrations and additions as experience teaches him to differentiate as to the value of procedures and instruments.

SUPPLEMENT TO THE REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. By various writers. Illustrated by chromo-lithographs and fine wood-engravings. Edited by ALBERT H. BUCK, M. D., New York City. Volume IX. Imperial octavo, 1084 pages. Cloth, price, \$6.00 ; sheep, price, \$7.00 ; half morocco, price, \$8.00. New York : William Wood & Company.

The editor announces in the preface of this work that this volume is the outcome of a decision to bring the reference handbook of the medical sciences fully up to date. He says that it was at first contemplated to revise the volume of the work and issue a new edition ; but, as this would practically make obsolete a great number of sets of the handbook now in the libraries of physicians all over the world, it was considered preferable to publish a supplementary volume, which could be added to those already issued, completing rather than destroying the original edition, and at the same time enabling present possessors of the work to obtain the new matter at a comparatively small cost. This has been done at great expense and after an unusual outlay of money ; for it soon became evident that the volume could not be kept within the limits set beforehand, and the publishers were appealed to, who generously came to the rescue, and authorized the editor to publish all the extra material in its entirety, notwithstanding the great increase in cost to which the Messrs. Wood would thereby be subjected ; hence this volume far exceeds any of its predecessors in the number of pages which it contains. It is well illustrated in many parts, and its type, presswork, paper, and binding are beyond criticism. It contains a vast amount of information that can nowhere else be found, and fulfils the place to which it is assigned—namely, that of a reference handbook—to a more complete extent than any similarly named work.

To indicate something of its scope, let us select at random one title—namely, that of Influenza. This title is written by Dr. W. J. Conklin, of Dayton, Ohio, and begins with its definition. Dr. Conklin states that influenza is an acute, self-limited, infectious fever, occurring in widely distributed epidemics, and characterized by catarrhal inflammation of the respiratory and gastro-intestinal mucosa, by profound nervous disturbances and by extreme debility. Its synonyms are then given—towit : febris catarrhalis, epidemic catarrhal fever, la grippe, grip, tac, horion, la dandoziep, epidemischer husten, epidemischer schnupfen, schafhusten, blitz catarrh, mödefieber, mal russe, snufsjuka (Swedish), qual-tong (Chinese).

A page is devoted to a historical sketch of the disease, which is most interesting reading; then the etiology of the malady is described in another page; next its morbid anatomy is considered in a few short paragraphs; then its symptoms are detailed at much length, and, afterward, its complications and sequelæ are described; then its prognosis, diagnosis, and, finally, its treatment are considered. A bibliographical index is added, which completes the article, the whole requiring about six pages of space.

This is a sample of the thoroughness with which the articles are prepared for this work, and each article is signed by the author, who thus becomes responsible for any inaccuracies of statement.

It is a valuable addition to the literature of the period, and will easily find a place on the book-shelves of progressive physicians.

THE MEDICAL NEWS VISITING LIST FOR 1894. Weekly (dated, for thirty patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for thirty patients weekly per year); and Perpetual (undated, for sixty patients weekly per year). The first three styles contain thirty-two pages of data and 176 pages of blanks. The Sixty-Patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, pocket, pencil, rubber, and catheter-scale, etc. Seal grain leather, \$1.25. Philadelphia: Lea Brothers & Co. 1893.

This regular annual is one of the most compact and useful of all the visiting lists in the market. It is neatly bound in seal morocco, with gilt edges and thumb-index. It contains, besides the usual record of practice, which in the book before us is arranged for thirty patients per week, the following:

How to keep accounts; how to keep a visiting list; dentition; to find the day of confinement; thermometric scales; ordinary weights and measures; the metric system; examination of the urine; important incompatibles; artificial respiration (Sylvester's method); list of poisons and antidotes; table of doses of remedies most frequently administered; and therapeutic reminders. In addition there is a clinical record, a consultation record, and a record of obstetrical engagements, a practice and vaccination list, a death register, a list of addresses, and a cash account.

It is published in four styles, namely, weekly, dated for thirty patients; monthly, undated, for 120 patients per month; perpetual, undated, for thirty patients per week per year; perpetual, undated, sixty patients per week per year (without text). The first three

styles contain thirty-two pages of text and 176 pages of blanks, and the sixty-patient style contains 256 pages of blanks. It is made in wallet size, with flexible leather cover, and contains a pocket with pencil and catheter scale. Price, in any style, \$1.25 ; to subscribers of the *News*, 75c. Thumb-letter index for rapid use of visiting list, twenty-five cents extra.

REACTIONS. A Selection of Organic Chemical Preparations Important to Pharmacy in Regard to Their Behavior to Commonly Used Reagents. By F. A. FLUECKIGER, Ph. D., M. D. Translated, revised, and enlarged by J. B. Nagelvoort, Analytical Chemist to the Pharmaceutical Chemical Laboratory of Parke, Davis & Co. Authorized English edition. George S. Davis, Detroit. 1893.

This work gives the physical properties and chemical reactions of 152 compounds. About one-half of this number are alkaloids. The compounds obtained from opium and cinchona are quite exhaustively treated. The author gives full directions for the preparation of the reagents which are to be used, and the temperature at which they are to be employed. This is very important, as a variation in the strength of the reagents of ten produces an entirely unlooked for result, and may lead to error in identification.

We consider this work as an excellent collection of reactions of the substances treated, and congratulate Mr. Nagelvoort upon having given to English readers an excellent translation of Prof. Flückiger's book.

We do not doubt but that this book will fill a want long felt by pharmacists and others.

The publisher has gotten the book up in splendid shape.

J. A. M.

OUTLINES OF PRACTICAL HISTOLOGY. A Manual for Students. By WILLIAM STIRLING, M. D., Sc. D., Brackenbury, Professor of Physiology and Histology in the Owens' College, and Professor in the Victoria University, Manchester, etc., etc. With 368 illustrations. Second edition, revised and enlarged. Pp. 419. Price, \$3.00. Philadelphia : P. Blakiston, Son & Co., 1012 Walnut street. 1893.

The first edition of this work was primarily intended for the students of Owens' College, but as its value became recognized, a second edition was speedily called for. The first few chapters are devoted to a study of the microscope and accessories. There is, however, no mention of any of the American makes, which equal, if not surpass, the majority of foreign instruments. The remaining chapters of Part I. are devoted to the technique of microscopy.

We know of no place where all the various staining, fixing, hardening, and decalcifying fluids are so accurately given; also the formulæ for preparing the thousand and one different staining fluids, clearing fluids, mounting media, and injecting fluids. The chapters of Part II. are devoted to the study of the histological elements of the animal system. The manner of preparation for each tissue is described. The staining fluid which stains it to best advantage, and the characteristic of each tissue is then noted. Following the description of a tissue are exercises for advanced students. This work should be a *vade mecum* for beginners in histology, also for those who wish to refer often to the various methods. The illustrations are not as good as would be expected, and the description of the various tissues is somewhat slighted. The book, however, is worthy of careful study, but more in the laboratory and at the working-table than in the lecture-room or study.

The typographical work is nicely executed.

W. C. K.

CHOLERA : Its Protean Aspects and its Management. By DR. G. ARCHIE STOCKWELL, F. Z. S. (Member New Sydenham Society, London). In two volumes—Vols. I. and II. “Respice, aspice, prospice.” Physicians’ Leisure Library. Price, twenty-five cents. Detroit, Mich. : George S. Davis. 1893.

RECENT DEVELOPMENTS IN MASSAGE—Historical, Physiological, Medical, and Surgical. By DOUGLAS GRAHAM, M. D., Boston, Mass., Fellow of the Massachusetts Medical Society; Member of Alumni Association of Jefferson Medical College, of the American Medical Association, of the British Medical Association, etc. Physicians’ Leisure Library. Second edition; illustrated. Issued monthly. Price, single copies, twenty-five cents. George S. Davis, Detroit, Mich. 1893.

ELECTRO-THERAPEUTICS OF NEURASTHENIA. By W. F. ROBINSON, M. D., Physicians’ Leisure Library. Issued monthly. Subscription price, \$2.50; single copies, twenty-five cents. George S. Davis, Detroit, Mich. 1893.

These three books are among the latest issues of the Physicians’ Leisure Library, and treat upon subjects that are of interest and importance. This kind of literature is so cheap, that we can hardly understand how it is easy to do without it. It is convenient for railway travelers, and furnishes an opportunity to beguile the hours that would otherwise hang heavily. The enterprise that supplies so much literature at so little cost, is certainly highly commendable.

A DICTIONARY OF MEDICAL SCIENCE. Containing a Full Explanation of the Various Subjects and Terms of Anatomy, Physiology, Medical Chemistry, Pharmacy, Pharmacology, Therapeutics, Medicine, Hygiene, Dietetics, Pathology, Surgery, Bacteriology, Ophthalmology, Otolology, Laryngology, Dermatology, Gynecology, Obstetrics, Pediatrics, Medical Jurisprudence, and Dentistry, etc., etc. By ROBLEY DUNGLISON, M. D., LL. D., late Professor of Institutes of Medicine in the Jefferson Medical College of Philadelphia. Edited by Richard J. Dunglison, A. M., M. D. New (twenty-first) edition, thoroughly revised, greatly enlarged and improved, with the pronunciation, accentuation, and derivation of the terms. In one magnificent imperial octavo volume of 1181 pages. Cloth, \$7.00 ; leather, \$8.00. Philadelphia : Lea Brothers & Co. 1893.

When Dunglison's Medical Dictionary was first published, it contained all that was essential for a dictionary to contain for students and practitioners of medicine. It is more than likely to be found, in some edition or another, on the book-shelves of nine-tenths of the medical men of the United States. It is sixty years since the first edition was put forth, during which time twenty others have been issued,—an average of one in three years. The present edition is one of the most complete that has ever been published, and is a monument to the distinguished editor, who has spared no pains to bring the work down to the present time. Up to 1869, the editions had mainly been the work of Robley Dunglison, the father, but since that time Richard J. Dunglison, the son, has assumed the entire editorship of the book.

It is a difficult task to make a single volume contain the necessities of the present as a reference word-book. The addition and multiplication of medical terms have been so rapid within the past decade, that no single dictionary has proven sufficient for the number of definitions, pronunciation, and other requirements of philological science. When, however, a dictionary is divided into two or more volumes, it becomes exceedingly cumbersome and awkward to handle. Taken all in all, we think that Dunglison's Medical Dictionary is the best single volume word-book on medicine in the English language.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY. Authors and subjects. Volume XIV. Sutures-Universal. Quarto, pp. 14—1016. Washington: Government Printing Office. 1893.

Another annual addition to this colossal work is lately made, and in every way it compares with its predecessors. The fourteenth volume includes 10,124 author titles, representing 6,426

volumes, and 8,850 pamphlets. It also includes 9,867 special titles of separate books and pamphlets, and 38,461 titles of articles in periodicals. The total number of titles in the index-catalogue, as far as published, is as follows: Author titles—titles, 7,453; volumes, 77,494; pamphlets, 135,656. Special titles—book titles, 151,649; journal articles, 462,165; portraits, 4,335.

This will give an idea of the stupendous nature of the undertaking, and the perseverance and industry that has been required to make the work a success. It is still in the hands of that eminent bibliographer, Dr. John S. Billings, who will most likely continue the work to a finish. While nothing is said on the subject, we presume that another volume will complete the series.

THE PHYSICIAN'S POCKET DAY-BOOK. Designed by C. HENRI LEONARD, M. A., M. D., Professor of Medical and Surgical Diseases of Women, and Clinical Gynecology in the Michigan College of Medicine, etc. Contains daily charges for twenty-five or fifty families weekly; has complete obstetric record for ninety-four cases, and monthly memorandum for debit and credit cash account. Price, \$1.00; your name and year on the outside, in gold leaf, \$1.25; name, town, state, and year, \$1.50. Issued annually by the Illustrated Medical Journal Company, Detroit, Mich.

This day-book, which is also a visiting list, has been tested by fifteen years of publication and use. It is good for thirteen months, from the first day of any month in which it may be begun, and there is space for the diagnosis of each case, or for brief records of the treatment adopted, following each name. It has, among other things, the usual printed matter, such as a dose list, poisons and antidotes, urinary diseases, exanthematicæ, disinfectants, and weights and measures. The book is seven and one-half inches long, by three and one-half inches wide, so that it will hold bill-heads or currency bills without folding. It is bound in flexible cover, and weighs five ounces; hence it can be easily carried in the pocket.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL SOCIETY OF THE STATE OF MARYLAND. Semi-annual Session, held at Cambridge, Md., November, 1890, and the Ninety-third Annual Session, held at Baltimore, Md., April, 1891. Octavo, paper, pp. 397. Baltimore: Griffin, Curley & Co. 1891.

We have before stated that we wished the annual volume of this society were bound in cloth, so that it might have better preservation, for its contents is always of a character well worthy

of more enduring covers. In the volume before us are several attractive papers, and we may be pardoned if we speak of one or two in particular. Obstetrical Antisepsis, by J. Edwin Michael, M. D., is an intelligent setting forth of an important subject, and one that deserves full and elaborate discussion on all suitable occasions. The Revival in Physical Education and Personal Hygiene, by Edward M. Schaeffer, is another paper of great interest, and Dr. George H. Rohé's contribution, entitled, One Hundred Consecutive Cases of Labor at the Maryland Maternity, we note contains much material for thought, and deserves careful study. This society always distinguishes itself with creditable work.

TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATION. Twenty-fourth Annual Session, held at Tyler, Texas, April 26, 27, and 28, 1892. Edited by HAMILTON A. WEST, M. D., Secretary. Galveston: J. W. Burson Co., Printers and Publishers. 1892.

TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATION. Twenty-fifth Annual Session, held at Galveston, May 2, 3, 4, and 5, 1893. Edited by HAMILTON A. WEST, M. D., Secretary. Octavo volume, pp. 448. Galveston: Knapp Brothers, Printers and Publishers. 1893.

The lone star State has an excellent medical society that publishes its proceedings in good form. The two volumes before us,—namely, the Transactions for 1892-93, are full of excellent papers, and some of the discussions are most creditable in character. This association commits the same error that do several others, in not paying sufficient attention to the question of illustrating the subjects that are treated of in its pages. This, of course, is largely the fault of the authors, and not of the secretary or editor, and will, undoubtedly, be corrected to a great extent as time advances. Otherwise, we have nothing but words of commendation for the appearance of the books in question, for they are a credit to the society and especially to the accomplished secretary who edits the volumes.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Volume V. Fifth Session, held at Louisville, Ky., November 16, 17, and 18, 1892. Edited by WILLIAM E. B. DAVIS, M. D., Secretary, and published by the Association. Pp. xl.—434. Philadelphia: William J. Dornan, Printer. 1893.

The fifth volume which this active association puts forth is in keeping with its predecessors, and shows also improvements in material and method. This association is doing a vast work for

the profession of medicine, especially in the South and South-west, where its constituency chiefly lies. We wish that the authors might take more pains to illustrate their papers, because such a work easily becomes a text-book, and should have all of the advantages that well-illustrated articles may afford it. We hope the future volumes will present an improvement in this respect. We have nothing but praise for the character of the work done at the fifth annual meeting, as recorded in this book. It was of a very high order, and the volume deserves to have a wide circulation.

A MANUAL OF JURISPRUDENCE AND TOXICOLOGY. By HENRY C. CHAPMAN, M. D., Professor of Institutes of Medicine and Medical Jurisprudence, in the Jefferson Medical College of Philadelphia; Member of the College of Physicians of Philadelphia, of the Academy of Natural Sciences of Philadelphia, of the American Philosophical Society, and of the Zoological Society of Philadelphia. With thirty-six illustrations, some of which are in colors. Price, \$1.25. Philadelphia: W. B. Saunders, 913 Walnut street. 1892.

This work embraces a course of lectures delivered by the author on medical jurisprudence to the students of Jefferson Medical College during the session of 1891-92. It was prepared at the request of the students, and the author hopes that it will assist them, as well as others, in the study of this most important branch of medicine. It is a handy little book for the student, but it is not sufficiently comprehensive for the use of experts and teachers. It contains a few illustrations, some of which are very good, but their number might be increased with benefit to the reader. It is to be regretted that authors do not pay more attention to this important branch of book-making.

CHOLERA: ITS CAUSES, SYMPTOMS, PATHOLOGY, AND TREATMENT. By ROBERTS BARTHOLOW, M. D., LL. D., Emeritus Professor of Materia Medica, General Therapeutics, and Hygiene, in the Jefferson Medical College of Philadelphia. In one 12mo volume of 127 pages, with nine engravings. Cloth, \$1.25. Philadelphia: Lea Brothers & Company. 1893.

Cholera is a disease on which the public needs much enlightenment, and the profession, likewise, will bear additional information on the subject. This present period may be considered that of the renaissance of cholera literature. In the light of recent investigations, showing the relationship of the cholera bacillus to the disease, and of the fact that it is a malady in which filth furnishes the principal avenue for its propagation, it becomes inter-

esting to study all the newer literature on the subject. This contribution of Bartholow is an interesting one, and deserves an appropriate place amongst modern writings. The modesty of the book is commendable, and it deserves a careful reading by every physician interested in the subject.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Thirty-eighth Annual Session, held at Asheville, N. C., May 26, 27, and 28, 1891. Octavo, paper, pp. 205. Wilmington, N. C.: Jackson & Bell. 1892.

The *esprit de corps* of the medical profession of the old North State is admirable. It has one of the best medical examining boards, and its medical society publishes an admirable volume of transactions that ought to be bound in cloth for permanent preservation. Dr. Karl von Ruck has an interesting paper in this volume, entitled, The Present Status of Pulmonary Tuberculosis, which is a valuable contribution to this important subject, and deserves careful study by every physician. Dr. J. W. Long publishes in this volume a syllabus of three lectures delivered before the society on Urinalysis, which is an exhaustive setting forth of the subject. The society gave Dr. Long an especial vote of thanks for his great and useful work. This volume could be improved by illustrations, which we hope to see in future numbers.

PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY. Volume XIII. Session of 1892. LOUIS H. ADLER, JR., M. D., editor. Philadelphia. Printed for the Society. 1893.

We are not familiar with any county society in the country that does any better work than the Philadelphia County Medical Society; nor do we know of one that keeps its records as well. Many of the papers published in this volume, together with the discussions of the same, have appeared in some of the medical journals; indeed, a few of them have been published in the JOURNAL. This society takes pains to put in type the articles of its contributors beforehand, and galley-proofs are sent out to the members and medical journals, so that the first may be prepared to discuss the paper intelligently and the second may be enabled to print it promptly. We commend this example to other medical societies who would make their work substantial and efficient.

TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS. Eighth Session, held at Washington, D. C., May 30-31, and June 1, 1893. Volume VIII. Edited by I. MINIS HAYS, M. D., Recorder. Philadelphia: William J. Dornan, Printer. 1893.

This volume of society transactions appears with more promptness than that of any other national association. It is, as usual, filled with interesting papers that are handled in a scientific manner. Dr. W. Gilman Thompson's paper on A Study of Addison's Disease and of the Adrenals, will attract attention, and the paper by Dr. A. C. Abbott, on The Results of Inoculations of Milch Cows with Cultures of the Bacillus Diphtheriæ, is another one that is full of interest. But we must not specify invidiously where the whole product is so valuable. This is one of the society transaction volumes that every physician ought to possess.

THE ESSENTIALS OF HISTOLOGY, DESCRIPTIVE AND PRACTICAL. For the use of Students. By E. A. SCHAEFER, F. R. S., Jodrell Professor of Physiology in University College, London; Editor of the histological portion of Quain's Anatomy. Third edition, revised and enlarged. Philadelphia: Lea Brothers & Co. 1892.

Schäfer's Histology has been before the profession too long to need any extended review of its strong points. This, the third edition, contains over 300 illustrations, many of which are new. All show the value of having good illustrations for students to follow in the study of microscopical science. The book is expressly designed for students, contains 298 pages, with a good index, and is cheerfully recommended not only to beginners in histology but also to advanced students in this subject.

Printing, good paper, and nicely executed cuts help to enhance the value of the book. W. C. K.

MEMORANDA OF POISONS. By THOMAS HAWKES TANNER, M. D., F. L. S. Seventh American, from the last London, edition. Revised by John J. Reese, M. D., late Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania. Philadelphia: P. Blakiston, Son & Co. 1892.

This is an old friend and a useful one. The subject of poisons is of great importance to the general practitioner, who is rarely so well equipped in this department as to be able to handle emergency cases with skill and discretion. This book serves as a ready reminder, and can be carried in the pocket or hand-bag.

TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY. Volume XVII. For the year 1892. Edited by HENRY CLARK COE, M. D., Secretary. Small octavo, pp. xxxix.—493. Philadelphia: William J. Dornan, Printer. 1892.

This handsome volume appears each year with a regularity and precision that is commendable. It also each year—and the present one is no exception—contains much valuable literature pertaining to the diseases of women. No specialist can afford to do without the book, and no student of gynecology should deny himself the privilege of its possession.

OPERATION BLANKS. Second edition. Prepared by W. W. KEEN, M. D., Professor of the Principles of Surgery in the Jefferson Medical College, Philadelphia.

This blank contains useful memoranda for physician and nurse, in making preparations for an operation. The fact that a second edition has been called for, within a short time, indicates the popularity of the method, and we especially commend it to surgeons and gynecologists who are obliged to invoke the aid of assistants in some of the preparations for their work.

BOOKS RECEIVED.

A Text-Book of Physiological Chemistry. By Olof Hammarsten, Professor of Medical and Physiological Chemistry in the University of Upsala. Authorized translation from the second Swedish edition, and from the author's enlarged and revised German edition. By John A. Mandel, Assistant to the Chair of Chemistry, etc., in the Bellevue Hospital Medical College, and in the College of the City of New York. First edition; first thousand. Octavo; cloth, pp. x.—511, \$4.00 New York: John Wiley & Sons, 53 East Tenth Street. 1893.

A Manual for Boards of Health and Health Officers. By Lewis Balch, M. D., Ph. D., Secretary State Board of Health of New York; Health Officer of Albany; Emeritus Professor of Anatomy and Professor of Medical Jurisprudence Albany Medical College. Pp. 242. Albany, N. Y.: Banks & Bros. 1893.

The Principles and Practice of Surgery. By John Ashhurst, Jr., M. D., Barton Professor of Surgery and Clinical Surgery in the University of Pennsylvania; Surgeon to the Pennsylvania Hospital, Philadelphia. New (sixth) edition, enlarged and thoroughly revised. In one octavo volume of 1,161 pages, with 656 engravings and a colored plate. Cloth, \$6.00; leather, \$7.00. Philadelphia: Lea Bros. & Co. 1893.

Duane's Students' Dictionary of Medicine. The Students' Dictionary of Medicine and the Allied Sciences. Comprising the pronunciation, derivation and full explanation of medical terms, together with much collateral descriptive matter, numerous tables, etc. By Alex-

ander Duane, M. D., Assistant Surgeon to the New York Ophthalmic and Aural Institute; Reviser of Medical Terms for Webster's International Dictionary. In one square octavo volume of 658 pages. Cloth, \$4.25; half leather, \$4.50; full sheep, \$5.00. Philadelphia: Lea Bros. & Co. 1893.

Chemistry and Physics. By Joseph Struthers, Ph. B., Columbia College School of Mines, New York; D. W. Ward, Ph. B., Columbia College School of Mines, New York, and Charles H. Willmarth, M. S., New York. \$1.00. The Students' Quiz Series. Philadelphia: Lea Bros. & Co. 1893.

A Practical Treatise on Diseases of the Skin. For the use of students and practitioners. By J. Nevins Hyde, A. M., M. D., Professor of Dermatology and Venereal Diseases in Rush Medical College, Chicago. New (third) edition. In one octavo volume of 802 pages, with nine plates, of which three are colored, and 108 engravings. Cloth, \$5.00; leather, \$6.00. Philadelphia: Lea Bros. & Co. 1893.

A System of Genito-Urinary Diseases, Syphilology and Dermatology, by various authors. Edited by Prince A. Morrow, A. M., M. D., Clinical Professor of Genito-Urinary Diseases; formerly Lecturer on Dermatology in the University of the City of New York; Surgeon to the Charity Hospital, etc. With illustrations. In three large 8vo volumes. Volume II., Syphilology. Pp. xviii.—917. Sold only by subscription.

Transactions of the American Surgical Association. Volume XI. Edited by DeForest Willard, M. D., Recorder of the Association. Philadelphia: Printed for the Association, and for sale by William J. Dornan. 1893.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Ophthalmology, Laryngology, Otology, and Dermatology. By professors and lecturers in the leading medical colleges of the United States, Great Britain, and Canada. Edited by John M. Keating, M. D., LL.D., Colorado Springs, Col.; Fellow of College of Physicians, Philadelphia; formerly Consulting Physician for Diseases of Women to St. Agnes' Hospital; Gynecologist to St. Joseph's Hospital; Visiting Obstetrician to the Philadelphia Hospital, and Lecturer on Diseases of Women and Children, Philadelphia; Editor Cyclopaedia of the Diseases of Children. Judson Daland, M. D., Philadelphia, Instructor in Clinical Medicine, and Lecturer on Physical Diagnosis and Symptomatology in the University of Pennsylvania; Assistant Physician to the University Hospital; Physician to the Philadelphia Hospital and to the Rush Hospital for Consumption. J. Mitchell Bruce, M. D., F. R. C. P., London, England, Physician and Lecturer on Therapeutics at the Charing Cross Hospital. David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to, and Lecturer on, Clinical Medicine in the Aberdeen Royal Infirmary; Consulting Physician to the Royal Hospital for Diseases of the Chest, London. Volume III. Third series. Royal octavo, pp. xii.—356. Philadelphia: J. B. Lippincott Co. 1893.

United States Department of Agriculture. Weather Bureau Current Chart of the Great Lakes. By Mark W. Harrington, Chief of Weather Bureau, Washington, D. C. 1893.

Literary Notes.

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ander Duane, M. D., Assistant Surgeon to the New York Ophthalmic and Aural Institute; Reviser of Medical Terms for Webster's International Dictionary. In one square octavo volume of 658 pages. Cloth, \$4.25; half leather, \$4.50; full sheep, \$5.00. Philadelphia: Lea Bros. & Co. 1893.

Chemistry and Physics. By Joseph Struthers, Ph. B., Columbia College School of Mines, New York; D. W. Ward, Ph. B., Columbia College School of Mines, New York, and Charles H. Willmarth, M. S., New York. \$1.00. The Students' Quiz Series. Philadelphia: Lea Bros. & Co. 1893.

A Practical Treatise on Diseases of the Skin. For the use of students and practitioners. By J. Nevins Hyde, A. M., M. D., Professor of Dermatology and Venereal Diseases in Rush Medical College, Chicago. New (third) edition. In one octavo volume of 802 pages, with nine plates, of which three are colored, and 108 engravings. Cloth, \$5.00; leather, \$6.00. Philadelphia: Lea Bros. & Co. 1893.

A System of Genito-Urinary Diseases, Syphilology and Dermatology, by various authors. Edited by Prince A. Morrow, A. M., M. D., Clinical Professor of Genito-Urinary Diseases; formerly Lecturer on Dermatology in the University of the City of New York; Surgeon to the Charity Hospital, etc. With illustrations. In three large 8vo volumes. Volume II., Syphilology. Pp. xviii.—917. Sold only by subscription.

Transactions of the American Surgical Association. Volume XI. Edited by DeForest Willard, M. D., Recorder of the Association. Philadelphia: Printed for the Association, and for sale by William J. Dornan. 1893.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Ophthalmology, Laryngology, Otology, and Dermatology. By professors and lecturers in the leading medical colleges of the United States, Great Britain, and Canada. Edited by John M. Keating, M. D., LL.D., Colorado Springs, Col.; Fellow of College of Physicians, Philadelphia; formerly Consulting Physician for Diseases of Women to St. Agnes' Hospital; Gynecologist to St. Joseph's Hospital; Visiting Obstetrician to the Philadelphia Hospital, and Lecturer on Diseases of Women and Children, Philadelphia; Editor Cyclopaedia of the Diseases of Children. Judson Daland, M. D., Philadelphia, Instructor in Clinical Medicine, and Lecturer on Physical Diagnosis and Symptomatology in the University of Pennsylvania; Assistant Physician to the University Hospital; Physician to the Philadelphia Hospital and to the Rush Hospital for Consumption. J. Mitchell Bruce, M. D., F. R. C. P., London, England, Physician and Lecturer on Therapeutics at the Charing Cross Hospital. David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to, and Lecturer on, Clinical Medicine in the Aberdeen Royal Infirmary; Consulting Physician to the Royal Hospital for Diseases of the Chest, London. Volume III. Third series. Royal octavo, pp. xii.—356. Philadelphia: J. B. Lippincott Co. 1893.

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SOUSA's new march, *The Manhattan Beach March*, has been purchased by *The Ladies' Home Journal*, and its full piano score will be printed in the Christmas issue. The composer claims for it a superiority over either his popular *Washington Post* or *High School Cadets* marches.

Miscellany.

THE Health Commissioner of Buffalo, Dr. Ernest Wende, has issued the following circular to the members of the medical profession :

Hereafter membranous croup and diphtheritic croup will be considered identical to diphtheria by this department, and physicians will be required to report all cases at once by telephone. In case of death, funerals must be private, and take place within twenty-four hours.

Report all cases of whooping-cough.

Physicians are not permitted to remove placards. Whenever the case has recovered (and desquamation ended), so that all danger from contagion or infection has passed, and thorough disinfection has been exercised, this department will cause the removal of the placard upon the request of the attending physician and his statement to the above effect.

Attention is called to Chapter XIV., Section 108, of the City Ordinances, by which pupils are excluded from school as follows :

Scarlet Fever—Three weeks from the last case in dwelling.

Measles—Two weeks from the last case in dwelling.

Diphtheria—One week from the last case in dwelling.

Physicians are requested to be as explicit as possible in filling out birth and death certificates, so that the records of the registrar may contain all necessary data.

The hearty coöperation of the profession is desired, so that the efficiency of this department may be brought to the highest standard.

NOTICE TO CONTRIBUTORS.—We are glad to receive contributions from every one who knows anything of interest to the profession. Articles designed for publication in the JOURNAL should be handed in before the first day of the month. The Editors are not responsible for the views or opinions of contributors. All communications should be addressed to the Managing Editor, 284 FRANKLIN ST., BUFFALO, N. Y.

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Original Communications.

EMPYEMA.¹

By JOHN PARMENTER, M. D.,

Professor of Anatomy and Adjunct Professor of Clinical Surgery, Medical Department, University of Buffalo; Surgeon to Fitch and Children's Hospitals; Assistant Surgeon to Buffalo General Hospital; Fellow of the American Surgical Association, etc.

OUR ideas of empyema have undergone much change in the last few years, in that we now appreciate, as we did not formerly, how many and varied are the etiological factors which produce this disease. This change is due, in large part, to bacteriological investigation and its lessons, with the result that we now have a very clear and probably definite understanding of the pathology of empyema. Fluid within the pleural cavity may become purulent from either direct or indirect infection, and right here it will be timely to adopt a classification of purulent pleurisies based upon etiological considerations, and that of Courtois-Suffit is, it seems to me, the completest and the simplest of any yet offered. He divides purulent pleurisies into two distinct groups, viz., *pure* and *mixed* forms. In the *pure* forms only a single microbe is the active agent, and this may be an ordinary pus-producing microbe, or it may be a specific microbe which is accidentally pyogenetic in character. In the *mixed* forms two or more kinds of microbes have invaded the pleural cavity, either simultaneously or in succession.

Pure Forms of Empyema.—1. Empyema from the pneumococcus. This forms about twenty-five per cent. of purulent pleurisies (fifty per cent. in childhood). Inasmuch as the pneumococcus exists normally in various cavities, it can be the cause of an empy-

1. Read before the Section of Surgery, Buffalo Academy of Medicine, November 7, 1893.

ema without a preceding pneumonia. In fact, the pneumococcus may cause abscess in various places in the human body.

2. Empyema from the streptococcus. This microbe is the common agent in suppuration, and as it exists normally in the body cavities and all around us, it is no wonder that it can occasion an empyema. This it does do, however, not usually primarily, but rather in the course of infectious diseases not due to the streptococcus itself, such as scarlatina or grip. Here, as elsewhere, the streptococcus varies in activity and virulence. It seems to reach the pleura through the lymphatics after having been developed in parts more or less remote.

3. Empyema from the bacillus tuberculosis. Effusions due to the bacillus tuberculosis are usually serous in character,—at least in the beginning. The change to a purulent effusion, as seen in cases where repeated aspiration has been made, is explained by infection of the tubercular foci with pus microbes, and their introduction into a cavity already changed by disease, and in this way changes the type of inflammation and the character of the effusion. Very often the bacillus tuberculosis cannot be discovered, (Ehrlich notwithstanding, he claiming that it can be demonstrated in all cases,) but the pus is highly infective. Therefore, while the presence of the bacillus is conclusive of the tubercular nature of the effusion, its absence does not have any significance. Tubercular pus does not easily putrefy, and in this particular differs from that of the other forms.

4. Empyema due to the encapsulated bacillus of Friedländer, and to the typhoid bacillus of Eberth. These forms are very rare.

Mixed Forms of Empyema.—1. Empyema due to the pneumococcus and the streptococcus together. In these cases we have a preceding pneumonia, followed by pulmonary suppuration due to the streptococcus.

2. Empyema due to the typhoid bacillus and the streptococcus. Here, again, the streptococcus causes secondary infection.

3. Empyema due to the bacillus tuberculosis and the streptococcus, or the staphylococcus, or both together. Such forms are seen where a cavity has ruptured into the pleural space, and the pleura has become directly infected. In these cases even the tubercle bacilli can only occasionally be found.

4. Empyema, putrid or gangrenous. In addition to the streptococcus and the staphylococcus, the microorganisms of

putrefaction are active agents in producing this form of empyema. These latter organisms enter through the respiratory passages and the parenchyma of the lung, and feed on the products of coagulation necrosis. Usually, this occurs in a sub-pleural portion of the lung in or about one of the fissures between the lobes of the lung. These saprophytic bacilli may, however, be introduced during aspiration, the wound having become septic. In these cases the pus is extremely fetid, thin, and contains large shreds of fibrin. The symptoms are always severe.

Differentiation of the Various Forms of Empyema.—Can these various forms be differentiated? Is it necessary or desirable to do so? In answer to the first question, it must be confessed at the outset that reliance upon so-called clinical symptoms alone is apt to be misleading, and that bacteriological investigation can alone determine conclusively the nature of the disease. (The possible exception of tubercular empyema must here be noted.) However, certain symptoms are significant. For example, given a case occurring in youth and following a pneumonia, and in which the symptoms are moderate, with a more or less even range of temperature, the probabilities are in favor of such an empyema being due to the pneumococcus. Again, empyema due to the streptococcus and the mixed forms of the same, are consequent upon diseases such as scarlatina, grippe, typhoid fever, and the like. They form the great bulk of purulent pleurisies in adult life and advanced childhood. Finally, tubercular empyema is the typical latent purulent pleurisy. There may be no febrile reaction, and the chest be very full of fluid. In these cases we find the pleura, oftentimes, very much thickened, and the lung in an atelectatic condition, as seen after operation. Family history is, of course, significant. To resume, then, while we may find symptoms affording some clue to the causation of an empyema, we can only be certain when such symptoms are corroborated by the results of a bacteriological examination. To the second question it may be replied, that it is always well to cultivate the power to interpret clinical manifestations fully and accurately, and particularly for those who have neither the skill nor the facilities for using bacteriology as an adjuvant in diagnosis. Furthermore, our haste to afford relief is measured, in part, by the nature of the cases; thus empyema from the streptococcus, or putrid, purulent pleurisy, demands speedy and energetic treatment in the former cases usually, in the latter, invariably.

Diagnosis.—It would seem that physical diagnosis had become sufficiently developed and diffused among practitioners to insure a fairly accurate estimate of the nature of the commoner forms of thoracic disease, and yet empyema, in its most typical and pronounced form, is constantly overlooked or misinterpreted. The following remarks of DaCosta are full of truth and wisdom :

Were the chest more often carefully explored, we should cease to hear of patients, whose pleural cavity is full of pus, being pronounced incurable consumptives because they are emaciating and have hectic fever and clubbed nails ; or being treated for disease of the heart, on account of displacement of that organ, and of dyspnea and edema ; or being dosed with mercury for an imaginary disorder of the liver ; or being subjected to long courses of quinia and arsenic to check a rebellious ague, which the chilly sensations and paroxysms of fever at times simulate.

I have seen the disease mistaken for every one of those DaCosta enumerates. I recall, particularly, one case in which the diagnosis was made of neuralgia of the liver, and that, too, by a practitioner of good average ability, who had evidently been misled by the fact that the pain was over the liver, and that a normal temperature existed, and yet I withdrew five quarts (by careful measurement) of pus from her right pleural cavity. Equally glaring mistakes have, doubtless, been noted by many who have seen cases as counsel. Such being the case, we should learn carefully the signs which indicate pleural effusion. The classification of signs as given by Powell seems to me good. It is :

1. Cardinal signs :

(*a*) Percussion dulness ; (*b*) displacement of the heart ; (*c*) annulled vocal fremitus ; (*d*) diminished and altered or absent breath sound.

2. Subordinate or supplementary signs :

(*a*) Increased semi-circumference of chest ; (*b*) intercostal bulging, elasticity or fluctuation ; (*c*) skodaic resonance ; (*d*) altered voice sound ; (*e*) displacement of abdominal viscera ; (*f*) signs in the other lung ; (*g*) cardiac displacement bruits.

3. Signs indicative of nature of fluid :

(*a*) Pectoriloquie aphonique (Bacelli) ; (*b*) temperature signs ; (*c*) other pyrexial or septic phenomena.

The presence of the cardinal signs is alone necessary for diagnosis. They are common to both serous and purulent effusions.

The subordinate signs are not essential for diagnosis, and any or all of them may be wanting.

A few words about some of the more important of the signs :

Dulness.—The dulness is absolute and toneless. It is flatness. Its limits are determined by light percussion, thus avoiding the resonance of contiguous parts. These limits, of course, vary with the amount of the effusion. When moderate, there is usually a triangular space of resonance in the upper part of the thoracic cavity, the apex of the triangle being at the sterno-clavicular joint, and the upper level of the effusion, instead of being a water level, is a slanting line, which, beginning at the sternal border, runs gradually upward and across the chest, to reach its highest level in the axillary line, where it begins to descend in its course across the posterior portion of the cavity, in a line similar to and slightly lower than anteriorly. When the effusion is extreme, flatness is, of course, universal. The lower limit of the effusion, where the same is even considerable, corresponds with the arch of the diaphragm, which is still preserved.

Displacement of Heart toward the Sound Side.—This sign must always be present, except in rare cases where the heart has become fixed by adhesions of the pericardium, consolidation of the opposite lung, etc. It occurs immediately, and keeps pace with the effusion. It is sometimes difficult to fix the exact location of the heart, but this can usually be done by percussion and auscultation.

Absence of Vocal Fremitus.—This is due to the presence of the fluid between the lung and the chest wall. This fluid is a bad conductor. To determine this sign, light palpation should be employed, using the finger tips only to better exclude vibrations from neighboring parts.

Absence of Breath Sounds.—While this sign may be, and usually is, a very significant one, it may be wanting, or, to put it in another way, the breath sounds may be present and a large effusion as well. When present, they may closely resemble those of pneumonia. Voice sounds, as well, may be conducted over the whole side, and whispering exaggerated even to pectoriloquy, according to Powell.

Subordinate or supplementary signs :

Increased Semi-circumference of the Chest.—Although the chest generally looks larger on the affected side, there may be little or no difference to actual measurement. The relative enlarge-

ment, when present, is increased during deep expiration. It must be remembered, however, that the total circumference is always increased in effusion. When the affected side is markedly larger than the sound, it denotes a large effusion. The shape is changed, the cystometer showing it to be more rounded.

Intercostal Fulness or Fluctuation.—This is an inconstant sign, more often found in children than in adults. It is more common in purulent than in serous effusions.

Egophony occurs very often in pleural effusions, and is chiefly of use in differentiating this condition from consolidation, which so often have a resemblance to each other.

Skodaic Resonance.—This sign is of value as an index of the pressure within the thorax and of the advisability of operative interference. When the pleural cavity is completely filled with fluid, skodaic resonance is, of course, abolished.

Displacement of Abdominal Viscera.—This sign occurs late in the disease, and is more often found when the effusion is purulent than serous. It is naturally caused by the descent of the diaphragm from the pressure of the fluid. The fact must, however, not be lost sight of that a very considerable effusion may coëxist with a normal situation of the diaphragm, *i. e.*, the stomach note may be obtained at the sixth rib in the nipple line, and yet a large effusion be present. What is true of the stomach note is equally true of liver dulness, and hence of importance, as otherwise injury to the viscera could easily occur during operation. The practical significance of this sign, therefore, varies. When present, it has a distinct diagnostic value. Its absence means nothing.

Signs in the Other Lung.—These consist of crepitant rales, cough, with more or less bloody sputum. They denote pronounced intra-pleural pressure, and are, therefore, to be found in cases where the effusion is very large. They, furthermore, indicate the necessity for withdrawal of the effusion.

Cardiac Displacement Bruits.—This sign is present when the heart is greatly displaced. It is usually a systolic murmur, developed over the base, and is supposed to be due to "straightening or slight tension of the great vessels from pressure of the fluid." (Powell.)

The signs which have just been enumerated are those of serous pleurisy as well as of empyema, but they belong no more to the one than other disease. Can we go further and find signs which

are indicative of the nature of the fluid, or, to narrow the inquiry, indicative of pus in the thorax? Before enumerating the symptoms and signs which are of some value in determining the nature of the effusion, let me say that, in the earlier stages of empyema there are *none* that are pathognomonic. In other words, serous pleurisies may simulate, in every particular, an empyema of recent duration. Therefore, when a patient presents symptoms which are more or less adynamic, has rigors and chills which constantly recur and are followed by fever, has a very frequent pulse (120–140) with furred or dry tongue, anxious look and more or less rapid emaciation, and hectic sweats, which occur whenever the patient falls asleep, and has the physical signs which have been mentioned as characteristic of effusion, we may strongly suspect an empyema; but still, I repeat, each and every one of the symptoms and signs, in their full degree of development, may be met with in a serous pleurisy. In long-standing empyemata, however, there are a few signs which have an almost positive value.

Edema of the chest wall is one of these. Powell believes it to be an absolute sign of pus.

An *erysipelatous blush* over part of the chest and *pointing* are also sure signs of a purulent effusion, according to the same authority.

Pectoriloquie Aphonique, or Bacelli's Sign.—While this sign is of value, it is by no means pathognomonic. It is obtained as follows: the unaided ear is applied over the region beneath the scapula, and the patient made to whisper some rough word. This is conducted distinctly to the ear in serous effusions, but not when they are purulent, the difference being due to the fact that vibrations are better conducted through a homogeneous medium, like serum, than through a fluid, like pus. This sign occurs, however, too often in purulent effusions to regard it in any way an important one in differential diagnosis.

From what has been said, it is clear that we have no pathognomonic symptoms and signs of empyema at the time when we need them most, viz., early in the disease. There is but one way in which to ascertain whether an effusion be serous or purulent, and that is to use the exploring syringe. With this we can make a certain diagnosis; without it we can not. While I believe that the exploring needle should always be used, I do not think it should precede a careful consideration of all the symptoms and signs which have been mentioned. To be sure, when done in an

either unimproved or worse than before. As this is the usual history of cases in which aspiration is employed, it naturally does not commend itself to us as a safe and thorough method of treatment.

Buelau's Method.—This is a modification of the aspiration method of treatment. The pleural cavity is punctured with a large trocar, in the canula of which is introduced a long rubber tube. This runs down into a vessel of sublimate solution situated upon the floor. The end of the tube is weighted with a piece of lead, to keep it in the antiseptic solution. The object is to cause a negative pressure in the pleural cavity, by which the aspiration of the pus outward is favored. This treatment has received the favorable recommendation of Curschmann, Immerman, and Schede, the latter going so far as to say that the method would be ideal were it not for the ease with which the tube becomes displaced, especially in children and restless patients. On the other hand, it is claimed, and most judiciously, that this method is not applicable to putrid pleurisies or those due to the streptococcus, in which irrigation is so very commonly required. One distinct advantage it may have, as Duplay and Reclus have pointed out, and that is in cases of double empyema, where, from the fact that no air enters the pleural cavity, it would be a safer procedure than open incision, which, by admitting air with its attendant collapse of the lungs, would cause fatal asphyxia. It must, however, be confessed that Bülau's method, like simple aspiration, cannot completely empty the pleural cavity. The often huge caseous masses remain, and, although they may be reduced in size, something remains, and that something is highly infectious. It has been claimed that, even when aspiration cures the empyema, the patient invariably succumbs to tuberculosis within three years. This may or may not be true.

Incision and Drainage.—This, the most commonly employed procedure for the relief of empyema, has many things to commend it. It is easy to do, it is not dangerous, and, ordinarily, it accomplishes its purpose.

Where Shall We Incise?—The rule to open an abscess at its lowest point, thus favoring drainage, applies with equal force in the case of empyemata. The real difficulty is in determining what is the lowest point. This must, of course, vary with the position of the patient, so that, in choosing the site of our incision, we must settle upon what position the patient will take most constantly during

the time when drainage is most important, viz., the first few days (seven to ten) after operation. This position will, most probably, be the dorsal, or inclining to the affected side. In such position, the lowest point in the thoracic cavity will correspond pretty accurately to the mid-axillary line or just in front of it, at about the sixth intercostal space. In addition to the advantage of drainage, the thoracic walls are here quite thin, so that the operation can be more easily performed than posteriorly, where the muscles are deep and the intercostal spaces narrow, making insertion of the tube and resection of a rib (where necessary) often quite difficult. Again, when the lung begins to expand, it touches the posterior walls first, and in this way an opening behind the axillary line may easily become occluded by the expanding lung and prevent free drainage. The diaphragm may do this same when the opening is made too low. The occurrence of the above undesirable conditions will induce us, then, to regard the fifth or sixth intercostal space, in or slightly in front of the mid-axillary line, as the best in which to incise and drain an empyema.

The Operation.—The skin over the region having been thoroughly disinfected and the patient brought well to the edge of the table, in order that he may lie as nearly on his back as possible and still give room for the surgeon, the arm of the affected side, is raised to a right angle, and the incision (which should be from one and one-half to three inches long) made at the level of the upper border of the lower rib of the intercostal space selected. The position of the arm is important, inasmuch as lifting the arm causes the skin to slide upward upon the thoracic wall; and if the amount of this displacement be not noted, the incision in the skin and that in the intercostal muscle will not be in the same plane when the arm is lowered, and thus the opening will be a valvular instead of a direct one. When the pleura has been reached, a grooved director is thrust through the pleura and the opening further widened with a pair of forceps. The pus is then allowed to escape slowly and the expulsion of caseous masses facilitated with the finger introduced into the cavity. Should examination show that a counter opening is advisable, this can easily be made by introducing some stiff instrument, such as long forceps or a sound, and cutting down upon the same at the point over the end of the instrument. A drainage-tube is then inserted in as many openings as are made, *i. e.*, one for each opening.

When it is found that the intercostal spaces are too narrow to permit the introduction of a good-sized drainage-tube, or the finger, for examination purposes, it is well to resect a portion of one or two ribs. The rib is bared of its periosteum, and the intercostal artery avoided, and then, being steadied with forceps, it can be divided with a fine saw, or partially divided, and the section finished with cutting forceps. The ribs should not be divided with forceps alone, as they are easily splintered in this way. After an inch, or more, of rib has been resected, the periosteum should be removed, as its retention may easily lead to an irregular callous formation.

Form of Drainage-tube.—The tube should be of good size, flexible, and just long enough to penetrate completely the thoracic wall. A longer tube very soon begins to fret against the expanding lung and to cause distress, if not positive injury. To prevent an accident which has happened very often, viz., dropping of the tube into the pleural cavity, some expedient must be resorted to, to anchor the tube in place. Personally, I am quite partial to the Baxter tube. It is made as follows: Take a piece of sheet India-rubber, one and one-half to two inches square, and punch in the center of it a hole as large as the drainage-tube. Pass the tube through and split it into four pieces long enough to reach to the four corners of the shield, and fastened or sewed to the same with fine silver wire. The tube, on the other side of the shield, should have no holes cut in its side, as granulations can easily enter them and distress the patient or occlude the tube.

THE AFTER-TREATMENT.

Shall We Irrigate the Cavity?—In the vast majority of empyemata, irrigation is unnecessary. It may be injurious. Many cases are on record in which the antiseptic solution employed has caused severe toxic symptoms and even death. Again, the injection fluid, striking against the pericardium, or from some unknown cause, has caused sudden arrest of the heart's action with fatal result. This is the more apt to happen when the fluid has been too cool when used. Irrigation is, then, to be employed only in exceptional cases, such as putrid empyemata with severe symptoms. When employed, irrigation should be done with a fountain syringe, raised about a foot above the level of the cavity, or, at least, the fluid made to enter the cavity slowly and steadily. The amount allowed to enter at one time is, of course, determined by

the size of the cavity. The sensations of the patient are a reliable guide, and the first sign of discomfort made the signal for ceasing. The solutions used to wash out the pleural cavity have been many and various. In general, it may be said that the stronger solutions are not to be used. Carbolic acid, in any strength, ought not to be employed. Sublimate, 1-4000, and followed by boiled water, makes an excellent injection. My own preference, however, is for iodine, which should be added to the water until it has a light sherry-red tint. The amount and number of the irrigations must vary with each individual case. Ordinarily, to flush out the cavity once each day suffices, but now and then a case will occur when it should be done three, or even more times, in twenty-four hours.

The dressing should be the ordinary one of iodoform, bichloride gauze and cotton, held firmly in place with a well-fitting bandage. It should be changed as soon as the discharge appears through it and as often. This usually means twice during the first twenty-four hours and then at gradually increasing intervals. The regulation of the diet and the exhibition of reconstructive tonics will follow in due course. Just about this time, it is not infrequent to see patients who have been doing well, in every way, develop an acute indigestion, quite violent in its symptoms. Such manifestations must be met in an appropriate way, but particularly must the cause be removed, viz., feeding in excess of the patient's powers of assimilation. A patient with a pleural cavity filled with pus, and breathing forty to sixty times per minute, needs a generous supply of food to compensate for the waste due to the rapid oxidation going on within his body. Lessen the oxidation by restoring the respiratory process more nearly to the normal, so should the amount of food become proportionately decreased. So anxious for his recovery, however, are relatives, and too often the physician himself, that food is constantly urged upon the patient to his, at least, temporary detriment.

When may the tube be removed? This is frequently one of the most puzzling questions that will arise in the treatment of empyema. So long as a distinct cavity remains, the tube should be retained. Usually, when the discharge has become serous and small in quantity, it means that the cavity has become obliterated. This change of the discharge from purulent to serous occurs at varying times, from two weeks to months, and sometimes years, depending upon the age, resistance of the chest wall, expansibility of the lung, etc. Not long ago I removed a quart of pus

from the chest of a boy of five years, and on the sixteenth day after operation the tube was taken out and the wound allowed to close. It must be remembered that the wound itself gives rise to some pus, which, mixing with the serous discharge, could easily deceive the over-anxious. Before removing the tube, it is good practice to carefully examine the cavity with a probe, and thus ascertain definitely the form and extent of the same. Too often trouble arises from removing a tube at an improper time. This improper time may be too late as well as too early, for, while we all appreciate the danger of locking up purulent secretions by taking away their means of exit, we do not so often remember that, by leaving a tube in too long, we are apt to help the formation of long sinuses, which may be very troublesome to heal.

Accidents During Operation.—*Hemorrhage* may occur. When it does, it is usually due to a wound of the intercostal artery, at the site of operation, and always due to the lack of skill of the operator. It usually is caused by a partial severing of the artery. This can frequently be remedied by cutting through the artery down upon the rib with a tenotonic, in this way making a clean division, when the edges of the vessel curl up and the hemorrhage ceases. This failing, a hemostatic can be clamped upon the vessel and left in position for twenty-four hours, or a small portion of the rib excised and the artery secured with a needle and catgut. Usually, the accident is more annoying than serious, but occasionally the bleeding may be severe enough to cause alarming symptoms.

Wounding of the Diaphragm.—It has already been mentioned that a large effusion may be present without appreciable descent of the diaphragm, and it was hinted that, unless this fact were remembered, an undesirable accident might occur. Such an accident occurred to me some three months ago. In operating, without assistance, upon a child of sixteen months, with left-sided empyema, and in which the pressure signs were so urgent that haste was demanded, I used a bistoury and opened the chest wall with one cut, in the sixth intercostal space (axillary line). Over a pint of pus escaped, and was followed by a portion of the great omentum. The child made a good recovery, and without any unpleasant symptoms, but died six weeks later of pneumonia affecting the sound lung. While in this case nothing untoward resulted, one does not enjoy opening the peritoneal cavity in the presence of pus, or incising the liver under similar conditions.

Wounding the diaphragm is, then, a possibility, and due care should be taken to ascertain its limits before operation.

Nervous Phenomena.—Epileptiform convulsions, various kinds of paralyses, and sudden death have followed irrigation of the pleural cavity, so that, when this is employed, the above-mentioned possibilities must be borne in mind and the injection most carefully given.

The limits of this paper demand that mere mention only be made of the more radical methods which may and have been used in those obstinate cases in which, from one cause or another, the pus cavity cannot be obliterated by simple incision and drainage, with or without resection of the rib.

Estlander's Operation.—This consists, essentially, in the resection of several ribs, a greater or less length of rib being removed, according to the size of the cavity. I pass by the details of this operation, and say of it simply that it often fails in its purpose, unless accompanied with curetting of the pleura or more or less extensive resection of the same. In moderately severe cases it is of decided value, but, given a large cavity, with rigid pleura and a very contracted lung, not much can be expected from this procedure.

Quenu's Operation.—Quenu aims to get a movable chest wall by resecting the fifth and sixth ribs anteriorly and posteriorly, the intervening part acting like a mobile shutter, as it were. It can be easily understood how great a hindrance to the success of this method a rigid and thickened pleura must be, and, therefore, it has serious limitations in those very cases where it is most needed.

Schede's Operation.—More radical than either of the before-mentioned operations is that of Max Schede. This surgeon resects the entire thoracic wall, excepting only the superficial parts. The ribs, intercostal muscles, and the pleura are all removed, and the large flap put in opposition to the lung. The disadvantages of the operation are obvious. The large flap does not fit accurately the lung underneath, and often leaves part of the cavity exposed; cicatrization is often tardy and imperfect, and the thorax, as a whole, left in a weakened condition.

Prognosis.—The great majority of cases recover, and do so in a space of time which varies from three weeks to two months. The time has been materially shortened since the introduction of the antiseptic method of treatment and the discontinuance of irrigation. The worst results will be found in patients of more

advanced age, in which the thoracic walls have become too rigid to yield; in tuberculous subjects, where an unduly thickened pleura prevents expansion of the lung; in long-neglected cases, and in the putrid or gangrenous varieties. In such cases, more heroic treatment, as has just been mentioned, will often be required than simple incision and drainage; but, even in these, one should not despair, as experience teaches us every day most convincingly how much Nature can accomplish if she receives adequate, timely, and otherwise judicious assistance.

116 NORTH PEARL STREET.

SOME INTERESTING CASES FROM THE MEDICAL SERVICE AT THE CATTARAUGUS COUNTY ALMSHOUSE.

BY CLARENCE KING, M. D., Machias, N. Y.,
Attending Physician Cattaraugus County Almshouse.

HAVING been the attending physician at the Cattaraugus County Almshouse for a period of eight years, and having met with many interesting cases, I have thought some of them might possibly be of interest to others. As a preface to my paper, I would say that the institution now contains only about sixty or seventy inmates, less than one-half its population before the insane were removed to the State Hospital a year ago. But those that remain are all invalids, or of weak physical or mental strength, by reason either of disease or accident, of old age or of idiocy, or other mental disease. The hospital always contains patients under treatment, but, of course, at some seasons of the year there is much more sickness than at other times. Since my term of service began, we have had but one epidemic, excluding the cases of colds and coughs which are present in great number each Winter. This occurred in January, 1892, when nearly every inmate and attendant was attacked with

INFLUENZA, OR LA GRIPPE.

The disease began in a ward on the third floor, occupied mostly by idiotic and half-witted men, and was evidently brought to the institution by a convalescing patient who came in a few days before and was placed in this room. The disease was confined to this ward for about ten days, every person being more or less sick with it, after which it appeared in other wards, but was not very severe, and only one death occurred. That was an old man with

valvular disease of the heart who had pneumonia consecutive to grippe.

Influenza has long been regarded as an infectious disease, the poison being diffused through the air, and capable of being carried long distances. Although there is abundant proof in support of this view, yet I would cite this case as apparently antagonistic to the generally accepted opinion. The two preceding Winters, influenza of a severe form raged in Machias and the surrounding country, but not a single case occurred at the Almshouse, which is, to a certain extent, isolated during the Winter months. During these two Winters no case of influenza was brought in, except those far advanced in convalescence, or apparently well.

The third epidemic which visited Machias was mild in degree, yet, when introduced into the Almshouse, it readily followed the channels of communication between the different wards and buildings in the same way other diseases would have done which require actual contact, or close association for some time, in order to propagate them.

HEREDITARY CHOREA.

At least four patients with hereditary chorea have been inmates at this institution. This disease was first described by Dr. Waters in 1841, but did not receive much attention until 1872, when Dr. George Huntington referred to it briefly in a general paper on Chorea. In 1885, my thesis on this disease, presented to the University of Buffalo, was published in the *New York Medical Journal*, and since that time quite an extensive literature has grown up. These cases of hereditary chorea occurred in two different families, both of which I have reported in full in other places,¹ and to which I would refer those interested in the disease. One of these patients is still here, slowly growing worse and more helpless year by year. But one case of Sydenham's chorea has been under treatment here within the last eight years, and that promptly recovered.

SUB-OCCIPITAL ABSCESS.

Male, Irish, aged seventy-seven. Patient stated that he was run over by a wagon, the wheel passing over the back of his neck, immediately below the occipital protuberance. Pain and tender-

1. *Medical Press of Western New York*, December, 1886, and *Philadelphia Medical News*, July 13, 1889.

ness followed. Abscess developed slowly, which I incised some two weeks later. Had pain in top of head, and persisted in lying flat on his face, thus preventing drainage, and would allow no dressings on neck for a period of nearly two weeks. I made many punctures to a depth of an inch or more, and later made four or five incisions, each about an inch and a half long and an inch deep. Patient died of exhaustion about six weeks after date of injury. I think the proper treatment in this case would have been to have anesthetized him early, turned up large flaps, and scraped out all necrosed tissue, but he would not consent to it.

In February, 1891, seven patients in one ward, all old women and feeble, were taken sick with

ACUTE INTESTINAL CATARRH.

Other cases of diarrhea followed in this same ward, and five patients died, three of them on the same day. Diarrhea did not occur in other wards, although the same food was given other patients, and the same conditions existed, apparently, in at least three other wards. The plumbing, however, was bad in these wards, particularly so in the closet communicating with the infected ward, where the floor was habitually wet from a leaky water-pipe. No case of typhoid fever has originated in the institution since I have been connected with it, but several cases have been brought here during convalescence, one of which suffered a relapse.

FIBROMA MOLLUSCUM.

Male, aged seventy-seven; five feet two inches in height; weight, 135 pounds. Had always been feeble in health. At about thirty years of age noticed numerous soft tumors growing on his hands and face, which grew to the size of a pea or bean. At the time he came under my care he was literally covered from head to foot with these tumors, none of them larger than an English walnut. It would have been impossible to count them, but there must have been several thousand of them. This case I have reported more at length in the *American Medico-Surgical Bulletin* for July, 1893.

Syphilis is always present in some of its forms, and cancer is quite common. One case of cancer of the antrum, and another of the lip following an operation for the removal of an epitheli-

oma, were unpleasant cases which we had to care for during several weeks. Another case, a

CANCER OF THE KIDNEY,

I wish to mention on account of the *post-mortem* findings. The patient was a German, aged eighty years, who had a well-marked blowing heart murmur, but was quite active for an old man. Three months before his death he began to have pain in his bowels and back ; he emaciated rapidly, and developed a cancerous cachexia. He could not eat, had diarrhea alternating with constipation, and finally passed pinkish or blood-stained urine involuntarily. At the autopsy we found the right kidney cancerous, with a growth the size of a man's fist between the kidney and the bodies of the vertebræ, adherent to the vertebræ ; also a calculus the size of a marble projecting from the upper surface of the liver at least one-half its size. This stone was easily removed by cutting the peritoneal covering and making compression to its base. It was hard, smooth, oblong in shape, and white in color. I believe it is rare to find such concretions in the liver, and still more so to find them projecting from its surface.

PARTIAL DISLOCATION OF CERVICAL VERTEBRÆ.

Male, aged sixty, lame, and walked with a cane. While descending stairs, fell and struck on his head, forcibly flexing the neck and turning chin toward right shoulder. When picked up, was unable to raise his head. Had sharp pain in back of neck, which persisted for some time, and was aggravated by every effort to raise the chin. I could not rotate the head in the least, and the fifth cervical vertebra was very prominent. I could not reduce the dislocation by moderate pressure applied direct to the displacement, and he refused more radical measures after the dangers were explained to him. He finally recovered, with inability to move the head from its flexed and rotated position.

SUDDEN DEATH FROM UNKNOWN CAUSE.

Male, Irish, age about thirty-five. Patient suffered an amputation of right leg at junction of middle and lower thirds. Operation done a few days before he came here. Pus formed in the wound, and I had to remove a few stitches to secure drainage. Subsequently, all went well and patient recovered sufficient to sit up and be dressed, a small surface of granulations, however, not

being as yet covered by skin. One day, while sitting at a table playing cards, he spoke of a sudden bad feeling, and immediately fell to the floor and died without saying another word. His companions stated that he did not live three minutes after he made complaint. No autopsy was held.

MOTOR APHASIA FOLLOWING APOPLEXY.

Male, Italian, age about fifty; an inmate here about eight years. Previous to his coming here had an apoplectic stroke with paralysis of right arm and leg, and loss of voice. Has recovered use of leg so he is able to walk, but drags the right foot. Has no use of right arm, but carries it flexed at a right angle across his stomach, and straightens it only with difficulty, and with the aid of the other hand. He never has recovered his voice, with the exception of one word, "Yes," which he says in reply to any and every question. He understands everything, apparently, that is said to him, and will obey simple orders promptly. Is able to write with difficulty with left hand. With his other troubles he has had a chronic urethral discharge. About three years ago he had inflammation of the scrotum, which became swollen to twice the normal size and very painful. I made several punctures, from which oozed bloody serum, and afterward made incisions through skin to relieve the tension. But the whole anterior covering of the testicles sloughed away, leaving those organs completely exposed. However, granulations quickly formed after the slough separated, and the scrotal wall was rapidly repaired, with the exception of a fistula, which remained, and from which still comes a scanty purulent discharge.

This patient has a urethral stricture, which was probably the cause of this last mentioned affliction.

SOME EXPERIMENTS WITH TERRALINE.—Dr. C. H. Stowell, of Washington, D. C., concludes, after a series of experiments on the lower animals, that terraline is emulsified and absorbed the same as any other oil. It is a different product of petroleum than vaseline. The whole article describing these experiments, and the conclusion derived from them, can be found in the November number of *Food*, of which Dr. Stowell has recently assumed the editorship.

Clinical Reports.

CLINICAL MEMORANDA FROM THE SURGICAL CLINIC AT THE SISTERS OF CHARITY HOSPITAL.

BY HERMAN MYNTER, M. D.,

Professor of Surgery, Niagara University, and Surgeon to the Sisters' Hospital.

FRACTURES AT THE ELBOW-JOINT.

FRACTURES at or near the elbow-joint are of frequent occurrence, particularly in childhood, and apt to be followed by more or less deformity and ankylosis. The prognosis is always somewhat doubtful, and, as Gerster says, "a very guarded prognosis is, on the part of the physician, a sign of wisdom and discretion." How to prevent the deformity and ankylosis is, for all, the important point. The deformity consists, when there is no dislocation present, in the loss of "the carrying function," by which we understand the normal obtuse angle in the elbow-joint, which keeps the forearm in abduction when extended, and thus enables a person to carry weights without interfering with locomotion. This obtuse angle in extension is produced by the trochlea extending about one-quarter inch farther downward than the external condyle or capitulum, with which the radius articulates, so that the ulna moves on a larger circle than the radius, and a line tangent on the lower end of the trochlea and capitulum forms an obtuse angle inward with a longitudinal line through the humerus. The obtuse angle disappears in flexion, and the forearm and humerus become parallel. In fractures through the internal condyle, implicating the whole trochlea, or in T fractures, the fragment with the ulna attached will slide upward and generally backward, on account of the obliquity of the line of fracture, this running, usually, downward and forward. This sliding upward is mainly produced by muscular contractions, probably, of the triceps and brachialis anticus. The trochlea and capitulum come on the same level, and the result will be obliteration of the obtuse angle, *i. e.*, adduction of the forearm in extension, or loss of the carrying function. The same may happen in supracondylar fractures. Stimson states that the ascent of the internal condyle of one-quarter of an inch will destroy the normal obtuse angle at the elbow. The upper end of the lower fragment is very apt to be tilted forward by the contraction of

the triceps, and, if union takes place in this position, hyperextension in the elbow with impaired flexion may result.

Partial dislocation may complicate and obscure the fracture.

While the deformity is mostly dependent upon the loss of the carrying function, the partial ankylosis, with impairment of flexion, is the result particularly of the tilting forward of the lower fragment, or overlapping of the upper fragment, or an abnormally developed callus, or rotation forward of the articulating surfaces of the fragmina. In either case, the coronoid process of the ulna or the radius may meet a bony prominence in the plica cubiti, which will prevent flexion, and no amount of force will overcome the ankylosis.

In regard to treatment, there are, as Packard states, four difficulties to overcome: (1) To keep the fragments in contact; (2) to prevent the formation of an angle salient forwards, *i. e.*, hyperextension; (3) to maintain the oblique line of the articulation by avoiding upward pressure on the inner portion of the joint-surface of the lower fragment; (4) and to obviate stiffening of the elbow.

Still another difficulty is to prevent, in T fractures, gaping of the fractured portions above and the insertion between them of part of the upper fragment, thus increasing the lateral distance between the condyles and broadening the epiphysis.

In regard to treatment, surgeons are divided into two camps: those who advocate treatment with the arm extended, and somewhat abducted, for fear of losing the carrying function; and those who advocate treatment with the arm flexed to a right angle, for fear of ankylosis. The first camp deprecate early passive motions, and make light of the danger of ankylosis, pointing to the fact that we, as orthopedic surgeons have shown, can keep joints immobilized for a great length of time without danger of ankylosis. While this is true as far as healthy joints are concerned, it is wrong when we have to do with joint fractures with intra-articular bleeding. Blood may organize and adhesions form from this source alone, but the synovial membrane itself is apt to take part in the process through a traumatic arthritis, form granulation tissue and secondarily strong adhesions.

Dr. Jarvis Wright reports, in *Annals of Surgery*, August, 1893, ten cases of ankylosis in the elbow-joint, following treatment with the arm extended, a sufficient proof that this treatment is not without danger. If such an accident should occur, the arm

is useless for all practical purposes, and operative interference, *i. e.*, resection or arthrotomy, becomes necessary.

If passive motions be not made, the danger of ankylosis is increased. The second camp advocate treatment with the arm flexed to a right angle, and advocate early passive motions. By this treatment it is difficult to prevent the loss of the carrying function, unless particular pains be taken in securing the fragmina in their right position and maintaining the obliquity of the joint-line; but that it can be done, if due care be taken, I have had many examples of in my own practice. The joint ought to be examined frequently, under narcosis, if necessary.

If ankylosis should, nevertheless, occur, it will, at least, give a useful arm, and a moderate diminution of the obtuse angle does not seriously injure the function of the joint. I have treated a large number of these cases, and my results have uniformly been good. My rule is always to examine the patient under narcosis, reduce the displacement, if possible, and then mold an anterior right-angled splint of half-tanned leather, which is applied with lino-bandages. The bend of the splint in the elbow I make oblique, to correspond with the normal obliquity of the joint. The day following I cut a window posteriorly over the joint without disturbing the splint, and satisfy myself that the fragmina are in normal position. If correct, I leave the arm alone for ten or twelve days, and commence then passive motions every two or three days, at first, of course, very lightly and moderately. The splint is removed permanently as soon as there is apparent union (sixteen to twenty days), and the child encouraged to use the arm. In four weeks I have generally managed to discharge the patient with a good result. In cases in which ankylosis has occurred in an almost straight position, operation is absolutely indicated, and no sure diagnosis can be made before the bones are exposed. With proper antiseptic precautions, the operation is devoid of all danger. I prefer in these cases to use Huetter's operation with two lateral incisions, one three inches long, over the posterior surface of the radius and external condyle, and one, one inch long, just anterior to the internal condyle. The operation is done subperiostally, and the lower end of the humerus brought out through the radial wound. We can then decide what damage has been done and how to repair it, be that by removing superfluous callus with the chisel, or resecting the articulating surface of the humerus. I have generally left the ulna and radius intact when the upper epiphysis was

removed. It has the advantage that no lateral motion occurs in the joint, but the disadvantage that perfect extension and flexion become impaired, unless we remove the tips of the olecranon and coronoid processes. By removing the articulating surface, we shorten the humerus, at least, one-half inch, and the tips of the olecranon and coronoid processes will come in contact with the humerus above the intercondyloid fossa in extension and flexion.

I have lately operated three cases of ankylosis in a straight position :

CASE IX.—Agnes Whitmarsh, 6 years old, of Wellsville, N. Y., injured her left elbow by falling down-stairs, in March, 1892. She entered the Sisters' Hospital in July, 1892, with her left elbow partly ankylosed in an almost straight position.

The olecranon was very prominent, and above the intercondyloid line a large mass of bone was felt in the plica cubiti. Huetter's operation was performed and the humerus brought out through the radial incision, and the following condition found : A T fracture had occurred at the lower end of the humerus. The external condyle and epicondyle were found moved upwards and its articulating surface turned forwards. The trochlea was also found turned forwards. The ulna was dislocated backwards, the coronoid process being found strongly adherent to the posterior intercondyloid fossa. The fossa olecrani was filled with fibrous tissue, which was removed, as was the articulating surface of the humerus. She returned home in four weeks with a useful and excellent arm, but unable to completely extend the arm.

CASE X.—Michael Mintugh, 9 years old, of Dunkirk, N. Y., entered the Sisters' Hospital on August 28, 1893. He fell, on the 13th of February, 1893, and struck his left elbow. On examination, the arm was found in almost complete extension and ankylosis. The olecranon was found one-half inch above the condyles of the humerus. The external condyle was very prominent, while the internal was scarcely felt. A large rounded swelling was found in the plica cubiti, evidently connected with the lower epiphysis of the humerus. The arm was strongly adducted in the elbow-joint. The diagnosis was that of unrecognized dislocation, and arthrotomy was done after Huetter's method. A curious deformity was found of the lower end of the humerus. The internal condyle of the humerus had disappeared, and a large external condyle was found. Evidently, a supracondylar fracture had occurred, and the lower fragmen had moved inwards and become attached over the inner condyle, which, therefore, apparently had disappeared. The ulna was dislocated backwards, and the coronoid process was strongly attached to the posterior intercondyloid fossa. The lower epiphysis of the humerus was removed, and the wound

sutured without drainage. It healed by first intention. Passive motions were commenced in the second week, and he left the hospital on October 1, 1893, with almost perfect extension and flexion.

CASE XI.—Ethel Cotton, 3 years old, of Buffalo, entered the hospital on November 15, 1893, with a deformed arm, the result of a fall four weeks previously. The arm was almost fully extended, and only very small motions were possible. The carrying function had disappeared, the forearm being strongly adducted in the elbow. Arthrotomy of the joint was done after Huetter's method, and a supracondylar fracture found. The lower anterior margin of the upper fragmen formed a prominent ridge anteriorly, and there was here found an abnormal development of callus, which met the coronoid process of the ulna as soon as flexion was begun. The oblique line of the joints had disappeared, the inner end of the lower fragmen having moved upwards, and the joint-line was oblique in the opposite direction, *i. e.*, upwards and inwards. The prominent ridge and callus were removed with a chisel, but the epiphysis was left intact. The wound was sutured without drainage. Immediately after the removal of the ridge the arm could be flexed normally. Nothing could, in my estimation, be done to restore the lost carrying function, as the whole epiphysis had had its periosteum stripped off during the operation. Otherwise, a wedge-shaped osteotomy, with the base outwards, might perhaps have rectified it.

November 28th, arm dressed, and wound found healed by first intention, passive motions commenced, and the patient discharged to her home.

Progress in Medical Science.

OPHTHALMOLOGY AND OTOLOGY.

Conducted by ALVIN A. HUBBELL, M. D.,
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PATHOLOGY OF HYPOPYON KERATITIS.

MARPLE (*Archives of Ophthalmology*, October, 1893,) reports a case of hypopyon keratitis with enucleation of the ball and subsequent microscopical examination. He attempts to account for the origin and formation of pus in the anterior chamber—a problem that has not been satisfactorily solved. His conclusions are “that the pus in the hypopyon comes, in the majority of cases, from the uveal tract, the iris and the vessels adjacent to Fontana's spaces, while that in the cornea is derived either from the deep ciliary vessels or the anterior border-loop vessels. So much is positive. As to the source of the pus-cells, which appear in the

exudate on Descemet's membrane very early in most cases, we are still uncertain. The pus in the cornea may be derived from the conjunctival sac, and may originate from the cornea itself. At least it has not been proven that it does not."

CROUPOUS IRITIS.

DR. ADOLF ALT, of St. Louis, (*Journal of Ophthalmology*, November, 1893,) describes a form of iritis which he terms "croupous." It is that form which Knapp has designated as "spongy iritis," and is scarcely mentioned in the text-books. The literature of the subject began with Schmidt, who reported two cases in 1871. Since then it has been noted by Gunning, Gruening, Kipp, Knapp, Alt, and S. M. Burnett. This is an inflammatory disease of the iris, ushered in by severe pain in and about the eye, edema of the lids and conjunctiva, and circumcorneal injection. This inflammation leads to a peculiar exudation into the anterior chamber, but which is in no way distinguishable from croupous exudation elsewhere. It forms rapidly, and is first seen as a grayish, grayish-yellow, or grayish-green semi-transparent substance (showing sometimes stripes and dots), which, when the patient is seen, usually fills the anterior chamber to its full extent. After a period varying from a day to a week, and even much more, during which time hemorrhages into the anterior chamber not infrequently take place, the exudation becomes transparent in its periphery, and is liquified and gradually absorbed. This change is visible usually at first in the upper part of the anterior chamber, where a small strip of iris-tissue becomes uncovered, the exudation sinking by gravitation. It then presents a sharp, well-defined, sometimes perfectly round, sometimes jagged edge upward, and has at this stage an appearance much like that of a cataractous lens, dislocated into the anterior chamber. This resemblance is the more striking, as the anterior chamber is usually very deep. Gradually the absorbing and melting process goes on, till later only a small piece is seen lying at the bottom of the anterior chamber, and finally after ten to twenty-five days it entirely disappears. The eye then quickly recovers, only one or more posterior synechia remaining to mark the disease. In uncomplicated cases not even a synechia may remain.

It seems highly probable that we have to deal with a special form of infection which is worthy of further study. In treatment the same measures may be used as in plastic iritis.

ERRORS OF REFRACTION AND THEIR CORRECTION IN EPILEPTICS.

MR. WORK DODD read a paper on this subject before the Ophthalmological Society of the United Kingdom, (*Medical Week*, October 27, 1893,) which was the outcome of a study of 100 cases. The refractions were worked out under mydriatics with every care, under the following conditions: (1) The total refraction under a mydriatic was taken; (2) hypermetropia of 0.75 D was reckoned as emmetropia; (3) astigmatism of 0.25 D was not included.

The following are the results of his researches: Emmetropia, 7; simple hypermetropia, 42; simple myopia, 6; total astigmatism, 42, of which there were simple hypermetropic astigmatism, 3; compound hypermetropic astigmatism, 24; compound myopic astigmatism, 2; mixed astigmatism, 6; marked anisometropic astigmatism, 7; other cases of marked anisometropia, 3. If we compare this table with a classification of percentages of refraction, obtained from fifty cases of apparently normal eyes, which were worked out under mydriatics in the same manner, we find emmetropia, 6; simple hypermetropia, 70; simple myopia, 2; total astigmatism, 16. It will be seen that the most marked difference is in the amounts of the simple hypermetropia and of simple astigmatism, there being twenty-eight cases per cent. less in the epileptic than in the apparently normal class. Of astigmatism of all kinds there are twenty-six cases per cent. more in the epileptic division than in the normal one, chiefly made up by the large amount of compound hypermetropic astigmatism existing in epileptics.

Of the 100 consecutive cases of epilepsy, seventy-five were ordered to wear glasses; of these there were twenty-three who either did not wear them, or failed to report themselves later and could not be found. Of the remaining fifty-two cases there were: (1) Thirteen who had no fits since using the glasses, during periods varying from four months to one year; (2) three patients whose condition had not apparently altered; and (3) thirty-six patients whose condition had improved since wearing glasses; in the majority of these the improvement had been marked. In all the cases the ordinary treatment was continued for some time. Several cases in which patients who had ceased to have fits since wearing the glasses, had suffered from them again through some other form of irritation, but in no case had the fits been as severe as before.

Mr. Dodd thinks that we may deduce from the foregoing facts that, given a certain condition of instability of the nervous system, errors of refraction may excite epilepsy, and their correction, with other treatment, may relieve and even cure it.

THE TREATMENT OF ULCERS AND ABSCESSSES OF THE CORNEA BY
CURETTING AND IRRIGATION.

DEWECKER (*Annales d'Oculistique*, July, 1893,) has practised curetting and antiseptic irrigation of corneal ulcers and abscesses for some time with surprising results, of which the following are the most marked :

1. The suppression, sometimes instantaneous, of pain and photophobia.

2. The clearing up of the surrounding parts, followed by a cure infinitely more rapid than is obtained by the employment of various antiseptics and particularly the actual cautery.

3. Reparation by a more transparent tissue is better obtained by this method than by any other mode of treatment.

He operates by using sharp curettes of small dimensions, and of various forms, of which one differs but little from that of Critchett, except that it is one-third as wide and its edge is sharp. He endeavors as much as possible to remove from the bottom and edges of the ulcer all the adherent whitish parts in such a way that, under the jet of the irrigator (charged with a four per cent. solution of boric acid), the parts of the cornea not attacked by the curette appear feebly opaline, but uniformly transparent.

He does not hesitate to affirm that the curetting (*raclage*), joined with irrigation, should be used by all clinicians until the progress of our therapeutics furnishes something better.

FORMIC ALDEHYDE AS AN OCULAR ANTISEPTIC.

VALUDE, of Paris, (*Annales d'Oculistique*, July, 1893,) has been led to study the antiseptic properties of formic aldehyde, and believes he has found in this a powerful antiseptic, and, being but little irritating, one that is particularly suited to the eye. He recommends it in cases to be operated upon, in post-operative infection, in purulent affections of the eye, and in the sterilization of collyria, as it does not precipitate the alkaloids (atropine, eserine, cocaine,) as does bichloride of mercury. He uses it in the eye in

solutions of 1 to 100 to 1 to 500, and to preserve collyria 1 to 2000.

Finally, as it does not attack metals—steel, silver, or aluminum—it may be used for washing and disinfecting instruments, in solution, for example, of 1 to 500.

REMOVAL OF THE STAPES IN CHRONIC NON-SUPPURATIVE DISEASE
OF THE MIDDLE EAR.

DR. CLARENCE J. BLAKE, of Boston, (*Archives of Otology*, 1893,) has recorded his experience in the removal of the stapes for chronic, non-suppurative catarrh of the middle ear. His conclusions are so important that they are here presented in full:

“In reviewing the cases reported, . . . it is very evident, so far as conclusions can be drawn from a small number of cases, that the operation of the removal of the stapes does not answer the purpose which might be hoped from it in cases of chronic non-suppurative disease of the middle ear. This conclusion is one in which the clinical and operative observations are entirely in accord with the pathology of this class of cases as set forth by numerous observers, and lastly and most clearly by Politzer. For all this class of cases, therefore, I should, as the expression of a personal opinion and as the result of experience, advise an exploratory tympanotomy with local and without general anesthesia, as a preliminary to, or as the first part of, an operation having in view any form of interference with the middle ear, from simple mobilization of the ossicular chain to the removal of the stapes.

“The exploratory tympanotomy, especially where the incision is made, as it should be, close to the periphery of the membrana tympani and of sufficient extent, affords an opportunity for a better determination of the condition of the middle ear in chronic non-suppurative disease than can be obtained in any other way, and after the exploratory incision, if it seems advisable not to operate more extensively, the opening in the membrana tympani can be closed by a simple paper dressing, with the prospect of speedy healing. If, however, the exploratory operation and coincident tests show that it is advisable to perform an operation in the middle ear, whether synectomy, tenotomy, incudectomy, incudostapedectomy, or stapedectomy, the opening suffices for the purpose.

“In the great majority of the cases of stapes fixation, conse-

quent upon chronic non-suppurative disease of the middle ear, the operation . . . was ineffectual, so far as the removal of the stapes was concerned, the fixation of the base-plate at least being such as to result in fracture of the crura instead of the removal of the ossicle entire. In all the cases of non-suppurative disease in which the stapes was extracted entire, the hearing was definitely and practically improved in one only; and of the two other cases in which definite improvement in hearing resulted from the operation, there was one in which the mobilization of the base-plate, incident to the fracture of the crura, gave an improvement for high tones, and for the voice in ordinary conversation only to the extent of about twenty per cent.

“When we take into consideration the secondary changes which may have occurred in the internal ear in the course of a non-suppurative disease of the tympanum, and the injury to the delicate structures in the labyrinth, which might result from the force exerted in the extraction of the stapes, coupled with the inadequate results as set forth in the experience tabulated, it may be justly said that stapedectomy does not afford a promising outlook for this class of cases.”

AURAL REFLEX OF UNUSUAL CHARACTER, DUE TO IMPACTED WAX.

THEOBOLD (*New York Medical Record*, July 29, 1893,) reports the case of a female, aged 42, who had suffered for six months with an annoying cough and with spells of inability to swallow food. These symptoms were increased on manipulation of the right ear. Examination showed a piece of wax which had been forced against the drum-membrane by attempts at removal. It was removed by syringing, and the difficulty in swallowing and other symptoms disappeared.

THE hostess who sends a pitcher of ice water to her guest's room should use as large a lump of ice as will fit the pitcher, and not too much water; then set the pitcher in the center of a large newspaper, gathering the ends up at the top and place a strong rubber band around them, to exclude the air. Treated in this way, the water will remain real ice water all night, and a lump of ice as big as one's fist will not be entirely melted by the next morning. —*Buffalo Commercial*.

Selection.

OBSERVATIONS ON THE NATURE AND TREATMENT OF ANGINA PECTORIS.

J. BURNEY YEO, (*Boston Medical and Surgical Journal*), after discussing the known modes of causation of attacks of angina pectoris, summarizes the indications for treatment as follows:

1. To maintain or improve, when defective, the general nutrition; to avoid all strain, physical and emotional; and so to relieve cardiac feebleness and excessive effort.

2. To relieve dyspeptic conditions and flatulent or fecal distension of the stomach and intestines.

3. To forbid the habitual consumption of agents which may exercise a toxic action on the heart, such as tea, coffee, tobacco, alcohol, etc., or that may introduce or develop toxins in the alimentary canal.

4. To avoid and remove all gouty and other blood contaminations.

5. To give such tonic remedies as may improve the cardiac tone and lessen existing tendency to cardiovascular degeneration.

6. To relieve the paroxysmal attacks by sedatives and stimulants.

1. Under the first indication, Dr. Yeo speaks of the necessity of careful attention to hygienic measures; the life of the patient must be one of complete repose of mind and body—a repose alternated with gentle exercise. Life in the open air and in a mild climate is also beneficial. The diet must be carefully looked after, and sometimes be almost exclusively of milk. If the digestive powers are greatly weakened, it may be necessary to have recourse to pre-digested foods, or to give with the food some artificial digestive agent. The writer mentions a number of dishes that may be easily assimilated, and then goes on to say the physician should see that a sufficient quantity of water is taken, both for eliminative and assimilative purposes, a point often overlooked.

2. The coëxistence of dyspeptic states must be treated in accordance with general principles—an alkaline bitter stomachic, composed of sodium bicarbonate, nux vomica, and columbo, an hour before the two principal meals, will be found valuable. Regular evacuation of the bowels of fecal accumulations is most essential—checking as it does the formation of injurious toxins

in the intestines, eliminating waste substances, and relieving abdominal disturbance. Dr. Yeo here suggests various remedies as aperients.

3. This indication is also an important one, for certain of the slighter forms of angina are no doubt dependent on, and the more serious forms may be provoked by, the habitual use of certain substances which come, in course of time, to exercise a toxic action on the heart. The action of these toxic agents is all the more subtle because they may be taken for many years without apparently producing any injurious effect. This is particularly the case with tobacco, the toxic effects of which on the heart are often delayed until, or even after middle age, when they will perhaps somewhat suddenly make themselves felt. The toxic and degenerating influence of alcohol falls upon different organs in different individuals; but whenever anginal symptoms arise, complete abstinence from alcohol should be insisted on or its very sparing use in very dilute form. Tea and coffee are often provocative of the slighter manifestations of cardiac pain and discomfort, and they are prone to be aggravated by any emotional disturbance. All these toxic agents must be forbidden so long as any tendency to anginal attacks exists.

4. The next indication is to remove and avoid all gouty and other blood contamination. The importance of elimination in the treatment of angina pectoris is universally admitted. When renal elimination is defective from the coëxistence of renal degeneration, the bowels and the skin must be acted on. When the kidneys are sound, the free use of pure water, or some suitable mineral water having some slight stimulating action on the kidneys, may avoid the necessity of free purgation; but, in all cases, a thorough daily evacuation of the bowels should be procured, and free action of the skin should be maintained by warm baths and frictions. In gouty cases, and in all cases of defective elimination, the diet should be sufficient, but careful and spare, avoiding all excess. Animal food should be taken only in great moderation, and fresh vegetables and fruit carefully prepared, and cooked so as to be made easy of digestion, should take its place. All alcoholic stimulant should be avoided, and, if acceptable to the patient, a few weeks of exclusive milk diet may be advantageous.

5. Dr. Yeo considers next the medicinal treatment of these cases, and first, the appropriate treatment in the intervals—that is, of the constitutional condition underlying the paroxysmal attacks. He points out in certain cases the value of the milder

preparations of iron, combined with small doses of digitalis, in other cases of the greater value of arsenic; the usefulness of strychnine as a cardiac tonic, of potassium iodide, when angina pectoris is associated, with obvious signs of cardiac vascular degeneration and of the gouty state, etc.

6. Those who see in the causation of the anginal paroxysm the predominating influence of vaso-motor spasm, consider that the main indication for the relief of the paroxysm is to administer medicinal agents which are known to have the power of relaxing the arterioles; they therefore advocate the use of the nitrites, such as the nitrite of amyl, nitro-glycerine, and sodium nitrite. That these agents do relieve the paroxysm in many cases of angina, is certain; that they do so wholly by their action as vasodilators, is extremely doubtful. In the first place, they are capable of relieving the anginal attack when there is no certain evidence of the existence of vaso-motor spasm. Dr. Douglas Powell says he has found them "far more reliable in the graver cardiac cases than in the purer vaso-motory," but it is in the latter that they should prove most efficacious if the prevailing theory of their action were true. Balfour and Grainger Stewart both believe that they act as direct analgesic agents, and that they have the power of relieving pain in other as well as in cardiac neuralgias, independently of their relaxing action on the bloodvessels; and this view Dr. Yeo adopts as the most consistent with the clinical history of the disease.

The effect of sodium nitrite is said to be more lasting than that of nitrite of amyl or nitro-glycerine. It is given in tablets of $2\frac{1}{2}$ grains; one to four of these may be given for a dose. At the onset of an attack, in addition to the inhalation of the nitrite of amyl, which, owing to the rapidity of its action, is the most suitable remedy to start with, some warm diffusible stimulant may be given, such as thirty minims of sulphuric ether or a drachm of nitrous ether, with a drachm of sal volatile, or a little brandy in an ounce or two of peppermint water. Feet and hands, if cold, may be placed in hot water. Balfour has been disappointed in action of nitro-glycerine, and prefers inhalations of nitrite of amyl; and when these fail—as they often will—he resorts unhesitatingly to chloroform inhalations; sulphuric ether may be used, but it is not rapid enough. Chloroform may be poured on a sponge in a smelling bottle, and the patient is told to breathe it through his nose as deeply as possible. "In this way

relief is obtained in a few seconds, and so soon as the narcotic influence is produced, the smelling bottle drops, and with it rolls away all risk of any overdose." In severe and protracted attacks it may be necessary to have recourse to hypodermic injections of morphine.

THE TREATMENT OF BLEPHARITIS MARGINALIS BY HYDROGEN DIOXID.

By S. C. AYRES, M. D., of Cincinnati, O.

THE treatment of blepharitis marginalis is often unsatisfactory and disappointing. Relapses frequently occur, and remedies seem to lose their effect, and at times even to act unfavorably. It is true that much of our success depends on the faithfulness of the patient, or of his parents, in carrying out the treatment at home. Much also depends on the physical condition of the patient, and this should always receive careful attention. Anomalies of refraction seem to play an important rôle in perpetuating the disease, and these also should be carefully corrected. But aside from these considerations, the treatment is often prolonged, taxing the patience of the physician as well as of the client.

The remedies prescribed for the relief of this disease are numerous, and all have met with more or less success. During the past year I have used, with great satisfaction, hydrogen dioxid in the treatment of this disease. I was led to its use by some experiments in cases with suppurating rings round the cilia. After removing the crusts and applying the dioxid, there was a bubbling and boiling effect for a while, which soon subsided, leaving the ulcerated surface whitened, as if a solution of silver nitrate had been used upon it. The application was almost painless, and the lid was left clean and free from pus or scales.

These experiments were followed by a general adoption of this method in nearly all cases, but especially in those with ulcerations along the lid margin.

In the method advised, a clean remedy is used, which acts promptly and efficiently. By its chemic action it destroys the germs which cling so closely to the edges of the lids. It is not a cure-all or a specific, but I certainly have had the happiest results from its use.—*Medical News*, Dec. 23, 1893.

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FOOTBALL IN COLLEGES.

THE importance of physical exercise for the body is universally admitted; thinking men of all ages have recognized its value also as a factor in expanding and strengthening the intellect. A healthy mind in a healthy body is a proverbial phrase, but it is only within the last few decades that this somewhat worn dictum has been found to have a scientific base.

Late investigations have proved beyond cavil that not only does the mind depend upon the body, but that the most satisfactory condition of the body cannot coexist with what is called a diseased mind. Whether there be or not, that which we call the soul, to sit in judgment on the actions or operations of the mind, it is certain, from investigations made and still making, that the latter not only acts upon the body, but is itself subject to the condition of the brain, governing and being governed by the movements and changes of its cells, and that health or disease depend on their normal or abnormal state.

There is an old story about a quarrel between the pendulum and the hands of a clock, and, if our memory is not at fault, the stomach and heart were once at loggerheads about the relative value of their tasks. Nothing was said, we believe, by the patient and silent nerves, that, after all, had to keep the whole in working order. These have at last found a voice, and their claim is not likely to be ignored in the future.

If mind and body are so inseparably connected, then it follows that proper physical exercise aims at the equal development and strengthening of all parts of the body. Various have been the means by which this object has been sought. There is difficulty in childhood, and but little in the early stages of adolescence. Running,

skating, swimming, rowing, with all the movements of the body and diversions of the mind accompanying them, will, with proper diet, develop all that heredity or disease does not prevent; but there comes a time when the future citizen, on whose virtue and judgment his country depends, must seriously tone down to his mental education. Now, more than ever, he needs physical exercise and diversion to keep his brain and nervous system in good working order.

Thus far we anticipate no difference of opinion; it is in regard to what constitutes proper and rational amusement—for amusement must necessarily accompany exercise to benefit the mind—that we may diverge. Of course, it will be understood that what we have in mind relates to practices in the higher departments of education, where we expect to find sensible men and youths who would scorn to be called boys. Base ball and rowing have always been deemed legitimate modes of exercise and amusement, but of late there has been transported from England an abomination called football; not that it is particularly new even in our own country, though formerly it was not deemed the chief mark of distinction in our colleges. Now, owing to an emulation more honored in the breach than in the observance, some of these have acquired a notoriety scarcely less repugnant to the good sense of the community than that of professional athletes and bruisers.

In the contest thus inaugurated, mere physical strength and brutal weight must necessarily carry the day against higher and more refined organizations. If these contests could be confined to the coarser and less intellectual of the students, perhaps no great harm would accrue, but, through the *esprit de corps* which must necessarily exist in such institutions, more delicate youths, whose physique no more fits them for such rough usage than to match a Sullivan or a Mitchell, are drawn in sometimes to danger of life and limb. Nor is this a figure of speech, for besides the maimed and injured that with nearly every set-to require surgical aid, too often it happens that life itself is lost. Only a few days ago a youth, who might have become a blessing to his country, was overwhelmed by a brutal crowd and killed.

Briefly, there can be no excuse for such rough play among gentlemen, and when it comes to hiring professional athletes, the whole matter takes on a still more reprehensible face. The only apology offered by writers in newspapers for football contests in colleges amounts to this: they are not as bad as they are repre-

sented. A writer in one of our medical journals even comes to their rescue, yet he has a nice little catalogue of broken bones and other injuries to report, intending to minimize the dangers; but as he only refers to Harvard, where we ought to look for the most gentle students, since the Hub is so near, his list of injuries are not to be taken as an average. If it be true, as alleged, that football in colleges is practised only by crews selected for their prowess and special training, all argument for its continuance based on need of physical exercise in keeping up a healthy condition of mind and body falls to the ground.

This leads us to consider another side of the subject: Is there not danger that contests by proxies (*i. e.*, selections of a certain number of athletes,) may lead to neglect of regular and proper gymnastic exercises by those who most stand in need of them? To class football with boating and baseball is misleading; these may, it is true, be carried to dangerous excess, but they are, when properly carried on, exhibitions of skill and scientific training—not a vulgar rough and tumble pel mel. That boys should love such sport is easily understood, but it is difficult to see how it can be popular with men of cultivated manners. It may be that our protest will avail nothing against a practice so popular in our collegiate institutions, that advance in science or learning is no longer the test of their products, but rather the physical endurance or athletic powers of their respective *teams*. Whole sides of our most important newspapers are filled with the details of these performances, and their young lady friends are not ashamed to witness these exhibitions and applaud to the echo. Still, it were criminal to withhold our censure when we know that such games are fraught with physical danger, and believe them to be contrary to the best ethical culture.

TOPICS OF THE MONTH.

A SPECIAL committee appointed by the President of the Medical Society of the County of New York in April last, to consider the propriety of proposing an amendment to the medical laws regulating the practice of obstetrics by midwives in the State of New York, has recently made its report. The proposed bill consists of ten sections, and may be summarized as follows: First, every person practising midwifery shall possess a certificate from the State Board of Medical Examiners. Second, within thirty days after

the passage of the act, every such person shall apply to the State Board of Medical Examiners, under oath, for a certificate authorizing the person named therein to practise midwifery in this State. Third, every person hereafter beginning the practice of midwifery shall be examined by the State Board, and, if successful, shall be entitled to a certificate. Fourth, certificates are to be filed in the county clerk's office. Fifth, licenses may be refused to persons of bad character, or who are guilty of unprofessional or dishonest conduct, and the State Board may revoke licenses for similar causes. Sixth, fees and penalties are prescribed, and the usual details with reference to explanation of the meaning of the act are given. We believe this is a beneficial and humane proposition, and it should be passed by the Legislature without opposition. A statute regulating the practice of midwifery uniformly throughout the State has long been needed.

THE manager of the Daggett Table Company, who was recently arrested at the instance of Mr. Anthony Comstock, special inspector of the Post Office Department, for the alleged transmission of obscene literature through the mails, has been discharged by Commissioner Fairchild, on the *ex parte* statement of Mr. Comstock himself. It appears that the Daggett Table Company has issued an illustrated catalogue, with male and female figures posed in various postures on the several tables that the company manufacture, and have sent these pamphlets to the profession of medicine through the mails, which is the head and front of the offending to Mr. Comstock's over-sensitive ocular apparatus.

The tables in question were invented by Dr. B. H. Daggett, of Buffalo, a physician in regular practice, and in good standing in the several medical societies—city, county and State—of which he is a member. He is, moreover, a surgeon of skill, and has displayed much originality in devising many mechanical appliances used in the surgical art. At first, he manufactured the tables himself, but as the business increased in its proportions a company was organized, and Mr. B. B. Daggett, son of the inventor, was appointed its manager. This young man was arrested, as has already been stated, the business was brought to a standstill, and so held for about two months, but he was finally discharged without being obliged to offer any defense, the prosecution having failed to make a case. Such a mistaken interpretation of the law as Mr. Comstock made, and the gross injustice perpetrated on indi-

vidual rights, ought not to pass without the severe condemnation of every good citizen.

THE Maltine Manufacturing Company, of New York, has issued an attractive calendar for 1894, consisting of six folios, with two months recorded on each folio. Each page has also something to say with reference to maltine, and its various combinations, used in the treatment of disease.

But more than this : each page contains a photogravure of a prominent physician, the following names comprising the list : Dr. Joseph D. Bryant, of New York, Dr. William Pepper, of Philadelphia, Dr. N. S. Davis, of Chicago, Dr. Henry O. Marcy, of Boston, Dr. Hunter McGuire, of Richmond, and Dr. Lewis A. Sayre, of New York. With the exception of Dr. Pepper, it will be observed that these are all conspicuous exemplars of the code of ethics of the American Medical Association. They have been conspicuously prominent of late in waiving the banner of the code over the American medical profession, and have especially denounced advertising by the publication of interviews or personal pictures in the newspaper press. What shall be said of men who preach one doctrine for the mass of the profession of medicine, and practise another for themselves ? For, assuredly, there can be little ethical difference between permitting the publication of photographs in newspapers and in a neat advertising medium like the one in question.

THE recent death of Dr. Edward Warren-Bey calls to mind many circumstances connected with his picturesque career. The journals have chronicled the details of his early life and his noted professional career in America, including his service as surgeon in the Confederate army, and his return to Baltimore after the war, where he resumed his medical practice and became professor of surgery in the Washington University Medical School. It was during this time that Dr. Warren became a conspicuous figure in the famous Wharton-Ketchum murder trial in 1871. It is related that Dr. Warren, in the course of this trial, made a retort to a lawyer that rendered him famous throughout the world. The Attorney-General of Maryland, Mr. Syester, who was conducting the case for the prosecution, having pressed Dr. Warren sharply for answers favorable to his cause, in which he was foiled, the

Attorney-General exasperatingly exclaimed, "Doctor's mistakes are generally buried." "Yes," was Dr. Warren's quick reply, "and lawyer's mistakes are frequently hung."

THE fog-horn epidemic has finally reached Buffalo, and, to the almost endless catalogue of noise nuisances already existing, must be added that of the fog-horn nuisance. For the past three months and more, night and day, the people of Buffalo have been reminded of the fact that this prosperous city is also one of the most important ports on the great lakes. Nerves have been jarred in the day time and sleep has been disturbed at night by the almost never-ceasing tooting of this abomination of modern civilization. While it must be confessed that it is humane and proper to take timely and abundant care to prevent disaster to the life and property of navigators of the lakes, it must be admitted that those who consent by force of circumstances to reside upon land have some rights that ought to be respected. Without entering into a detailed argument at this time as to reasons pro and con on this subject, we shall content ourselves with merely remarking that if we must have fog horns it would be eminently proper to place them sufficiently out to sea to prevent their intolerable tootings from destroying the health and comfort of people who reside on land.

WE WROTE cheerfully last month of the deliverance of the people of Buffalo from the discomforts of travel in the cold street cars, basing our statement upon a published interview with Manager Littell, who, it was alleged, had stated that stoves had arrived and would be placed in all the cars as soon as the work could be conveniently and properly done. But it seems that we were too sweeping in our assertions. The good people residing along the Elmwood avenue route and its contributory streets, according to Mr. Littell's latest edict, are not to enjoy the luxury of warm street cars this Winter. We are thankful, however, for even some relief, and perhaps in due time the entire city will be adequately and comfortably served with cleanly and well warmed street cars.

DR. HERMANN M. BRIGGS, bacteriologist to the Health Department of New York, has recently made a report, in which he shows that more than 6,000 deaths were reported in that city last year as due

to consumption. It will thus readily be understood that this is the most common and fatal disease prevailing in New York. What is true of New York, in this regard, is likewise true of the country in general, excepting, of course, some specially favored localities, wherein the disease is comparatively unknown. It is high time that people were awakened to a knowledge of the fact that consumption is not only a communicable disease, but also that it is absolutely preventable when all known factors of prevention are invoked.

It is a well-known fact that dried sputum, broken up into fine particles, is one of the most highly dangerous methods of communicability. It is terrible to contemplate the carelessness with which consumptives are permitted to travel by rail and water.

Medical Director Albert L. Gihon, U. S. N., in his address as president of the section of Hygiene, Climatology and Demography, in the first Pan-American Congress, used the following words:

The consumptive, whose traits no professional acumen is required to recognize, frequents our crowded thoroughfares, sits beside us in unventilated street cars and at the hotel table, occupies Pullman sleeping berths, and shares the steamship state-room, wholly unrestrained and innocently ignorant that he or she may be sowing the seeds of disease among delicate women and children. Any one may verify this who uses his eyes for the purpose along the railway and coastwise steamer routes to our invalid resorts. Within a twelvemonth, on my way to Mexico by rail, I was a fellow-passenger with two invalids in the advanced stage of phthisis, en route for San Antonio, one of whom occupied the opposite berth, and the other one diagonally across the car, so that I could see and hear them coughing and expectorating, with only such attention as well-intending but unskilled relatives could render. They had no vessels for receiving their sputa, which was discharged in their pocket handkerchiefs, to be scattered over pillows, coverlets and blankets. They left the car in the morning, and I saw those same berths, it is true with change of linen sheets and pillow-cases, but with no change of blankets, mattresses, or pillows, occupied that very night by other travelers, who were thus subjected to contact with a pathogenic microbe far more tenacious of life and power of evil-doing than the dreaded cholera spirillum.

One has only to sit in a crowded street car on a winter day, and watch the clouds of respiratory steam circling from the mouths and nostrils of the unclean and diseased into the mouths and nostrils of the clean and healthy, as the expiratory effort of the one corresponds with the inspiratory act of the other. The road is short, but straight and sure, from vomica and mucous patch to the

receptive nidus in another's body. Who that has ever had forced upon him an aerial feast of cabbage, onions, garlic, alcohol, tobacco, and the gastric effluvia of an old *débauché*, can doubt that aqueous vapor can transport microscopic germs by the same route? Not long ago I traveled by sea from New York to Charleston, and for two nights was cabined with some twenty consumptives going to Florida. The air was chill, and they huddled around the stoves and fearfully and fearlessly closed doors and windows, until the atmosphere became stifling with their emanations and the dried sputa, which they ejected on every side. It was comparatively easy to escape during the day by staying on deck, and I slept with my state-room windows wide open, but the curtains, carpets, pillows, and mattresses had been saturated by I know not how many expectorating predecessors. I have visited fifty small-pox patients a day, have gone through yellow fever wards, and stood by cholera bedsides with far less apprehension than I experienced on that trip, yet it was one taken by many thousands of people, who would have been terrified to know that a case of cholera was within a mile to leeward of their homes.

Here is a picture that is a sad one to contemplate, yet it is a fact that all railway travelers, and even, to a certain extent, those who ride in steamships, are exposed to similar dangers, while innocently regarding themselves in an atmosphere of safety. It is high time that the people became aroused to the necessity of correcting evils that are fraught with such subtle and terrible danger.

GENERAL GEORGE S. FIELD, President of the Board of Public Works of Buffalo, if he is correctly reported, has recently said that three-storied school houses have already been decided on by the commissioners, since it has been found that children do not object to going up stairs and the doctors even recommend it, stating that the exercise brought new sets of muscles into play. General Field is admittedly an excellent engineer and withal a famous traveler, but he evidently falls in the rear of the column of progress when he discusses the school house question from the standpoint of the foregoing interview.

We are at a loss to know how any doctor of standing in his profession could have advised in the manner quoted by General Field. It can only be accounted for on the hypothesis that the doctors consulted know more of politics than of school house sanitation. That the children do not object to going up stairs is no argument in favor of the plan, since they are, for the most part, too young to exercise intelligent judgment on the subject. While

it is true that the exercise of climbing stairs brings into play muscles that are little used on a level, yet it is also quite true that this slight advantage is counterbalanced manyfold by the disadvantages which result from hastily climbing flights of stairs by school children. This is especially true of girls between the ages of ten and sixteen, when their pelvic organs are developing and are otherwise undergoing changes to fit them for useful womanhood. The mere act of going up and down stairs is not deleterious in and of itself, provided the transit be performed slowly and the flights are few and short; but who ever knew of a group of school children to go up and down stairs slowly? No child, however, can go up even two flights consecutively without becoming unbreathed. We will not quarrel with the number of stories that General Field puts upon his school houses, provided he makes plans for keeping the girls on the ground floor. But, since this is impossible in accordance with the present graded school system, we advise General Field to countermand all orders for school houses over two stories high.

A NEW and elegant operating room was opened at the Sisters of Charity Hospital last month, which, for convenience and adaptability, is unsurpassed. It consists of a central amphitheater surrounded by four separate rooms, one for dressing, one for the surgeon, and two for narcotizing patients. The amphitheater has an inlaid cement floor slanting toward the center, where it opens, properly trapped, into the sewer. The side walls are of tile, and the ceiling of heavily enameled plaster; three rows of seats, about 100 in number, surround the operating table in such a manner that the view is unobstructed.

Altogether, it presents a very neat and business-like appearance, and does great credit to the sisters in charge, proving that they are wide-awake and appreciate the enormous demands and possibilities of modern antiseptic surgery. We take pleasure in congratulating them and our city on the possession of such a gem, and predict that the public will not be slow in availing itself of it when in need. The clinics of the medical department of Niagara University will be held there every Wednesday and Saturday from 10 to 12 A. M., and the profession is cordially invited by Dr. Mynter to be present.

THE church-bell nuisance continues to menace the health and life of the community, notwithstanding the numerous requests that

have been made from time to time for its suppression. If there can be anything more exasperating or trying to the nerves than for a sick person to be awakened at four or five o'clock in the morning by the numerous bells in St. Michael's tower, miscalled chimes, we do not know it. It is high time that the health authorities interfered in this matter and suppressed this menacing and almost intolerable nuisance.

THE County Hospital plan, by which it is proposed to convert the Erie County Almshouse into a hospital, with a staff of attending physicians and surgeons, is making progress. The differences heretofore existing among those interested in the scheme seem to have been adjusted, and it now only remains for the Board of Supervisors to do their duty to consummate this humane and greatly needed change. We hope to be able to chronicle next month the details of the plan and to publish the names of the staff that have been agreed upon.

Personal.

DR. ABRAHAM JACOBI, of New York, has been offered the Chair of Pediatrics in the University of Berlin, made vacant by the resignation of Professor Henoch. We are glad Dr. Jacobi has declined the honor, and will remain in New York to grace the Chair of Clinical Pediatrics in the College of Physicians and Surgeons, and to continue an ornament to the American medical profession. This is the first time such a distinction has been offered to an American physician. We take pleasure in printing the following editorial comment from the *New York Tribune*, of December 2, 1893:

It is a high and most unusual compliment which has been paid to Dr. Abraham Jacobi, of this city, in the invitation which lately came to him to assume a chair in the University of Berlin. While appreciating the compliment, New Yorkers cannot but rejoice that Dr. Jacobi promptly declined it. He has become so much attached to New York and to this country, that he feels his home to be here, and nothing apparently would induce him to make so radical a change as was proposed. He has lived here almost forty years, and has been an important factor in the community. We are glad that his eminent position in his profession has received this distinguished recognition, and glad that Dr. Jacobi is to remain one of our fellow-citizens; and we are sure

that this opinion will be shared by all who know him, either personally or by reputation.

DR. HORACE F. CLARK, of Buffalo, at the meeting of the Section on Laryngology and Rhinology of the New York Academy of Medicine, December 27, 1893, reported a case of epithelioma of the larynx, and one of sarcoma (melanotic) of the nose.

DR. J. W. LONG, formerly of Randelman, N. C., has removed to Richmond, Va., and has been elected Professor of the Diseases of Women and Children in the Medical College of Virginia. Dr. Long will devote himself exclusively to the practice of his chosen specialty.

DR. SENECA D. POWELL, Professor of Surgery in the New York Post-Graduate Medical School and Hospital, was elected president of the Medical Society of the County of New York, at the annual meeting, held October 23, 1893.

DR. ERNEST WENDE, Health Commissioner of Buffalo, has been elected a Fellow of the Royal Microscopical Society, London. This honor has been most appropriately conferred, in this instance, on a distinguished American student of microscopy.

DR. ROSWELL PARK, of Buffalo, whose severe illness from diphtheria we chronicled in November, has recovered, and is again at his post of duty. Dr. Park is to be congratulated upon his prompt restoration to comparatively good health after so serious a struggle with such a dangerous and even treacherous malady.

College Notes.

THE election of class officers of the class of '94 in the Medical Department of the University of Buffalo was lately held with the following result: President, Myron A. Fisher; Vice-President, Herriott C. Rooth; Secretary, Mrs. Jane North; Treasurer, La Verne C. Colegrove; Orator, Ernest R. Ruffner; Historian, Milton P. Messinger; Prophet, Eugene Caswell; Poet, Miss Angeline D. Smith; Marshal, John Chalmers; Sentinel, Charles F. Tucker.

After the election the successful candidates entertained the class at supper.

Obituary.

ARTHUR WELLESLEY EDIS, M. D., London, F.R.C.P., died recently in London. From the *British Medical Journal*, of November 16th, we condense the following: Dr. Edis was born in Huntingdonshire in 1840, pursued his preliminary education in the grammar schools of Huntingdon and Aldenham, and a course of instruction in agriculture at the Cirencester College, winning honors in veterinary surgery. Thence he passed on to Westminster Hospital. He took the membership of the Royal College of Surgeons, of England, in 1862, and became a member of the Royal College of Physicians in 1867. For five years he was assistant physician to the Hospital for Women, Soho Square, subsequently taking the post of assistant obstetric physician to the Middlesex Hospital, and afterwards becoming physician and lecturer on diseases of women. At the time of his death he was senior physician to the Chelsea Hospital for women, and held also other public offices. He was past president of the British Gynecological Society, and honorary fellow of many foreign obstetrical and gynecological societies, among which was that of the American Association of Obstetricians and Gynecologists. His death is lamented throughout England, as well as in foreign countries, where he was well known.

Society Meetings.

THE eighty-eighth annual meeting of the Medical Society of the State of New York will be held in the City Hall, at Albany, Tuesday, Wednesday and Thursday, February 6, 7 and 8, 1894, under the presidency of Dr. Herman Bendell, of Albany. An elaborate program is preparing and a large attendance of members and guests is anticipated.

THE Association of Erie Railway Surgeons will hold its next annual meeting on Friday, January 5, 1894, at the Academy of Medicine, 17 West Forty-third street, New York City. An interesting program has been published and an interesting meeting is anticipated. The officers for this meeting are: President, Dr. R.

Sayre Harnden, Waverly, N. Y. ; Vice-President, Dr. C. B. Kibler, Corry, Pa. ; Secretary and Treasurer, Dr. W. W. Appley, Cochection, N. Y. Executive Committee: Dr. C. M. Daniels, Buffalo, N. Y. ; Dr. J. L. Eddy, Olean, N. Y. ; and Dr. C. B. Kibler, Corry, Pa.

THE Medical Society of the County of Chautauqua held its semi-annual meeting at the Sherman House, in Jamestown, Tuesday, December 12, 1893. An interesting program was published and the subject of typhoid fever was discussed. The attendance was large and the discussions spirited and instructive. The President, Dr. Nelson G. Richmond, of Fredonia, is to be congratulated upon the successful inauguration of his administration and in rejuvenating this excellent society, that had of late grown somewhat apathetic with reference to medical affairs. In his good work he was ably seconded by Dr. George E. Blackham, of Dunkirk, who proved a most efficient lieutenant in every sense of the word.

DR. A. JACOBI, chairman of the American National Committee of the Eleventh International Medical Congress, has received the following communication from the Secretary-General :

First. Papers to be read in any of the sections of the Congress should be announced on or before January 31, 1894, to the secretary-general, Prof. E. Maragliano, Ospedale Pammatone, Genova, Italy.

Second. The title of the paper ought to be accompanied with a brief abstract of its contents and conclusions.

Third. The program to be distributed will contain the titles of all the papers announced before August 31, 1893, and since.

Fourth. The reductions granted by the railway companies' months ago will be available from March 1st to April 30, 1894.

In the interest of such medical men as will sail for Europe before official cards will have been received from the general committee, Dr. Jacobi proposes to supply, in as official a form as he thinks he is justified in doing, credentials which are expected to be of some practical value. It is suggested, besides, that a passport may increase the traveler's facilities.

A letter of the secretary-general's, dated November 29th, states that traveling documents will be sent to the address of every subscriber on or before February 15, 1894 ; and that after that date congressists will have to apply to Dr. Jacobi.

It also contains the following regulations of former circulars : Members' dues are five dollars, (money order to Prof. L. Pagliani, Rome,) guests' (wives and adult relations), two dollars ; medical students, no fees. All are entitled to traveling documents.

Reductions on the Italian railways are available from March 1st until April 30th.

Book Reviews.

MINOR SURGERY AND BANDAGING. By HENRY R. WHARTON, M. D., Demonstrator of Surgery in the University of Pennsylvania. In one 12mo volume of 529 pages, with 416 engravings, many being photographic. Cloth, \$3.00. Philadelphia: Lea Brothers & Co. 1893.

It is but little more than two years ago that we published a review notice of Wharton's first edition. At that time, we remarked that the book was one of the very best treatises on minor surgery that had been published, that it ought to be adopted as a text-book on the subjects of which it treats, and that it contained more practical surgery within its limits and boundaries than any book of its kind we had ever seen. What was true of the first edition may be, with propriety, repeated and accentuated in regard to this second and revised edition. Its illustrations are to be specially commended, particularly those that relate to bandaging, most of which have been taken from photographs of applied bandages in the several localities of the body. The author has thoroughly revised that portion of the work relating to the aseptic and antiseptic methods of wound treatment, than which there is no more important subject in the whole domain of surgery. Much new matter has been added, which brings it abreast of the very latest knowledge on the subjects of which it treats. It is printed and bound in exceptionally handsome style, and will easily find its way into the libraries of physicians and to the tables of students.

A MANUAL OF MEDICAL TREATMENT, OR CLINICAL THERAPEUTICS. By I. BURNEY YEO, M. D., F. R. C. P., Professor of Therapeutics in Kings' College, London. In two 12mo volumes, containing 1275 pages, with illustrations. Complete work, cloth, \$5.50. Philadelphia: Lea Brothers & Co. 1893.

This work is unusual, in that it is devoted exclusively to the treatment of disease,—symptomatology, pathology, diagnosis, and

other questions being considered only when necessary to touch upon them with reference to elucidating therapeutic management. Yeo is especially strong with reference to the treatment of cardiac affections, and he accentuates cardiac neuroses in a clear and interesting manner. At the end of each subject are placed formulæ, additional to those in the text, that may prove useful in the treatment of the disease under consideration. The work is especially well indexed, and the size of the volumes makes them convenient for reference. It is impossible, without making such a work too voluminous, to cover the entire field of medicine in every detail, but Yeo has succeeded in making a treatise that will easily fall into the hands of progressive physicians as a manual of treatment.

DUANE'S STUDENTS' DICTIONARY OF MEDICINE. The Students' Dictionary of Medicine and the Allied Sciences. Comprising the pronunciation, derivation and full explanation of medical terms, together with much collateral descriptive matter, numerous tables, etc. By ALEXANDER DUANE, M. D., Assistant Surgeon to the New York Ophthalmic and Aural Institute; Reviser of Medical Terms for Webster's International Dictionary. In one square octavo volume of 658 pages. Cloth, \$4.25; half leather, \$4.50; full sheep, \$5.00. Philadelphia: Lea Brothers & Co. 1893.

Good medical dictionaries are becoming plentiful, but not so with reference to those that are especially adapted to the use of students. The latter must be equipped with a dictionary that contains information concerning every word that he will be likely to meet with in his daily studies, and, at the same time, be sufficiently compact as to be easily handled. Such dictionaries, of course, must have in view practical utility rather than complete philological accuracy or historical tradition. Duane claims to have constructed his work on this plan, and we are inclined to the opinion that he has succeeded most satisfactorily. The work consists, as he states in his introduction, of a series of major titles or primes, each beginning a separate paragraph and printed in heavy type. The arrangement of the main headings is strictly alphabetical, while the system of spelling adopted is intended to indicate the best usage, regardless of analogy. His use of the hyphen is to be commended. He omits it in compound expressions, except when employed to separate two vowels which might otherwise be regarded as forming a diphthong, and also when used to connect two words of coördinate importance. We differ from the author in his spelling in some instances, because we think that every effort

should be made by constructors of dictionaries to reduce the spelling of medical terms to the utmost simplicity consistent with an adherence to roots, prefixes, and affixes. In pronunciation we have much praise to bestow upon this author, for he is more accurate in this line than most of his contemporaries. We regard it essential to teach students a uniform, correct, and finished pronunciation, for it is fast becoming one of the ways in which medical scholarship is to be recognized. An accurate pronunciation and use of good English is everywhere considered a requisite in good society. So, too, will, sooner or later, good medical pronunciation be considered a requisite for membership in polite medical circles. We presume that this book will find its way into the libraries of good medical scholars without much urging.

WEEKLY ABSTRACT OF SANITARY REPORTS. Issued by the Supervising Surgeon-General, M. H. S., under the National Quarantine Act of April 29, 1878. Volume VII., Nos. 1 to 53. Washington: Government Printing Office. 1893.

This is a bound volume of the weekly reports issued by the Supervising Surgeon-General of the Marine Hospital Service. Each weekly report contains a summary of weekly inspections of immigrants at various points; reports of States and yearly and monthly reports of cities; a mortality table of the cities of the United States; table of temperature and rainfall, and, in addition, a summary of foreign reports received through the Department of State and other channels, and a mortality report of foreign cities. It is a most valuable volume for reference, and every sanitarian, health officer, and scientist should obtain the book.

ANATOMY, DESCRIPTIVE AND SURGICAL. By HENRY GRAY, F. R. S., Lecturer on Anatomy at St. George's Hospital. London. New American from the thirteenth enlarged and improved English edition. Edited by T. PICKERING PICK, F. R. C. S., Examiner in Anatomy, Royal College of Surgeons, of England. In one imperial octavo volume of 1100 pages, with 635 large engravings. Price, with illustrations in colors, cloth, \$7.00; leather, \$8.00. Price, with illustrations in black, cloth, \$6.00; leather, \$7.00. Philadelphia: Lea Brothers & Co. 1893.

This is an old friend in a new dress. Every student of medicine since 1858 has been familiar with Gray's Anatomy. The author originally constructed his work with reference to its importance to the surgeon, and so introduced under each subdivision observations on practical points of surgery with reference to

the part under examination. The editor has followed, in this edition, the original lines marked out by Gray, thus keeping prominent the fact that the work is intended for students of surgery rather than for the scientific anatomist. The whole work has undergone careful revision, so as to bring it abreast of modern teachings in anatomy. We always had a kindly regard for the illustrations in Gray, where each organ, tissue, artery, and nerve bear their respective names, and in this edition color has been worked to advantage in bringing out the relationship of vessel and nerve. Of late years, many works on anatomy have been introduced to the profession, but, as a reference book for the practical everyday physician, and as a text-book for the student, we think it will be difficult to supplant Gray.

A HANDBOOK OF OPHTHALMIC SCIENCE AND PRACTICE. By HENRY E. JULER, F. R. C. S., Ophthalmic Surgeon to St. Mary's Hospital ; Surgeon to the Royal Westminster Ophthalmic Hospital ; Consulting Ophthalmic Surgeon to the London Lack Hospitals. With illustrations. Second edition. Philadelphia : Lea Brothers & Co. 1893.

The second edition of this handbook is a decided improvement upon the first edition. Numerous additions have been made, excellent illustrations serve to make plain the subject matter, and the work generally has been greatly improved and brought down to date. Modern accepted methods of treating the various diseases of the eye are described. The chapter on the refraction of the eye is excellent, and contains a very clear explanation of the principles involved in retinoscopy. The author has not neglected to give some space to the consideration of muscular insufficiencies, although the subject is merely introduced, and no discussion of it is attempted. This is to be regretted, inasmuch as this subject is one which is daily assuming more and more importance. On the whole, the book is a valuable contribution to ophthalmic literature, and will be referred to with confidence. S.

THE PHYSICIANS' VISITING LIST (Lindsay & Blakiston) FOR 1894. Forty-third year of its publication. Sold by all booksellers and druggists. Philadelphia : P. Blakiston, Son & Co., 1012 Walnut street.

This is an old friend, and a most welcome one. It contains almost everything that can possibly be required by the busy physician in his pocket visiting list, among which may be mentioned a table of signs; the metric system ; table for converting apothecaries'

weights and measures into grams ; a posological table ; a dose table ; a list of new remedies ; incompatibilities, poisons, and antidotes, disinfectants ; notes on the examination of urine ; information of Bright's diseases ; diagnosis and treatment of the simpler superficial diseases of the eye ; asphyxia and apnea ; comparison of thermometers, and a table for computing the period of utero gestation. Then follow the usual blank pages of the visiting list proper, arranged for twenty-five patients per week ; next, memoranda for the twelve months of the year ; then, addresses of patients and others, afterward nurses' addresses ; then, blank pages for bills and accounts ; obstetric engagements ; vaccination engagements ; record of obstetric cases ; records of deaths, and, finally, cash account.

It is bound in black morocco, and furnished with a Dixon pencil and eraser. We regard it as one of the most complete visiting lists in the market.

THE THROAT AND NOSE, AND THEIR DISEASES. By LENNOX BROWNE, F. R. C. S. E., Senior Physician to the Central London Throat and Ear Hospital. Fourth and enlarged edition. In one imperial octavo volume of about 750 pages, with 120 illustrations in color, and 235 engravings on wood. Cloth, \$6.50. Philadelphia: Lea Brothers & Co. 1893.

The author of this work is one of the masters of the laryngological art, and when he writes or speaks, it is because he has something of interest to bring to the attention of his professional colleagues. There has been two years' delay between the third and fourth editions of Browne's treatise, thus leaving it practically out of print for that length of time. The author takes advantage of this fact to plead that delays of this kind are not altogether without advantage to his readers. We are well aware that the science of laryngology is making such rapid strides that even in two years much of it has to be rewritten. Opinions that we then accepted as abounding in truth are now discarded altogether as valueless, or are sent forth in modified forms. The usual space in this work is devoted to the consideration of the anatomy and physiology of the throat and nose, after which the examination of the throat and larynx, with special reference to the use of the laryngoscope, is described. This is a most interesting chapter, as well as the next on the inspection of the mouth, fauces, and oro-pharynx, and chapter fourth on the laryngoscopic image. These, together with chapter five, on rhinoscopy and the

rhinoscopic image, should be carefully studied by general practitioners of medicine with a view to gleaning intelligent information therefrom on the subject of diagnosis. The group of chapters beginning with six and ending with seventeen are devoted to a minute and detailed consideration of diseases of the throat, nose, mouth, pharynx, and larynx, and are, throughout, stamped with the author's personality. In support of his views he reports many clinical cases, that are printed in smaller type, but that forcibly illustrate the author's opinions on technical points. If there be those that differ from him on some of the propositions set forth in this book, they will yet find in it strong proof of the author's convictions on most points, and will find here a basis for an intelligent disagreement. Browne devotes a number of pages to the publication of formulæ that have proven valuable in nose and throat diseases, and finally are grouped, next before the index, fifteen colored plates containing 122 figures drawn by himself from Nature, and on stone.

A MANUAL OF DISEASES OF THE EAR. By GEORGE P. FIELD, M.R.C.S., Aural Surgeon and Lecturer on Aural Surgery, St. Mary's Hospital Medical School, London. In one octavo volume of 391 pages, with seventy-three engravings and twenty-one colored plates. Cloth, \$3.75. Philadelphia : Lea Brothers & Co. 1893.

The popularity of this work is amply testified to in the fact that a fourth edition is now sought for by those who are interested in aural medicine. While this book is one of great value to the specialist, from which he may glean many profitable hints and established facts of value, it also has claims upon the observation of that portion of the profession who may not be strictly classed as specialists. The general practitioner must know something of the commoner ailments to which the ear is liable, particularly that he may make intelligent diagnosis. In reading Fields' chapters on the anatomy of the ear and the physiology of hearing, the general practitioner will refresh himself upon many forgotten points, and will even find new ones or those that he had heretofore overlooked. The text is especially clear and concise, and the illustrations accentuated beyond misunderstanding. So too with the chapter on examination of the patient, which, though brief, is one of the clearest and best we ever read on this subject. We shall not attempt an analysis of all the diseases of the ear that are here treated of or considered, but shall content ourselves with the general statement that it is one of the best of the smaller treatises and is a safe guide on the subject of which it discourses.

SURGERY. By BERN B. GALLAUDET, M. D., Demonstrator of Anatomy and Clinical Lecturer on Surgery, College of Physicians and Surgeons, New York; Visiting Surgeon, Bellevue Hospital, New York; and Charles N. Dixon-Jones, M. D., Assistant Surgeon, Out-patient Department, Presbyterian Hospital, New York. Being the final volume of the Students' Quiz Series, edited by Bern B. Gallaudet, M. D. Duodecimo, 291 pages, 149 illustrations. Cloth, \$1.75. Philadelphia: Lea Brothers & Co. 1893.

This volume completes the group of books known as the Students' Quiz Series, making altogether thirteen volumes. They are of uniform size, and are most handsomely printed and bound. This last volume, on Surgery, is more than a compend or question book, for it explains many points which are difficult of elucidation and still more difficult to understand. The author, who has had considerable experience in teaching surgery to students and graduates of medicine, has made an especial effort to bring out the difficult points of inflammation, septic infection, together with tubercular disease of bones, tumors, and cysts, brain and abdominal surgery. It is a little volume well worth its price.

THE ERA KEY TO THE UNITED STATES PHARMACOPEIA. A Complete List of the Drugs and Preparations of the United States Pharmacopeia, revision of 1890-93, giving official titles, common names and synonyms of the drugs, chemicals and preparations in the Pharmacopeia, with doses in apothecaries' weight and measures, with equivalents in metric terms. Compiled for the *Pharmaceutical Era*. Detroit, Mich.: D. O. Haynes & Co. 1893.

The publishers state that the object of this Key is to assist physicians and pharmacists to familiarize themselves with the contents of the new United States Pharmacopeia, also to further the introduction and employment of official drugs and preparations. We presume, from examining the little book, that it will be a useful one, and fill the purpose for which it is intended. It can be obtained of the publishers upon application, at the small price of twenty-five cents.

TRANSACTIONS OF THE FOURTEENTH ANNUAL MEETING OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION, held in the city of Boston, June 20, 21, and 22, 1892. Octavo, pp. vi.—121. New York: D. Appleton & Co. 1893.

The annual volume of this Association is replete with excellent papers and good discussions. The present book is no exception to the rule. Dr. Beverly Robinson's paper reporting some cases of membranous sore throat elicited a spirited discussion. Two papers, one by Dr. W. H. Daly, and another by Dr. John O. Roe,

relating to the technique of repairing broken noses, exhibits the marked improvements pertaining to that most unsightly deformity.

PHYSIOLOGY. By FREDERICK A. MANNING, M. D., Attending Surgeon, Manhattan Hospital, New York. Series edited by BERN B. GALLAUDET, M. D., Demonstrator of Anatomy, College of Physicians and Surgeons, New York. Visiting Surgeon, Bellevue Hospital, New York. Students' Quiz Series, No. 2. Pocket size, 12mo, 201 pages, sixty-nine illustrations, \$1.00. Philadelphia: Lea Brothers & Co.

PRACTICE OF MEDICINE. By EDWIN T. DOUBLEDAY, M. D., Member of New York Pathological Society, and J. D. NAGEL, M. D., Member of New York County Medical Association. \$1.00. Students' Quiz Series, No. 6. Philadelphia: Lea Brothers & Co.

These two books are a continuation of the group known as the Students' Quiz Series, and are uniform in style and price with the others that have been published. It seems to us that this group of books has been improperly named, for they contain something more than mere questions and answers. They go into considerable detail of explanation when it is essential to do so. In the present methods of teaching, some such system seems necessary, and this group, consisting of twelve or thirteen numbers, now published, admirably fills the place it is intended to occupy.

A TREATISE ON OPHTHALMOLOGY, for the General Practitioner. Second edition. Revised and enlarged, with 140 illustrations. By ADOLF ALT, M. D. St. Louis: J. H. Chambers & Co. 1893.

This work is not intended for the specialist, but for the general practitioner, to be a useful guide and help in caring for certain diseases of the eye. All the important affections of the eye are considered in a clear, concise manner, and numerous practical illustrations given. An important chapter for the general practitioner is that on the diagnostic value of eye diseases in intra-cranial affections. The work is a very acceptable addition to the literature of this class.

S.

INTRODUCTION TO THE STUDY OF THE DISEASES OF THE SKIN. By P. H. PYE-SMITH, M. D., F. R. S., F. R. C. P., Physician to the Department of Cutaneous Diseases in Guy's Hospital, London. In one handsome 12mo volume of 407 pages, with twenty-eight illustrations, eighteen of which are colored. Cloth, \$2.00. Philadelphia: Lea Brothers & Co.

The chief aim of this treatise, as stated in the preface, is to bring the physician in closer contact with a more correct understanding of the local distribution of the diseases of the skin, by

the introduction of wood-cuts, an improvement over the many other manuals which have recently appeared. In its preparation, the needs of the general practitioner have been kept primarily in view, the description being concise, yet containing a fund of useful knowledge not too theoretical or speculative. The simplest methods of treatment are indicated. The little volume is written in a style that will enable the student to understand well its various topics. The text is illustrated with twenty-six wood-cuts,
G. W. W.

BOOKS RECEIVED.

Foreign Bodies in the Larynx and Trachea and in the Pharynx and Esophagus. By John O. Roe, M. D., Rochester, N. Y., Fellow of the American Laryngological Association; Corresponding Member of the Société Française d'Otologie, de Laryngologie et de Rhinologie; Member of the British Medical Association, of the American Climatological Association, of the American Medical Association, of the Medical Society of the State of New York, of the Central New York Medical Association, of the Monroe County Medical Society, etc. Large octavo, pp. 73. Reprinted from Volume II. of *The System of Diseases of the Ear, Nose, and Throat*. Edited by Charles H. Burnett, M. D. Published by J. B. Lippincott Company, Philadelphia. 1893.

Annual Report of the State Board of Charities for the year 1892. Transmitted to the Legislature January 26, 1893. Octavo, pp. 591. Albany: James B. Lyons, State Printer. 1893.

New Truths in Ophthalmology as developed by G. C. Savage, M. D., Professor of Ophthalmology in the Medical Departments of the University of Nashville and Vanderbilt University. Thirty-two illustrations, 12mo, pp. 160. Published by the author. Printed at the Publishing House of the M. E. Church, South Nashville, Tenn. 1893.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland. Ninety-fourth annual session, held at Baltimore, Maryland, April, 1892; also semi-annual session, held at Rockville, Md., November, 1891. Octavo, pp. 124. Baltimore: Griffin, Curley & Co., Printers, 202 E. Baltimore street. 1892.

Statistics of Public Libraries in the United States and Canada. By Weston Flint, Statistician of the Bureau of Education, Bureau of Education Circular of Information, No. 7, 1893. Octavo, pp. 226. Washington: Government Printing Office. 1893.

Report of the Surgeon-General of the Army to the Secretary of War for the fiscal year ending June 30, 1893. Octavo, pp. 231. Washington: Government Printing Office. 1893.

New York County Medical Association, State of New York. Register of Members, Manual of Information. Duodecimo, pp. 116. New York: Published by the Association, 1893.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland. Ninety-fifth annual session, held at Baltimore, Md., April, 1893; also semi-annual session, held at Easton, Md., November, 1892, Paper, octavo, pp. 111. Baltimore: Griffin, Curley & Co., Printers, 202 E. Baltimore street. 1893.

Syllabus of Lectures on the Practice of Surgery, arranged in conformity with the American Text-book of Surgery. By N. Senn, M. D., Ph. D., LL. D., Chicago; Professor of the Practice of Surgery and Clinical Surgery in Rush Medical College; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital, etc., etc. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

Academy of Medicine Notes.

SECTION MEETINGS FOR JANUARY.

TUESDAY evening, January 2, 1894, Section on Surgery. The programme for this meeting is as follows: Symptomatology and Causes of Urethral Stricture, Dr. William H. Bergtold; Treatment of Urethral Stricture, Dr. William C. Phelps.

Tuesday evening, January 9th, Section on Medicine.

Thursday evening, January 16th, Section on Anatomy, Physiology and Pathology.

Tuesday evening, January 23d, Section on Obstetrics and Gynecology.

Miscellany.

SURGICAL SUGGESTIONS.

(*Medical Record, December, 1893.*)

SUPERFICIAL EXCORIATION produced by braces or adhesive plaster are readily healed by the free application of the sub-iodide of bismuth. It is a fine red powder, with unusual absorbent and antiseptic powers.

ACUTE hydrocele in children, if tapped with a small trocar and cannula, can almost invariably be cured if the sac is irritated, after the evacuation, with the blunt end of the cannula.

POTASSIUM permanganate solution (1 to 1000) is an excellent local antiseptic for the urinary tract. One of the advantages it has over other agents is, that so long as pus or other excrementitious matter is present, the fluid will be changed in color from the de-oxidation. For acute gonorrhoea it is particularly applicable, and in the preparation of cases for operation.

MULTIPLE OPERATION AT ONE SITTING.—For the past two years, I have frequently done several operations at one sitting. I have

repeatedly repaired the cervix and perineum and curetted the cavity of the uterus before opening the abdomen for the removal of pus tubes, and afterward stitched the fundus of the uterus to the anterior abdominal wall with silkworm-gut, and have, thus far, seen no cause to regret doing so.—*Cushing*.

BE PREPARED to go ahead the moment patient is unconscious; don't waste either the anesthetic or the patient's forces while you are threading needles.

FIND the source of hemorrhage in gunshot wounds of the abdomen before you begin sewing up the wounds in the intestines.—*Dalton*.

GALL-STONES call for operation when they cause frequent, repeated or long-continued trouble. Operation is required for empyema of gall bladder, and for hydrops too, if it causes much annoyance. If cystic duct is closed, gall bladder inflamed, or its contents much altered, a temporary biliary fistula should be made.—*Czerny*.

GASTROSTOMY.—In the treatment of impermeable cicatricial stenosis of the esophagus, gastrostomy not only furnishes a new inlet for the introduction of food into the stomach, and thus prevents death from starvation, but it often proves a curative measure in such cases, as the gastric fistula can be utilized for another purpose—successful retrograde dilatation of the stricture.—*Senn*.

DR. BENJAMIN H. GROVE desires to announce the change of his residence—but not of office—to 101 Jewett avenue. His new offices are virtually located as before—now, however, in the main portion of the building—at No. 334 Pearl street, near Huron street, opposite the Morgan building. Hours, 9 A. M. to 1 P. M.; Sundays, 1 to 2 P. M.; also, Wednesday and Friday evenings, 6.30 to 7.30.

THE American Medical Publishers' Association held its first annual meeting in the Grand Hotel, Cincinnati, on Monday, December 4, 1893, and steps were taken in the direction of active routine work. The by-laws and rules were revised and amended, while the name was modified in accordance with a demand from medical publishers of a general nature who desired to become members of the Association. The active coöperation of every medical publisher is earnestly solicited. Next meeting in Washington, D. C.,

September, 1894. Officers: President, Dr. Landon B. Edwards, Richmond, Va.; Vice-President, Dr. J. C. Culbertson, Cincinnati, Ohio; Treasurer, J. MacDonald, Jr., New York City. For application blanks and copies of the articles of association, address Charles Wood Fassett, Secretary, corner Sixth and Charles streets, St. Joseph, Mo.

THE firm of Hummel & Parmele (Medical Journal Advertising) was formed by Dr. A. L. Hummel and Charles Roome Parmele, under articles of partnership, which expire by limitation December 31, 1893.

In March, 1892, Mr. Parmele became secretary and treasurer of The Papoid Co., and sold to Dr. Hummel his interest, good will, etc., in the firm of Hummel & Parmele. Since March, 1892, Mr. Parmele has devoted his entire time and attention to The Papoid Co., and Dr. Hummel has conducted the business of Hummel & Parmele.

After the expiration of the articles of partnership on December 31, 1893, the Medical Journal Advertising business of Hummel & Parmele will be carried on by Dr. Hummel, as heretofore, under the firm name A. L. Hummel, M. D., Medical Journal Advertising, at 257 South Fourth street, Philadelphia, Pa.

BITS OF INFORMATION.—An excellent hair tonic is made by scalding two ounces of black tea in a gallon of boiling water; strain, and add three ounces of glycerine, tincture of cantharides, one-half ounce, and bay rum, one quart. Mix well by shaking, and then perfume.

When massaging the face, rub lines under the eyes, from the nose to the temples. This is the rule. In washing the eyes, wipe them from the temples to the nose. This is said to prolong sight.

If you wish to have a sweet breath, use a tooth powder which contains camphor.

Sponge bathing with alcohol is excellent for delicate women.

A simple remedy for a rough skin is to first wash the face thoroughly at night, then rub it with about a teaspoonful of cream, and let it dry in. The skin will look shiny and feel stiff at first; but in the morning you will be surprised to find how soft the skin will be.—*Reflector*.

SOME REASONS FOR DAILY EXERCISE.—1. Any man who does not take time for exercise will probably have to make time to be ill.

2. Body and mind are both gifts; and for the proper use of them our Maker will hold us responsible.

3. Exercise gradually increases the physical powers, and gives more strength to resist sickness.

4. Exercise will do for your body what intellectual training will do for your mind—educate and strengthen it.

5. Plato called a man lame, because he exercised the mind while the body was allowed to suffer.

6. A sound body lies at the foundation of all that goes to make life a success. Exercise will help to give it.

7. Exercise will help a young man to lead a chaste life.

8. Varied, light, and brisk exercises, next to sleep, will rest the tired brain better than anything else.

9. Metal will rust if not used, and the body will become diseased if not exercised.

10. A man "too busy" to take care of his health is like a workman too busy to sharpen his tools.—*Reflector*.

Literary Notes.

THE Columbian Calendar, for 1894, for the use of physicians and business men, is already at hand. It is a pad calendar to stand upon the desk, and is of convenient shape and size, with a separate leaf for each day, which contains something interesting for every bicyclist. This calendar for 1894 is especially attractive.

JOURNALISTIC CHANGES.—The *Pacific Medical Record* has changed its name to *The Medical Sentinel*. It will be continued to be published at Portland, Oregon, under the same editorial and business management as heretofore.

The Fort Wayne *Medical Magazine* made its first appearance in December as a continuation of McCaskey's *Clinical Studies*. It has enlarged its editorial staff, increased its size, and presents a very handsome appearance.

MELVIL DEWEY, Secretary of the Board of Regents, has prepared a capital little handbook, giving in brief compass a clear outline of the work of the time-honored University of the State of New York. The

object, government, powers and duties and meetings of the Board of Regents are succinctly described; the operation of the administrative departments—executive office, examinations, extension, State Library and State Museum—is explained; and a considerable mass of interesting information is condensed into a few pages. It is an illustrated pamphlet, small enough to be slipped into an ordinary letter envelope, and can be had free on application at the State Library, or office of the Board of Regents.—*New York Tribune*.

MR. W. B. SAUNDERS, medical publisher, of Philadelphia, sends out to the profession the following circular:

DEAR DOCTOR: I take pleasure in sending you herewith press opinions of Dr. Pepper's first volume of Theory and Practice of Medicine. We now have the entire manuscript of the second volume in our printer's hands, and we can assure the profession at large that the work will be placed in their hands within the next six weeks. There is one feature about this book to which I would call your special attention. In the first volume nearly 200 pages are from the pen of Dr. William Pepper, and in the second volume he writes over 300 pages, thus making over one-fourth of the entire work from the editor.

I now have in press ready for early publication, American Text-Book of Gynecology, an announcement of which I enclose you. You will see that this work makes a special feature in its illustrations. I will also have ready within the next two months American Text-Book of Diseases of Children, which will be edited by Dr. Louis Starr. This work, as well as the Gynecology, will contain a large number of beautiful illustrations, a great number of which are originals. In point of perfection, it will be far in advance of any single volume work on children yet issued, and will contain many colored and full-page illustrations, as is usually put in works of four and five volumes; yet, the price will be uniform with my American Text-Book of Surgery.

We will send you by mail in a few days a copy of Senn's Syllabus of the American Text-Book of Surgery, which we think will be a valuable aid to all who now possess the American Surgery. This latter book, as I have written you before, has had a phenomenal sale, over 10,000 copies having been sold last year. By the present indications, I am sure my American Text-Book of Gynecology, and also the one on Diseases of Children, will meet with as flattering a reception as the Surgery.

MUSICAL CONTEST.—We have received from the publishers the two great rival marches, “Protective Tariff Grand March” and “Free Trade Grand March.” The former is by the well-known author, Will L. Thompson, of East Liverpool, Ohio. The latter is by Wm. Lamartine, an author of equal talent, and both pieces are beautiful, bright and showy marches of medium difficulty for the piano or organ. Price, forty cents each. They are for sale at all music stores, or may be procured from Mr. Thompson at one-half price. One firm alone has ordered 15,000 copies.

THE second edition of the December World’s Fair *Cosmopolitan* brings the total up to the extraordinary figure of 400,000 copies, an unprecedented result in the history of magazines. Four hundred thousand copies—200 tons—94,000,000 pages—enough to fill 200 wagons with 2,000 pounds each; in a single line, in close order, this would be a file of wagons more than a mile and a half long. This means not less than 2,000,000 readers, scattered throughout every town and village in the United States. The course of *The Cosmopolitan* for the past twelve months may be compared to that of a rolling snowball; more subscribers mean more money spent in buying the best articles and best illustrations in the world; better illustrations and better articles mean more subscribers, and so the two things are acting and reacting upon each other, until it seems probable that the day is not far distant when the magazine publisher will be able to give so excellent an article that it will claim the attention of every intelligent reader in the country.

E. B. TREAT, publisher, New York, has in press for early publication the 1894 *International Medical Annual*, being the twelfth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty-one distinguished specialists, selected from the most eminent physicians and surgeons of America, England, and the Continent. It will contain complete reports of the progress of medical science in all parts of the world, together with a large number of original articles and reviews on subjects with which the authors’ names are especially associated. In short, the design of the book is, while not neglecting the specialist, to bring the general practitioner into direct communication with

those who are advancing the science of medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be consistently used wherever helpful in elucidating the text. Altogether, it makes a most useful, if not absolutely indispensable, investment for the medical practitioner. While the book will be so much improved over previous issues, the price will remain the same as heretofore, \$2.75.

Mr. Treat also has in press the following books, which will be issued early in 1894 :

A Manual of Clinical Diagnosis, by Albert Abrams, M. D., assistant professor of clinical medicine and demonstrator of pathology, Cooper Medical College, San Francisco, new and enlarged edition, \$2.75.

Diseases of the Hair and Scalp, by Gen. T. Jackson, M. D., chief of dermatological clinic, college of Physicians and Surgeons, New York; illustrated, second edition, enlarged. \$2.75.

How to Use the Forceps: a manual of the obstetric art and mechanism of labor, by Prof. H. G. Landis, M. D., Columbus, O.; enlarged edition, by C. M. Bushong, M. D., New York, \$1.75.

Also just issued: Practical Hygiene, based on modern theories and scientific progress, by C. G. Currier, M. D., New York, specialist and expert in sanitary science, \$2.75.

Mathews' Medical Quarterly, to be devoted to diseases of the rectum, and gastro-intestinal diseases, rectal and gastro-intestinal surgery, is announced to be issued early in January, 1894. The editor, Dr. Joseph M. Mathews, is the well-known author on the subjects to which this magazine will be devoted. It will be published in Louisville, Ky., and Dr. Henry E. Luley is the assistant editor and manager.

THE SAMUEL D. GROSS PRIZE.—The Quinquennial prize of \$1000, under the will of the late Samuel D. Gross, M.D., will be awarded January 1, 1895. The conditions annexed by the testator are that the prize "shall be awarded every five years to the writer of the best original essay, not exceeding 150 printed pages, octavo, in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the successful competitor who receives the prize shall publish his essay in book form, and that

he shall deposit one copy of the work in the Samuel D. Gross library of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author, in the English language, should be sent to Dr. J. Ewing Mears, 1429 Walnut St., Philadelphia, before January 1, 1895.

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 the essays submitted are not considered worthy of the prize.

A NOVEL LITERARY ENTERPRISE.—The American Coöperative Library, recently organized in New York, undertakes to give to book readers, anywhere in the United States, better facilities than heretofore given them by the largest libraries in the leading cities, and at an almost trifling cost. You order any book you want, suitable for general circulation, and it is supplied immediately; you can order either direct or through your local bookseller, country postmaster, or others acting as local agents. One cent a day for a dollar book, proportionately for other values, is the general basis of loans, three cents being the least charge made. Thus, "Ben Hur" costs four cents for three days, "The Prince of India" five cents for four days for each volume, "Lorna Doone" three cents for six days, "Uncle Tom's Cabin" three cents for eight days, and so on. You deposit the price of the book when you order it, keep it as long as you please, and on its return get any other book you want to borrow or want to buy. There are some special advantages to book clubs. Thus, at a cost of from \$2.00 to \$5.00 a year one can have access to the whole world of current and standard literature. Does not this bring the Literary Millennium pretty near every home? Circulars are sent free on request, or a 160-page catalogue for two cents. Address John B. Alden, Manager, 57 Rose street, New York.

NOTICE TO CONTRIBUTORS.—We are glad to receive contributions from every one who knows anything of interest to the profession. Articles designed for publication in the JOURNAL should be handed in before the first day of the month. The Editors are not responsible for the views or opinions of contributors. All communications should be addressed to the Managing Editor, 284 FRANKLIN ST., BUFFALO, N. Y.

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Original Communications.

OBSERVATIONS ON THE RESULTS OF REMOVAL OF DISEASED UTERINE APPENDAGES.¹

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University of Buffalo.

THE appended table includes all the abdominal sections performed by me up to November 1, 1893.

Examination of this list shows that twenty of these operations were performed for inflammatory conditions of the uterine appendages, and it is from the clinical study of the results in these cases that I wish to draw a few conclusions and submit them to your consideration. If we adopt Pozzi's classification, we may divide these cases into non-cystic oöphoro-salpingitis (9) and cystic oöphoro-salpingitis (11). The latter division includes hydro-, hemato- and pyosalpinx, abscess of the ovary, etc. The first division comprises only the cases of chronic parenchymatous salpingitis and hypertrophic or sclerous oöphoritis.

1. Looking at this list of cases, it will be noticed, in the first place, that the removal of the uterine appendages, even in a case in which there is no pus, is not an absolutely safe operation. The fatal case of this series was one of the simplest operations, and, although every antiseptic precaution was taken, infection occurred. Where the weak link in the chain of antisepsis existed will never be known; but the fact that such a link can exist in spite of the utmost care, should be borne in mind and should be duly considered in the advice given to the patient. Fortunately, such accidents are very rare.

2. As far as can be ascertained, none of the survivors were made worse for the operation. Every case was distinctly benefited,

1. Read before the Obstetrical and Gynecological Section of the Buffalo Academy of Medicine.

although very few of them can be put down as completely cured ; that is, as being left without an ache or a pain.

This brings us to the subject as to what constitutes a cure following a surgical procedure. It should be considered carefully that most of these patients had been ill a long time, and that the operation was performed with the idea of relieving certain distinct symptoms. If those symptoms *were* relieved, then we may claim that the operation was justified.

One of the great faults committed by those condemning the removal of diseased tubes and ovaries, is that of assuming that these patients must necessarily be completely rejuvenated. No other surgical procedure is subjected to such a test.

In almost every chronic case, or in every case in which the operation is a severe one, there are certain influences remaining which retard or hinder the complete recovery. Let us consider some of the principal disadvantages under which these operations are performed, and which may be inseparable from the operation itself.

1. Ventral Hernia.

Every abdominal section which necessitates the use of a drainage-tube, must leave a weak spot in the abdominal wall. I know of two hernias following my operations, aside from the one which I sewed up. In surgical procedures of great urgency, this consideration is of little importance. But, in those cases in which operation is not imperative, this danger should be given full weight. To be sure, the closure of a small ventral opening is neither difficult nor dangerous, but patients who have once been through the discomforts of abdominal section, are very loath to submit themselves again to the surgeon's knife.

2. The impossibility of leaving the pelvis in an absolutely normal condition.

In cases in which large pus tubes or densely adherent appendages are removed, a more or less extensive raw surface is left behind. The intestines themselves may be injured over considerable areas of their peritoneal surface. Adhesions are thus produced which drag upon or compress the surrounding viscera, and interfere, to a greater or less degree, with the physiological functions of these organs. It is surprising that more trouble does not result from this cause when we see the extensive raw surfaces often left in the pelvis after completing some of these operations. There are cases reported where the abdomen has been opened a

second time, in order to break up adhesions about a stump. If we cannot have a normal pelvis, we may at least substitute a lesser for a greater evil.

3. Neglect of treating all the disease.

Salpingitis is almost invariably an extension of endometritis. The roots of the trouble remain behind in the uterus. As may be seen, several of my cases came back complaining of symptoms of endometritis. It should be made an invariable rule to precede salpingo-oöphorectomy with curettement of the uterus, even if endometrial symptoms are not prominent. Some authorities advocate removal of the uterus in toto. Where a thoroughly diseased organ is present, such a step seems reasonable. Why should we expect very brilliant results when merely a portion of the diseased structures has been removed? The presence of a diseased uterus will account for many of the disappointments following salpingo-oöphorectomy.

Under this same head should be mentioned the neglect to fasten a displaced uterus in proper position.

4. The ultimate results of this operation are influenced very largely by the effect of long-standing tubal disease upon other organs, particularly the nervous system.

In those cases which have been accompanied by pain, due to irritation of the nerves radiating from the pelvis, it is reasonable to suppose that a certain amount of neuritis is produced. Even if we remove the irritant, we have left the more or less permanent changes in the nerves. It is well known that headache is produced by refractive errors in the eye, and it is often observed that after those errors are corrected by proper glasses, the headaches may continue for several months. Why should not the same thing occur after operation in cases of long-standing pelvic disease? Again, pain is supposed to be due to wave-like impressions along the nerves. After removal of the diseased appendages, the wind is lulled, but the waves continue, for a time at least. Many physicians seem to expect that a woman can suffer for years from pelvic disease, and that if, directly after the operation, she does not walk out of the hospital a well woman, the treatment has been a failure. Such an idea, to my mind, is absurd, and simply shows the lack of common sense manifested in discussing this subject.

5. Affection of other organs dependent or independent of disease in the pelvis.

This consideration is closely allied with the preceding. If, for

years, nutrition and excretion have been faulty, it stands to reason that it will take time to bring our patient's health up to par. The surgeon can very properly take the ground that the removal of organs which are acting as a focus of irritation will allow a better opportunity for the vital processes of the body to pursue a natural course. These processes may have been permanently impaired, but it is from disease and not from operation.

6. Effect of long suffering and treatment on the patient's morale.

Women who have for years spent a portion of every day in considering what aches or pains they have, and whether this or that treatment does or does not relieve them, are very apt to develop a habit of excessive introspection. Then, if a surgeon makes the mistake of promising a miracle by an operation, he will merit his fate. After operation in such cases, every minute sensation is magnified into a pain, multiplied by the amount of disappointment experienced. I believe that a great many of those cases reported worse after operation are cases of this kind. I believe that the patient forgets how bad her condition was before, and that a careful, minute interrogation will show that although not cured, she is distinctly better. In other cases, the patient's statements are absolutely untrue. Because they are not entirely well, they will tell you that they are no better. We all see such people outside of surgery, and their statements should not be accepted without question.

7. Patient's subsequent occupation and condition of life.

One of my patients complains of backache. I find her occupation to be that of a cook in a restaurant, hours from 7 A. M. to 7 P. M., and work hard. I also find that this backache comes on about 4 P. M. I think that many of us, under the same circumstances, would have backache much earlier in the day. And yet, how easy for the non-operative enthusiast to hold this patient up as a failure, merely by omitting to state that previous to the operation she was unable to be about her own house.

What shall we say of the patients pursuing their vocations in the infected districts? If such patients, six months after operation, are not entirely well, does it prove anything against the operation?

Almost all hospital patients go back to a life of hard work; work which often breaks down a healthy woman. Under these circumstances, I can easily imagine a patient not so well at the

end of two years as at the end of one year, and here again is a splendid opportunity for those who wish to gather evidence against ophoro-salpingectomy. As will be seen later, it is not my intention to make any extravagant claims in favor of operation, but I do wish to expose some of the fallacies of the arguments of the other side. It seems to me that the mere fact that many of these patients whom I have reported are able at all to perform their present occupations, is evidence speaking well for the operative treatment.

8. Lack of skill and judgment on the part of the operator.

A few months ago I saw a patient whose abdomen had been opened and closed again, because there were adhesions between the ovary and rectum. This patient is not enthusiastic over surgical treatment, and the case is probably one of a large class. Again, there are plenty of cases in which the appendages are removed when the cause of the suffering was elsewhere. It is needless to say that such cases go to swell the number of failures, but it is the operator who is the failure.

In the treatment of the non-cystic form of oöphoro-salpingitis, the electrician competes with the surgeon, and claims the most brilliant results for electricity. Dr. Sanders, in a recent article, reports twenty-two cures out of twenty-five cases treated. He states that from six months to one year may be required for treatment. In not one of the cases in my list could the patient afford to spend such a length of time in treatment. We hear so much about the eager young operator who wishes to add another victim to his list, but I take it that, apart from a question of conscience, it is distinctly to the physician's advantage to cure his patient, and that none of us can afford to turn loose in the community a number of "mutilated" and complaining women. The electricians never seem to consider that the reason so many salpingo-oöphorectomies are performed is because most patients cannot carry out any long-continued course of treatment. Personally, I had rather cure my patient without an operation, and I would always use various local methods of treatment before resorting to the knife. I have not yet had the good fortune to cure a case of markedly diseased uterine appendages by means of electricity or any other local methods of treatment, where the trouble has existed as great a length of time as in my operative cases. In eleven of my salpingo-oöphorectomies, no other treatment except operation would have been proper. In the other nine, outside of the fatal case, the

subsequent history speaks in favor of the treatment pursued. As a rule, the most unsatisfactory results have been in those cases which, month after month, have been subjected to local treatment; not only with no improvement to the diseased structures, but with a distinct impairment of the general health due to long-continued suffering.

It is not my intention to advocate any pet method of treatment, but merely to place these clinical observations on record, and give the general practitioners an opportunity to judge of the question for themselves, by clearing away the smoke of the conflict, and presenting to them the following conclusions regarding operative treatment in cases of diseased appendages:

1. Each case must be judged on its own merits and surrounding circumstances. There is no one form of treatment which will guarantee a cure.

2. Salpingo-oöphorectomy stands on the same level as any other surgical procedure, and its results are influenced by a variety of elements which may play a part after any surgical method of treatment.

3. The results of salpingo-oöphorectomy are sufficiently encouraging to justify its performance after milder methods have failed. The most serious mistakes the physician can make are: (*a*), continuing local treatment after such a course has proven worthless; (*b*), making too positive assertions as to the favorable result of the treatment.

The operation is not a guarantee against poverty or old age, but justice to the patient requires prejudice to be put one side and a fair chance given her to regain her health.

ABDOMINAL SECTIONS.

Number.	Date.	History, Symptoms, etc.	Operation.	Pathological Conditions.	Result.	Remarks.
1	Aug. 22, '91.	Age, 30; married; 2 children. Gonorrhœal infection five years ago; dysmenorrhœa and menorrhœgia, uterine syndrome. Digestive and nervous system wrecked; firm masses on each side of uterus.	Salpingo-oöphorectomy.	Chronic non-cystic oöphoro-salpingitis. Firm adhesions.	R.	Not seen since operation.
2	Aug. 29, '91.	Age, 25; married; no pregnancies. Gonorrhœal infection; metrorrhœgia, high temperature. Large fluctuating masses in pelvis.	Salpingo-oöphorectomy. Irrigation and drainage.	Pus tubes size of large sweet potatoes.	R.	Not seen since operation.
3	Sept. 23 '91.	Age, 24; married; 2 children; 2 abortions. Chronic endometritis and salpingitis for four years; acute exacerbation following induced abortion. Large inflammatory mass in pelvis.	Salpingo-cöphorectomy. Drainage.	Large hemato-salpinx on right side. Chronic non-cystic inflammation of appendages on left side.	R.	November, 1893. Patient is still troubled with leucorrhœa. Her general condition very good.
4	Jan. 28, '92.	Age, 17; single. Menstruation absent for ten weeks; development of large mass in pelvis. Severe pelvic pains with emaciation.	Salpingo-oöphorectomy. Drainage.	Pyosalpinx on left side, cystic ovary, thick closed tube on right side. Layer of adhesions half an inch thick.	R.	Has since married and is doing hard work.
5	May 3, '92.	Age, 27; married; 1 child five years ago. Typical history of ectopic gestation, with rupture. (Reported in <i>Buffalo Medical and Surgical Journal</i> , July, 1892.)	Removal of right tube and sac. No drainage.	Ruptured right tube, sac and fetus enclosed in fibrous layer. Fetus at about third month.	R.	Perfect health six months after operation.

ABDOMINAL SECTIONS.—Continued.

Number.	Date.	History, Symptoms, etc.	Operation.	Pathological Conditions.	Result.	Remarks.
6	May 5, '92.	Age, 30; married. Chronic metritis and salpingitis for two years; last two months confined to bed. Examination showed chronic inflammation of appendages.	Salpingo-oöphorectomy.	Extensive adhesions, chronic non-cystic ovaritis and salpingitis.	R.	Lost sight of.
7	May, 1892.	Age, 25; married; 2 children; 1 abortion. Pelvic peritonitis following abortion, pain, fever; confined to bed past six weeks. Large tender mass to right of uterus.	Exploratory, freeing intestinal adhesions. Perforated, friable cecum fastened in a secondary abdominal incision. Drainage.	Appendages normal; cecum and mass of intestines adherent to right broad ligament. Several holes torn in cecum. No pus.	R.	Patient is going out as washerwoman. Has ventral hernia. Is otherwise well.
8	May 25, '92.	Age, 25; 1 child seven years ago. Leucorrhœa, backache, abdominal pain, and menorrhagia since birth of child; local treatment for years. Small cyst on left side of uterus, indurated mass on right side.	Salpingo-oöphorectomy.	Very dense adhesions, chronic non-cystic oöphoritis. Cyst size of hen's egg in left broad ligament.	R	Required treatment for leucorrhœa. November 1, 1893, reports herself as entirely well and able to do hard work.
9	June 23, '92.	Age, 37; single. Tumor noticed during past year; pain and emaciation. Solid tumor, extending half way to umbilicus.	Exploratory.	Malignant tumor springing from pelvis. Unusually adherent.	R.	Nearly died from the anesthetic; was failing rapidly when discharged.
10	July 5, '92.	Age, 36; married; 6 children; 1 abortion. For past six months	Salpingo-oöphorectomy. Drainage.	Double ovarian abscess, pelvic peritonitis.	R.	One year after operation is doing all her own

<p>just able to drag herself about; abdominal pains, backache, etc.; acute exacerbation following abortifunction. Pelvis filled with inflammatory mass.</p>	<p>Age, 25; married; 1 child two and one-half years ago. Adherent retroverted uterus; chronic endometritis and salpingitis since birth of child. Confined to bed most of the past year.</p>	<p>Salpingo - oöphorectomy. Hysterorhaphy.</p>	<p>Dense adhesions—retroversion, chronic, non-cystic oöphoro-salpingitis.</p>	<p>D.</p>	<p>Died on third day from septic peritonitis; no cause discoverable.</p>
<p>Age, 32; married. Gonorrhea contracted from husband several years ago; acute exacerbation. Pelvis filled with a large mass.</p>	<p>Age, 23; married; 1 child ten weeks ago. Septic infection following labor; several weeks of fever with numerous chills. Large mass to right of uterus. Temperature 102°, pulse 138, at time of operation.</p>	<p>Salpingo - oöphorectomy. Irrigation and drainage.</p> <p>Exploratory. Drainage.</p>	<p>Double pyosalpinx.</p> <p>Pelvic peritonitis, extensive adhesions. Mass formed by distended right broad ligament. Appendages normal.</p>	<p>R.</p> <p>D.</p>	<p>Patient reported herself as quite well three months after operation.</p> <p>Death third day from continuance of disease. Post-mortem showed multiple suppurating foci in sub-peritoneal tissue of abdominal wall; no pus in cellular tissue of pelvis. Route of infection followed round ligament to sub-peritoneal tissue.</p>
<p>Age, 24; single. Past six months abdominal pains, menorrhagia, dysmenorrhœa; is unable to work. Possible gonorrhœal history.</p>	<p>Salpingo - oöphorectomy. Drainage.</p>	<p>Extensive adhesions, chronic, non-cystic oöphoro-salpingitis.</p>	<p>R.</p>	<p>Has been doing hard work. Is perfectly well except for small hernia at site of drainage-tube opening.</p>	

ABDOMINAL SECTIONS.—Continued.

Number.	Date.	History, Symptoms, etc.	Operation.	Pathological Conditions.	Result.	Remarks.
15	Mar. 16, '93.	Age, 36; married; 3 children; 1 abortion. Ill since abortion six months ago; pains in abdomen, fever, emaciation; confined to bed. Large mass on right side of pelvis.	Drainage of pelvic abscess.	Everything matted together. Deep down among intestines in front of right broad ligament collection of pus.	R.	Very much improved, able to take care of house. At times considerable abdominal pain (Adhesions?)
16	Mar. 21, '93.	Age, 20; prostitute. Frequent attacks of pelvic peritonitis. Large tender masses in pelvis.	Salpingo - oöphorectomy. Drainage.	Dense adhesions. Ovarian abscess on one side. Large ovarian hematoma on other side. Tubes closed and thickened.	R.	Good health considering she continues her old life. Entire loss of sexual desire and enjoyment.
17	Mar. 23, '93.	Age, 28; married; 4 children. For years backache, leucorrhœa, etc.; since birth of last child, six months ago, considerable pelvic pain, incapacitated for work. Mass size of a man's fist lying to left of uterus.	Salpingo - oöphorectomy. Left side. Drainage.	Pyosalpinx, left side. Right side apparently normal.	R.	November 1, 1893. Is doing her entire household work for first time in six years. Is pregnant two months.
18	May 18, '93.	Age, 44; married; 2 children. Never well since birth of first child ten years ago; severe backache, pain in left side. Uterus retroverted and fixed, ovaries prolapsed.	Salpingo - oöphorectomy. Hysterorhaphy.	Adhesions numerous and dense. Chronic, non-cystic oöphoro-salpingitis.	R.	Three months after operation was better than at any time during past ten years. Is improving in general health.
19	Aug. 1, '93.	Age, 21; married; 2 abortions. Trouble caused by inducing the	Salpingo - oöphorectomy.	Numerous adhesions. Chronic, non-cystic oöpho-	R.	November 1, 1893. Is able to support herself as

20	Aug. 2, '93.	abortions; for past six weeks severe pains in abdomen; unable to be upon her feet. Tender mass on each side of uterus. Age, 45; married; 6 children. Ordinary history of neglected cancer of uterus. Cancerous mass filling half the vagina.	Amputation of cancerous mass. Supra-vaginal hysterectomy. Drainage.	Cancer involving uterus and top of vagina.	R.	Acute mania following operation. Recovery.	cook in a restaurant.
21	Aug. 8, '93.	Age, 38; married; 3 children; 4 abortions. Past two months severe backache and pain in left side. A large doughy mass filling Douglas' pouch.	Salpingo-oöphorectomy.	Multiple follicular cysts of both ovaries forming masses size of a man's fist.	R.	Lost sight of.	
22	Aug. 15, '93.	Age, 32; married; 2 children. For nine weeks severe pelvic pains; metrorrhagia; not able to be about. Pelvis filled with mass size of child's head.	Curetting of uterus. Salpingo-oöphorectomy. Suture of peritoneal coat of gut. Drainage.	Universal adhesions. Large hemato-salpinx on right side. Pyosalpinx on left side.	R.	Is able to support herself by going out washing.	
23	Aug. 15, '93.	Age, 32; married; 3 children; 1 abortion. Several years of ill-health; for past month pelvic inflammation, with inability for work. Large inflammatory masses in pelvis.	Curetting of uterus. Salpingo-oöphorectomy. Drainage.	Pyosalpinx and ovarian abscess on both sides.	R.	General health not yet good; greatly improved and able to work.	
24	Aug. 22, '93.	Age, 19; prostitute. Abortion six months ago; since then severe pains in abdomen, requiring large amount of morphine. Uterus retroverted, and imbedded in an inflammatory mass.	Curetting of uterus. Salpingo-oöphorectomy. Hysterorrhaphy. Drainage.	Double pyosalpinx with numerous adhesions.	R.	November 1, 1893. Reports herself as quite well and reformed.	

ABDOMINAL SECTIONS.—Continued.

Number.	Date.	History, Symptoms, etc.	Operation.	Pathological Conditions.	Result.	Remarks.
25	Aug. 22, '93.	Small ventral hernia in site of drainage-tube opening in case No. 14.	Adhesions of omentum and gut freed. Fascia closed by silkworm gut.		R.	
26	Aug. 29, '93.	Age, 21; prostitute. Three attacks of pelvic peritonitis during the past year. Inflammatory mass in pelvis.	Curetting of uterus. Salpingo-oöphorectomy.	Dense adhesions. Chronic non-cystic oöphorosalpingitis.	R.	November 1, 1893. States that she is perfectly well in every respect.
27	Sept. 2, '93.	Age, 34; 2 children. History of gradual growth of a pelvic tumor. Cystic tumor size of a man's head.	Ovariotomy. Drainage.	Intraligamentous cyst of right ovary; weight 9 lbs. Pelvic peritoneum up and mesentery opened by tumor.	R.	
28	Sept. 24, '93.	Age, 35; single. Ordinary history of cancer of the uterus. About one-half the cervix affected.	Supra-vaginal hysterectomy.	Carcinoma of cervix.	R.	
29	Oct. 14, '93.	Age, 41; 3 children. History of rupture several weeks ago; abdominal pain; irregular flowing since. Pelvis filled with tumor.	Salpingo-cöphorectomy. Ovariotomy.	Ruptured tubal pregnancy right side; cyst size of large orange on left side.	R.	
30	Oct. 18, '93.	Age, 39; 3 children. Seven years of backache, pain in left side, leucorrhœa, menorrhagia. Retroverted adherent uterus, prolapsed ovaries.	Curetting. Trachelorrhaphy perineorrhaphy Salpingo-oöphorectomy. Hysterorrhaphy.	Numerous adhesions, cystic oöphoritis, chronic salpingitis.	R.	

PROSTATIC DISEASES WITH SPECIAL REFERENCE TO
THE PROSTATE OF OLD AGE.¹

BY MARCELL HARTWIG, M. D., Buffalo, N. Y.

THE deficiency of my knowledge in regard to the subject chosen for an introduction to the discussion of tonight has made me grasp it with eagerness, in the hope of eliciting for myself something worth the while in practice, by searching the literature; but, I am sorry to say that my somewhat sanguine hopes have been sadly disappointed. In spite of all endeavors and surgical daring, especially fostered and developed in the last few years, incidental to the spread of antisepsis and asepsis, with their marvelous advances and results, the benefits from operating in prostatic hypertrophy have remained very limited indeed. I am jumping in *medias res*. Let us first duly consider the rest of prostatic diseases. We may divide them in: (1) Faults of prime formation; (2) cuts, bruises and hemorrhage; (3) acute purulent prostatitis; (4) chronic prostatitis and prostaticorrhea; (5) tuberculosis; (6) atrophy; (7) tumors, especially cancers; (8) stones in the prostata; (9) neurosis (respectively fissures of the prostate) (Home); (10) hypertrophy and fibromyomata.

I. Faults of prime formation of surgical importance are cysts, probably retentive cysts, from dilated ducts. I could not find a case which was diagnosticated before operation, although such diagnosis would be all important, because a very simple puncture should suffice. Everybody ought to think of a cyst when prostatic obstruction occurs in early age, and he may, by deftly feeling, possibly discover it by bulbous bougie and rectal palpation combined.

II. The prostate is very seldom the sole organ wounded, because of its secluded position, and if it is, the other organs which have been cut have predominant importance, still it may happen that the prostate is stabbed, and bleeds profusely. Pressure by a rectal colpeurynter is mostly sufficient. It is not to be forgotten that the blood may escape unseen into the bladder and cause profound anemia before discovered, even where we operate ourselves. So we have to remain on guard. Israel has reported a most astounding case, a few years ago. Where doubt exists, the bladder should be catheterized, a small stab wound in the perineum enlarged, and, if danger is apparent, suprapubic incision added, and the prostate cauterized, or tamponed from above.

1. Read before the Buffalo Academy of Medicine, December 5, 1893.

Trendelenburg's posture is the most advantageous for seeing from above the pubis.

III. The causes of acute purulent prostatitis are somewhat dark yet. This is a field where bacteriological research will earn some laurels yet in coming times. Gonorrhœa seems a frequent cause. Wound infection is another, but some cases have hitherto defied explanation (my case). The course of the disease is varied. In the majority of cases, the abscess ruptures into the urethra, but sometimes into the perineum, exceptionally above the fascia profunda, and then it may extend behind the peritoneum till to the diaphragm, and is most likely to end in death. Fever is sometimes high, chills frequent, pain, of course, located in the perineum. Inability to urinate appears early. Diagnosis ought to be made as early as possible, and incision from within the urethra ditto. Only when rectal or perineal edema exists already, I doubt whether intraurethral incision will suffice, as there may exist already paraprostatic abscess, which, by all means, demands perineal incision. As a matter of fact, the majority of abscesses broke spontaneously into the urethra, those which the surgeons incised were all attacked from the perineum. The proceeding needs no description; it could be questioned only whether to incise in the raphé or by a cut around the front of the rectal sphincter. The latter incision gives more space, and I should prefer it, if suspecting that the fascia profunda is broken and the retroperitoneal space infected.

IV. Chronic prostatitis may be purulent and form an abscess which can be detected by rectal and combined palpation, and, of course, incised, as above described, for acute cases, but, as a rule, this form is characterized merely by a feeling of heaviness in the perineum, some pain in ejaculation, and prostaticorrhea. Patients with chronic prostatitis are inclined to hypochondria and neurasthenia. The cause is almost always gonorrhœa or self-abuse. The differential diagnosis is by no means easy, and many cases remain forever dubious. The size and feel of the prostate show no distinctive feature; the only means of diagnosis lie in the microscopical examination. Azoospermia and urethritis posterior are most likely mistaken for chronic prostatitis. The posterior urethritis carries more cells resembling pus. Azoospermia is *mostly* connected with want of erections. Spermatorrhea carries the characteristic sperma. Catarrhal condition of Littre's and Cowper's glands shows a glassy appearance of the secretion,

while the prostatic juice is milky, has the characteristic odor (not the sperma), and contains globules, which some call amyloid, while Posner thinks to have it proven that they are lecithin. The most unmistakable proof can be had by producing the Boettcher-Charcot crystals. One drop of the secretion is mixed with one drop of a one per cent. solution of phosphate of ammonia, and after standing under the coverglass for a while, shows the crystals, the base of which is $C^2 H^5 N^6$. The simplest way of obtaining the prostatic juice is by expressing the prostate from the rectum after urinating. I have found that the quantity in a case of chronic prostatorrhoea was largely diminished the day after a night-emission. Treatment must be tonic. The best results are obtained, where complicating stricture exists, by curing the latter. Aside from general tonifying, strychnine and ergotine in suppository I have found useful, but I rely most on reducing sensualism, (Bromides) and the application of electricity upon the colliculus seminalis: the Faradic current, as a milder means; the galvanic, which, of course, cauterizes, as a more formidable weapon. So the treatment is the same as for genuine spermatorrhoea. E. H. Fenwick says liquid extract of salix nigra, $\mathfrak{z}i$, three times a day, checks involuntary emissions, if prostatitis be due to masturbation or excess in venery.

The prostate unmistakably is an organ of the genital apparatus, and empties itself during the orgasm. Its juice excites the spermatozoic activity and lengthens the life of the sperma. This was proven by Fuerbringer, but I find that already long before it was proven, only I forgot where I saw it.

V. Tuberculosis is always a part of the general tuberculosis of the genital tract, and astonishes sometimes through the insignificant effects on the part of the prostate. Treatment, according to general rules.

VI. Atrophy requires no treatment, and is much more frequent in old age than used to be supposed.

VII. Tumors are, except the fibromyomatous, almost always cancerous. Treatment will probably always remain inefficient, although palliation, especially of the hemorrhages, is possible, unless a new efficient cancer remedy should be discovered. Yet, attempts at radical cure have been made. Kuester and Bardenheuer have extirpated sub-peritoneally the prostate and bladder, and implanted the ureters into the rectum, but both patients died after 5 resp. 14 days.

VIII. Stones in the prostate are sometimes formed and felt per rectum, or by the bougie, and have been removed from the perineum or from above, even through the urethra, in a few suitable cases.

IX. Neurosis of the prostate was construed as a separate affection by Home, 1818, and credited to fissures in analogy to fissures of the rectum. I cannot obtain the original work, and so I am left in doubt as to the causation. If such could be ascertained, analogous treatment, as elsewhere in fissures, should obtain, but it seems to me that Home may have seen a neuralgia of the nervous pudendus, as I did, where the flabby penis used to jerk regularly, and where electricity seemed to do some, but little, good.

X. Hypertrophy and fibromyomata. The hypertrophy of the prostate, which generally appears above fifty, but has been seen in babies already, is either due to an increase of the connective tissue, or particularly to the formation of fibromyomata microscopically in perfect keeping with fibromyoma of the uterus, when extreme sizes are met with. The enlargement is in the first case more even, in the latter more lobular; an enlarged lateral or central lobe, or even three enlargements. Such fibromyomata can be shelled, respectively, twisted out of their seat after incision of the mucous membrane. The prostate weighs, normally, ten to fifteen grammes, is about thirty-two mm. long and broad, eighteen mm. thick, and develops suddenly during puberty, but reaches its full size only at twenty-five. It contains about forty glands and ducts. In regard to the value of operative partial removal, the opinions are divided up till today. Already Civiale and Mercier have removed pieces, but as late as 1885 Erichsen writes still that operations were both dangerous and inefficient, and have been almost unanimously condemned. In fact, the sole treatment of enlarged prostate consists in the regular use of the catheter. When prostatic enlargement does not admit catheterization, puncture above the pubes should be made and the canula left *in situ*. Canalization of the prostate is barbarous and correctly abandoned. Brandes (and I may add Leasure, 1855,) punctured through the symphysis pubis, but there is not sufficient evidence of the merits of this procedure. So far I have cited Erichsen.

On the other hand, already in 1852, Demarquay recommended for prostatoliths to incise across the perineum, separate the rectum from the urethra and prostate, incise the latter, and remove the

stones, and considers the danger small. I do not speak of the use of medicines as they all proved inefficient. Only Heine claimed results from injections of iodine with Pravaz's needle into the prostate, in 1875, but he found no followers. I tried his plan once without success; the patient died. There Brandt maintains to have seen improvement from massage of the prostate. Thompson and Guyon, two weighty men in genito-urinary diseases, oppose operative measures. The first cites a man who used the catheter for twenty-two years, till he died at ninety, and another who used the catheter on himself 35,000 times. Guyon opposes on the ground that the prostatic enlargement is only a part of a general genito-urinary sclerosis, forming a superabundance of connective tissue in the bladder, and preventing the latter, through loss of muscle, from emptying itself completely, even when the mechanical obstacle is removed, and cites, as sample cases, where the same trouble existed with atrophy of the gland. I am inclined to believe, though, that he dealt with cases of paresis of the bladder from nervous causes. Long rows of other men believe in the efficiency of operative proceedings. Newman, in New York, in momentary cauterizations; Bottini, in burning away the obstructing part. Bruce Clark used Bottini's method, and dropped it again for the suprapubic operation, on account of better seeing. Bottini's results are remarkable. At the Tenth International Medical Congress, August 7, 1890, he reported fifty-seven cases, with two deaths. In thirty-two cases a perfect cure was effected; in eleven, improvement; in twelve, the result was *nil*.

In 1882, Biedert reported five cases of galvanopuncture per rectum, with decided reductions. He used the cathode. Leopold Casper, paper before the Berlin Medical Society, April 18, 1888, used fifteen to twenty-five milliampères for ten to fifteen minutes, and obtained in four cases considerable shrinking of the prostate, with quite an amelioration; thinks, though, that if the hypertrophy is particularly in the middle lobe, that he would not expect much. Of course, he disinfects the rectum before introducing the needle, and the latter is isolated up to the tip. For a test, he made a dog's testicle shrink from walnut down to almond size.

McGill, in Leeds, had from thirty-three suprapubic operations sixteen per cent. deaths.

Mansell Moullin had twenty per cent. from suprapubic; only eight per cent. from perineal operations.

Norton reports four complete successes from the use of his prostatome, introduced by perineal incision.

Tobin used the ecraseur per urethram, guiding the wire with two fingers through suprapubic incision.

B. Schmidt and Moullin saw one recurrence of an operated hypertrophy after nine months. Küster saw, after a partial suprapubic excision, an aggravation of the ability to void the urine spontaneously. On the other hand, he had three decided improvements by operating between rectum and prostate, and excising portions of the lateral lobes. Lately, Dittel reports by this proceeding a fine success. Helferich had no improvement by suprapubic excision in one case. Israel and Bergmann had no lasting improvements suprapublically; Landerer, a splendid one. Esmarch had two excellent successes by chipping out from the perineum, but great losses by pneumonia. The latest sanguine statements for combined suprapubic and perineal operations introduced by M. Schmidt, come from Belfield, who maintains, for about four weeks, a stretched condition of the prostatic urethra, after the combined incision, in the manner of Harrison, by a catheter inserted through the perineal wound. He collected four cases (*American Journal of the Medical Sciences*, November, 1890, page 439,) of combined perineal and suprapubic operations, with one death. Twenty-five per cent. of other forty-one cases of radical operation for which he gathered statistics, voluntary micturition was reëstablished thirty-two times, but only in a few, and he says, it is expressly stated, that the evacuation of the bladder was *complete* as well as voluntary. This is the main hitch. Thompson states that after two years of catheterizing, the bladder will never empty itself *completely*. This is not absolutely true, but very often. The statistics are sadly lacking on this point, as well as many original reports, as not sufficient stress has been heretofore laid upon it, while it is an all-absorbing question, indeed. The question of residual urine is the question of cystitis—remaining permanently or not. No bladder which is not emptied perfectly can be kept free from cystitis, and, if such persists, difficulties of micturition remain, and the cure is imperfect, though voluntary urination is reëstablished. I have seen several prostatitics who had to use the catheter, though they were able to urinate, just because of the irritation from residual urine, and the treatment of the cystitis remained without avail, which was promptly successful where residual urine was absent. Even Keyes, who pays atten-

tion to this point, neglects to consider it in a number of his published suprapubic and perineal operations. In three cases he obtained perfect emptying of the bladder after suprapubic operations.

If I draw the facit of my reading, I can but join with Keyes's opinions (*Medical Record*, October 31, 1891), the *best* mortality statistics, showing at least 13 6-10 per cent. (Keyes), it is trying to kill a mosquito on a man's nose with a club when you advise early operation, as Belfield does, although I admit that early operations should furnish better statistics. If early, we should operate so early as not to deal with any cystitis or other secondary changes, in order to obtain the advantages of asepsis, which is wellnigh impossible later on. On the other hand, we should not refuse operating in the seemingly most hopeless cases, as some astonishingly good results in such cases are recorded. To gain time, in some cases, we may satisfy ourselves for a while with suprapubic puncture, substituting the trocar for a well-fitting catheter, over which we withdraw the canula. The perineal drainage is more inconvenient. At all events, at the present state of statistics, we are in duty bound to lay the truth, and nothing but the plain truth, before a prostatic we meet, and let him choose for himself. Our patients live only once, and we have no right to take their lives in our hands by their blind permit. They should be enabled to choose intelligently whether to prefer their discomforts and their final outlook, or the risks of operations with their, after all, so frequently deficient results. The choice of the way to operate will be oftentimes quite baffling. Statistics of suprapubic operations are worse as to the number of deaths, but better in regard to results, if death did not follow. Combined suprapubic and perineal operations admit of the most perfect handling, but the danger to life is, of course, greatest. Want of personal experience makes me shy of expressing an opinion, but I should judge, *a priori*, that Dittel's operation, of separating the rectum and slicing out the requisite amount of prostatic tissue, if it were possible to avoid wounding the urethra, ought to be the ideal, because the most surgical proceeding. Were it not for the profuse bleeding and poor seeing, I would feel certain of my opinion.

The latest for enlargement of the prostate is castration, in analogy of oöphorectomy, for uterine fibroid. Two results are cited by Rocum (*Centralblatt für Chirurgie*, No. 35, 1893). The paper being inaccessible to me at present, I cannot judge the real

value from details. White had already shown, in dogs, the shrinkage of the prostate after castration. Civiale saw it accidentally in a lithotomy; Bilharz and Pelican in eunuchs.

DISCUSSION.

DR. TREMAINE: I labor under some disadvantages in discussing this subject, because I was not aware what points Dr. Hartwig was going to take up. I had no synopsis of his paper; and to go over the whole ground of diseases of the prostate would take up too much time and weary you. I supposed, however, that the subject he was going to discuss was that which must interest all of us, viz., senile hypertrophy of the prostate. When we come to consider that about one man in fifteen, past middle life, has some enlargement of the prostate, and one man out of perhaps eight or ten, if not a still larger proportion, after fifty-five, has hypertrophy of the prostate in some form, and his life then begins to be somewhat of a burden to him, it is a matter which interests us all most seriously. I fancy that every gentleman in this room has, at some period of his life, and perhaps almost every day of his life, come in contact with just such cases, and has been worried very much to know what to do with them. I confess I share that difficulty with all of you. There is no subject in the whole realm of surgery that is more difficult, and, perhaps, none which now engages the attention of surgeons more generally. Dr. Hartwig has gone over the ground very extensively upon the literature of the subject, and he has collected the views of some gentlemen.

Now, these are conflicting. Guyon, for instance, assumes that this is a part of the degenerative changes that take place in old age, accompanying atheroma, and so on. I do not think that view is tenable, and I will not weary you with going into the reasons why. And I do not agree with Harrison, who is also a distinguished author on this subject, that enlargement of the prostate comes as a result of the pouching of the bladder, and is a sort of hypertrophy of muscle, as it were, from the efforts of the bladder to expel, and goes on increasing in this way, with the residual urine pouching down the bladder behind the prostate, I think a more correct view; and I speak of this matter of the histology of the subject because a rational understanding of that may lead us into the correct ideas with regard to treatment. I believe the better opinion nowadays, with regard to this, is the

opinion which is entertained by many, that enlargement of the prostate gland is analogous with the fibroid of the uterus.

For a long time the prostate gland has been spoken of and thought of as a urinary organ. I am quite satisfied in my own mind that it is not; that it is a genital organ; and, as stated, excessive venery, perhaps, conduces to enlargement of the prostate, although there is one thing that might perhaps militate against that view: that enlargement of the prostate is generally found, or more frequently, in old bachelors than in married men. You can draw your own conclusions.

However, the most important matter for us to consider is, what is to be done. First, the symptoms. We will talk of them a moment. The symptoms may be divided into subjective and objective. One point that I want to make just here is that enlargement of the prostate occurs much earlier than usually taught by the text-books. I have seen it in men between forty and fifty years of age. As a rule, it is said in the books, and by various writers, to occur generally after fifty-five, but I do think that the enlargement commences much earlier than is generally believed. Now, with regard to symptoms. If a patient says he has to get up to urinate frequently during the night, and has no stricture, the presumption is at once in favor of enlarged prostate. If, in addition to that, the urine at times smells badly, I should suggest an examination, and that by the rectum, and the probabilities are that enlarged prostate will be found. But this is somewhat deceptive sometimes, because the enlargement takes place inwards, as it were, against the bladder, and very little enlargement is found in the rectum. I have seen just such a case as that. Now, we go on with our examination, and use an instrument, and that instrument enables us to determine somewhat the nature of the enlargement. If an ordinary catheter passes in without difficulty, and yet there is a difficulty in the outflow of the urine, the chances are that that enlargement is of the valvular character, and I wish I had been able to bring a specimen which once was in my possession, now is no longer, to show this evening, in which there was, at the middle lobe of the prostate, a regular tit-like valve. If that case had been recognized during life and operated on, it would, doubtless, have resulted successfully, because that little valve could have been removed readily by the forceps or by the ecraseur, and the patient relieved. That is one way in which we can determine the nature of the enlargement. If, on the other

hand, there is no obstruction to the flow of urine, and you pass an elbow catheter, and that goes in after a time, stops at about seven inches, and then goes in with a jump, the presumption is in favor of enlargement of the middle lobe. If, on the other hand, but a narrow-tail—rat-tail—catheter can be passed in with difficulty, and deflects to one side or the other, the presumption is in favor of enlargement of the lateral lobes. Now, the first two forms of enlargement are those most amenable to treatment, in my judgment. It has been my lot to see a great many of these cases, and I am seeing them almost every day.

With regard to treatment, when there is difficulty in urinating and frequency of urinating during the night, and some amount of residual urine in a man otherwise healthy, I think careful catheterization, to remove the residual urine, is the best mode of treatment; but that involves the most scrupulous care with regard to cleanliness of the catheter, and is almost impossible of attainment. It is almost impossible to impress upon the patient himself that scrupulous cleanliness which is so necessary to prevent cystitis. Now, so long as you can keep clear of cystitis, and so long as you can remove this residual urine by catheterization, I should certainly advise against an operation; but there will almost certainly come a time when catheterization becomes difficult, when its results are not so good as they were previously; in other words, when the relief afforded is not so great, and then the question of operation must come up, because that is the golden moment. If you allow that to pass, you will soon have cystitis, septicemia, pyemia, uremia, if you choose, and death. I can cite you many instances that have occurred in this city, under my observation, where I have urged operation. One, the case of a medical man that was well known to us all here, and who resisted the operation, allowed the opportunity to pass, and the results followed which always do in such cases—uremia and death.

Now, with regard to the choice of operation—the kind of operation. Some ten years ago, I had the honor to invite the attention of the medical profession in America to suprapubic cystotomy. At that time, the operation was barely alluded to in our various textbooks. It had not then been done even by some of the great genito-urinary surgeons of the world, notably such as Sir Henry Thompson, and by none of any eminence or distinction in America. It was reserved for cases of very large stone, as a last resort. At that time, in the American Surgical Association, great objection was

urged against it. One gentleman, Dr. Roberts, of Philadelphia, made the prediction, and stated that he desired to place himself on record—that before ten years that, viz., suprapubic cystotomy, would be the received operation. His prediction has been more than verified. The suprapubic operation is now being done wholesale by almost all surgeons of this country, and done very successfully by Dr. Hunter McGuire, of Richmond, in just such cases as this, enlarged prostate; and he reports the most remarkable successes. Dr. Belfield, of Chicago, whose work I am familiar with and have observed a good deal of it, has been remarkably successful too. The suprapubic route, I think, will readily commend itself to you all, because you have the advantage of inspection, and you can reach any portion of the bladder, or any portion of the prostate, with your finger. The perineal route has some advantages, but a surgeon must have a much longer forefinger than I have if he can reach the prostate; and I do not think one man in a thousand has a forefinger with which he can reach an enlarged prostate by the perineal route and be able to make that dilatation which is necessary. By the perineal route, of course, catheterization has to be kept up for some length of time, and the dread of hemorrhage is not so very great, because a tube can be introduced and surrounded by what the French call the *chemise a canule*, which is made of iodoform gauze, and hemorrhage arrested in that way without difficulty. But the suprapubic operation enables you to inspect every portion of the bladder, to reach every portion of the bladder, and, if prostatectomy is necessary, to perform it with very little risk. Suppose, for instance, the enlargement be of the middle lobe, the enlarged part of the prostate projecting can be readily pinched off with the forceps, the vesical orifice dilated with the forefinger, and the patient can, in all probability, get immediate relief. But suppose that the lateral lobes are enlarged, and lapped over in this way, just as my thumbs here, lapping over that way (indicating), why, of course, there it becomes a more difficult operation, and to excise a portion of the prostate there, is a somewhat serious undertaking, on account of the hemorrhage. That objection has been met, though, very beautifully by Dr. Keyes, of New York, by packing with iodoform gauze the bladder and carrying a catheter through the urethra, attaching a thread, and drawing that thread out through the urethra, so that the bladder can be packed twenty-four hours, and hemorrhage arrested that way by antiseptic gauze, or iodoform

gauze preferably. So that objection is removed. Now, this has been successfully done.

Dr. Hartwig referred to Moullin's tables. I think his later tables give a percentage of 14.3, about the same as by the perineal route. That shows that increased skill is brought about by increased experience, as in many other forms of surgical operation. I will not weary you with reciting cases, but there was one very notable case that I operated on some four or five years ago, where the patient suffered intensely from enlarged prostate—a man eighty-two years of age. I did the suprapubic section, and established an opening there, and had made at that time a little apparatus, which I will show you, which has since been improved on by an Eastern surgeon, Dr. Gerish, I think, of Portland, Me. This is a little hard rubber drainage-tube, with a flange and cap,—which was made for me by an electrician in this city—held in place by an elastic band, and was worn successfully by the old gentleman for several years afterward. He was a patient of Dr. Callahan's. I am not sure whether he is alive now, but he was, three or four years after, in comparative comfort. I think Dr. Phelps assisted me in the operation. You remember the case, Doctor?

Dr. PHELPS: Yes.

Dr. TREMAINE: Now, I have had five other cases—none of that advanced age. A remarkable point of that case is the advanced age, and the complete comfort that was given the old gentleman. Dr. Hunter McGuire establishes a fistulous opening there, and does away with the necessity of the tube; but I think this is an advantage, using an instrument of this kind. I think I may claim to be the originator of this instrument, although it has since been modified and improved by Dr. Gerish, of Portland. I wish Dr. Hartwig had quoted, if it is familiar to him, a paper written recently by Dr. White, of Philadelphia, who has traversed this whole subject thoroughly, and has elaborated one view, that which was based on the analogy of these tumors of the prostate, or enlarged prostate, with hypertrophy of the uterus, and suggested by reduction of hypertrophy of the uterus after removal of the ovaries.

White made a series of very elaborate experiments on dogs, and demonstrated beyond question that in dogs the prostate shrunk after castration; and it has been suggested since that castration was not necessary, but that ligature

of the spermatic vessels would accomplish the same purpose. I regret that I did not know this when I was in Egypt last Winter, or I should have made some inquiries with regard to the effect that was found upon eunuchs, but I have already written to Dr. Keating, vice-president of the medical college there, and asked him if he would gather some statistics on that subject, which I hope in due time to receive. Hunter observed this fact long ago with regard to the shrinkage of the prostate gland in animals, and the enlargement of it during the rutting season, so that there seems to be good ground for Dr. White's view in regard to that. Now, as to the advisability of doing this. When one considers the suffering, if it is once demonstrated that that will produce the effect, there can be no question of the advisability of doing it, because there is scarcely any man that would not be perfectly willing to part with the testicles to get relief from the intense suffering these cases involve. There might be a great deal said on the subject of palliative treatment, a good deal of caution given with regard to the use of the catheter, and the dangers of cystitis as the result of it; but, as the hour is already late and I have taken up a good deal of your time, I will make way for others.

Dr. WILLIAM H. HEATH: With respect to Dr. Hartwig's paper, like Dr. Tremaine, I did not know what was to be talked about. Dr. Hartwig has covered the whole ground of prostatic diseases. Some statements are not in accord with my experience. In the first place, as to prostatic abscesses. I have seen quite a large number; I have never seen one open through the perineum. I have seen them open internally and into the rectum, and have opened them into the rectum myself, but I have never known them to open elsewhere. The removal of the prostatic gland is anatomically possible; surgically, it is unjustifiable. Referring to the most important and the common affection of the prostatic gland, hypertrophy, there is one part of the treatment that has not been considered—namely, the preventive and early treatment of prostatic obstruction in cases of enlargement of the gland. Harrison, of London, who has just been quoted, has made prominent the preventive treatment of obstruction by mechanical dilatation. It consists in the "maintenance of the waterway," as he calls it, by the systematic passage of soft bougies, ironing out, or molding away, as it were, the encroaching mass. The time to institute this is in earliest stage, when frequency of micturition, and particularly at night, indicates that the tumor is beginning to inter-

fere with urination. Its object is to lessen venous congestion, and, therefore, irritation, and keep the urinary level, thus averting the serious chain of consequences so likely to ensue. A slight obstruction does not preclude its employment. The value of this procedure has demonstrated itself to me many times, and should be tried in every suitable case.

Castration, as a remedy for enlargement of the prostate, is, as yet, an unknown factor. It would seem, however, that when the conditions were such that a man would be willing to part with these organs, it would be too late to be of benefit, while, on the other hand, few would be willing to make the sacrifice for dangers yet remote and amenable to other methods. It would be valuable to know how soon and to what extent atrophy follows. Subcutaneous division of the vas deferens has been tried.

The question of operation for prostatic obstruction arises in numerous cases where catheterization is no longer possible. By what route and what should be done are each in themselves enough for discussions. The suprapubic, with perineal drainage, is the accepted one. In general, too much should not be attempted in the old and feeble, as many of these cases are. Drainage alone often gives satisfactory relief. The medical treatment of these cases should not be overlooked by any means. By regulating the diet habits, and keeping the urine mild and aseptic by internal administration of salol, boracic acid, etc., cleanliness, gentleness in use of catheter, comfort may be had and the dreaded days postponed. Among the better class, many become more expert than any surgeon in manipulating their own cases.

While the importance of gentleness and patience in instrumentation in prostatic as well as stricture cases is generally understood, cases yet frequently come into the hospital lamentably punished. It seems almost impossible to some to resist the inclination to use force.

Dr. W. C. PHELPS : I have very little to say on this subject; Dr. Hartwig has so thoroughly covered the ground. I have about come to the conclusion that Dr. Tremaine has spoken to you about. I have had occasion, several times, to make suprapubic cystotomy in cases that have come into the hospital, or that I have taken there, and up to this time I am sure that I have not used any other method, and have not really known any other method to offer any sort of chance of relief. That it is a very great relief, I am absolutely certain. I have had patients that were utterly miserable in

every sort of way, where they had reached a point where catheterization was a very painful procedure, where pus was constantly flowing along the catheter, sometimes where it would flow out from an over-distention of the bladder, with septic conditions, etc. Take a case like that and make suprapubic cystotomy. The patient lies quietly in bed, and, once in a while, is able to get up and go around with an apparatus similar to that which Dr. Tremaine has shown. I have had patients live some time, but I have never yet run across a case where my patient was able to walk around and draw off his urine, as Dr. Tremaine mentions in that old Irishman. I saw him, and it was certainly a very great relief to him, and a very remarkable and successful case. Those I have had have not been so mild as that; all of them have had pus. I hardly think that there was any pus in that patient of Dr. Tremaine's; I am not quite certain; but where pus has formed in the bladder I most always observe more or less kidney trouble, or something of that sort, and the patient is pretty apt to pretty soon die.

I had a case, last Summer, of an abscess of the prostate, which came out in a curious way. It was a case of appendicitis, that came into the hospital, on which I operated for a very immense abscess, reaching down into the pelvis. The patient got along very well at first, and then the temperature commenced to run up again, with a difficulty of passing the bowels. I put my finger into the rectum, to see if there was anything there, and I found an immense swelling of the prostate. That was excised, and I drew, probably, a pint of pus.

Then, there is one case, I remember, which was a very remarkable case of enlarged prostate. I never saw one so marked or so large. There was a rim all the way around the internal opening of the urethra, that is, the neck of the bladder. I think it stood up, at least, an inch from the wall of the bladder, entirely around. It was not an enlargement of the middle lobe. It seemed to be an enlargement of the whole gland, and the only way any operation could have relieved that man would have been by tunneling down through the lower part of it. It would have been absolutely impossible for the urine to have got over that rim; it seemed to project at least an inch into the bladder.

Dr. MYNTER: In regard to the treatment of those cases of old gentlemen with the difficulty in passing urine, its getting offensive in smell, and, at last, these other complications—the question is what to do under those circumstances. Last Summer I got a

most serious hemorrhage in an old gentleman, seventy-six years of age, with an enlarged prostate, and who had catheterized himself for years. The bleeding occurred and recurred, and was almost clear blood. I syringed it out, and used iodine and gave ergot, and injected alum and acetate of lead. Then, I got the idea one day—why couldn't we use antipyrin, as, perhaps, the hemorrhage was temporary in character and capillary; and I applied a twenty per cent. solution of antipyrin, and it checked the hemorrhage then and there. I used that in three other cases, and in each case the hemorrhage was stopped short by the use of antipyrin in a twenty per cent. solution. If this is useful in capillary bleeding, and stops, for instance, bleeding of the nose and bleeding from the brain in operations on the brain, I see no reason why it should not be applicable in such cases as this.

In regard to the operation itself, there is none easier in the whole range of surgery than suprapubic cystotomy; that is, on condition that the bladder will contain six or eight ounces of water, and that you have access through the rectum. First, I generally dilate the bladder; it makes it a great deal easier. And I want to call your attention to the fact, that it is still easier if you inject air into the bladder instead of water. That is a question that has been brought up lately, I have forgotten by whom, in cases of suprapubic cystotomy—simply fill the bladder with air. The air is more elastic, and does not produce rupture so easily. As far as the extirpation of the prostate itself is concerned, I have never done that operation. I have made dozens of cystotomies probably, but they were for other reasons—cancer of the bladder, for instance, stone, and so on, and in one for a peculiar case of stricture.

Dr. ROCHESTER: There are one or two points I would like a little information on. Dr. Tremaine, in his remarks, said that where there was frequent urination in a man over forty years of age, it was a very probable indication of enlarged prostate. It seems to me that the first thing I would think of under such conditions would be an investigation of the reaction of the urine, as to whether that frequent urination might not be due to acid.

I have in mind three cases of men between forty and fifty who presented this symptom of frequent urination, particularly at night, which has been corrected by simply correcting the acidity of the urine.

The next point that came to my mind was this matter of the

operation of castration for the cure of enlarged prostate, and the fact that dogs had been operated upon and it had been shown that the prostate had markedly decreased in size. I want to ask whether it is known whether the dogs that were operated on were old dogs or young dogs, and whether that would not have some bearing upon the matter of the prostate. In men in whom the prostate is enlarged to a great extent the function of the testicle is largely gone, and the question arises whether in those circumstances the removal of the testicle would have any effect whatever in reducing the enlargement of the prostate. Of course, I can understand that if the prostate be enlarged in younger men, where the function of the testicles is markedly present, that it might have some effect upon the reduction of that swelling; but in old men, in whom the function of the testicles is largely gone, would it have any effect in reducing the size of the prostate?

Dr. THORNBURY: Along the line of Dr. Rochester's remarks, I desire to accentuate the factor of sexual excess as a causative factor in enlargement of the prostate; and, in doing that, I simply expound the views of an eminent Southern surgeon, who has had opportunities for a very extended observation among colored men, in whom we all know sexual excess is very frequent; and he claims that sexual excess is, par excellence, the cause of enlargement of the prostate, and that the enlargement takes place before the function of the testicle is materially impaired, and is the direct cause of the trouble; and Dr. White's experiments go to fully substantiate this fact, of which he gave a very elaborate account here last summer, at the meeting of the American Surgical Association.

Dr. HEATH: Dr. Tremaine said that enlarged prostate was not quite so common with young men as with old men, and that is very true. That is quoted by a good many authorities. There is no question about it, that every man that has ever lived has committed sexual excesses. There is no question about the relation between sexual excesses and enlarged prostate. There is no relation. That is an exploded idea. In fact, the prostate gland is not a gland at all, but a muscle, and the hypertrophy might just as well come from emissions and from sexual excesses. The fact of sexual excesses I do not think has anything to do with it. I do not think we know why it occurs any more than we know why tumors occur in colored women in the uterus; not a bit. We do not know the action at all.

Dr. HARTWIG: Of course I have to refute Dr. Tremaine's statement that I did not mention White's experiments on dogs. That was the very last thing I said. I am sorry that I cannot answer Dr. Rochester, because I did not see the original account by White, as to whether those dogs were tested with regard to their age. Indeed, this is a question of pertinence, I think, as regards our conclusion concerning men, because it is just as doubtful to my mind as it is whether castration in old age will have the same effects as castration at an earlier age.

The effects of antipyrin, as alluded to by Dr. Mynter, are certainly very gratifying in all cases of bleeding, and I should suppose that it would have a satisfactory effect in the bladder too. It is certainly in keeping with what I know of the effects of the antipyrin.

But the essence of what I should have liked to hear from the gentlemen, I did not hear, and that is what the opinion is in regard to operating on cases which show only the premonitory symptoms—the summons to urinate too often at night—simple indications which cause us to examine for enlargement of the prostate, and where we do find enlargement, while cystitis does not as yet exist, and while we know that this very man will, within five, or six, or eight years, have serious trouble. There it is really difficult to give advice; there it is a little difficult to form an opinion; and there it is where I could not form an opinion, in spite of studying the whole literature of the subject. This is a thing which I think the future must elaborate. The statistics are at present, of course, too meager to admit of forming an opinion. So I can but say that I come to the conclusion, after hearing what all the gentlemen have said, that the conclusions of my paper, the original conclusions, are correct.

Dr. TREMAINE: I would like to have an opportunity. I think it is very important to answer Dr. Hartwig upon one question, if the Academy will permit. I do not wish to take up the time, but I think the matter is too serious to be passed over.

Dr. Hartwig has asked a question which I thought I answered. I thought I said that when catheterization could be done, and there was no impairment of the general health, and the patient could go right along, and once or twice, or three or four times a day, remove the residual urine, when there was still no cystitis, when the health was unimpaired, and practical comfort could result from that, that was no time for operative interference; but

there came a time when that relief did not come, and when there was difficulty in getting relief in that way, and that before cystitis came on in a marked degree, or subsequent renal changes or general impairment of health, then was the time for operation; and there can be no question, I think, about that. So that if Dr. Hartwig is in doubt, I think that clearly answers the point, and I think that this is the general consensus of the best surgeons who have studied this class of cases. I am called almost every day of my life to see such cases; and I advise that operation. The difficulty is to get patients to consent to it. Only within the last week or two I urged upon an old gentleman that he have this operation done. He put it off, and put it off, under the advice of his attending physician, the general practitioner—who will go along and temporize, and temporize, and temporize, until the golden opportunity is gone, and then send their patients in awful suffering into their graves, when a little operation, timely done, would give them years of comfort and life, as I have proved and demonstrated again and again.

Now, I think the question can be answered, and it is answered; and if anybody is in doubt about it, let them call me in in their practice.

Clinical Reports.

CLINICAL MEMORANDA FROM THE SURGICAL CLINIC AT THE SISTERS' OF CHARITY HOSPITAL.

BY HERMAN MYNTER, M. D.

Professor of Surgery Niagara University and Surgeon to the Sisters' Hospital.

SYNOPSIS OF ONE YEAR'S WORK IN THE HOSPITAL.

DURING the year 1893, 300 surgical patients, exclusive of gynecological and ophthalmological cases, were admitted to the Sisters' of Charity Hospital. Of these, 265 cases were treated in my service, the rest in the services of Drs. Mickle and Heath. While this number is somewhat less than in former years, particularly on account of the largely increased number of injured persons from the manufacturing districts who seek admittance to the downtown emergency hospitals, the work has in reality very much increased, and a much better class of patients, both from the town and surrounding country, have availed themselves of the, at least

in Western New York, unsurpassed facilities of the Sisters' Hospital. The old repugnance of former years against hospitals begins to die out, and the community has learned at last that nowhere can a serious operation be performed with such ease to the surgeon and safety and comfort to the patients as in a well-conducted hospital. That such is the case is best seen by the large number of private patients constantly found in the hospital, or waiting for vacant rooms. The hospital has been crowded during the whole year, 1,755 patients having been treated, *vs.* 1,678 in 1892, and in the coming year we hope the other half of the hospital will be built. It is the intention of the Sisters to finish this largely for private patients alone, confining the wards, medical and surgical, to the old building. During the year, the new aseptic clinic and operating room, built in marble and cement, has been finished at large expense. It is unsurpassed in the State of New York, outside New York City; thoroughly aseptic, and supplied with every surgical convenience and appliance. Every wound treated there has healed by first intention.

By looking over the list of operations performed, 183 in number, it will be seen how many have been of the class called major operations, and how small the mortality has been, particularly of those on whom large operations have been performed.

Two cases died of appendicitis, with general peritonitis, having been sick, respectively, eight and six days before being sent to the hospital. In both cases, perforation of the appendix, from gangrene, with septic peritonitis, was found. Two similar cases, operated on second and third day, recovered promptly by laparotomy.

Two cases died after laparotomy, sent to the hospital for obstruction of the bowels. In one case, the lesion was found to be peritonitis from ulcerative gangrene of the cæcum; in the other, extrauterine pregnancy, with rupture of the sac, and enormous intra-abdominal hæmatocele.

Three cases died of fracture of the base of skull, with contusion and laceration of brain. One case of double amputation of the legs died shortly after admission. He had laid during the whole night, with his legs crushed by a railroad, in a ditch near Tonawanda.

One case died of pyæmia, from a deep-seated abscess on the neck; another from similar cause, from acute infectious osteomyelitis.

One old man, with an enormous inguinal hernia, reaching almost to the knee, died on the third day after Bassini's operation, from fatty heart. There was no symptom of peritonitis present.

A particularly deplorable case was that of a young man, who entered the hospital on account of acute hydronephrosis. A simple exploratory incision was made in the lumbar region, and a floating kidney found, which, by twisting, had closed the ureter. The kidney was fastened by the usual method and the wound plugged with iodoform-gauze. Much to our surprise and regret, he died of shock on the second day. No *post-mortem* was allowed. This is the second case only in which death has occurred as the direct result of an operation during my connection with the Sisters' Hospital.

DISEASES OF BONES AND JOINTS.	No. Treated.	Recovered.	Improved.	Not Improved.	Died.	Convalescent in Hospital.
Abscess of bone	1	1	. .	. .	. .	. .
Tuberculous arthritis	6	5	. .	. .	1	. .
Caries	6	2	2	. .	. .	2
Crushes	7	7	. .	. .	. .	. .
Coxitis	8	1	4	. .	. .	3
Fractures, simple	34	27	2	. .	. .	5
Fractures, compound	3	2	. .	. .	1	. .
Fractures, comminuted	3	2	. .	. .	1	. .
Fractures, of pelvis	1	1	. .	. .	. .	. .
Fractures, of patella	2	2	. .	. .	. .	. .
Fractures, of skull	3	3	. .	. .	. .	. .
Fractures, of base of skull	4	1	. .	. .	3	. .
Necrosis	5	4	. .	. .	. .	1
Sprains	3	3	. .	. .	. .	. .
Synovitis, chronic	2	. .	1	. .	. .	1
Synovitis, tuberculous	3	1	2	. .	. .	. .
Anchylosis	4	4	. .	. .	. .	. .
Pes valgus dolorosus	1	1	. .	. .	. .	. .
Dislocation, shoulder	2	2	. .	. .	. .	. .
Dislocation, thumb	1	1	. .	. .	. .	. .
Dislocation, elbow	1	1	. .	. .	. .	. .
Periostitis, simple	7	6	. .	. .	. .	1
Epiphysitis, tuberculous	5	5	. .	. .	. .	. .
Osteomyelitis, acute infectious	3	2	. .	. .	1	. .
Osteomyelitis, chronic	5	5	. .	. .	. .	. .
Bowlegs	1	1	. .	. .	. .	. .
Vicious union of fracture of femur and tibia	2	2	. .	. .	. .	. .
AFFECTIONS OF SOFT PARTS.						
Abscesses, acute	10	9	. .	. .	1	. .
Psoas abscesses	4	4	. .	. .	. .	. .
Diffuse cellulitis	5	5	. .	. .	. .	. .
Burns and scalds	4	2	1	. .	. .	1
Syphilis, primary	3	. .	2	. .	. .	1
Syphilis, secondary	4	. .	4	. .	. .	. .
Syphilis, tertiary	4	. .	3	. .	1	. .
Ulcers, varicose	14	13	1	. .	. .	. .
Wounds, lacerated	5	5	. .	. .	. .	. .
Wounds, incised	2	2	. .	. .	. .	. .
Hernia, inguinal	8	4	. .	1	1	2

DISEASES OF BONES AND JOINTS.	DISEASES OF BONES AND JOINTS.					
	No. Treated.	Recovered.	Improved.	Not Improved.	Died.	Convalescent in Hospital.
Hernia, femoral	3	3	.	.	.	.
Urinary calculus	1	1	.	.	.	.
Foreign body (catheter) in bladder	1	1	.	.	.	.
Acute myositis	1	1	.	.	.	.
Gonorrhea	1	.	1	.	.	.
Hydrocele	1	1	.	.	.	.
Hematocele	1	1	.	.	.	.
Varicocele	1	1	.	.	.	.
Epididymitis, gonorrhoeica	2	2	.	.	.	.
Epididymitis, tuberculosa	1	1	.	.	.	.
Stricture, urethra	6	3	3	.	.	.
Stricture, recti	1	.	1	.	.	.
Pyonephrosis, from tuberculous kidney	1	.	.	.	1	.
Hydronephrosis	2	1	.	.	1	.
Urinary fistula	2	2	.	.	.	.
Floating kidney	1	1	.	.	.	.
Obstruction, bowels	2	1	.	.	1	.
Appendicitis	8	5	1	.	2	.
Gastritis	2	2	.	.	.	.
Cleft palate	2	2	.	.	.	.
Contusions	18	18	.	.	.	.
Congelation	1	1	.	.	.	.
Mastitis	1	1	.	.	.	.
Epilepsy	3	.	3	.	.	.
Ulcerating amputation stump	2	2	.	.	.	.
Senile gangrene	1	.	1	.	.	.
Aneurism, ext. carotid	1	1	.	.	.	.
TUMORS.						
Scirrhus	7	7	.	.	.	.
Sarcoma	7	2	3	.	1	1
Epithelioma	2	1	.	.	1	.
Neuroma	1	1	.	.	.	.
Lipoma	2	2	.	.	.	.
Villous cancer of the bladder	1	.	.	.	1	.
Fibroma	2	2	.	.	.	.
Hematoma	2	2	.	.	.	.
Lymphadenoma	2	2	.	.	.	.
Ganglion bursa semimembranosa	1	1	.	.	.	.
Hygroma of neck	2	2	.	.	.	.
Atheroma	1	1	.	.	.	.
Gunshot wound of chest	1	1	.	.	.	.
Lymphangitis	1	.	.	.	1	.
Clavus	1	1	.	.	.	.
Abscess of brain	1	1	.	.	.	.
Extrauterine pregnancy	1	.	.	.	1	.
Carbunculus dorsi	1	1	.	.	.	.
Subdural hemorrhage	1	1	.	.	.	.
Pleurisy	1	.	.	.	.	1
Empyema	1	1	.	.	.	.
Harelip	1	1	.	.	.	.
Ectropion	1	1	.	.	.	.
Tuberculous glands	2	2	.	.	.	.
Hemorrhoids	1	1	.	.	.	.
Fistula in ano	3	3	.	.	.	.
Total	300	225	35	1	20	19

OPERATIONS PERFORMED.	No. Treated.	Cured.	Improved.	Not Improved.	Died.	Convalescent in Hospital.
DEFORMITIES—						
Plastic operations	3	3	.	.	.	.
Tenotomy	I	I	.	.	.	.
Osteotomy, linear	2	2	.	.	.	.
Osteoclasis	2	2	.	.	.	.
Brissement forcé for ankylosis	4	3	I	.	.	.
Harelip operation	I	I	.	.	.	.
Staphyloraphy	2	2	.	.	.	.
AMPUTATIONS.						
Arm	4	4	.	.	.	.
Knee	I	I	.	.	.	.
Leg (Sedillot)	7	5	.	.	I	I
Leg (Symes)	I	I	.	.	.	.
RESECTIONS.						
Knee	2	I	.	.	I	.
Elbow	3	3	.	.	.	.
Hip	I	.	I	.	.	.
Shoulder	I	I	.	.	.	.
Maxilla sup.	I	I	.	.	.	.
Of rib, for empyema	I	I	.	.	.	.
Arthrotomy of elbow, for ankylosis	I	I	.	.	.	.
TREPHINING.						
For fracture skull	6	3	.	.	3	.
For epilepsy	3	.	3	.	.	.
For intradural hemorrhage	I	I	.	.	.	.
For abscess of brain	I	I	.	.	.	.
For acute infectious osteomyelitis	2	I	.	.	I	.
For chronic osteomyelitis	5	5	.	.	.	.
Sequestrotomy	I0	I0	.	.	.	.
Scraping carious bone	4	3	.	.	.	I
Removal tuberculous osteitic focus	4	4	.	.	.	.
TUMORS REMOVED.						
Scirrhus of breast	6	6	.	.	.	.
Sarcoma of breast	2	I	.	.	I	.
Sarcoma of neck	2	I	I	.	.	.
Fibroma	2	2	.	.	.	.
Neuroma	I	I	.	.	.	.
Lipoma	2	2	.	.	.	.
Vaginal hysterectomy, for cancer uteri	I	I	.	.	.	.
Inflamed lymphatic glands	4	4	.	.	.	.
Hygroma of neck	2	2	.	.	.	.
Ganglion bursa semimembranosa	I	I	.	.	.	.
Tuberculous epididymitis	I	I	.	.	.	.
OTHER OPERATIONS.						
Appendicitis, laparotomy	4	2	.	.	2	.
Appendicitis, extraperitoneal operation	I	I	.	.	.	.
Laparotomy, for obstruction	I	.	.	.	I	.
Laparotomy, extrauterine pregnancy	I	.	.	.	I	.
Herniotomy, for strangulation	3	3	.	.	.	.
Herniotomy, radical cure (Bassini)	7	5	.	.	I	I
Cystotomy, suprapubic	I	.	I	.	.	.
Cystotomy, perineal	2	I	I	.	.	.
Litholapaxy	I	I	.	.	.	.
Urethrotomy, internal	3	3	.	.	.	.

OPERATIONS PERFORMED.	No. Treated.	Cured.	Improved.	Not Improved.	Died.	Convalescent in Hospital.
Urethrotomy, external	1	1	.	.	.	.
Stricture, dilated	3	.	3	.	.	.
Castration	1	1	.	.	.	.
Nephrectomy	1	.	1	.	.	.
Nephrotomy	2	2	.	.	.	.
Floating kidney, sutured	2	1	.	.	1	.
Varicocele	1	1	.	.	.	.
Hematocele, decortication	1	1	.	.	.	.
Hydrocele	1	1	.	.	.	.
Fistula ani	3	3	.	.	.	.
Hemorrhoids	1	1	.	.	.	.
Wiring fractured patella	2	2	.	.	.	.
Abscess, opened	18	15	.	.	1	2
Cold abscess	1	1	.	1	.	.
Psoas abscess	4	4	.	.	.	.
Aspiration, pleuritic	1	.	.	.	.	1
Aspiration, knee-joint	2	.	2	.	.	.
Empyema, operation	1	1	.	.	.	.
Skin-grafting	6	4	.	.	.	2
Secondary suture	3	3	.	.	.	.
Iodoform injection in tuberculous joints	10	4	3	.	.	3
Injection toxic products of erysipelas, for sarcoma	1	.	1	.	.	.
Extirpation carbuncle	1	1	.	.	.	.
Total	189	146	18	.	14	11

Society Proceedings.

MEDICAL SOCIETY OF THE COUNTY OF ERIE.

Annual Meeting, January 9, 1894.

Reported by ELI H. LONG, M. D., Secretary.

THE annual meeting of the Medical Society of the County of Erie was called to order by the President, Dr. John Parmenter, at 10.40 A. M.

The minutes of the last semi-annual and two special meetings were read and approved.

The Membership Committee reported favorably upon the following-named applicants for membership, and, upon motion, they were unanimously elected: Drs. Albert T. Lytle, Ada C. Latham, Harry Mead, Dewitt H. Sherman, Horace Clark, Charles S. Jewett, A. W. Bayliss, Cyrus S. Siegfried, and Francis T.

Metcalfe. The committee further reported that Francis A. Drake and Charles H. Perry had failed to exhibit their diplomas, therefore could not be reported upon at this meeting.

Applications for membership by the following-named physicians were presented and, according to rule, were laid over until the next regular meeting: William Meisburger, Maud J. Frye, Helene J. C. Kuhlmann, Ludwig Schroeter, William G. Taylor and William C. Fritz.

Dr. WM. WARREN POTTER moved to postpone the President's address until after completion of the executive business. Adopted.

The SECRETARY moved that communications be now read. Adopted.

Communications from the National Quarantine Committee and of the New York Academy of Medicine, relating to the bill proposing to establish a Bureau of Public Health, were read, and, in addition, the Secretary reported that, upon suggestion by the same committee, the President and Secretary had transmitted letters to the members of Congress from this State and likewise to the Committee on Epidemic Diseases of the United States Senate.

Dr. HOPKINS moved that the action of the officers as reported be endorsed. Adopted.

A further communication from the New York Academy of Medicine, relating to the coroner question, was received and filed.

The resignations of Drs. S. W. and Mary Wetmore from membership, on account of removal from the county, were read and, upon motion, the same were accepted.

A communication from Dr. J. F. Krug, in reference to illegal practitioners, was read.

Dr. WALSH moved that the communication be received with thanks to Dr. Krug.

The SECRETARY moved to amend by adding that the communication be referred to the new Board of Censors. The motion as amended was adopted.

At the suggestion of the President, miscellaneous business was taken up at this time.

Dr. E. H. LONG, chairman of the committee on revision of the by-laws, then made the final report of the committee, which was in form of printed proofs of the by-laws as recommended by the committee. The report was considered section by section, and a few amendments thereto adopted. The chief amendment was

offered by Dr. W. W. Potter, and consisted of a section providing for the appointment of a standing committee on hygiene. After amendment, the report was adopted as a whole and declared to be the by-laws of the society.

It was then moved that the Secretary be authorized to have the by-laws printed and that a copy be sent to each member.
Adopted.

The Secretary asked whether, in the revised list of members, the names of non-residents who were formerly members of the society should appear. It was decided that only names of residents of the county could properly appear, and the Secretary was instructed accordingly.

The Secretary also asked what should be done with the resignation of Dr. Geo. H. McMichael from membership, which had been presented at a previous meeting. Dr. Callanan moved that the resignation be accepted. Carried.

Dr. J. S. PORTER moved that a committee of three be appointed to draft a bill to be presented to the Legislature, which shall require every practising physician to qualify before the State Board of Medical Examiners. Dr. B. G. Long moved to amend by making it the duty of the committee to petition the Regents to use all possible means at their command to regulate the practice of medicine. The amendment was seconded by Dr. L. Howe, and adopted. The motion as amended was then carried.

The Chair appointed as such committee: Drs. James S. Porter, H. R. Hopkins and W. W. Potter.

The election of officers was then taken up.

Dr. WALSH moved that a committee of five be appointed to nominate officers for the ensuing year. Carried.

The Chair appointed as such committee: Drs. H. E. Hayd, Henry Lapp, B. G. Long, R. L. Banta and E. L. Frost.

After a conference the committee reported the following list of nominees: President, Dr. Wm. H. Gail; Vice-President, Dr. F. W. Bartlett; Secretary, Dr. Franklin C. Gram; Assistant Secretary, Dr. George F. Cott; Treasurer, Dr. Edward Clark; Assistant Treasurer, Dr. Eugene Smith; Librarian, Dr. Wm. C. Callanan; Committee on Membership, Drs. Jno. A. Pettit, Jas. W. Putnam and G. W. MacPherson; Censors, Drs. J. F. Krug, Jas. S. Porter, J. H. Potter, Henry Lapp, A. L. Benedict; Delegate to Medical Society of the State of New York, to fill vacancy, Dr. John H. Pryor.

The Secretary was directed to cast the ballot of the society for the nominees, and they were then declared elected.

The President then appointed the committee on Hygiene to consist of Drs. H. R. Hopkins, Edward Clark, E. C. W. O'Brien, W. W. Potter and W. D. Greene.

The President reported the library now available in one of the alcoves of the library of the University of Buffalo.

The Librarian's report for the year is as follows :

To the Medical Society of the County of Erie :

Up to the time of the removal of your library from the old college, there were no applications to me for books. In accordance with the desire of the society that the books should be available ; and with the authority from the resolution passed at the last annual meeting, constituting the President and Librarian a committee with power of selection and location, the committee moved the books to the new college. An alcove, nicely cased and shelved, was given for books, and therein they have been placed. The services of the librarian of the college library were given me, and she has arranged the books.

Owing to almost continuous absence from the city, and now permanent removal, I have been unable to catalogue the books, nor am I able to report the degree of their use.

I wish to acknowledge the courtesy of the college authorities, and especially of the secretary and the librarian, and I thank them for the same in this report to you.

I would suggest that the society empower its librarian to make such arrangements with the college librarian as shall render the books most available, as often members cannot afford time to hunt up the librarian or go to his office.

I thank you for the honor conferred upon me in the election as your librarian in the last two years.

Respectfully submitted,

CHARLES A. RING,
Librarian.

The Treasurer's annual report, showing a balance on hand of \$148.92, was then presented and referred to an auditing committee, consisting of Drs. J. W. Putnam and B. G. Long.

The Auditing Committee reported the Treasurer's accounts correct, and they recommended that the Treasurer be instructed to notify all members who are three years in arrears for dues, that unless their dues are paid, their names will be dropped from the membership list of the society.

The report of the Auditing Committee, including their recommendation, was unanimously adopted.

The President's valedictory was then presented and read.

It was moved that the address be published in *THE BUFFALO MEDICAL AND SURGICAL JOURNAL*. Carried.

Dr. W. W. POTTER moved that the Secretary and Treasurer be each paid the sum of \$50.00 for services during the past year. Carried.

Dr. CALLANAN moved that the Board of Censors be authorized to employ an attorney when necessary, but that the expense shall not exceed \$100.00 for one year. Carried.

The society adjourned at 1.10 P. M.

Correspondence.

Letter from Mr. Lawson Tait.—He comments in detail on Dr. F. Byron Robinson's paper in the December JOURNAL, entitled, "What Kills After Laparatomy—Anesthetic, Nephritis or Infection?"—He begins by protesting against the use of the word laparatomy.—How he discovered that ether arrests the flow of urine.—Interesting history relating thereto.—English practitioners and coroners' inquests.—How chloroform and ether kill.—"Ether mixture far better and safer than chloroform."—Reply to Dr. Robinson's question concerning infection deferred until another communication.

SIR—In the number of your valuable JOURNAL for the current month, I have just read an interesting paper by my friend and former pupil, Dr. F. Byron Robinson, which requires a little notice, for I think he is hardly fair to me, or to my brethren on this side of the Atlantic, when he says that few of us engaged in abdominal surgery give much attention to the kidney in their work.

His paper has a most suggestive interrogatory title, "What Kills Patients After Laparatomy—Anesthetic, Nephritis or Infection?" Dr. Robinson hardly answers his own question, nor does he make quite clear his intention in asking it, but it is sufficient for my present purpose that he does ask it, and that he does so without that full information which I thought he possessed after

his long residence with me. I, therefore, desire to supplement some of his remarks.

I need not stop again to protest against the continued use of the word "laparatomy," which can be used properly for operations involving incisions made in the flank, and cannot be extended to anything like an ordinary ovariectomy, and I therefore pass at once to the question at issue, rejecting this objectionable phrase.

In order to place myself historically right, let me say that it is now about twelve years since I made the discovery that the anesthetic administration of ether in the human subject may—certainly does, in some instances,—completely arrest the flow of urine during its administration. The discovery was made by accident in a case of great rarity, a uretero-uterine urinary fistula, where I failed time after time because I missed the fistula. This was due to the fact that I used ether and therefore thought I had closed the aperture, when I had only temporarily arrested the flow of urine at the very time when I most needed the guidance of its misdirected current. I then used chloroform, closed the fistula properly and cured the patient.

In operating on several bladder cases immediately after this incident, I had opportunities of confirming the experience, and these facts set me thinking. At that time a great enthusiasm had set in for the use of ether, a prejudice had steadily grown against chloroform, and I had, unfortunately, been carried away with the stream. But my new fact set me thinking, and my thoughts drove me into a careful research of a number of fatal cases of operation where no complications of the operation could account for the deaths, but where the fatal results were found to be due to pulmonary and renal lesions, some known to have been in existence before the operation, others not suspected or not possible as antecedents.

I appealed to my friend and colleague, Dr. Robert Saundby, now known as one of our greatest authorities on renal pathology and then our acting pathologist, for assistance, and that was promptly and abundantly given. He had known for years that degenerative changes in the kidney were very commonly associated with all abdominal tumors. Dr. Saundby and I had discussed the fact often before 1878. I knew perfectly well that many operators refused to undertake cases where the coarse test of the presence of albumin in the urine seemed to indicate serious kidney disease. But I had steadily set my face against ever refusing to operate on

any case whatever, and, therefore, disregarded this apparently ominous sign. The result was that I scored a great number of brilliant successes in cases refused by men then at the head of my department. But I met with equally disastrous failures in cases where I could not see that anything was wrong with the operation and where Dr. Saundby and, subsequently, Dr. Foxwell steadily reported "kidney degeneration and pulmonary edema."

Then two cases occurred which put a great light on the whole thing, a light which ought to have been admitted before, and would have been recognized long before, but for that most unfortunate habit we adopt of moving restlessly about in streams of fashion, giving to no proceeding and to no plan a systematic and logical investigation. The cases were, briefly, these: A young Irish girl came to me with an enormous ovarian tumor, which had been tapped over and over again, the radical cure having been refused to her by no less than five leading surgeons in Great Britain alone. Her legs were so enormously swollen that no kind of joint flexion was possible, and no vaginal examination could be made, on account of vulvar edema. She passed only about twenty ounces of urine in each twenty-four hours, and quite half of that was albumin. According to our notions at that time, nothing could be more unpromising, but I undertook the operation. On thinking over the special conditions of the case, I remembered Simpson's great belief in chloroform as a remedy for the extreme conditions associated with albuminuria, especially the eclampsia of the puerperal woman and the convulsions of post scarlatinal nephritis. I determined to give this case chloroform, and she got well without an interruption, the albuminuria disappearing as rapidly as her convalescence. In three months she was a strong and perfectly healthy woman.

The other case was that of a strong young woman of thirty, with a rapidly growing soft edematous myoma. All her visceral functions were healthy, so far as could be determined, before the operation. I did hysterectomy, the patient being under the influence of ether. She passed very little and highly albuminous urine after the operation, and she never drew an easy breath after she came out of the anesthetic. Death occurred on the fourth day, and post-mortem examination showed that she died of acute pulmonary edema, that the kidneys were quite healthy, and that the ureters were quite uninjured and far away as usual from the clamp wire. (I had feared they would not be found to be so.)

This was a lesson which could not be misunderstood, and I immediately published my experience, which received many important confirmations, to the effect that ether had secondary results of an extremely risky kind on the kidneys and on the lungs, but the utterance made but very little impression. My experiences were summarized and published, in 1884, in a paper entitled "A Series of One Thousand Cases of Abdominal Sections," as follows, and I thought then, as I think now, that they were the most important sentences I have ever published in my life :

The question of the best anesthetic for use in abdominal surgery is one to which, of course, I have given a very large amount of attention, and it is very singular that in the class of drugs, the action of which there can be the least doubt about, we are, as yet, certainly very unsettled in our views. Like all pupils of Simpson, I began my professional life with a most profound belief in the advantages of chloroform over all other anesthetics. I have never seen an accident from chloroform, but, partly by reason of the fear of inquests and partly by the example and teaching of Dr. Keith, a belief grew in my mind that ether was preferable to chloroform, and at first I had the impression that the sickness after ether was less marked than after the use of its rivals. I was not, however, very long in discovering that ether has special risks for people with a tendency to bronchitis; and later on I discovered, and have already published the fact, that during the administration of ether the secretion of urine is completely arrested. It was subsequently very forcibly impressed on me that, for patients with damaged kidneys, ether is a dangerous anesthetic, and although I cannot say that I have seen any fatal results arising from this peculiarity of its action, I certainly have had abundant cause to fear it. My first alteration, therefore, in my views concerning ether, was to limit its application to patients under forty, but even after this I found my confidence in its safety greatly diminished by the fatal occurrence of bronchitis in a case of hysterectomy in a woman aged thirty. In this case the patient's breathing was embarrassed from the moment she recovered from the anesthetic, her urine was scanty and became ultimately albuminous, and she died on the fourth day from suffocative catarrh, the post-mortem showing that, so far as the operation was concerned, everything was perfectly satisfactory.

These utterances attracted very little attention, and my example was very little followed, if at all. The reasons were two: First, that crowds of experiments on animals had just been published, in which it was proved that, so far as animals were concerned, ether was a safe anesthetic and chloroform was not. Even if this conclusion were correct, and for many reasons I doubted, and still

doubt it, I urged the plea that what was true about animals need not be, and was not, true about human beings, and that no animal was known which suffered from chronic renal degeneration or which died from acute pulmonary catarrh. Nobody would listen to me, and my arguments were put down as those of a crank who had strong views about experimenting on animals. My views on this subject were entirely misrepresented, as they have been again, and quite recently, by the editor of the *British Medical Journal*. I am content to leave the quasi-moral arguments alone, and I confine myself to my own department, that of surgery, and I said fourteen years ago what I say now, that, for surgical purposes, experiments on animals are wholly untrustworthy and have been, in very many instances, grossly misleading. I have never said anything more, and no amount of bullying or ridicule will make me say anything less. So much for the first reason of the neglect with which my utterances on anesthetics were received. My only comfort is that, last year, I induced the Council of the British Medical Association to exclude from their officially conducted research on anesthetics all experiments on animals.

The second reason was a stronger one. England is emphatically the land of coroner's inquests; and, considering also it is the land which has established the freest and yet most responsible system of jurisprudence the world has yet seen, its people stand an amount of nonsense from coroners and their juries which is most astonishing.

The thing which an English practitioner hates above everything is a coroner's inquest upon any incident in which the conduct of his own practice is concerned may be called in question. Coroners seem always fond of making public inquiry into cases of death under an anesthetic, as there seems to be ingrained in the public mind, from the ridiculous misrepresentations they see on the stage and read of in novels, that anesthetics may be used for purposes of rape and robbery. Every such death is, therefore, blazoned abroad until the use of chloroform has become a *bête noire* of surgical practice alike for practitioner and patients. Chloroform, when it kills, which it does very rarely, kills on the instant, and, in England, there is an inquest. When ether kills, which it does far more frequently, it kills some days after its administration, and there is no inquest, not even an inquiry. In Scotland there are no coroners and no inquests, and as it is uni-

versally known and believed there that chloroform is far safer and better than ether, the former is used and the latter is not.

To get over the difficulty, I began to use a mixture, and soon found that it was a great advance over either of the two anesthetics used separately. I vary the proportions according to age, increasing the proportion of chloroform from one-third to two-thirds rapidly after forty, and in case there is any suspicion of renal or pulmonary incompetency.

Twelve years' experience has driven entirely out of my practice all those disasters which ether brought into it. In a number of administrations, now amounting to a great many thousands, not a mistake has occurred, and alarms occur only where some new and inexperienced administrator will indulge in such fantastic tricks as pushing back the tongue by pressing up the jaw, or violating in some other foolish way the simple rules for administration laid down over forty years ago by Simpson, not one of whose methods has yet been surpassed.

I have also this advantage, that when compelled to operate with the assistance of some practitioner in the country, whose opportunities of administering an anesthetic are few and far between, I hand him my anesthetic, with the usual remark that it is an ether mixture; he goes to his work with confidence devoid of fear. If I told him that it was chloroform, his hair would stand on end, he would think of nothing but an inquest all the time, and I should never have the patient properly under from beginning to end of the operation. In fact, I should have all the elements of danger, as Simpson lays them down, arrayed against me.

Further, in discussing details of an operation with women patients, half of them want to know if they must take chloroform, because they are sure their hearts won't stand, and they have been told this, that and the other. "Ether mixture, far better and safer than chloroform," settles the question and calms their morbid imaginations.

Perhaps you will permit me, in another letter, to reply to the third part of Dr. Byron Robinson's question concerning infection. Meantime, accept my assurances of respect and believe me, yours sincerely,

LAWSON TAIT.

THE CRESCENT, BIRMINGHAM, ENG., December 9, 1893.

BUFFALO MEDICAL AND SURGICAL JOURNAL

A MONTHLY REVIEW OF MEDICINE AND SURGERY.

EDITORS:

THOMAS LOTHROP, M. D. - - - WM. WARREN POTTER, M. D.

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No. 7.

SYMPHYSEOTOMY.

THE revival within the past two years of this operation has marked an era in the obstetrical world. The operation was originally proposed in 1768 by Sigault, then a medical student in Paris. As is well known, it consists in a division of the symphysis pubis, with a view of allowing the pubic bones to separate sufficiently to admit of the passage of the child. According to Playfair, in 1778, the operation was performed thirteen times in Germany, France and Belgium; but once only in England, in 1782. It then gradually fell into disfavor, and finally became practically obsolete. In 1863, however, Morisani, of Naples, studied the operation on a dead subject, and three years later he operated on a living woman, saving both mother and child.

We have said that the operation has been revived within the past two years, for it is only within that time that it has come to be recognized in America as having a substantial basis. It is true, however, that it had been performed between January 1, 1886, and the close of 1892, in 115 cases in Europe and America, with a mortality of nine mothers and twenty-four children lost. Up to the close of 1892, it had been attempted but once, each, in England and Ireland. These figures are taken from Playfair, sixth American edition, edited by Harris, and may be regarded as substantially correct, for Dr. Harris seldom errs in his statistics.

During the year 1893, almost every obstetrical surgeon in the larger cities of America has performed symphyseotomy one or more times, and the record of successful work in this field is of a most encouraging nature. This operation, however, can never take the place of the Cesarean section in extreme cases of pelvic deformity, but it may be properly offered as a substitute for craniotomy, in those slighter cases that are just too small to admit the

passage of a living child. Prof. J. Edwin Michael, of Baltimore, has performed the operation successfully where there was impaction in consequence of mal-presentation—a case in which craniotomy would formerly have been considered necessary. The two operations, symphyseotomy and Cesarean section (Sänger and Porro), ought to drive craniotomy from the field, and make it no longer considered as an alternative.

Symphyseotomy is less difficult than Cesarean section or Porro's operation, or even than a difficult craniotomy, though Chrobak, of Vienna, thinks that it is not less dangerous than Cesarean section, and demands a more complicated apparatus.

The method of performing the operation is as follows: the symphysary cartilage is incised with a blunt-curved knife, or sawed with a straight or chain saw, from above downward. After the incision, there is generally much hemorrhage, which is stopped with a plug of iodoform gauze, supplemented by counter pressure from the vagina. After the passage of the child, sutures should be introduced, uniting the pubic bones. Some surgeons have contended that sutures were unnecessary, but we think it safer to apply them. After this, the legs are extended and brought back, and the pelvis is surrounded by a large band of plaster, and shored up with pillows or bran bags.

With the expectant method, women may be delivered without operation who have eight centimeters of useful diameter; version permits the extraction of children through a diameter of seven and five-tenths centimeters, while the lowest limit for a symphyseotomy would be from six to six and three-tenths centimeters. The operation is to be avoided among primiparæ, and it should be practised only when the introitus is completely dilated, else it may cause grave lesions to the vagina. It is not an operation to be practised by the inexperienced, but should be left in the hands of the most competent obstetric surgeons. All the details of aseptic surgery should carefully be followed, and every safeguard known to modern surgery employed.

THE *Medical Mirror*, St. Louis, for December, 1893, publishes an original lecture on Intestinal Indigestion, by Thomas Hunt Stucky, M. D., Professor of the Theory and Practice of Medicine in the Hospital College of Medicine, Louisville, Ky., delivered by invitation of the faculty of Marion-Sims College of Medicine to the class and invited members of the medical profession, Tuesday evening, November 21, 1893. This is an able and exhaustive exposition of the subject, and all interested should procure the December number of the *Mirror*.

TOPICS OF THE MONTH.

THE Hospital College of Medicine, of Louisville, which is the Medical Department of Central University of Kentucky, has moved into a splendid new building, located at Preston and Chestnut streets. The dedicatory exercises were held on Tuesday evening, January 9, 1894, at which a large audience was assembled, including nearly 200 matriculates of the college. Prof. John A. Larrabee, M. D., President of the college, conducted the exercises, and around him were seated the members of the faculty, namely : Drs. Dudley S. Reynolds, Frank C. Wilson, Samuel G. Dabney, Thomas Hunt Stucky, James Lewis Howe, John Edwin Hays, H. Horace Grant, Lewis S. McMurtry, and P. Richard Taylor. Besides these were the Rev. T. M. Hawes, and Drs. William Bailey, J. M. Matthews, Sam Cochran, Ap. Morgan Vance, A. Wilkes Smith, of Richmond ; H. E. Pelle and B. Allen. Dr. Paul Y. Tupper, Professor of Surgery at the St. Louis Medical College, the guest and orator of the evening, and a former graduate of the Hospital College, was also present.

Dr. Larrabee's address was an interesting and eloquent setting forth of the progress made by the college, and especially did it discourse upon the advantages of higher medical education. We extract from this interesting address the following :

Today clinical teaching has surpassed all other modes of instruction, and the young practitioner is sent to the bed-side with an experience in the management of disease which heretofore required years of practice to obtain.

In adopting the three years' graded course of instruction, the student escapes the intolerable bore of listening to the same set of lectures year after year. I can never forget when, as a beginner in medicine, the nomenclature of disease was rolled in upon me from the chair of practice, and that nearly the whole year was passed in the attempt to follow, intelligently, lectures, the value of which was wholly unappreciated. The gastro-epiploica-dextra and the gastro-epiploica-sinister were mixed with duodinal dyspepsia, and the whole treated by a sub-nitrate of bismuth.

To the medical students here assembled I mean to say a few words. What a change has passed over the spirit of our dreams ! The medical student of today is no longer the Dervish plowing through the town with his slouchy gait like a Bedouin of the desert, but he is a gentleman possessed of refinement, whose ambition is to become a learned scientist. Permit me to give you a little advice in regard to study. Many students fail because they try to grasp too much.

The Louisville Hospital College of Medicine is the first in the South to advance the standard of medical education, and we congratulate the faculty, as well as the friends of this excellent institution, upon such a substantial marking of her progressive career as this splendid new edifice indicates.

IN OUR issue for January we commented upon the illustrated calendar, for 1894, issued by the Maltine Manufacturing Company. At that time we were ignorant of the fact that the *New York Medical Journal*, in its issue of December 23, 1893, under the head of "Quousque Tandem?" had criticised the Maltine Company on this subject. The company now asks the publication of its letter to the *New York Medical Journal* in these columns, a privilege that we gladly grant. The letter is as follows:

To the Editor of the New York Medical Journal:

SIR—Your reference to our calendar for 1894 demands our attention. While you did not mention us by name, the reference is so direct that the physicians who received the calendar can not but know to whom you referred.

It has been our custom for several years to send to the medical profession, throughout the United States, portraits of eminent physicians and surgeons and, inasmuch as their distribution has been scrupulously confined to medical men of good repute, no objection has been offered by those gentlemen whose likenesses we reproduced. Not a copy of this calendar, nor of any of our other numerous publications, has ever been sent to the laity.

Maltine is distinctly not a "patent medicine," nor has it ever been advertised to the public, and, therefore, we have considered it within our province to distribute portraits just as we have promulgated testimonials from the most eminent physicians and chemists in this country and Europe.

We have statistics to prove that ninety per cent. of the physicians of the United States prescribe maltine. This fact, in addition to the fact that we reach the patient *only through the physician*, would seem to amply vindicate our use of the likeness of a physician whose pictures are on public sale and have continually appeared in the public press, and who is well known as a public man.

The portraits referred to were not used to push the sale of our preparations, as was the portrait of Dr. D. Hayes Agnew, recently published by us. It will be remembered that we printed under Dr. Agnew's portrait a facsimile of his indorsement of maltine. Our only reason for publishing the portrait of Dr. — was because we thought

it would interest his medical brethren, who have shown so high an appreciation of the series of likenesses we have already published.

We should like further to say, that as soon as objection was made by him we suspended the distribution of the calendars, as we would not knowingly offend even one of the honorable profession, to whom we are so greatly indebted.

THE MALTINE MANUFACTURING COMPANY.

NEW YORK, December 26, 1893.

THE Jennie Casseday Infirmary for Women, at Louisville, Ky., was enlarged during the past Summer by the addition of a wing, in which there are eight additional rooms for patients and an operating room, thus greatly increasing and improving its facilities. Dr. L. S. McMurtry, the surgeon in-charge, has lately been doing a long series of abdominal operations in this hospital, where he has accepted every case that presented, including in the group many of the most unpromising sort. Among the number may be mentioned perforative appendicitis, multiple abscesses, pyosalpinx, pelvis-bound myomata treated by hysterectomy, and other similar desperate conditions. Only one death has occurred in this group; that was a case of hysterectomy for myofibroma which had undergone malignant degeneration, and the patient had become a morphine habitué.

It is announced that physicians in New York City attached to any hospital, under a recent ruling of the courts, can give their testimony in any case of a patient who is an inmate of the institution in which they serve, before a referee, thus avoiding annoyance and loss of time in attending court. This is a wise step towards reforming a great evil, but we think it would be well to extend the privileges by statutory enactment to cover the court attendance of all physicians. It is very annoying for medical men in active practice to dance attendance upon "the law's delay," to the detriment of their patients and to the annihilation of good temper. Lawyers are too indifferent as to the value of physicians' time, and courts are sometimes very unaccommodating in relation to their emergency necessities. A statute compelling counsel to stipulate to take a physician's testimony before a Commissioner would solve a very difficult problem.

Another point of importance that now comes to our mind in this connection, relates to the fees of physicians as experts. Not

seldom counsel manage to extract an opinion from a physician who is placed on the witness stand as to fact, thus escaping the payment of compensation, a practice that is reprehensible, if not illegal. Dr. H. N. Moyer, of Chicago, the distinguished neurologist, has done the profession great service in Illinois by demonstrating, as he did in the Prendergast trial, that an expert cannot be compelled to testify in that State without compensation.

DR. SENECA D. POWELL, in his inaugural address as President of the Medical Society of the County of New York, made some admirable suggestions, that it is hoped will be adopted, looking to the correction of some existing evils. The first has relation to the practice of many dispensary and hospital associations with reference to the free treatment of patients who are able to pay, at least, a moderate sum for professional services. The service of rich corporations for nominal fees was also condemned. He further suggested the appointment of a commission of competent physicians to pronounce upon the expert testimony given before the courts. The enactment of a statutory law to correct the medical expert evil, and certain other legislation relating to the society, was advocated. These, together with matters of local interest, were ably dealt with by the new president, showing his familiarity with the medical affairs of the society and of the country, and demonstrating the wisdom of his election.

Personal.

DR. JOSEPH PRICE, of Philadelphia, has resigned as physician-in-charge of the Preston Retreat, and Dr. Richard C. Norris, associate editor of the *Annals of Gynecology and Pediatrics*, has been elected his successor. It has been apparent to the friends of Dr. Price for some time that his resignation would soon become necessary, on account of the enormous demands upon his time made by his work in abdominal surgery. If he has no rival in this country in the latter field, it is also to his everlasting credit that he has made the Preston Retreat, during his six years of service, the most famous maternity in the world.

DR. W. H. MYERS and Dr. Miles F. Porter, of Fort Wayne, Ind., having been recommended for Pension Examiners by Hon. W. F.

McNagny, have been duly constituted a Pension Board. The Fort Wayne *Medical Magazine* comments approvingly on Mr. McNagny's judgment, as follows: "He has not only risen above mere party dictation, but has recognized honorable and progressive men in an honorable profession. Physicians everywhere should take this as an indication that they may exercise the rights of citizenship in a manner becoming the profession, and yet be selected for their worth rather than for their lack of it."

DR. EUGENE SMITH, of Detroit, according to rumor, has disposed of his Athol Springs hotel and the Spring House, located near Buffalo, to the Fresh Air Mission, of this city. It is anticipated that the Mission will convert the hotel into an Infants' Hospital for Summer use.

DR. LUCIEN HOWE, of Buffalo, was elected a member of the Ophthalmological Society of the United Kingdom (Great Britain and Ireland), on December 14, 1893. This exceptional honor, we believe, has been conferred in but one other instance on a resident of the United States.

Obituary.

DR. WILLARD C. MARSELIUS died at his residence, in Albany, on Sunday, December 24, 1893. He was taken ill the Wednesday previous with appendicitis, and an operation was performed Friday morning by Dr. Albert Vander Veer, assisted by Drs. Macdonald and Ward. The appendix was found to be gangrenous, and there was intestinal perforation with general peritonitis. The operation consisted in removing the appendix and closing the perforations, and it was borne without serious shock. The inflammation, however, extended, and within forty-eight hours death ensued.

Dr. Marselius was born in Schenectady county, and was descended from one of the oldest Dutch families in the State. He was a graduate of Union University, class of '81, and in 1884 he was graduated from Albany Medical College. In 1886, he became associated in the practice of medicine with his uncle, Dr. Vander Veer, which relation continued until his death. He was one of

the representative physicians of Albany, and was esteemed by both profession and laity. He was married, September 12, 1893, to Miss Gertrude E. Wheeler, of Massachusetts, whose bereavement appeals to the sympathy of a wide circle of friends.

DR. HERBERT JUDD, of Galesburg, Ill., died suddenly, from apoplexy, at his residence, January 11, 1894, aged 50 years. He graduated at the Albany Medical College in 1867, and has practised his profession in Galesburg since that time. Dr. Judd had been surgeon of the Chicago, Burlington & Quincy Railway and at the time of his death, as well as for some years previous thereto, was surgeon of the Chicago, Santa Fé & California Railway. He was a surgeon of eminence and a physician who practised his profession with a full measure of success. In the city of his residence he was regarded as a foremost man of affairs, and had a large acquaintanceship throughout the United States that will be pained to learn of his sudden and early death.

College Notes.

A FOUR YEARS' COURSE AT JEFFERSON MEDICAL COLLEGE.

AT A meeting of the faculty of Jefferson Medical College, held on January 8, 1894, it was unanimously resolved to institute a compulsory four years' course with the session of 1895-96. This step was taken in order that the large clinical service of the Jefferson College Hospital (350 cases a day) might be utilized to the fullest extent in carrying out the desire of the faculty to provide advanced medical education of a practical character.

HIGHER MEDICAL EDUCATION AT RUSH.

IN PURSUANCE of the policy recently announced in the resolution to be presented to the American Medical College Association, the trustees and faculty of Rush Medical College have decided to require four years' attendance at college from students who begin the study of medicine this year, with a view to graduation in 1898. However, those who have already studied medicine one year or more with a preceptor, so that the four years of study

already required will be completed before July, 1897, may graduate after three courses of lectures as heretofore. To encourage proper preliminary study, graduates in arts and sciences from high grade colleges, and graduates in pharmacy and dentistry from colleges requiring a proper amount of study and two full courses of lectures, will, until further notice, be allowed to graduate after an attendance on only three courses of lectures.

Society Meetings.

ELEVENTH INTERNATIONAL MEDICAL CONGRESS.—Dr. A. Jacobi, Chairman of the American National Committee, has received a letter, dated December 19, 1893, containing the following communications :

American members will pay on the English, French and Italian railways single fares for double journeys, and will obtain a reduction of twenty per cent. on fares for Italian round-trip tickets.

The documents required for their identification will be sent to you in January, and Americans intending to visit the Congress will have to apply to you for them.

Full particulars concerning the journeys will accompany the documents.

Messrs. Thos. Cook & Son, London, Paris, Rome and Naples, should be applied to for accommodation and for tickets for the excursion at Rome, Naples and to Sicily. Such excursions will be arranged at Rome under the guidance of Mr. Forbes, member of several scientific societies and correspondent of the *Times*—for Naples, three days, including Vesuvius, Pompey, Capri, Sorrento, Castellamare, Bajae, etc.—for Sicily, ten days from Naples, including Messina, Taormina, Catania, Girgenti, Siracusa, Palermo, and return to Naples.

The fares for members of the Congress will be considerably reduced and comprise hotel accommodations, carriages, guides, boats, etc.—about 70 francs each for the three days and 285 francs for the ten days.

Full particulars concerning these excursions will be contained in a leaflet to be added to the instructions and documents for the journey.

From former communications the following are herewith quoted : The members' fee is \$5.00 ; that of their wives or adult relations, \$2.00 each. Checks or money orders may be sent to Prof. L. Pagliani, Rome, Italy. Credentials have been promised in the near future. When they arrive (none were received last year),

they may be too late for many who have started or are about to start. The undersigned, who is not informed of the cause of the delay, proposes to supply, in as official a form as he thinks he is justified in doing, credentials which are expected to be of some practical value. The North German Lloyd has promised to recognize them. It is suggested, besides, that a passport may increase the traveler's facilities.

Only the North German Lloyd (22 Bowling Green) and the Compagnie Générale Transatlantique (3 Bowling Green) have thought fit to grant any reductions to congressists.

The reductions on Italian railways are available from March 1st to April 30th.

THE Medical Society of the State of New York will hold its eighty-eighth annual meeting, Tuesday, Wednesday and Thursday, February 6th, 7th and 8th, in the City Hall, at Albany, commencing at 9.15 A. M., Tuesday, and ending at 1 P. M. on Thursday, under the presidency of Dr. Herman Bendell, of Albany. The following is the provisional program :

Papers.—Hemorrhagic Serous Effusion of the Pleura, with Report of a Unique Case, William S. Cheesman, M. D., Auburn; Researches on the Eliminating Power of Diseases, and the Relation between Vaccinia and Enteric Fever, William Finder, M. D., Troy; Pneumonia of the Aged, John H. Pryor, M. D., Buffalo; Diagnosis and Nomenclature of Fevers (second paper), Nelson G. Richmond, M. D., Fredonia; The Therapeutics of Oxygen, Arnold W. Catlin, M. D., Brooklyn; Simple Methods in the Diagnosis of Nervous Diseases, E. C. Spitzka, M. D., New York.

Discussion on Diphtheria.—(Arranged by A. Walter Suiter, M. D.) Pathology—Status Præsens, Thomas E. Satterthwaite, M. D., New York; Observations on Diagnosis, and Some Sanitary Aspects, A. Walter Suiter, M. D., Herkimer; Croup and Diphtheria—Unity or Duality, William H. Daly, M. D., Pittsburg, Pa.; The Comparative Status of Intubation of the Larynx, Joseph O'Dwyer, M. D., New York; Complicated Intubation of the Larynx, William Hailes, M. D., Albany; The Local Treatment, Abraham Jacobi, M. D., New York; The General Treatment, Edward F. Brush, M. D., Mount Vernon; The Use of Tartar Emetic in Diphtheria, H. DeV. Pratt, M. D., Elmira.

Papers.—Treatment of Depressions in Skull of the New-born, David D. Jennings, M. D., New York; Immediate Trachelorrhaphy,

Henry C. Coe, M. D., New York ; Lympho-adenoma of the Uterus, H. J. Boldt, M. D., New York ; Senile Endometritis, A. J. C. Skene, M. D., New York ; Treatment of Endometritis, Herman E. Hayd, M. D., Buffalo ; Nine Years' Experience with Alexander's Operation for Shortening the Round Ligaments of the Uterus, Paul F. Mundè, New York ; Pelvic Abscess, Walter B. Chase, M. D., Brooklyn ; A Case of Hysterectomy for Retention of the Menses, William Gardner, M. D., Montreal.

Discussion.—(Arranged by Andrew F. Currier, M. D.) Topic, Menstruation and its Abnormalities. Introduction and Normal Function, Andrew F. Currier, M. D., New York ; Dysmenorrhea, Its Causes and its Treatment, Howard Kelly, M. D., Baltimore, Md. ; Profuse Menstruation, Charles P. Noble, M. D., Philadelphia, Pa. ; Scanty Menstruation, Franklin Townsend, Jr., M. D., Albany ; Irregular Menstruation, Charles A. L. Reed, M. D., Cincinnati, O., and E. W. Cushing, M. D., Boston, Mass. ; Menopause, Natural and Artificial, Arthur W. Johnstone, M. D., Cincinnati, O.

Papers.—Urethral Caruncles, Edward M. Liell, M. D., New York ; The Physical Causes of Sexual Debility in the Male, as Distinguished from the Psychological Causes, F. R. Sturgis, M. D., New York ; The Surgical Treatment of the Prostate Gland, Seneca D. Powell, M. D., New York ; The Fable of the Egg, William S. Ely, M. D., Rochester ; Artificial Immunity, Henry R. Hopkins, M. D., Buffalo ; Clinical Notes on Psoriasis, with Especial Reference to its Prognosis and Treatment, L. Duncan Bulkley, M. D., New York ; Spinal Supports and Braces, the Indications for Their Use, History and Modern Perfection (to be illustrated with forty lantern slides), A. M. Phelps, M. D., New York ; History and Pathology of the Spinal Cord (illustrated with lantern slides), William C. Krauss, M. D., Buffalo.

Discussion on Abdominal Surgery.—(Arranged by A. Vander Veer, M. D.) Disputed Points in the Treatment of Pelvic Surgery, Joseph Price, M. D., Philadelphia, Pa. ; Influences Affecting the Results of Abdominal Operations, J. F. W. Ross, M. D., Toronto, Canada ; Hemorrhage After Abdominal Section, Its Place in Statistics, A. H. Buckmaster, M. D., New York ; Cysts of the Epigastrium, Dudley P. Allen, M. D., Cleveland, O. ; The Technique of the Abdominal Incision, Methods of its Closure and its Subsequent Management, William Warren Potter, M. D., Buffalo ; Operative Procedure for the Relief of Obstruction of the Common Duct, W. E. B. Davis, M. D., Birmingham, Ala. ; Two Cholecystotomies

for Gall-Stones with Recovery, with Remarks on Operative Methods Based upon Five Cases, William Wotkyns Seymour, M. D., Troy; Gall-Stones, the Exciting Cause of Malignant Disease, Rufus B. Hall, M. D., Cincinnati, O.; Appendicitis, Charles McBurney, M. D., New York; An Analysis of 150 Personally Observed Cases of Appendicitis, George Ryerson Fowler, M. D., Brooklyn; A Conservative View of the Treatment of Appendicitis, William S. Tremaine, M. D., Buffalo; Some Observations Relative to the Treatment of Suppurative Appendicitis, with Report of Cases, Willis G. Macdonald, M. D., Albany; Palpation of the Vermiform Appendix, G. M. Edebohles, M. D., New York; The Inch and a Half Incision, and Week and a Half Confinement in Appendicitis, Robert T. Morris, M. D., New York; Report of a Case of Post-Peritoneal Abscess from Duodenal Ulcer, with Presentation of Specimen, L. S. Pilcher, M. D., Brooklyn; Intestinal Perforation in Strangulated Hernia, William B. DeGarmo, M. D., New York; Remarks on the After-Treatment of Abdominal Section, Carlton C. Frederick, M. D., Buffalo; The Unexpected as Sometimes Observed in Abdominal Surgery, A. Vander Veer, M. D., Albany.

Papers.—Recent Methods of Gastrostomy for Stricture of the Esophagus, Willy Meyer, M. D., New York; The Influence of Physiological Rest on Prolapse of the Rectum, Joseph D. Bryant, M. D., New York; A Contribution to the Subject of Excision of the Larynx, Charles A. Powers, M. D., New York; Observations on 118 Cases of Cancer of the Breast, with Especial Reference to its Radical Cure by Operation, William T. Bull, M. D., New York; The Treatment of Hernia (supplement to paper read last year), Alexander Dallas, M. D., New York; Some Cases of Brain Surgery, Herman Mynter, M. D., Buffalo; The Needlessness of a Mydriatic in Adjusting Glasses to the Eye, D. B. St. John Roosa, M. D., New York; The Action of Scopolamine on the Eye, Thomas R. Pooley, M. D., New York; The Treatment of Nasal Hemorrhage, John O. Roe, M. D., Rochester; Report of a Case of Injury to Cauda Equina, Hermon C. Gordinier, M. D., Troy; The Treatment and Prevention of Epilepsy in the Young, Graeme M. Hammond, M. D., New York; The Practical Workings of the Law for the Care of the Insane, Carlos F. Macdonald, M. D., New York; Lunatics in Public Places, Wallace J. Herriman, M. D., Rochester; The Subfrontal Gyre (Brocà's Convolution) in Man and Apes, Burt G. Wilder, M. D., Ithaca; Acromegaly, Floyd S. Crego, M. D., Buffalo; Report of a Case of Acromegaly, with the Exhibi-

tion of the Subject, Frederick Remington, M. D., Rochester; Uremic Hemiplegia, Reynold W. Wilcox, M. D., New York; Glycosuria, W. B. Vanderpoel, M. D., New York.

Book Reviews.

HERNIA: Its Palliative and Radical Treatment in Adults, Children and Infants. By THOMAS H. MANLEY, A. M., M. D., Visiting Surgeon to Harlem Hospital; Consulting Surgeon to Fordham Hospital; Member of the New York Academy of Medicine, American Medical Association, New York State and County Medical Associations, International Medical Congress, Pathological Society, National Association of Railway Surgeons, etc., etc. Octavo, pp. 231. Philadelphia: The Medical Press Co., L'td. 1893.

An inspection of this book does not convince us that it contains enough that is new, or even that is better said than in the many works on hernia which are now accessible to the medical profession, and, hence, we do not see that it will do much else than announce the existence of the author. This does not mean that Manley's treatise has not some good features. There is much sound sense in what the author has to say on the subject of trusses in infancy, but the general plan adopted by him does not show the consistency and appreciation of the relative importance of the various portions of the subject that one has a right to expect in a book placed before the profession, the majority of whose readers are not competent to separate the wheat from the chaff. In short, the inference is clear that the writer is not a teacher or experienced as an author.

For instance, on pages nine and ten it is stated that "a general impression prevails that the detection of hernia, its diagnosis and recognition, are simple." This is anything but correct. Thus, in a few words replete with tautology, the author affirms an opinion that he evidently believes worthy of emphasis, and yet, one may hunt his book through without finding anything tending to throw light upon the difficulties acknowledged. Again, he asserts that "we must catch the hare before we can cook him." This particular hare does not get cooked, because he is still running when the book is concluded.

Still again, a considerable improvement can be made in the construction of sentences, such as, for example, "if we wish to

cocainize without inflicting, but the minimum of pain, etc." (p. 119), and the use of terms like "herniated arca," "hypodermize tissues," "hypodermication," and the like. Until one can write grammatically, he has no right to pose as the author of a book intended for circulation only among the members of an educated and scientific profession.

Another peculiarity to be found in this book is the method of reaching conclusions. We need only call attention to the author's remarks upon the Kocher operation (pp. 181-182), where in a few paragraphs one will find all the rubbish that could possibly be condensed into such a measure of space, and, to cap the climax, after stating the most positive (the author says fundamental) objections to the method, he admits that these objections "may be and rather visionary than practical."

Our advice to the author is to wield the knife and not the pen. With the former we have no doubt he is judicious and skilful; with the latter he can only bring ridicule upon himself and undo a reputation as a surgeon that he may really deserve.

J. P.

NEW TRUTHS IN OPHTHALMOLOGY: As Developed by G. C. SAVAGE, M. D., Professor of Ophthalmology in the Medical Department of the University of Nashville and Vanderbilt University. With thirty-two illustrations. Small 8vo, pp. viii.—152. Published by the Author. Price, \$1.50. Nashville, Tenn. 1893.

In the main, this book is a collection of the principal contributions which the author has made to ophthalmic literature during the past five years. Muscular anomalies of the eyes, and refractive errors and their correction, occupy the larger part of the work. That portion treating of the insufficiencies of the oblique muscles is especially interesting, and traverses a field heretofore unexplored. "Rhythmic exercise" of the ocular muscles is also of interest, and is worthy of practical consideration. The author writes in that forcible and earnest style native to himself, which impresses the reader with the genuineness and strength of his convictions; and while all that is here presented as *truth* may not be accepted fully by others, yet there is so much that is instructive and so much that is pertinent to the hour, that all interested in anomalies of the ocular muscles, and of refraction, should read the book.

A. A. H.

BOOKS RECEIVED.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Ophthalmology, Laryngology, Otology, and Dermatology. By professors and lecturers in the leading medical colleges of the United States, Great Britain and Canada. Edited by John M. Keating, M. D., LL.D., Colorado Springs, Col.; Fellow of College of Physicians, Philadelphia; formerly Consulting Physician for Diseases of Women to St. Agnes' Hospital; Gynecologist to St. Joseph's Hospital; Visiting Obstetrician to the Philadelphia Hospital. and Lecturer on Diseases of Women and Children, Philadelphia; Editor Cyclopedia of the Diseases of Children. Judson Daland, M. D., Philadelphia, Instructor in Clinical Medicine, and Lecturer on Physical Diagnosis and Symptomatology, in the University of Pennsylvania; Assistant Physician to the University Hospital; Physician to the Philadelphia Hospital and to the Rush Hospital for Consumption. J. Mitchell Bruce, M. D., F. R. C. P., London, England, Physician and Lecturer on Therapeutics at the Charing Cross Hospital. David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to, and Lecturer on, Clinical Medicine in the Aberdeen Royal Infirmary; Consulting Physician to the Royal Hospital for Diseases of the Chest, London. Volume II. Third series, 1893. Royal octavo, pp. xii.—363. Philadelphia: J. B. Lippincott Co. 1893.

Twelfth Annual Report of the State Board of Health of New York. Transmitted to the Legislature, February, 1892. Octavo, pp. 558. Albany: James B. Lyon, State Printer. 1892.

Thirteenth Annual Report of the State Board of Health of New York. Transmitted to the Legislature, March 9, 1893. Octavo, pp. 736, with maps. Albany: James B. Lyon, State Printer. 1893.

Proceedings of the Sanitary Convention, held at Stanton, April 27 and 28, 1893. Supplement to the Report of the Michigan State Board of Health for the year 1893. Lansing: Robert Smith & Co., State Printers and Binders.

State Board of Health of New York. Local Boards of Health in the State of New York. Albany: The Argus Company, Printers. 1893.

An American Text-Book of Gynecology, Medical and Surgical. For the Use of Students and Practitioners. By Henry T. Byford, M. D., John M. Baldy, M. D., Edwin Cragin, M. D., J. H. Etheridge, M. D., William Goodell, M. D., Howard A. Kelly, M. D., Florian Krug, M. D., E. E. Montgomery, M. D., William R. Pryor, M. D., George M. Tuttle, M. D. Edited by J. M. Baldy, M. D. Forming a handsome royal octavo volume, with 360 illustrations in text, and thirty-seven colored and half-tone plates. Price, cloth, \$6.00; sheep, \$7.00; half Russia, \$8.00. Pp. xxiv.—713. For sale by subscription. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

Manual of Physical Diagnosis for the Use of Students and Physicians. By James Tyson, M. D., Professor of Clinical Medicine in the University of Pennsylvania, and Physician to the University Hospital; Physician to the Rush Hospital for Consumption and Allied Diseases; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians, etc. Second edition, revised and enlarged. Duodecimo, pp. 241. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1893.

An Outline of the Embryology of the Eye. With illustrations from original pen drawings by the author. By Ward A. Holden, A. M., M. D., Assistant Surgeon New York Ophthalmic and Aural Institute; Clinical Assistant Vanderbilt Clinic. The Cartwright Prize Essay for 1893. Duodecimo, pp. 69. New York: G. P. Putman's Sons, 27 West Twenty-third street. London: The Knickerbocker Press, 24 Bedford street, Strand. 1893.

How to Use the Forceps, with an Introductory Account of the Female Pelvis and of the Mechanism of Delivery. By Henry G. Landis, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in Starling Medical College, Columbus, O. Revised and enlarged by Charles H. Bushong, M. D., Assistant Gynecologist and Pathologist to Dewitt Dispensary, New York. Small 8vo, pp. 203; illustrated. New York: E. B. Treat, Publisher, 5 Cooper Union. 1894. Price, \$1.75.

A Practical Treatise on Nervous Exhaustion (Neurasthenia): Its Symptoms, Nature, Sequences, Treatment. By George M. Beard, A. M., M. D., Fellow of the New York Academy of Medicine, of the New York Academy of Sciences; Vice-President of the American Academy of Medicine; Member of the American Neurological Association, of the American Medical Association, the New York Neurological Society, etc. Edited, with notes and additions, by A. D. Rockwell, A. M., M. D., Professor of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy; Member of the American Neurological Association, of the New York Neurological Society, etc. Third edition, enlarged. Small 8vo, pp. 262. New York: E. B. Treat, 5 Cooper Union. 1894. Price, \$2.75.

Annual Report of the Postmaster-General, of the United States, for the fiscal year, ending June 30, 1893. Octavo, lix—744. Washington: Government Printing Office. 1893.

A Manual of Diseases of the Nervous System. By W. R. Gowers, M. D., F. R. C. P., F. R. S., Consulting Physician to University College Hospital; Physician to the National Hospital for the Paralyzed and Epileptic. Second edition, revised and enlarged. Volume II. Diseases of the Brain and Cranial Nerves, General and Functional Diseases of the Nervous System. With 182 illustrations, including a large number of figures. Octavo, pp. xvi—1069. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1893.

A Manual of Practical Hygiene. Designed for Sanitary and Health Officers, Practitioners and Students of Medicine. By W. M. Coplin, M. D., Adjunct Professor of Hygiene, Demonstrator of Pathology, and Curator of the Museum, Jefferson Medical College; Adjunct Professor of Pathology in the Philadelphia Polyclinic and College for Graduates in Medicine; Surgeon to St. Mary's Hospital; Pathologist to the Philadelphia Hospital; late A. A. Surgeon, U. S. Marine Hospital Service; and D. Berau, M. D. Instructor in Hygiene and Clinical Microscopy, Jefferson Medical College; Bacteriologist to St. Agnes' Hospital, Philadelphia; Assistant Pathologist, Philadelphia Hospital; Assistant Pathologist, Philadelphia Polyclinic and College for Graduates in Medicine. With an introduction by H. A. Hare, M. D., Professor of Therapeutics, Materia Medica, and Hygiene in Jefferson Medical College, Philadelphia. With 140 illustrations, many of which are printed in colors. Octavo, pp. xvi—456. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1893.

Literary Notes.

ONE OF the prettiest calendars of the season is issued by the New York Engraving and Printing Co., of 320-322 Pearl street, New York City. It is mounted on a cardboard panel, $7\frac{1}{4} \times 14$ inches, of dark heliotrope color, with margins decorated in silver. The calendar proper is one inch less in dimensions than the panel, and each leaf, besides containing the almanac for the month, displays a photogravure of a prominent actress. The execution of the whole work is exceptionally tasteful, and makes a pretty decoration for a physician's office.

DECIDEDLY the most artistic calendar of the year is published and issued by Messrs. Lee & Shepard, 10 Milk street, Boston. It is entitled, "All Around the Year," and is designed in color by Mrs. Pauline Sunter, whose fame in water colors is world-wide. It is printed on heavy cardboard, with gilt edges, and is equipped with chain, tassels, and ring. Its size is $4\frac{1}{2} \times 5\frac{1}{2}$ inches, and makes a neat and useful wall decoration when hung by its silvery chain and tied with its dainty white-silk cord. The designs are made up of quaint little figures in grotesque attitudes, that give piquant significance to the verses that they illustrate. Each figure has its own peculiar individuality, that strongly suggests an interpretation of the relationship of figure to word. Furthermore, "All Around the Year" has a calendar for each month of 1894. It makes a tasteful and acceptable gift for a friend, and each comes in a neat box at the nominal price of 50 cents.

THE Transactions of the American Association of Obstetricians and Gynecologists, Volume VI., 1893, is now ready for delivery. It is a handsome octavo volume, illustrated, and is printed by William J. Dornan, Philadelphia. Non-members of the Association desiring this book should promptly address the Secretary, Dr. William Warren Potter, 284 Franklin street, Buffalo, as the edition is limited. Price, cloth, \$5.00; half Russia, \$6.00.

THE Epitome of Medicine has been discontinued. The publishers, Messrs. G. P. Putnam's Sons, announce in the December issue that they have decided to consolidate the Epitome with Braithwaite's Retrospect, and they now ask the attention of the readers of the Epitome to the value of the Retrospect as a comprehensive repository of the medical science of the world.

E. B. TREAT, medical publisher, announces to issue shortly A System of Legal Medicine, a complete work of reference for medical and legal practitioners, by Allan McLane Hamilton, M.D., of New York, and Lawrence Godkin, Esq., of the New York Bar, assisted by thirty collaborators of recognized ability. In two royal octavo volumes of about 700 pages each. Fully illustrated.

The great need of a standard American work on medical jurisprudence has long been felt ; and this work gives abundant promise of being just what the medical and legal profession have so long wanted. Every department will be thoroughly and reliably treated.

MATHEWS'S MEDICAL QUARTERLY, a journal devoted to diseases of the rectum, gastro-intestinal disease, and rectal and gastro-intestinal surgery, has made its appearance. Its first number, January, 1894, is an exceedingly handsome magazine, standard octavo in size, printed on tinted paper, in long primer type, and contains 188 pages of interesting reading matter. It is owned and edited by Dr. Joseph M. Mathews, professor of surgery and diseases of the rectum in Kentucky School of Medicine, who has associated with him Dr. Henry E. Tuley as assistant editor and manager. It is printed by John P. Morton & Co., Louisville, and will be published on the first of January, April, July and October in each year.

It has no rival in the field that it proposes to occupy, and nothing but success can crown the efforts of its distinguished editor in his useful and masterful enterprise.

We regret that an advance notice of this journal in our January number inadvertently became attached to Mr. E. B. Treat's book announcements.

NEW EDITION OF THE NATIONAL DISPENSATORY.—Physicians and pharmacists will be interested to learn the fact that the new edition of *The National Dispensatory* is almost ready for publication. Upon its first appearance fifteen years ago, a very large edition was exhausted in six months. The characteristics which secured this immediate recognition were its authoritative accuracy, its completeness, and the convenience with which desired information could be found owing to the exclusion of obsolete matter. These features have been carefully preserved in the successive editions, of which five have been demanded at brief intervals. The work contains the latest and ripest knowledge of that pharmaceutical savant, the late John M. Maisch, who had practically completed

before his death the sections reserved for himself. He had confided the remainder of the pharmaceutical portion to Prof. Charles Caspari, Jr., who occupies the chair of Pharmacy at the Maryland College of Pharmacy, in Baltimore. The therapeutical department has been brought thoroughly abreast of the time by Prof. Alfred Stillé, M. D., who has included critical statements of the value of even the newest remedial agents. A most suggestive "Therapeutical Index" is provided, giving practical suggestions under the various diseases arranged in alphabetical order. This, together with the general index, contains the vast total of 25,000 references. *The National Dispensatory* covers by authorization the new United States Pharmacopeia. Though the new edition of the *Dispensatory* contains at least 100 pages more than its predecessor, it will probably be maintained at the same low price in view of the certainty of a large and growing demand. It contains many new tables, list and descriptions of new processes and tests, and will be a work of indispensable value to all who have to do with any of the medical sciences.

Miscellany.

AN Army Medical Board will be in session at Washington, D. C., during April, 1894, for the examination of candidates for appointment to the medical corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board will make application to the Secretary of War before March 15, 1894, for the necessary invitation, giving the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from which they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates, based on personal acquaintance, from at least two reputable persons, as to his citizenship, character and habits. The candidate must be between 22 and 28 years of age, and a graduate from a regular medical college, as evidence of which, his diploma must be submitted to the Board. Successful candidates at the coming examination will be given a course of instruction at the next session of the Army Medical School, beginning in November, 1894. Further information regarding the examinations may be obtained by addressing the Surgeon-General, U. S. Army, Washington, D. C.

Buffalo Medical ^{and} Surgical Journal

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Original Address.

ANNUAL ADDRESS OF THE PRESIDENT BEFORE THE MEDICAL SOCIETY OF THE COUNTY OF ERIE.

January 9, 1894.

By JOHN PARMENTER, M. D., Buffalo, N. Y.

BEFORE I begin the few words that I have to say to you on retiring from the presidency of this Society, I wish to thank you most cordially for the honor conferred upon me by making me your president. It was my misfortune to be absent from the meeting one year ago, when I was so generously and handsomely remembered by you, and, hence, I could not give you then the thanks and words of appreciation that I now take occasion to do. And yet, while I am deeply appreciative of the honor of being the presiding officer of this ancient body, I cannot refrain from expressing the belief that the best interests, the dignity and the usefulness of this organization would be better maintained and promoted by the election to the presidency of some one of its many members who have "grown gray in service," with all that that term means in judgment and executive ability. It seems to me that such a policy for the future would be a safe and wise one. Many of our best known and respected brother practitioners from adjoining towns should have recognition in this way. It would be a graceful act for the voting majority, composed of city members, to remember this in the nomination and election of future officers of this society. And right here let me call the attention of the society to the fact that during the past year an unusual amount of work connected with the revision of the by-laws has been performed by the secretary, and that he should receive a liberal compensation for the same. Both the secretary and the treasurer are officers who give the society an amount of time

and labor that merits a compensation which they never receive. I sincerely hope that the society will see this matter in the just and true light, and act accordingly.

The events of our society meetings during the past two or three years have suggested to my mind very forcibly the differences between our society in this period and the same a decade ago, when I first became a member of it. In the first years of my membership, the chief functions were political in character, and the politics of that order which dealt not with the larger and more important issues of the day, but rather that petty kind which made many entertain unpleasant feelings toward their brothers and distracted all from the legitimate and proper work of the society. If the record of the past two or three years is an index of the future, that day is past. Henceforth, personalities, lobbying for office, impeachment of hospital reports and the like will give place to the reading and discussion of scientific papers, the endorsement of laudable public measures, and the promotion of higher ethical standards among its members. We have already, as I have said, in the past two or three years begun the good work. We have listened to the reading of papers by men eminent in their chosen lines, and these have been discussed in a manner creditable to the membership of any society; we have endorsed the important measures which have come before us for our recognizance and aid; we have given our hearty support to the efforts of the state in making a higher standard of medical education; we have maintained a successful opposition to the quackery which has so long infested our city, and we have done one other thing which, to my mind, marks an era in the history of this society, viz.: we have joined hands with our homeopathic colleagues and made a united effort in a common cause to effect a desired result. This means a great deal; it means the first battering-ram against the high and solid wall which has so long separated us from our homeopathic brethren; it means the beginning of the end of schools; it means the inauguration of a time when we shall all be physicians, free from any dogma, to treat the sick according to the best dictates of reason and science. The mere existence of a dividing line leads one to inquire why it is there, and the question as the matter stands today is one not easy to answer. There are so many points of similarity in the theory and practice of

physic that are believed and practised by both alike, that one is made to wonder that men engaged in such serious and responsible scientific work will longer permit themselves to be divided by any such hair-splitting processes as have held sway in the past. We need but to look over the curricula of the various homeopathic medical colleges in this country to find therein a place of instruction which differs but little from that of our own schools. In almost all branches, even in therapeutics, the same text-books find a place in the list of books recommended to students. Thus, in the announcement of the Homeopathic Hospital College of Cleveland, O., the following are some of them:

BOOKS RECOMMENDED FOR STUDY.

	TEXT-BOOKS.	REFERENCES.
SURGERY	<i>Helmuth</i>	{ Wyeth, Gross, Stephen Smith; Gerster, Agnew.
ANATOMY	{ <i>Descriptive—Morris.</i> <i>Osteology—Holden.</i> <i>Surgical Anatomy—Sheild.</i>	{ Gray, Holden's Manual, McClellan's Regional. Treves.
PRACTICE OF MEDICINE, GENERAL AND SPECIAL PATHOLOGY AND DIAGNOSIS	{ <i>Raue's Pathology and Diagnosis; Baehr's Therapeutics; Ardent's System of Medicine; Ockford's Handbook of Practice</i>	{ Clapp's Tabular Handbook of Auscultation and Percussion; Gray's Diseases of Nervous System; Da Costa on Diagnosis; Loomis' Theory and Practice of Medicine; Pepper's American Text-book of Theory and Practice.
MATERIA MEDICA	{ <i>Hering; Dunham's Lectures; Hughe's; Farrington; The Organon</i>	{ Hahnemann; Hempel; Salient Materia Medica, Cleveland; Allen's Cyclopedia.
PHYSIOLOGY	<i>Kirke</i>	Yeo; Landois; Foster.
OBSTETRICS	{ <i>Guernsey; Leavitt</i>	{ Playfair; Lusk; For- dyce Barker on Puer- peral Diseases; Keating.
GYNECOLOGY	{ <i>Ludlam</i>	{ Hart and Barbour's Manual of Gynecology; Pozzi.
DISEASES OF CHILDREN	<i>Guernsey; Teste</i>	Keating.
CHEMISTRY AND TOXI- COLOGY	{ <i>Simon; Pellew; Leff- mann and Beam; Prac- tical Chemistry</i>	{ Fown's Chemistry; Taylor on Poisons; Beale on Urinary Deposits.
OPHTHALMOLOGY	{ <i>Angell; Buffum; Morton; Noyes or Schweinitz.</i>	

	TEXT-BOOKS.	REFERENCES.
OTOLOGY	{ <i>Winslow</i>	{ Houghton or St. John Roosa.
DERMATOLOGY	{ <i>Kippax</i>	{ Saunder's Compend.; Byford.
MICROSCOPY	{ <i>Delafield's Elements</i> <i>of Histology</i> ; <i>Klein</i> . . .	{ Practical Microscopy, Miller; The Microscope in Medicine, Beale.
MEDICAL JURISPRU- DENCE	{ <i>The Code of Medical Ethics</i> ; <i>Vol. I. Greenleaf</i> <i>on Evidence of Malpractice, Medical Evidence</i> <i>and Insanity, by Ewell</i> ; <i>Vol. III. Legal Medicine</i> <i>by Chas. M. Tidy.</i>	
SANITARY SCIENCE	<i>Parks</i>	Buck, Wilson.
DISEASES OF NOSE AND THROAT	{ <i>Sajous</i> ; <i>Bosworth</i>	Lennox Brown, 3d Ed.
ORIFICIAL SURGERY	<i>Pratt</i> .	
LEXICON	<i>Gould</i> ; <i>Thomas</i> .	

We see, therefore, that the same training is given the students who are to become practitioners of medicine under the one or the other banner.

Again, when we consider the selection and administration of the drug to be given, we shall find a marked similarity. Members of the homeopathic and the regular professions choose their drugs in accordance with their best judgment as to its physiological effects and its therapeutic applications in disregard of whether it belongs to the category of drugs known as homeopathic or not. In short, the members of both professions enjoy and exercise full liberty in planning and executing their treatment of their patients. That all this is true is easily shown by reference to the statements of medical authorities in the homeopathic profession, either in their text-books, in their editorial remarks, or in their sayings in society meetings. Thus, a resolution of the Homeopathic Medical Society of New York, passed February 8, 1878, declares that

A belief in the laws of similars does not debar us (homeopathic physicians) from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle of medicine, or of any therapeutic facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care.

The New York *Medical Times* (May, 1892, page 48,) says in an editorial as follows:

It is apparent to even the casual observer, that scientific study is rapidly bringing all schools more in harmony with each other, and while it eliminates more and more the theoretical and conjectural, is

building up a scientific therapeutics based upon the unanswerable logic of facts, the general outline of which will be acceptable to all. The same journal further suggests that if the societies composed of non-sectarian physicians revise their by-laws so that physicians now called homeopaths may be eligible for membership, the homeopathic medical societies should then drop their sectarian name.

This is a most important suggestion, and I shall ask you to bear it in mind again in a few moments.

Another recognized journal of homeopathy (*The Homeopathic News*, March, 1892), in a stirring editorial, says as follows:

We venture to assert that had not our school drifted away from the practice of forty years ago, it would have been dead and buried long since.

Continuing, this recognized journal of homeopathy says:

We have drifted away from the practice of giving a pellet of the two-hundredth or higher, and waiting thirty or sixty days for its curative effects; from the prescribing of a high dilution by smelling the dry pellets, those same pellets "grafted" by shaking a thousand pure pellets with one medicated by the ten-thousandth.

We have drifted away from a belief in provings made by taking a single dose of the one-thousandth, thirtieth, or third even, and then recording all the symptoms felt by the prover—natural symptoms, colds, diarrhea, etc., for the next sixty days!

We have drifted away from the carrying a pocket repertory to the bedside of the patient, and recording the symptoms in columns, and a weary search in said repertory until a mechanical similimum was found.

We have drifted away from the days when our pseudo-surgery was a disgraceful farce, when we expected silica to open a felon, or hepar sulphur to lance an abscess.

We have drifted away from the narration of miraculous cures with the highest attenuations, which were not cures at all, but a spontaneous finale of a self-limited disease.

We have drifted from the days when our practitioners would sit by the bedside of a woman dying of uterine hemorrhage, hunting in a repertory for the "indicated remedy," while the vital fluid was ebbing away, without recourse to the tampon or ergot.

I have made these quotations to show you that homeopathy as taught by Hahnemann and as practised today, are quite different things, and that the intelligent homeopathic practitioners of the present time are fast receding from the position maintained by their predecessors. They too, like us, give hygiene and diet a most important place in their therapeutics. They, too, use palliative

measures in painful and incurable diseases. Thus we see how much alike are the opinions and practices of two sections of the medical professions which today are separated by a dividing line that seems to have no justification for its existence.

In Buffalo I am glad to say that already the entering wedge has been employed, and we now have consummated the first step toward a union. I refer to the recent organization of a staff for the Erie County Hospital, upon which serve physicians and surgeons from the regular and the homeopathic ranks. Such a combination has never before occurred in any institution in this city, so far as I know ; and although sufficient time has not yet elapsed to judge of the efficiency and harmony of this joint staff, I have no doubt from the liberal views and general broad-minded character of our homeopathic confrères that the result will be in every way a complete justification of the wisdom and liberality of our Board of Supervisors, who have brought all this to pass. Now, can we not go a step farther—a long and important step? Can we, the Erie County Medical Society, not declare ourselves to be free from the bigotry and narrow-mindedness of the past and show ourselves willing to subjugate all former prejudices by earnestly urging for a union of the regular and homeopathic physicians of the County of Erie? In short, to do all we can to bring about the amalgamation of the Erie County Homeopathic Medical Society with our own, three pertinent questions arise:

1. Is such union feasible?
2. If so, is it desirable?
3. How can it be effected?

Regarding the first question, from what has already been said, it will, I think, be apparent that but few differences between us really exist, and these by no means vital, and this means harmony. I have already quoted the resolutions of the New York State Homeopathic Medical Society, and I repeat them right here, that they may be firmly fixed in your minds:

. . . The belief in the law of similars does not debar us (homeopathic physicians) from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle of medical science, or of any therapeutic facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care,

What difference, I ask, is there, then, between the members of the above mentioned society and ourselves? Any homeopathic physician subscribing to the resolutions just quoted is eligible for membership in any medical society composed of members like ourselves. This means, to my mind, that so far as common ideas and practices can make it, the amalgamation is feasible.

Is it desirable? In every other function in our lives we meet and work together. In the church, in politics, in philanthropy, we unite our efforts in friendly spirit to bring about necessary or desired ends; we meet as equals in the drawing-room and all of us number some of them among our best and most respected friends. When in one or the other of the above-mentioned causes we band together, we hasten and render more certain the accomplishment of these causes, because in union there is strength. So it would be in our life-work for medical science. Here, too, union would be strength and our united efforts would the sooner make us as a profession better in every way. The regular school by no means knows it all. Homeopathy has taught us many valuable lessons. It has taught us the curative power of unaided Nature, the use of diet and regimen in treating disease, and the uselessness, even harm, of giving powerful drugs in many instances, and the undesirability of "shotgun" prescriptions which combine many and nasty medicines upsetting alike to stomach and health. And we have learned these lessons, too, not as friendly counsel from co-workers in science, but because it was true and we were forced to adopt the practices advised as a child takes bitter medicine, not for its sweet taste, but because it does good. If this be so, how much time and knowledge might we not have gained had these acquisitions to our knowledge come from friends instead of competitors. Again, is not the man himself a better man? Is he not more tolerant and liberal-minded to his brethren? Is he not a better physician to his patient when willing to accept from any authoritative source any useful additions to his professional knowledge? My answer then is, it is desirable because by union we make our profession stronger and better, we make ourselves as men more liberal and tolerant with all that these adjectives mean, and, finally, we subserve the best interests of our patients.

Do not misunderstand me as defending homeopathy as such. I have nothing but contempt for doctrines which teach that the rule *similia similibus curantur* should be elevated to the dignity of a regular law, that there is a curative power in infinitesimal doses,

and that this power increases as the dose of the drug decreases. What I do say is that, incidentally, homeopathy, so-called, has done good as above stated and that we have adopted some of the lessons and that it is not unlikely that there are some more for us to learn.

Now to our third question : How can we bring this about ? Inasmuch as we are the older and the numerically stronger body, it would, it seems to me, be a graceful and proper act for this society to ask the Erie County Homeopathic Medical Society to join with us in making one large, strong body of physicians, who should be co-workers in medicine, disclaiming all 'pathy, united in action for the betterment of their science and for the alleviation of mankind. To attain this end, one thing, at least, is essential. Our neighbors must discard the name homeopathic. From what I have read, some quotations you have already heard, and from conversation with members of the homeopathic profession, here and elsewhere, I am convinced that but few true disciples of Hahnemann remain. Anyone who regards the rule *similia similibus curantur* as of partial and not universal application is no longer a homeopath and has no right to call himself as such. I hazard the conjecture that the very great majority of homeopaths, so-called, in this city are not such, and that to put aside the name would not necessarily tug hard at their heart-strings. At any rate, if we make the offer under the limitations stated, we have shown our desire to throw away the narrow and belittling traditions of the past and to do our utmost to promote universal brotherhood. This is an opportune time. A new year and a new era together would be added to the history of this venerable and important society.

116 NORTH PEARL STREET.

POTASSIUM PERMANGANATE AN ANTIDOTE FOR MORPHINE.—Recent despatches state that Dr. William Moore, of New York, claims that when morphine is taken into the stomach and promptly followed by the ingestion of a somewhat larger dose of potassium permanganate, the latter drug causes the oxidation of the alkaloid, rendering it harmless. To demonstrate the correctness of his view, he recently, in the presence of a number of physicians, swallowed three grains of morphine, taking immediately afterwards, four grains of potassium permanganate ; and experienced no bad effects.—*Philadelphia Polyclinic*, February 7, 1894.

Original Communications.

DYSMENORRHEA.¹

By ELECTA B. WHIPPLE, A. M., M. D., Buffalo, N. Y.

WITH SOME hesitancy would the topic under consideration be brought before this body of learned, representative gynecologists, were it not true that disease and suffering, however trivial they may appear in the light of science, demand recognition and must ever receive attention from the conscientious physician. Hence, no apology is required for presenting a subject trite as its literature is meager and broad as its pathology is obscure.

In view of this dearth in its literature and the many and diverse theories held, the student must conclude that the etiology of dysmenorrhea is but imperfectly understood. In considering this important subject, whether in point of its etiology, prophylaxis, treatment, or citation of cases under observation, we would emphasize *excessive* dysmenorrhea in contra-distinction to the pain, aching and lassitude ordinarily attending the menstrual function.

It matters little to the suffering patient whether this affection be primary or secondary in character, or whether it be a symptom of some structural, pathological condition, or classed in the great family of neuroses. But, under a nomenclature, varying as the pathology is conceived to be, the physician is called upon to treat a neuralgic, inflammatory, congestive, membranous, obstructive, or, more properly, an ovarian, uterine, or a constitutional dysmenorrhea.

WHO ARE THE SUFFERERS?

This affection is not confined to the overworked, hysterical shop-girl, standing upon her feet nearly from "sun to sun," nor yet to the anemic, neurasthenic seamstress, who passes six days of every week at the other horn of the dilemma, and rarely rises from her chair in working hours. Nor can the society "bud," fritting her life away in late hours and rash exposures, be in this exclusive, even from the ambitious school-girl, striving to be the "star scholar" in her class, and thus furnishing a convenient target at which anti-educationists may aim their luckless shots. But the rosy-cheeked, romping, rollicking, carefree and easy

1. Read before the section on Obstetrics and Gynecology of the Buffalo Academy of Medicine, December 26, 1893.

country girl, well in every other respect, frequently suffers tortures at each monthly epoch.

Again, dysmenorrhea is not only frequently present in the sterile, but also in some *parous* women where no displacements exist, nor can any anatomical irregularities be discovered, either by microscopic or macroscopical examination.

ETIOLOGY.

That it is most essential to understand the etiology of a disease before undertaking its treatment, goes without saying. Yet in the literature of dysmenorrhea we find eminent gynecologists averring that "the relations between dysmenorrhea and its causes are very diverse and imperfectly understood, that no single theory of its causation will apply in all cases, and that no nosological system covers the ground satisfactorily from a clinical point of view. Nevertheless, it is convenient to treat of the affection under some of the various forms that we have assigned to it."

(a) Ovarian: That dysmenorrhea may be due to inflamed or prolapsed ovaries is rational, especially when the excessive pain referred to that region occurs from one week to ten days previous, or following the menstrual epoch. Several cases of this kind come vividly to the mind of the writer, to two only of which will reference be made.

CASE I.—M. C., unmarried, age about 24, blonde, came under observation for relief from periodical suffering. She was well developed, of fine physique, stately carriage, full of energy and activity and not given to "sedentary laziness." About one week previous to each menstruation she was seized with severe lancinating pains, commencing in right ovary and radiating through the entire pelvic region, until, as she expressed herself, she suffered from "unbearable cramps," which finally ceased and the menstrual period was passed in a most comfortable and painless manner.

CASE II.—S. M., married, sterile, blonde, menstruation was unattended with suffering, but, about one week after the period, she invariably experienced intense and increasing pelvic pain, generally culminating in a prostrating headache.

(b) Uterine: What an array of young women and girls every year present themselves not only to the specialist, but to the general practitioner, for relief from distressing dysmenorrhea!

The etiology of many of these cases is confirmed by an examination, and under the proper treatment for congestions, displace-

ments of the uterus and stenosis of the cervical canal, they are relieved.

But the greater part either have immunity for a considerable length of time, pass from the notice of the physician who considers them cured, and later the old trouble recurs, or they drift into the care of another, who under similar treatment may give some relief, or entirely fail in the attempt.

For illustration, a few instances of this kind may be mentioned :

CASE I.—K. N., age 22, well developed, good color, bright, brown eyes, in good general health, active, vivacious, a school-teacher, complained of intense and increasing dysmenorrhea, so that she was compelled to lie in bed for two or three days at each menstrual period. Not only did she experience intense pain in back, hips and throughout pelvis, so that morphia was liberally used, but incipient rigors, temporary contraction of facial muscles, rigidity and loss of consciousness were present, when her physician resorted to the use of chloroform. Uterus was in nearly normal position, dilatation of cervical canal gave marked relief for a short time, but did not continue.

CASE II.—M. E., unmarried, age 21, brunette, fine physique, plump, a stenographer, suffered from dysmenorrhea, uterus was in normal position, dilatation of cervical canal gave some improvement, but after a few months usual pain returned.

CASE III.—M. S., unmarried, age 27, anemic, flow scanty, uterus somewhat retroverted, but no benefit was experienced from dilatation of cervix, which had been made by her physician.

CASE IV.—M. W., unmarried, age 20, of a very nervous temperament, irritable, a stenographer. Each menstrual period was ushered in with great suffering, flow profuse, lasting five or six days. Uterus was retroverted but no discoverable stenosis, though her physician had resorted to dilatation, which operation furnished not the least relief.

At the sixth annual meeting of the American Association of Obstetricians and Gynecologists, held in June, 1893, in a most interesting discussion following the reading of a paper on Dilatation of the Cervix for Dysmenorrhea, one of the participants stated that from his investigations, extending over a period of ten years, where post-mortem examination of more than one thousand uteri had been made, the condition of stenosis of the uterine canal, in the lower segment, was one of the rarest conditions ever occurring in that organ.

And what shall we say of those women who suffer from endometritis, displacements and numerous pelvic diseases, and yet

painful menstruation is unknown to them, while women having normal ovaries, tubes and uteri suffer tortures at each menstrual period?

This brings us within the domain of

(c) Constitutional dysmenorrhea: Under this classification may be found the anemic, chlorotic, neurasthenic, overworked and underworked girls—all generally most unhygienic in their personal habits.

Many of these are of healthy parentage, endowed with a heritage of robustness, and at the age of puberty possess every apparent perquisite of health. The menstrual function is established with but little pain, yet at each successive period becomes more pronounced and aggravated until in a few years the recurrence becomes well-nigh unbearable.

It is not surprising to find this condition in women clerks, standing all day upon their feet, laboring under more or less excitement, wearing their clothing uncomfortably tight, going to and from their work exposed to wet and cold, and evenings refraining from no pleasures that may conflict with a proper care of their health. And we are not astonished that sewing women, stenographers, book-keepers, and those of sedentary habits, taking little or no exercise in the open air, and denying themselves of sufficient, good nourishing food are generally sufferers from dysmenorrhea. Yet neither of these classes presenting themselves to the physician apparently receive one-half the solicitude that does the school-girl. And when the mother consults the family physician regarding any irregularities that menace the health of her fond daughter, as if a confession of inability to relieve, it is quite popular to advise *immediate removal from school*.

Prof. Gill Wylie, in an article published in the *American System of Obstetrics and Gynecology*, Vol. I., says: "It is a well-recognized fact that dysmenorrhea is much more common among the highly educated and well-to-do classes than among the laboring classes." Further he says:

This is probably due to two causes: First, among the rich, the law of survival of the fittest is interfered with; second, besides being enfeebled by bad hygienic environments, the girls of the rich, as they approach puberty, are compelled to expend all available force in intellectual work at a time when the generative organs should be developed; even where a good constitution is inherited and sufficient exercise, food and sunlight are allowed to fairly well develop the muscular system, if emotional and intellectual work is forced upon them during

the period that the generative organs should be developed, or allowed force to develop, they will be likely to suffer from dysmenorrhea due to imperfect development of the generative organs.

It has been asserted that the poor, "being exempt from the rigid laws and customs of civilization imposed upon the cultured and wealthy classes," are almost entirely free from local troubles. But such is not the case, as the charity clinics in our hospitals testify. And we know that many of the laboring women and girls who have spent very little time in educational pursuits, but having been subjected to prolonged bodily fatigue and heavy menial work, suffer greatly from pelvic ailments.

Much has been written upon this subject and some statistics have been gathered, and yet they are so few and incomplete that no logical conclusion can be deduced from them. No general, systematic research has been made to determine in what way physical growth and development, during the age of puberty, are influenced by the mental work imposed by our schools. It does not appear that the average American youth is in any immediate danger of becoming a physical wreck on account of the difficult curricula of study in the common schools. When we consider that the average number of daily school hours for all the grades is only about five, with intermissions, and the study periods will not average more than one and one-half or two hours during the sessions, and but one or two hours are devoted to study out of school, it hardly seems plausible that intellectuality and culture are acquired by our girls at the expense of physical development. Dr. Mary Putnam Jacobi once pithily said:

It is in fact a matter of common observation that hysterical and anemic women, in whom disordered menstruation is most frequently observed, are conspicuously destitute of habits implying either cerebral or spinal activity; that is, they neither think much, nor take much physical exercise.

The health statistics of women college graduates, reported by a special committee of the Association of Collegiate Alumnae, together with statistical tables collated by the Massachusetts Bureau of Statistics of Labor in 1885, gave in its summary of results that the average age at which the girls began study was 5.64 years, at entering college 18.35 years, at graduating from college 22.39 years. Furthermore, that the female graduates of our colleges and universities do not seem to show, as the result of their college studies and duties, any marked difference in general

health from the average health likely to be reported by an equal number of women engaged in other kinds of work, or, in fact, of women generally without regard to occupation followed. Why, then, the very diverse conclusions arrived at by those who have made but limited observations for special purposes? The small amount of mental work imposed by the schools cannot in itself be deleterious, but the evil lies in the methods of accomplishment. The school-girl cannot be a society girl and maintain an ideal standard of health. School work, supplemented by late hours, midnight banquets, heating and suddenly cooling the surface of the body, tight clothing, and going out of doors with feet incased in paper-soled slippers, surely are not contributory to health and do swell the statistics.

Neither can the school-girl, with impunity, lead a passive life and, because of her preference, remain indoors during the school intermissions, doing the most desultory studying, eating confectionery, or an indigestible baker's lunch, when she should be in the open air engaged in unrestrained exercise.

We concur with Prof. Wylie and others, that a great source of dysmenorrhea is imperfect development of the generative organs, which, however, we believe is due, not so much to the force expended in intellectual work, but rather to a lack of systematic, hygienic exercise and a profound ignorance of the anatomy and physiology of the pelvic and other organs of the human body. How to remedy this alarmingly growing evil, and thus avert a vast amount of suffering with its disastrous sequelæ, is a problem requiring for its solution the thought of every progressive physician. And this brings us to the very threshold of

PROPHYLAXIS,

toward which we note the public trend. The keynote of prophylaxis was struck by Dr. Delancy Rochester, President of the Buffalo Academy of Medicine, in his scholarly and timely address before that body, last June. Said he :

In our system of school education should be included an elementary course in human physiology, in which every child should be instructed before he or she has reached the age of fourteen or fifteen years. The instructor in physiology should always be a thoroughly educated physician.

This sentiment we most heartily indorse, and, furthermore, we believe that daily hygienic exercise should be provided for every

pupil in our schools, under the direction of an educated physician. Then will the aphorism of Emerson no longer be forcibly true: "Society never advances ; it recedes as fast on one side as it gains on the other." Then the intellectual will not be gained at the expense of the physical. Surely it is significant of this progressive age when we find the public educator in unison with the physician and working not only along lines but also in a physiological manner, and directing the *manual* as well as the mental and moral training—the highest development of all being the only *true* education.

We believe we are correct in the statement that in all the grades of our city schools a smattering of physiology is now taught, and in the High School, we are pleased to say, physiology has for some time been taught by a physician. Also, in some of the grades, at least, a feeble attempt is made to teach physical culture, and we gladly note even these initial advances along the lines of progressive thought and education. If the law for compulsory education can be created and enforced, why not a law for compulsory hygienic exercise in the schools ?

The family physician may be able to do something towards impressing the mother as to her duty in imparting to her offspring whatever knowledge of physiology and hygiene she may possess. But, in the majority of cases, there is a woeful ignorance, coupled with that unaccountable diffidence existing between mother and daughter in regard to those physiological subjects, where the greatest frankness should be maintained. As a result, dysmenorrhea and other pelvic disorders are inaugurated, which the girl may never overcome. For these and obvious reasons, we believe special instruction in our schools should be given by one thoroughly competent, when greater heed will be taken and the health interests of those instructed be better subserved.

Also, the daily hygienic exercise, whether from the Swedish, Sargent, Emerson, or Delsarte systems, should be given under the direction of a physician. Then will each pupil receive, at the outset, a physical examination, measurements be taken, and strength tested, which tests, from time to time, will be repeated. Directions can then be carried out in regard to the dress, and, at least, five days in the week will the hygienic dress, suitable for engaging in free exercise, be worn. Each will take the exercise suited to her condition, and not only be taught to sit, to stand, to walk, and to carry herself correctly, but the abdominal

and pelvic muscles will receive their share of attention and, we believe, the great *desideratum*—proper development of the generative organs—will be better attained.

TREATMENT.

Since the purpose of this paper is the consideration of the etiology and prophylaxis, rather than the treatment, of dysmenorrhea, but brief reference will be made to the general therapeutics.

The suggestion of a vaginal examination is a great shock to the sensitive, shrinking nature of the young girl, worn out with suffering at each menstrual period, and terrified at the expectancy of a recurring one. Nor will the considerate physician exact this until all probable and improbable remedies have been exhausted, without success, in the endeavor to overcome the persistent dysmenorrhea. If the sufferer is then unrelieved, more radical measures must be employed.

But the first step in the treatment of the married woman should be a thorough examination for the purpose of detecting any existing displacements, stenosis of the cervical canal, or congestion of the generative organs.

If displacements, flexions, stenoses, occlusions or polypi be present, and in some diseased conditions of the ovaries, only operative measures will give relief.

In many cases due to inflammation of uterus and ovaries the use of galvanism has given great satisfaction in completely overcoming the existing dysmenorrhea.

If the patient be anemic or chlorotic, a tonic course of treatment, with enforcement of strict hygiene, is indicated.

The habit which some young women and girls have formed of using alcohol and morphia—at first for relief from dysmenorrhea, and finally for every ache and pain until they find the habit too firmly fixed to be discontinued—should be denounced in no uncertain terms by the family physician.

In an abstract of a paper by Thomas More Madden, M. D., read before the International Medical Congress, Berlin, August, 1890, he says:

Of all the ailments of female existence, few give rise to more persistent suffering, or produce more disastrous effects on the general health and even on the cerebro-nervous system, or on the moral constitution of the patient than does well marked, obstructive dysmenorrhea. The latter consequence is more especially evident in many cases of

alcoholism, which, in women, may frequently be dated from their first painful menstrual period, for the relief of which stimulants are too often improperly administered and repeated in increasing doses until finally, in many cases, the victim of dysmenorrheal alcoholism becomes an habitual and perhaps incurable drunkard.

In those cases characterized by a scanty menstruation, in which no well-defined local or organic lesion can be found, but where a neurotic or hysterical tendency prevails, the employment of drugs generally proves successful.

But a proper selection of remedies can be made only after a careful study of each individual case, since that agent which brings relief to one from distressing dysmenorrhea may be utterly worthless for another, and what proves a success at one time may be a failure at the next.

491 PORTER AVENUE.

OBSERVATIONS ON FRACTURES AND THEIR TREATMENT.¹

By GREGORY DOYLE, M. D., Syracuse, N. Y.

IN NO branch of surgery does experience prove a better friend than in the treatment of fractures. Many of us, in our early days, have issued forth from the threshold of our *Alma Mater* with bright new diplomas in our eager hands, and full confidence in our undoubted ability to repair all forms of broken-up humanity; a colic or a furuncle presented no more difficulties than the most serious fracture. However, after a few surprises in the way of disastrous results we were convinced of the importance of extreme caution, careful attention and the assiduous study of each individual case.

The young photographer, after having read up on his art, thinks it only necessary to touch the button and take his chances as to the results. After he has spoiled a number of plates and a host of chemicals, it will perhaps dawn upon him that some extended experience and practical knowledge would beget better results and prevent many mistakes and much waste of good material.

Some forms of fracture are difficult, and require most careful examination to ascertain the exact condition of the injured parts.

1. Read before the Syracuse Academy of Medicine, February 6, 1894.

A good knowledge of anatomy is absolutely essential, for the origin and attachment of muscles must be taken into consideration, as also the proximity of vessels and nerves to the injured parts.

Tentative manipulation should be carefully and diligently made until the exact character of the lesion is ascertained, for if any part of the diagnosis is left to chance or guesswork, there may be subsequent cause for regret. When examining a fracture, all unnecessary suffering should be spared the patient. It is not necessary to turn and twist the limb or grind the broken ends together to get crepitation, as the unnatural outline of the injured member with its abnormal flexibility will, in most cases, determine the seat and nature of the fracture. The greatest gentleness should be used, as the patient is supersensitive to pain, and rough handling may produce dangerous irritation to the muscles and nerves and even rupture adjacent blood-vessels.

I remember seeing, in a distant city, a number of physicians trying to differentiate between a dislocated hip and an intracapsular fracture of the femur, which to the practised eye is a very easy matter. The patient was lying on a couch, surrounded by a throng of solemn-faced wise-looking inquisitors; each in his turn took a tug and a twist out of the poor fellow's leg in his efforts to make a diagnosis. This unnecessary and severe handling could have been avoided had they recognized in the shortened limb and everted foot a plain case of intracapsular fracture.

If any doubt should exist as to the real nature of the fracture, anesthetics should be used, that a thorough and satisfactory examination may be made without causing suffering to the patient or injury to the surrounding parts. While the muscles are thus relaxed and the patient is oblivious to pain, the fracture should, of course, be reduced.

Fractures near the joints are at the present day often mistaken for sprains or wrenches, especially near the wrist or ankle. Before the days of Dr. Colles, of Dublin, what is now known as Colles' fractures were treated as sprains, and the deformities resulting were very great and as numerous as the cases thus treated. After the investigation of Colles, Smith and others, this form of fracture was treated properly by those who studied and followed their methods.

To diagnosticate a fracture near the wrist, it is only necessary to place the forearms parallel to one another with the palms in

apposition and compare the outlines of each. It is unnecessary and worse than useless to look for diagnostic crepitation, and in some cases it would be impossible to get it.

Many patients after being injured imagine, if power is left them for voluntary motion of the extremities, that there can be no possibility of a fracture. This unfortunate error has been the additional cause of many deformed and crippled limbs. People should know and remember that the extremities do not depend on the bones for their motion. Whole sections of bone may be absent in an arm without destroying the power of the hand or its usefulness. I have seen cases where large portions of the bony structure of the arm, even including the elbow joint, were absent without seriously curtailing the use of the hand. Many similar cases are reported in the surgical history of our late war.

At a recent meeting of the Imperio-Royal Society of Vienna, Prof. Billroth showed a man thirty-four years old, who, in spite of the entire absence of the shaft of the humerus, was able to perform his duties as a coachman. At the age of five years he had been thrown down by a carriage which passed over his arm, and protracted suppuration followed. At the time the patient was shown, the humerus was found to have been replaced by a hard cord as large as the thumb, probably containing the blood-vessels and nerves of the arm and perhaps some of its muscles. There were no trophic disturbances of either the forearm or hand.

On a late occasion I treated a very severe Colles' fracture in which existed great deformity. I felt diffident in assuming the case, as the outlook for a good result was not encouraging. However, after careful treatment and assiduous attention, it proved one of the best results I had ever obtained; the member was restored to usefulness without deformity.

When I sought the patient to grant me pecuniary acknowledgment, she utterly refused to do so, as the neighbors told her the arm was not broken at all, since she had suffered no pain after the first dressing and could move her fingers during the whole time. If the fracture had not been properly reduced, she would have suffered continuous pain, and if her fingers had been fastened to a palmar splint, as in the old manner of treatment, she could not have moved them at will. She and her neighbors would probably then feel they were getting an equivalent for the fees requested.

To facilitate the diagnosis of a fracture, it is necessary to learn the cause and conditions under which the injury was sustained.

This knowledge will often prove an invaluable aid in diagnosis and treatment.

There are certain well-known rules for the treatment of fractures which cannot be wholly ignored, but may be modified according to the exigencies of the case.

To attain the maximum of success, the surgeon must be fortified with a thorough knowledge of his duties and a natural taste or genius for his art. He must be endowed with the natural gifts of invention and construction. Otherwise he will prove a dismal failure, and the results of his work will prove a plague to him and a source of misery to his patient. Persons who are not naturally gifted with a taste for music or art could not attempt to sing a song or paint a picture without incurring the ridicule of their neighbors, but might not inflict serious injury to any one. Not so with the man of clumsy hands and untutored brain, who "rushes in where angels fear to tread," in his attempt to do the work of the skilful surgeon. Ugly deformities, life-long misery and expensive lawsuits are often the fruits of such overweening self-confidence.

It is better that a broken bone be reduced or set as soon as practical after the injury, as it is easier to adjust the fragments before much swelling occurs. If, however, a surgeon cannot be immediately had, the friends should place the limb in an easy position and apply warm water dressings until the arrival of some one duly qualified to attend to the case.

An accident generally produces much excitement among the neighbors, and perhaps five or six will rush to different telephones and hastily summon as many doctors. The first one that arrives, whether surgically qualified or not, stakes out the claim, as the miners would say, and holds the ground against all comers, even the family physician. As the proper treatment of a fracture is to the patient a matter of a life-time, he or his friends should calmly and without fear of offending any one, select some person of well-known surgical ability, even if a few hours were necessary in which to find him, as the patient will not suffer as much by a short or even tedious delay as he would at the hands of an unskilful or inexperienced operator. Dr. Samuel D. Gross says:

There is no class of injuries which a practitioner approaches with more doubt and misgiving than fractures, or one which demands a greater amount of ready knowledge, self-reliance and consummate skill. If I were called upon to testify what branch of surgery I regarded as

the most trying and difficult to practise successfully and creditably, I should unhesitatingly assert that it was that which relates to fractures. As to myself, I never treat a case of fracture, however simple, without a feeling of the deepest anxiety in regard to its ultimate issue. I certainly know none which requires a more thorough knowledge of topographical anatomy, a nicer sense of discrimination, a clearer judgment, a more enlarged experience or a greater share of vigilance and attention—in a word, which requires a higher combination of surgical tact and power.

Such impressive language from one of the most illustrious fathers of American surgery ought to dispel any cherished ideas of the simplicity and ease with which broken bones may be repaired.

After dressing a recent fracture, the patient should in a short time feel much relieved. If not, it is very evident that the fractured surfaces have not been placed in apposition, and the surgeon should not feel that his duty is properly done until the patient is made comparatively comfortable, even if he has to undo the dressings and make a thorough examination and a readjustment if necessary.

Advance in the mechanical treatment of fractures has kept pace with the improvement of the age. New appliances and methods have replaced the old, less restriction is placed upon the sufferer, he is not imprisoned in cumbersome splints or manacled down, as it were, to his bed for weeks and months with strict orders not to move limb or muscle. As a result of intelligent observation and practical experience, it is now found proper to allow a patient liberties with his broken limbs that would utterly shock sticklers for old-time methods. The pistol splint has been fired into oblivion and the saw-dust box is relegated to the darkness of the lumber-room to give place to the results of cumulative experience.

The common practice of applying cold water dressings to injured or fractured limbs cannot be too strongly deprecated, although sanctioned by many surgical authors. Cold applications may, while in actual contact, keep down the temperature, but on their removal an injurious reaction is very apt to occur. Without minutely entering into this interesting subject, I would say that a surgical experience of nearly thirty years has taught me that warm applications only should be used in the treatment of local inflammations.

It may seem paradoxical that heat will expel heat or prevent its occurrence, but when applied to an injured surface it will prevent inflammatory action or reduce it much more effectually than cold. The moist warm poultices of our grandmothers have relieved more suffering than the ice bag fad of the present day. The industrious housewife who has been up to her elbows all day in the hot suds of the wash tub will find when her task is done at night that her hands are cool, white and comfortable, while her husband, who has been cutting ice on the lake, will, after the evening meal, display in sharp contrast a pair of inflamed hands, swollen to the size of boxing gloves, red as lobsters, and painful as aristocratic gout.

Warm water applied to the surface of a bleeding stump is seen to contract the fibers of the exposed muscles, and render them pale, while it arrests the bleeding. The elastic reticulated coats of the small arteries no doubt undergo the same contraction and thereby lessen or entirely close the mouths of the vessels. Chilly applications may do for the amphibious toad or the cold-blooded porpoise, but never for the warm heart's blood of the human biped.

As to the outcome and treatment of fractures, much, of course, depends on the character of the injury and the physical condition of the patient. In simple fractures it is to be expected that proper treatment will produce good results. There are, however, forms and degrees of fracture in which it is impossible to restore the limb to its former shape and usefulness, but often much may be accomplished in apparently hopeless cases. In these days of aseptic surgery, many crushed and mangled limbs may be saved that were formerly doomed to amputation.

In this most difficult branch of the healing art, surgeons are often blamed for deformed or shortened limbs. The faultfinder does not perhaps consider the history and extent of the injury, or if he does he expects something bordering on the miraculous. In many cases of simple fracture, especially of the femur, it is impossible to prevent more or less shortening, due, no doubt, to absorption of bone.

Many medical men, I am sorry to say, are prone to flippantly criticise the work of their brother practitioners without even enquiring into the history of the case or the extent of the injury. When invited to examine fractures that have been treated by my neighbors, I make it an invariable rule to acquaint the doctor in

question before expressing an opinion, that is, when any deformities exist, and often find on investigation that the result is a very good one when the extent of the injury is taken into consideration.

The responsible duties of our exacting and laborious profession are often ameliorated by the kind words and deeds of professional brethren who are qualified to pass judgment on the results of our work. If we perform our duty properly, no unjust criticism of false friend or open foe need cause any concern.

70 WEST GENESEE STREET.

Translation.

WHAT VALUE HAS THE MICROSCOPE IN EXAMINATIONS FOR GONORRHEA?¹

BY PROF. A. NEISSER, Breslau.

(Translated from the *Deutsche Medicinische Wochenschrift*, Nos. 29-30, 1893.)

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DR. BROESE (Berlin), in his lecture before the Society of Obstetrics and Gynecology, at Berlin, upon The Etiology, Diagnosis and Therapy of Gonorrhœa in Women, made certain statements which I consider should not be allowed to pass unanswered, particularly so because none of those who took part in the discussion opposed him. Such views, even though supported by other eminent men—for instance, B. Sänger—are entirely contrary to those entertained by me and my friends for several years past. Their views appear to me, in every respect, to be so very poorly grounded and proven, that their general acceptance hereafter will prove dangerous to all questions concerning gonorrhœa, especially as regards its prophylaxis and therapeutics.

I, therefore, feel myself called upon to illustrate once more our principles of treating gonorrhœa, in opposition to those advocated by Dr. Broese. The differences are briefly stated as follows: A general use of the microscope, to prove the presence or absence of the gonococcus, is unquestionably the best and, undoubtedly, the most efficient means at our command. He who does not use this method is not only making a great mistake, but also deprives himself of important advantages. In view of the fact that this

1. Read before the Journal Club, January 26, 1894.

method is often both difficult and imperfect, it requires repeated examinations, and those who make use of this means require considerable experience.

What do our opponents say ?

This method of the use of the microscope to detect the gonococcus is of positive value *only* in case of doubt (or error), besides we have other methods in abundance ; then, too, it is so little to be depended upon that we prefer to do away with it entirely.

Such a standpoint as this ought to be fought against. It is most astonishing to hear Dr. Broese clearly express his conviction that the gonococcus is the cause of all gonorrhoeal processes.

If that is the case, then we must admit the practical value of the microscope in order to study the many characteristics and properties of the bacteria, and also its practical use in the diagnosis and treatment, besides the satisfaction of a surer therapeutic success in all the stages of treatment. If there exists any difference of opinion as regards its usefulness, it is mainly in the methods of examination.

Now, then, wherein does my acknowledgment of the usefulness and the necessity of examining for the gonococcus consist ?

In innumerable instances, in which we could neither by macroscopic inspection nor a most careful clinical investigation state with absolute certainty whether the discharge from the mucous membrane is a specific gonorrhoea, due to the presence of the gonococcus, or whether it is nothing but the result of an inflammation, due to other causes, the microscope will detect the presence of the gonococcus, and then a positive diagnosis is established. With a positive diagnosis, we are enabled to undertake the proper treatment of our patients, with due regard as to etiology. Instances without number in which men, who are about to enter matrimony, present themselves at my office, brought there by a delicate feeling of foresight. A thorough, day after day, microscopic examination of the urethral mucus, the urinary shreds, and the prostatic secretions, etc., generally results in the proof of the existence of the gonococcus.

The diagnosis in women is, undoubtedly, much more difficult ; nevertheless, a great many cases have been successfully examined and a positive diagnosis arrived at. Hundreds of prostitutes are annually snatched from their disorderly, vagabond life, and placed in a hospital for the care of such cases, although regularly examined by one of the district physicians and pronounced sound in

body. These very women would have diseased all those who had intercourse with them. Furthermore, how often do we discover, by means of the microscope, even in married women, the undoubted existence of gonorrhoea, and thereby establish a foundation for further therapy?

We should always be loth to set aside a microscopic investigation for the gonococcus, which is conclusive, even though the discharge is so diminutive that it is hardly noticed, or even if the objective symptoms of the disease are wanting; or, again, even in quite simple cases, where the urethral discharge is profuse.

In the first place, there is the fact (all mechanical causes excluded) that there are cases of urethritis procreated by other bacteria. It is true that such cases are rare, but, nevertheless, they are sometimes met with. The positive diagnosis, in such cases, will materially influence the prognosis and therapeutics. I am treating, at the present time, a gentleman (county judge), married for the past nine years, who under oath declares that during this time he has not had coitus with any woman except his wife. He first consulted me in February of this year, and, upon inspection, discovered what I took to be simple gonorrhoea; but, upon repeated inspection and examination, I was unable to find the gonococcus, yet found the discharge mingled with immense quantities of diplococci, presenting themselves intra- and extra-cellular, apparently arranged in one long string. Under treatment this condition disappeared quite rapidly. Since then my patient has had a recurrence of the same soon after intercourse with his wife. I regret to say that I have not yet had an opportunity to examine his wife, to prove whether every new infection comes through her.

A second but more common appearance of gonorrhoea, in men and women, is where they have previously had an undisputed attack of the disease and had apparently been cured; then, subsequently, through cohabitation, contracted the same disease, or, at least, set up an acute purulent discharge. In all such cases, microscopic examinations will result in the following conclusions: (1) Has there entered a fresh (new) infection? Or (2) is it a recrudescence of an old, latent, inflammatory process of a gonorrhoeal nature, even though all traces of gonorrhoea had long since been removed?

Now, then, the question is: Is there a fresh infection or a revival of the old gonorrhoeal processes? This cannot be decided with cer-

tainty, because the difference in the number of gonococci in both cases is not so strikingly great that a safe decision is warranted. Very often, however, we have to do with cases where there is considerable pus without the presence of the gonococcus. This condition usually subsides in a few days by a simple, mild, non-specific, that is to say, non-parasitic treatment, while newly contracted infections will take on a chronic course. Again, there are cases of exacerbations of gonorrhœa (gonococcus) in which the clinical phenomena disappear very early. In these instances, a differential diagnosis cannot be made with surety, from the progress of the disease alone, without an examination for the gonococcus.

Further explanation is unnecessary as to the importance of fixing this differential diagnosis at once, both as regards its relation to prognosis and therapeutics, besides, also, from a humanitarian standpoint. I must not omit to report the following case which I had an opportunity of seeing a year ago :

The patient, an officer, consulted me first in August, 1888 ; eleven months prior to that time he suffered from acute gonorrhœa, accompanied by left epididymitis. At a more previous date than that he is said to have suffered pain in his right epididymis. Still, at the time of his consultation, there were no manifest changes present.

Often repeated examinations did not reveal any sign of secretion or any flakes ; all subjective symptoms were wanting. In February, 1890, this patient, who had then been married eighteen months, returned to me. Both he and his wife felt perfectly well. His wife was examined gynecologically and pronounced healthy ; still he wished to be informed whether his former troubles accounted for the barrenness.

Closer examinations showed a well-preserved *potentia cœundi*. He said his wife was very easily excited and very often wanted coitus, which he promptly satisfied. The examinations brought to light the following facts : Besides a small varicocele, which was discovered very early, were found nodules attached to a thickened epididymis. Examination of the spermatic fluid showed the spermatozoa completely wanting. I saw the patient quite often after that. I made some effort to remove these nodules and thickening, but without any beneficial result. In June, 1891, my patient came to me in despair, stating that his wife had been off on a visit for two weeks, and when she

returned he found himself sick again with gonorrhœa, and only after several copulations with her. He said his wife could hardly go a day without several copulations and that she must have become diseased during her absence. He was convinced that divorce proceedings had to follow. The examination disclosed a profuse purulent discharge, which appeared two days after copulation, and he firmly asserted that he had not had intercourse with another woman. I was persuaded that his present attack must have been contracted from his wife. An acquaintance with the case for three years, strengthened by repeated examinations, led me to exclude urethritis.

For the sake of protection and as an expert to have the necessary proofs at hand in view of the divorce proceedings about to be instituted, I made microscopic examinations and preparations. The examinations, however, disclosed great quantities of pus corpuscles, together with a few epithelial cells, but absolutely no gonococci, and, indeed, there was an absence of any bacteria. This investigation was continued daily for two months; the discharge gradually grew less, though again and again it was examined, but always with the same result, until at last all investigation was stopped by the absence of any flakes. One of my friends and colleagues who generally treated the patient, also saw the discharge and he was just as firmly convinced as myself that it was a typical case of gonorrhœa. Our diagnosis, however, was at once rectified upon a microscopic examination. This procedure was also necessary on account of the psychical condition of the patient. It can be safely said that without the use of the microscope the diagnosis of gonorrhœa would have been made. The progress of the case was somewhat tedious and accompanied by a mild cystitis; the latter symptom would also tend to strengthen the diagnosis of gonorrhœa. The causes of this acute suppuration I am at a loss to account for, because I could find no other bacteria; but gonorrhœa or any other infection of that man by his wife was all out of the question.

To be sure, not every case we meet presents such dramatic results as the one before us; but he who meets with many cases of gonorrhœa, accompanied by other complications, particularly so when from the better class of society suffering from chronic gonorrhœa, must confess how complicated these important and responsible steps become. We must also admit the inestimable value to the physician when he can say that the microscope has

shown him the presence of the gonococcus when none were expected; then, again, when an apparently serious discharge has been found to be a harmless non-infectious material.

With women, the diagnosis of all these conditions is much more difficult than with men, and false conclusions with the microscope will happen more often; nevertheless a goodly proportion of cases will present negative symptoms of the disease sufficient to guide him in a correct prognosis and therapy. But gynecologists (E. Fränkel and Säger), two of my respected friends, oppose me in the following words: "How seldom you andrologists are able to find any gonococci in the husband who contracts the disease from his wife, who suffers from gonorrhoea." Well, I concede that not in all cases where there exists these conditions between man and wife do we find a satisfactory explanation; but, again, we must consider how many unknown points will spring up in cases of this kind.

Is gonorrhoea in women always a fact—that is to say, a bacteriological fact? Is there any certainty that a fresh infection of the woman comes from the husband? May not the present exacerbation of gonorrhoea in the wife antedate to an earlier period, and, in short, is nothing but the old infection brought into activity again?

But especially is it often the case that a woman, two or more years after her married life, will consult a specialist in women's diseases, presenting certain phases of chronic gonorrhoea, all symptoms of the disease having long since ceased. The husband, at the same time, consults the andrologist. Is it to be wondered at that there are no gonococci to be found in the husband when they have long since disappeared in the wife? With such uncertain presentations of a case, it is almost impossible to arrive at a satisfactory conclusion, and we should not select such cases as examples upon which to base a final judgment.

Generally speaking, then, in cases of gonorrhoea in women, how long should one search for the gonococcus in order not to overlook it? That this will happen in many cases, I must not dispute. We cannot question the safe clinical etiological basis created by Wertheim for the diagnosis of gonorrhoea, which was accepted by gynecologists long ago. In many cases, especially those presenting a difficult chronic character, it should be proved whether the infection of the urethra, the uterus, etc., originated from the gonorrhoea, and, above all, to discover whether the irritating causes

of the disease are still present ; also, whether the therapy should be regarded as first in order and perhaps alone, or whether we have to deal with the remains of certain disease products, the results of an earlier gonorrhoeal infection, and, now, whether or not there still remains any virus. In certain cases, these latter and the methods of treatment go hand in hand ; but very often it will be necessary to decide what the ultimate outcome of the disease of the urethra, uterus, etc., will amount to, whether any gonococci are still present, or whether there are any cicatricial adhesions, infiltrations and the like. These same conditions are also found in the male, with the exception that the remaining structural changes consequent to a previously existing gonorrhoea, long since cured, are more easily kept in abeyance than in case of the woman.

No one will attempt to cure an organic stricture, a cartilaginous epididymis, or perhaps post-gonorrhoeal nervous affections excited by a diseased urethral mucous membrane, by means of anti-gonorrhoeic treatment, if he has not direct proof that the gonococci are still present. It is unfortunate that many gynecologists are loth to accept these points. In the first place, they mistake the earlier manifestations of the disease, with its more or less rightly supposed gonorrhoeal cause, for later ones, and as a result the woman's suffering is more profound than that of the man ; and, secondly, they disregard all those consecutive results whose etiology and course is undoubtedly due to some other affection of the adnexa.

Both of these teachings are unmistakably wrong, and I rejoice at the extraordinary and effective support given these principles, which I have always advocated and upheld, by Dr. Schauta at the gynecologists' congress at Breslau. His arguments were based on sufficient data ; he claimed that in inflammatory suppurative diseases of the female adnexa, the gonococcus together with the streptococcus and staphylococcus, conjointly, were, in most instances, the cause of the diseased process ; that, even with women who have unquestionably been infected with gonorrhoea with subsequent suppurative changes, the latter might have been caused by streptococci ; that the clinical progress and the symptoms are not characteristic enough to warrant a differential diagnosis. These opinions of his as regards the diseases of the adnexa led me to the following conclusions, as regards the inflammatory purulent processes of the external genitalia : Without a microscopic examination, a correct diagnosis is impossible, and again,

without a correct diagnosis, that is, an etiological diagnosis, there can be no rational therapeutics, because the latter is dependent upon the former, hence very variable.

Dr. Menge, after his investigations at Zweifel's clinic, was also led to the same final conclusions; that the microscopic proofs of any case showing the undeniable etiology are unconditionally essential as the basis of further therapy.

My honored friend, Sanger, my bitterest opponent in this whole question, nodded contentedly at Schauta's remarks, as if approving a mixed infection. Schauta, if I understand correctly, has not spoken so much about mixed infection—much more of the non-gonorrhoeic suppurations produced by the streptococci. Mixed infection of gonococci and some of the other pus-producing cocci are not acknowledged by either him or Wertheim, and the suppurative process by mixed infection requires no explanation any more than, as Wertheim has shown, that the gonococci alone may produce suppuration of connective tissue bands, peritonitis, etc. After all, the questions just mentioned, as regards the suppuration in the adnexa, is identical with the question as to the causes of abscesses of Bartholini's glandulæ. These are, indeed, often of gonorrhoeal origin, but not always (Ulcer molle-infection), and it requires an examination of the pus in order to make an etiologic, differential diagnosis.

I do not deny, however, that by anamnesis, by a careful investigation for gonorrhoea in the male, by the appearance of ophthalmoblennorrhoea in one or more children, and finally, by certain anatomic changes (pointed chondylomata, catarrh of the glands of Bartholini, the macula gonorrhoeica of the excretory ducts of the same, etc., etc.), one is encouraged to look at once to the diagnosis gonorrhoea. I am willing to admit that, in many cases, this supposition is correct, but I deny that with all this status upon which the physician makes his prognosis and therapy, they should not be relied upon; it should be a settled fact whether there still exists any gonorrhoea and are gonococci present, or have we to do with an exterminated gonorrhoea, or only with the remnants or consecutive results? The necessity of this is so much the greater when we find that, with women, all gonorrhoeal processes, like urethritis, may become chronic.

A physician who is successful in finding the gonococci is in possession of an important positive factor for the future medical progress of the case; and, naturally, repeated negative results,

following microscopic examinations, will, undoubtedly, enable one to handle the case more intelligently as to symptomatic treatment.

I must add a few more words about the significance of the pointed condylomata. I most decidedly oppose the view that there exists any direct relation between these exuberant growths and the gonococci. There might exist one possible relation between the two; that is, in the process of suppuration, the fluor causes maceration and irritation to the mucous membrane. However, many other irritations may produce the same result. The pointed condylomata are not proof positive of the presence of gonorrhoea. Where you find pointed condylomata, it is always well to suspect gonorrhoea, but to risk any diagnosis on its supposed existence is entirely untrustworthy.

Is there anyone who still denies the importance of searching for the gonococci to support the prophylaxis and therapy? I think none. Therefore, (1) microscopic examinations of the secretions for the gonococci enables us to show, in a great many cases, where macroscopic and clinical means are inefficient, the existence of a still lingering contagion. Through this means we may possibly prevent further spread of the contagion, by constraining prostitutes and others, partly by instructions and partly by force. (2) The therapeutics should not be considered thorough when only certain symptoms of gonorrhoea have been removed, *e. g.*, pains, fluor, hemorrhages, etc. The patient should be wholly cured of his gonorrhoea, and, therefore, it is advantageous to know whether the therapeutics perfected a complete cure, and whether every trace of the gonococcus has been removed, and this can only be done by a microscopic investigation.

If Broese would only resolve to base his results upon a microscopic research, he would oftentimes observe that there are still gonococci present in the secretions in which he assumed to have destroyed all contagious elements; then, too, he would be convinced that the apparent, or simple, forms of gonorrhoea should either be treated lightly or left alone, he probably using, for the destruction of the virus, the most heroic means.

I am convinced that Broese, although attaching little importance to this procedure for the assistance it affords, and the security and certainty it gives to the therapeutics, would not like to see this blessed progress interfered with, the advantages and conveniences of which I and so many colleagues have endeavored to support and advance for years.

CONCLUSIONS.

1. It cannot be doubted that the gonococcus is the cause of gonorrhoea.

2. The diagnosis of gonorrhoea in man or woman can, in many cases, be made by observing only the clinical manifestations, without searching for the gonococcus.

3. In many cases, especially those inclined to a chronic course, with few subjective and objective manifestations, the diagnosis is dependent upon a demonstration of the presence of the gonococcus.

4. For this very reason, in all cases of "cures," the investigation for the gonococcus is indispensable to solve the question, whether the discharge is still contagious, or whether we have to deal with only a morbid process, the remains of a former contagion.

5. At all events, the therapy should be based upon the existence or non-existence of the gonococci, and a search for the same should be made not only before, but also during, the whole progress of the treatment.

6. In most cases, microscopic investigation for the gonococci should be sufficient, and, on account of the difficulties which sometimes arise in cultural methods, the progressive treatment is assisted by this means only in particular cases.

7. In every instance where positive results (gonococci) are found, there can be no doubt as to the usefulness and necessity of this means of diagnosis.

Negative results should not be conclusive, because we know of the possibility of gonococci being deeply concealed in the tissue, or in the lamina or folds (invaginations), while at the same time the superficial secretions of the mucous membrane, which we examine, may contain gonococci so few in number as to escape detection. The certainty of their existence, however, will be proven by more frequent examinations for them, and by artificial cultural observations.

The clinical manifestations should always be studied and their relationship strengthened by the use of the microscope.

8. If we have to do with gonorrhoea in married people, then both husband and wife should be examined, and, if necessary, both should undergo a course of treatment.

Clinical Memorandum.

WHITE'S OPERATION FOR ENLARGED PROSTATE.

By FRANCIS L. HAYNES, M. D., Los Angeles, Cal.

IN THE last number of the JOURNAL was published a very interesting discussion of the treatment of prostatic hypertrophy. Allusion was made to the operation for its cure, devised by Prof. J. William White, of Philadelphia, (castration,) which has now been performed at least four times in this country.

The first operation (by myself) was made eight weeks ago. The patient seems to be practically cured.

Two weeks since, I made White's operation on a very aggravated case. The patient stated that he had passed no urine, except through the catheter, for two years. Since then he has daily passed several ounces, and yesterday more than a pint.

I am informed that two operations have been made in addition to these, but as it is probable that the originator of the operation will publish them, I will not further allude to them.

I do not doubt that when sufficient experience has demonstrated the place of this operation, it will prove as beneficent as the analogous operation has proven in appropriate cases of uterine myoma.

It is to be hoped that hereafter patients with enlarged prostate will not be allowed to reach a desperate condition, but will by an early operation be granted a fair chance for many years of comfortable existence.

929 SOUTH MAIN STREET.

TANNIN AND BORIC ACID IN DYSENTERY.—Liebersohn (*Vratch*), reports two cases of severe acute dysentery which were treated by hot enemata of tannin and boric acid. The results seems to show that the injection speedily arrested the intestinal hemorrhage and quickly restored the natural character of the passages. Pain and tenesmus were immediately relieved and the course of the disease materially shortened. The enemata were given every three hours, each consisting of one fluid pound of a four per cent. solution of boric acid, ten grains of tannin, and three and three-quarter drops of tincture of opium, the whole to be dissolved in a tumbler and a half of hot boiled water. The injecting fluid was retained in the bowel for one or two minutes.—*University Medical Magazine*.

Abstract.

THE TREATMENT OF UTERINE FIBROIDS.

DR. AUGUSTIN H. GOELET, in a paper read before the New York County Medical Association, (*American Medico-Surgical Bulletin*, January 1, 1894,) says the important question which arises in dealing with these growths is, When is interference demanded, and what treatment is indicated? A careful review of the literature of the subject, and the opinions of those who are entitled to be regarded as speaking authoritatively, leads to the conclusion that the majority do not regard the removal of these tumors indicated unless they give rise to sufficient inconvenience to warrant the risk of the operation and the mutilation which it involves; that the mortality attending their removal is still too great, even in the hands of expert operators, to warrant its being lightly undertaken. If, then, it is possible to relieve the symptoms caused by these growths, the actual necessity for operative interference is narrowed down to a very small field.

The writer does not agree with certain ultra-gynecologists, that these tumors should all be removed when they are small and cause no inconvenience, but he strongly urges that they should be submitted to treatment in this stage, because treatment yields the best results when the tumor is small and of recent growth. The indication for the different methods usually employed are carefully reviewed—electricity, curettement, hysterectomy, and removal of the appendages.

Of electricity, he says that frequently a symptomatic cure is all that may be anticipated. The results that may be obtained by this method are classified as follows:

1. Cure of coëxisting endometritis.
2. Loosening of adhesions between contiguous peritoneal surfaces.
3. Relief of pain and pressure symptoms.
4. Control of hemorrhage.
5. Arrest and some retrogression of the growth.

The writer takes a bold stand in favor of vaginal puncture, believing it to be perfectly safe, if properly done and strict asepsis is observed; that is, if as much care is taken with this as with other grave surgical operations. He believes that more success would have followed the use of this agent if puncture had not been

abandoned as a hazardous measure. He believes, likewise, that it is important to discriminate in the choice of the pole to be employed against growths of different structure, just as important, in fact, as in dealing with such growths as warts, moles and nævi upon the external surface of the body. That is, when the structure is hard and fibrous, the negative pole should be selected, and that when it is soft or myomatous, the positive.

The writer lays stress upon the fact that both subperitoneal and submucous fibroids, when pedunculated, are not amenable to treatment by this agent. He positively declares that, though assertions to the contrary have been made in some quarters, the proper use of electricity in these cases does not complicate a subsequent operation for the removal of the tumor; but, on the contrary, its use facilitates the removal of adhesions and produces a marked improvement in the general condition of the patient. In fact, he often employs it for improving the local condition and for building up the health of the patient preparatory to an operation. It has been asserted that the symptoms return after discontinuing treatment, but the writer believes that, when this occurs, it is either due to a mistaken diagnosis or a faulty technique, which may be unavoidable.

Curettement he thinks is useful as a preliminary measure, but it does not yield a permanent result. In support of this opinion, attention is directed to the fact that the mucous membrane, removed by the curette, is rapidly reproduced and the same causes for the hemorrhage which previously existed still remain. For the control of hemorrhage when both these measures fail, he advocates ligation of the uterine arteries *per vaginam*, as suggested by Martin, of Chicago. He expresses no confidence in ergot alone in these cases, but regards it as a useful auxiliary in the treatment of certain submucous and soft interstitial myomata when it is desirable to excite urine contraction.

Goelet believes that the principal indication for hysterectomy is to be found in large subperitoneal and very large and hard interstitial growths, which yield little, if at all, to any form of treatment. In these cases, even if the symptoms are relieved, their size is usually a source of so much inconvenience as to warrant the risk of their removal. This operation would also be indicated where treatment fails to permanently control the symptoms, when the tumor is situated unfavorably for treatment and when complicated by disease of the appendages.

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THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE eighty-eighth annual meeting was held in Albany, February 6, 7 and 8, 1894. Following our usual custom, we make such comment on the details of the meeting as the circumstances seem to warrant.

The society was fortunate in its presiding officer, Dr. Herman Bendell, of Albany, who conducted the duties of the chair with dignity and a clear understanding of the needs of the society. On Tuesday morning a less experienced officer might have become entangled in the meshes of parliamentary usage. When the question came up with reference to the nomination of State Medical Examiners, Dr. Bendell's position was so clearly right that the house would have sustained him overwhelmingly on the appeal of ex-President Pilcher, had the latter not exercised his great good sense in withdrawing it. The President's two addresses, inaugural and anniversary, were carefully-written and well-worded papers. The latter was especially rich in classic lore, and will take a high place in the annals of the society.

The papers announced on the program were of an unusually high scientific order, and showed the skilful joint work of the President and his able business committee. It required great tact and judgment to dispose of such a rich and extended program to the satisfaction of all concerned. The number of out-of-the-State guests who participated in the proceedings was unusually large and representative. Among the number were Dr. William H. Daly, of Pittsburg; Dr. Joseph Price and Dr. Charles P. Noble, of Philadelphia; Dr. E. W. Cushing, of Boston; Dr. George H. Rohé, of Baltimore; Dr. A. W. Johnstone, of Cincinnati; Dr. James F.

W. Ross, of Toronto; and Dr. Dudley P. Allen, of Cleveland. Dr. Ross has been a guest of the society heretofore, and his return gave occasion to his many friends to greet him with a cordiality that was as heartfelt as it was spirited. The same, too, may be said of Drs. Price and Cushing.

The dinner to the ex-presidents of the society, given by Dr. William C. Wey, of Elmira, at the Fort Orange Club, on Monday evening, February 5th, was a delightful occasion, and the guests were especially happy in their geniality and well-timed speeches. The host was at his best, which is all that need be said to those who are familiar with the ease and grace and genial *bon homme* of the veteran from Chemung.

This meeting, more than ever, demonstrated the propriety of separating the business and scientific proceedings, hence Dr. Albert Vander Veer, of Albany, wisely moved that the committee on by-laws be requested to consider this subject and report at the next meeting.

The interest in the several sessions was well maintained, even a large number remaining during the final sitting on Thursday morning.

The following officers and committees were chosen to serve for the ensuing year:

President, Dr. George Henry Fox, of New York; *Vice-President*, Dr. Frank S. Low, of Pulaski; *Secretary*, Dr. Frederic C. Curtis, of Albany; *Treasurer*, Dr. Charles H. Porter, of Albany.

Committee of Arrangements—Drs. William J. Nellis, Albany; Josiah Hasbrouck, Port Ewen; Reynold W. Wilcox, New York.

Committee on By-Laws—Drs. H. D. Wey, Elmira; A. R. Simmons, Utica; F. C. Curtis, Albany.

Committee on Hygiene—Drs. Charles E. Bruce, New York; H. R. Hopkins, Buffalo; A. N. Bell, Brooklyn; D. S. Burr, Binghamton; Lewis Balch, Albany; E. H. Loughran, Kingston; O. W. Peck, Oneonta.

Committee on Legislation—Drs. D. B. St. John Roosa, New York; Daniel Lewis, New York; D. V. O'Leary, Albany.

Committee on Medical Ethics—Drs. John S. Warren, New York; Charles Jewett, Brooklyn; Eugene Beach, Gloversville.

Committee on Prize Essays—Drs. Franklin Townsend, Albany; A. Walter Suiter, Herkimer; Charles Stover, Amsterdam.

Committee on Publication—Drs. F. C. Curtis, Albany ; William Warren Potter, Buffalo ; F. D. Baily, Brooklyn ; C. H. Porter, Albany.

The next annual meeting of the society will be held in Albany, N. Y., February 5, 1895.

TOPICS OF THE MONTH.

DR. NICHOLAS SENN, of Chicago, has presented his collection of medical books, valued at about \$50,000, to the Newberry Public Library. This is in line with similar benefactions that we have lately mentioned in these columns, and is to be commended as one of the best methods of increasing the usefulness of medical literature. Private libraries rarely benefit anybody excepting their owners, whereas a public library is accessible to the masses, and thus benefits mankind. Professor Senn has been engaged a number of years in gathering his library, many of its most valuable books having been purchased from the executors of Dr. William Baum, Professor of Surgery in the University of Göttingen. These were valued at over \$40,000, and Dr. Senn was fortunate in securing this collection, which contained a number of antiquarian volumes separately valued at enormous prices. Dr. Senn deserves the thanks of the medical profession everywhere for this magnificent gift.

MEDICAL stenography is becoming an important specialty among shorthand writers. There is a constantly growing necessity among physicians for the services of such as are competent to receive dictation in medical terms not only for purposes of letter-writing, but also for the writing of medical papers that are to be read before societies or published in magazines. Then, again, authors of text-books or treatises find it an absolute necessity to employ a competent medical shorthand writer in order to keep pace with the demands of the publishers for copy.

Miss Mary L. Danforth, of Buffalo, is a competent medical stenographer, who offers her services to physicians in this city. Her card appears on page xxiii. in our advertising columns, to which we invite attention.

THE SMART medical student is again on hand with his little bill before the Legislature relating to the Medical Examiners' law.

This time he simply asks that the fees be reduced from \$25 to \$5. This looks very innocent at first sight, but when it is understood that during the first two academic years of the operations of the law governing the State Medical Examining and Licensing Boards, the expenses were such as to leave a balance to each examiner of only \$123 a year, it can be easily seen that such an amendment as is proposed by the students would render the law inoperative, for it would reduce the receipts far below the expenses.

It would seem to us more logical for the students to petition the faculties of the medical colleges to abrogate the diploma fees that are universally charged. The diploma is merely a certificate of study, and might be readily furnished by the colleges for a fee of five dollars that would more than cover its cost, not to say its value; whereas, the State license once obtained is a diploma that has legal recognition in all the states as well as in many foreign countries. The students evidently do not comprehend the value of the license that they are struggling to nullify, else they would change front and direct their united forces towards the reduction of the college diploma fees to which we have referred.

THE COMMITTEE on legislation of the Medical Society of the State of New York, consisting of Drs. D. B. St. John Roosa, Daniel Lewis and D. V. O'Leary, has entered protest before the Senate Committee on Public Health against the passage of a bill in which the medical students are asking for a reduction of the State fees for examination. Now that so many States are requiring separate examinations, the latest of all being Pennsylvania, it is amazing to us that an intelligent legislature should listen one moment to appeals, or waste an instant of valuable time in the consideration of bills, that look to a nullification of the excellent medical practice act now in force.

Shall New York drop behind her sister commonwealths in the reform movements that are taking possession of all states of the Union with reference to medical education? It seems to us that these annual attempts of the students to resist, in one form or another, the application of this law, is a confession on their part of ignorance, timidity or cowardice. If they are well equipped, why should they hesitate to take the examination? If not well equipped, why have they been allowed to obtain the faculty diploma?

If the State should be persuaded into the necessity of relieving the medical student of a portion of his fees, let it either render it unlawful for the college faculties to charge a diploma fee in excess of \$5 or else pay to the Regents of the University the State fees for examinations.

THE SUBJECT of male nurses has recently been commented upon by Dr. Charles H. Stowell in *Food*. We have for a long time been of the opinion that the male nurse had very small place in the care of the sick. This is certainly true outside of the insane hospitals or prisons, or in a few exceptional cases where mere muscular power is needed. In private homes, certainly, the male nurse is rarely required. In these days of trained nurses there is no comparison between the male and the female nurse as regards usefulness in the sick room.

There are many diseases, for example, typhoid fever, where nursing has a larger place than medicine, and today no reputable physician would conduct such a case without obtaining the services of a trustworthy trained nurse to carry out his instructions and to do the thousand and one things so needful to establish convalescence, that only her thoughtful brain and delicate hand are capable of accomplishing. We believe there has been no stronger evidence of progress in medical science in the last fifteen or twenty years than in the training of nurses and in their extensive employment in the sick-room.

THE ANNUAL report of the resident physician of Brigham Hall, a hospital for the insane that was established in 1855 at Canandaigua, has come to our table. It is a neat brochure with numerous illustrations from photographs, and bespeaks the progress that is making in private institutions of this character. Dr. D. R. Burrell, the physician in charge, has had a large experience in the treatment of the insane, and the hospital over which he presides is justly one of the most celebrated private institutions for the care of this class of patients in this country. Its location, too, is such as to commend it from a general sanitary point of view.

SURGEON-GENERAL GEORGE M. STERNBERG, United States Army, announces the convening of an Examining Board in Washington, April 15, 1894, for the purpose of passing upon the qualifications

of candidates seeking appointment in the medical corps of the United States army. The examination is very rigid, and, as a rule, not more than one out of five to ten succeeds at the examination. The pay, too, is entirely inadequate to command the skill that a well-educated practitioner should possess. It is probable, however, that the improved standards of medical education adopted by the colleges, consequent upon and resultant from the establishment of separate State medical examining and licensing boards, will serve to equip candidates better, so that rejections will now be fewer by the army and navy examining boards. We would not discourage young men from attempting these examinations, but rather would encourage them to adequately prepare for them.

THE State of Pennsylvania has finally fallen into line with many other States in the Union, regarding separate State medical examination for license. Under the Act of May 18, 1893, the Governor has appointed the following boards of State Medical Examiners:

Representing the Regular Profession—H. G. McCormick, Williamsport, three years; Henry Beates, Jr., Philadelphia, three years; W. J. R. Kline, Greensburg, three years; A. H. Hulshizer, Philadelphia, two years; N. S. Foster, Pittsburg, two years; J. E. Silliman, Erie, one year; Samuel W. Latta, Philadelphia, one year.

Homeopathic—C. S. Middleton, Philadelphia, three years; Hugh Piteairn, Harrisburg, three years; Isaac G. Smedley, Philadelphia, three years; Edward Cranch, Erie, two years; C. F. Bingamen, Pittsburg, two years; Augustus Korndoerfer, Philadelphia, one year; J. F. Cooper, Allegheny, one year.

Eclectic—H. Yeagley, Lancaster, three years; Augustus Niles, Wellsboro, three years; L. B. O'Neale, Mechanicsburg, three years; H. B. Piper, Tyrone, two years; J. R. Borland, Franklin, two years; W. H. Blake, Philadelphia, one year; A. B. Woodward, Tunkhannock, one year.

The Act also established a Medical Council, consisting of the Lieutenant-Governor, Attorney-General, Secretary of Internal Affairs, Superintendent of Public Instruction, President of the State Board of Health, and presidents of the three Boards of examiners appointed. The members of this council receive no salary, except the secretary and treasurer, who will receive not over \$500. This council will meet twice a year, and supervise the

examinations of the State boards and issue licenses to practice medicine and surgery. The expenses of the boards of examiners, it is provided, shall be paid from fees, and, if any surplus above expenses shall remain at the end of any year, it shall be apportioned among the examiners *pro rata*, according to the number of candidates examined by each. The first meeting of the examining boards will be held on the first Tuesday of April.

MEDICAL politics in medical societies seems to disturb the *American Lancet* in the extreme. Especially is this the case with reference to the Medical Society of the State of New York, but it is not at all disturbed by the fact that the American Medical Association is a hotbed of medical politics, not to mention some politics that are not medical. Those who are most familiar with the workings of the Medical Society of the State of New York are aware that it was never freer from politics than during the last ten years. Again, these same persons are aware that the society never did any better scientific work, whether judged by quality or quantity, than during this same period. It would seem to us that it is ill-timed for a person outside the State, who does not even attend the meetings of the New York Society, to speak in disparagement of the good work that it accomplishes. Notwithstanding this criticism of the *Lancet*, we asseverate here and now, that the Medical Society of the State of New York is flourishing to a degree hitherto unknown, financially, scientifically and numerically, and it is willing to have its work compared with that of any other state medical organization, not doubting that the verdict will be favorable to its own record.

THE ACTION of the State Lunacy Commission has been a subject of criticism for some time past, not only in medical, but in lay journals. The resolutions introduced by Dr. Eugene Beach, of Gloversville, at the late session of the Medical Society of the State of New York, condemnatory of the centralized management of the State hospitals for the insane, was a just expression of an indignant profession regarding the conduct of the lunacy commission in general, and of the exercise of its political powers in particular. We trust the legislative committee of the society will be able to solve the problem through amendments to the existing law that will be satisfactory to all interests concerned.

THE FINANCES of the free kindergartens in Buffalo have become so strained in the carrying on of the present work, that in order to extend it proportionately to the increase in the population of the city, an appeal is made to public-spirited citizens, professional men and all who are interested in the progress of this important method of educating the young. A proposition has been made by Mr. John G. Milburn to secure the coöperation of the lawyers of Buffalo to raise a sum sufficient to maintain one kindergarten, provided the physicians will unite to sustain another. This means the pledging of from \$1,000 to \$1,200 a year, and it is much desired on the part of the kindergarten managers that this pledge be made for three years. If it should prove inexpedient for physicians to pledge \$1,000, they possibly may be able to raise \$600, which will support a kindergarten exclusive of the salaries which would be paid by the city. To aid this charity, the JOURNAL will receive any subscriptions, or they may be sent to Dr. James Wright Putnam, 388 Franklin street.

DR. GEORGE H. ROHÉ, Superintendent of the Maryland Hospital for the Insane, publishes in his annual report for 1893, a continuation of his observations on the relation of pelvic disease and psychical disturbances in women and the results of such observations. From advance sheets, kindly furnished the JOURNAL, we observe a table of twenty-two operations made by Dr. Rohé on the pelvic organs of insane women, and a review of the table shows that even in apparently the most hopeless case a beneficial effect upon the mental functions is obtained by the removal of a persistent source of local irritation. In one case of hystero-epilepsy with violent maniacal attacks lasting during a period of eight years, complete recovery was obtained. In this case both ovaries were cystic, and to the removal of the uterine appendages may be credited the cure. Dr. Rohé has been subjected to criticism for his work in the direction indicated, but his critics generally know little of the great advances made by modern gynecology, and are even more ignorant of the results of recent studies of mental pathology. The facts presented in this report will be regarded by all unprejudiced minds as a justification of the course pursued by Dr. Rohé in the conduct of these trying cases.

THE ANNUAL report of the Rhode Island Hospital for 1893 possesses a point of great interest, to which we desire to call atten-

tion, in the hope that it may stimulate some public-spirited citizen of Buffalo to imitate the example of Mr. George I. Chace, deceased, who was for many years president of the institution. Upon his death, Mr. Chace made certain charitable bequests to be paid upon the decease of his wife, including one of \$12,000 for the establishment of free beds in the Rhode Island Hospital. He also directed that one-half of the remainder of his estate should go to such objects of charity as his wife might name by will, expressing the hope that the hospital would share in her remembrance. Mrs. Chace died December 25, 1892, and directed that, after the payment of certain sums, one-half of the remainder should go to the hospital for the erection of a building for the accommodation of the training school for nurses. The whole of this generous bequest has been devoted to the construction of a new building bearing the name of George Ide Chace, and used as a nurses' home. It is a handsome three-story structure with balconies in front, and is every way adapted to the purpose named. In these days of training schools and trained nurses, it is essential that these useful, not to say indispensable, young women should be provided with suitable homes adjacent to, but separate from, the hospital training schools. Let somebody in Buffalo, reading of the example set by Mr. George Ide Chace, go and do likewise.

Personal.

DR. WILLIAM THOMAS COGGIN, of Athens, Ga., performed the first American symphyseotomy in Freedman, Ala., March 12, 1892. Dr. Coggin, in Heidelberg in 1890, heard of Morrisani's success and then decided to prefer symphyseotomy to craniotomy whenever a case should come under his care in which one or the other alternative should be presented. Dr. Coggin operated upon the wife of a miner, who had been fifteen and a half hours in labor and who had a contracted pelvis of the justo-minor type, computed to be one-third smaller than the average. After opening the symphysis, he applied the forceps and delivered a male fetus, weighing eleven and three-quarter pounds. It was noted that the pubic bones became separated two and three-quarter inches. There was no injury produced by the extraction of the child either to the sacro-iliac synchondrosis or to the soft parts. Under a proper

restraining apparatus the pubes readily united, there was no lameness, and the mother and infant both did well. This information is obtained from Dr. Harris's paper in the *Annals of Gynecology and Pediatrics* for February, 1894, and we regret that we did not possess these facts to incorporate in our editorial on symphyseotomy in the February issue of the JOURNAL.

DR. P. O. HOOPER, for many years Superintendent of the Arkansas State Lunatic Asylum, resigned to take effect December 1, 1893. The *Arkansas Gazette* regards Dr. Hooper's retirement as due to political influences. Whatever cause may have led to this result is a matter of deep regret to Dr. Hooper's professional friends throughout the country, as well as to those persons more immediately concerned in the conduct of the asylum, that this step was thought necessary. It will be difficult to find a successor who is as well fitted for the charge as the distinguished Superintendent who has retired.

DR. J. HENRY CARSTENS, of Detroit, has removed his office and residence from 21 Macomb street to 620 Woodward avenue. His practice is entirely restricted to gynecology, abdominal surgery and consultations. His hours are 8 to 9 A. M. and 1 to 3 P. M.

DR. R. HARVEY REED has removed from Mansfield to Columbus, O. His address is 150 Broad street.

DRS. EDWIN WALKER and A. M. Owen, of Evansville, Ind., have established a sanitarium in that city, the object of which is to provide a suitable place for the care of medical and surgical cases. Those who are acquainted with these distinguished physicians will readily understand that success in their enterprise is already assured. Patients can make no mistake in placing themselves under the roof of the Evansville Sanitarium for treatment.

DR. MONTGOMERY A. CROCKETT, of 452 Franklin street, Buffalo, announces that his practice will hereafter be confined to gynecology and obstetrics. His hours are 1 to 3 P. M. Dr. Crockett published an interesting article in the February issue of this magazine, entitled, Observations on the Results of Removal of Diseased Uterine Appendages, which will well repay careful study.

Obituary.

DR. THEODOR BILLROTH, of Vienna, died February 5, 1894, of heart disease. He was one of the most celebrated surgeons of his day and was an author of great renown. He continued his surgical and literary work almost to his end. He published a work on Pathological Histology in 1858; and another on Classification, Diagnosis and Prognosis of Tumors, translated in 1861, through which he became known to the profession in this country. His lectures on Surgical Pathology, published in 1872 by the Appletons, became a text-book in most medical colleges in America. It is justly claimed that his most striking surgical achievement was the performance of the first successful resection of the pylorus for malignant disease, Pean had previously done the operation without success.

Book Reviews.

A SYSTEM OF GENITO-URINARY DISEASES, SYPHILOLOGY AND DERMATOLOGY. By various authors. Edited by PRINCE A. MORROW, A. M., M. D., Clinical Professor of Genito-Urinary Diseases; formerly Lecturer on Dermatology in the University of the City of New York; Surgeon to the Charity Hospital, etc. With illustrations. In three large 8vo volumes. Volume II., Syphilology. Pp. xviii.—917. New York: D. Appleton & Co. 1893. Sold only by subscription.

The first volume of this system was noticed somewhat in extenso in the June number of the JOURNAL. We now proceed to give our readers the benefit of an examination of the second volume. The editor states that in its preparation it has been the aim to produce a complete and systematic treatise on syphilis and chancroid, which should reach up to the present and embody the most recent advances made in our knowledge of these diseases. We think he has accomplished his object, while at the same time he has given to the profession a work that is essentially practical. In order to reach this end it has been necessary to eliminate many theoretical questions and unimportant details, that only the essential facts of present knowledge might be presented, and that only questions of live, practical issue might be discussed.

The history, geographical distribution, evolution and general pathological anatomy of syphilis, by James Nevins Hyde, forms

the opening section of the book, and the thirty-eight pages devoted to it are of exceeding interest. The next section treats of the etiology of syphilis, and is written by John A. Fordyce. The micro-organisms in syphilis here have received careful consideration, which is the product of elaborate research and studies in laboratory cultures. This author very properly classes, among predisposing causes, improper, or imperfectly carried out, treatment during the early stage of the disease as the most frequent causes of the recurrence of tertiary symptoms. This statement ought to receive great emphasis, for we believe that in the present state of our knowledge syphilis ought never to pass beyond the primary stage, and an enlightenment of the community on this subject should be made the aim and duty of every physician.

The modes of infection in syphilis are briefly considered by L. Duncan Bulkley. He asserts that there are four methods by which syphilis can be acquired: 1. Direct contact. 2. Mediate infection. 3. Hereditary transmission. 4. Maternal infection. Bulkley does not believe that the normal secretions—milk, saliva, etc.—can communicate the disease except when they act as carriers of a pathological secretion from a syphilitic lesion.

Primary syphilis is the subject of the next section, to the consideration of which Edward Bennet Bronson devotes thirty-five pages. Here the various lesions are described and rules for diagnosis are carefully laid down. A table differentiating primary syphilis from simple chancre is especially deserving of study. Constitutional syphilis is described by Joseph Zeisler, and then we come to syphilis of the skin, which is exhaustively treated of and illustrated by the editor-in-chief, Prince A. Morrow. Probably no department of medicine has improved more of late than the study of syphilides, and the eighty-two pages here devoted to their consideration invites most careful examination and criticism. Nothing but praise can be given to Dr. Morrow's exposition of the subject. Syphilis of the appendages of the skin is dealt with by Samuel Alexander, and next comes syphilis of the mucous membranes of the mouth and tongue, by Charles W. Allen, in the course of which seven colored illustrations afford elucidation of the text.

In the next few pages, Frank Hartley treats of syphilis of the joints, bursæ tendons and aponeuroses, and then comes syphilitic affections of the bones, which are ably handled by W. R. Townsend, who devotes fifty pages to their consideration, in the course of

which occur numerous illustrations. One of the technical points here is the differentiation of syphilitic and tubercular osteitis. Dr. Townsend gives a valuable table in parallel columns that serves to aid in this differentiation. Next comes the consideration of syphilis of the upper air-passages, to which John Noland Mackenzie devotes forty-eight pages, which affords most interesting reading. Visceral syphilis is ably handled by W. T. Councilman, and much light is thrown upon this important part of the subject in the fifty-two pages here devoted to it. The next section considers syphilitic affections of the rectum and anus, and James P. Tuttle has here written most clearly and comprehensively on a difficult part of the subject.

One of the most important sections—syphilis of the genito-urinary system, male and female, written by Eugene Fuller—consists of thirty-eight pages of highly interesting material. The situation of the initial lesion is usually the penis in the male and the vagina in the female, and the exact site of the infection in either case depends upon the location of the abrasion, so that it is to be asserted with confidence if a man on exposure does not have, or fails to produce, an abrasion, he escapes syphilitic infection. There is much to be unlearned with reference to the preconceived notions regarding the method of infection as well as new views to become familiar with.

Syphilis of the nervous system, by B. Jachs, and hereditary syphilis of the nervous system, by William N. Bullard, are two interesting sections that throw much light on a department of neurology that is beginning to receive deserved attention. Syphilis of the eye, by Charles Steadman Bull, who also writes upon diseases of the eye due to inherited syphilis, is an interesting field of research and is instructively handled by the author. Hereditary syphilis, by F. R. Sturgis, finds an able exponent of the subject than whom there is no one more competent to write. Dr. Sturgis is a student, an author and a clinician who enters fully into the spirit of his work whatever it may be, and in the present instance has written a most instructive monograph.

The section on diagnosis and prognosis of syphilis, by Herman G. Klotz, and the treatment of syphilis, by J. William White, deserve to be carefully studied by every physician. We have not space to analyze these sections, but regard them as deserving the closest scrutiny. Syphilis in relation to public health, by Samuel Treat Armstrong should be read by every sanitarian and public

health officer. In this section are discussed the relation of prostitution to syphilis and the methods of regulation of prostitution, as well as other measures to limit the spread of syphilis.

We now come to the final and perhaps one of the most interesting, if not important, sections of the book, in which chancroid is treated of by Edward Martin in a most masterly manner, and chancroid of the anus and rectum is dealt with at the hands of James P. Tuttle. Martin's definition of chancroid is so simple that when once learned it cannot be forgotten. He says: "It is a contagious venereal ulcer, which, when uncomplicated, is not followed by constitutional symptoms." There is no longer any dispute as to the fact that chancroid cannot produce constitutional syphilis. The pyogenic microbes of chancroid cannot be inoculated upon an unbroken skin surface.

We regard this work, which is encyclopedic in character, as the ablest exposition of syphilis extant. The authors have been selected with special reference to their knowledge and experience in the several branches of the subject upon which they have written, and, conjointly with the editor, have produced the most scholarly, exhaustive and satisfactory work on the subject in the English language. We devote considerable space to its consideration on account of the importance of the subject.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. PLAYFAIR, M. D., F. R. C. P., Professor of Obstetric Medicine in King's College, London; Examiner in Midwifery to the Universities of Cambridge and London, and to the Royal College of Physicians. Sixth American, from the eighth English, edition. Edited, with additions, by Robert P. Harris, M. D. In one octavo volume of 697 pages, with 217 engravings and five plates. Cloth, \$4.00; leather, \$5.00. Philadelphia: Lea Brothers & Co. 1893.

Since 1876, Playfair has been accepted as authority in the department of obstetrics. When his first edition was issued, it was found to be such a clear exposition of the subject that Playfair's treatise was readily adopted by our colleges as a text-book. Students, therefore, became familiar with it at once, and obstetricians have followed it through its several editions with interest and satisfaction. At the time of which we speak, and during all the years previous, it is an admitted fact that students generally left the schools in greater ignorance of obstetrics than of any other branch of medicine. This is not true at present, and it is the special pride of American medicine that its graduates rarely leave

college—we mean such colleges as are worth attending—without an experience of from two to six obstetrical cases. It cannot be denied that this is a totally inadequate equipment with which to enter the practice of medicine and at once assume the grave responsibilities of the lying-in chamber; but it is such a vast improvement over the old way that we cannot but feel satisfaction in the progress made and that is making.

We have noticed the several editions of Playfair as they have appeared, and are always glad to publish in our review columns the results of our examination of such good books as this. It is four years since the last American edition was issued, and during that interval much of importance has happened in the medical world in general and in the obstetrical world in particular. To keep pace with these advances, Playfair has nearly, or quite, rewritten some of the chapters in the present edition, notably those on extra-uterine pregnancy, the Cesarean section, symphyseotomy and puerperal septicemia. It is these chapters that will be most likely to challenge criticism, for in all new studies in pathology or treatment where preconceived ideas are overturned, divers opinions obtain, and only after time has elapsed can solid ground be reached.

Playfair leans to Tait's classification of extra-uterine pregnancy, who, as is well known, considers all ectopic pregnancies to be primarily tubal, and that the other varieties are developed after rupture. Bland Sutton, as is also well known, accepts Tait's position and maintains that all forms of extra-uterine gestation pass their primary stage in the Fallopian tube. Playfair cautiously—we might almost say overcautiously—says that this opinion, although it is receiving an increasing number of supporters, can not, as yet, be admitted as conclusively proved. He, therefore, thinks it best to retain, provisionally at least, the ordinary classification.

In regard to treatment, Playfair is again conservative, affirming that if diagnosis were quite certain, removal of tube and contents by abdominal section would be quite justifiable. He then goes on to enumerate the expedients that have been offered in substitution for abdominal section, or to avoid what some are pleased to regard as so formidable an operation. We think it would be better in a text-book of this kind, and in view of the present state of our knowledge, to take a decided stand in favor of operation wherever the symptoms are urgent and the diagnosis *probable*.

Symphyseotomy is a subject that is now attracting attention in obstetric circles, and what Playfair has to say regarding it will command audience. He affirms that if a woman is operated upon in *good season* and by the sub-osseous section, she should run but moderate risk of her life and her child likewise, but that, like Cesarean section, much will depend upon the length of labor and the condition of the patient when operated on for securing a successful issue. Symphyseotomy ought to be less dangerous than the Cesarean section, and nothing short of this should satisfy those who propose to substitute it for craniotomic infanticide. He affirms, moreover, that it is a less formidable operation and women make less objection to it than they do to the abdominal operation. It requires less skill in its execution, but take the whole delivery, in many cases, and it will be found that no little skill is required to secure a favorable result. We believe that the obstetrician of the future, armed with the modified Cesarean section and symphyseotomy, ought to wipe out craniotomy and make it a lost art.

In dealing with puerperal septicemia, Playfair, like all obstetric authorities, is somewhat confusing in regard to the theories of its true nature. It seems to us that the time has arrived to teach students that this is essentially a surgical disease; that it is a true puerperal sepsis, caused by the absorption of poison through lesions of the genital tract. Furthermore, we believe that they should be taught to conduct a labor with the same precautions that would be insisted upon in a formidable surgical operation like cranial, thoracic, or abdominal section. If this were universally done, it would reduce the number of cases of so-called puerperal fever to an exiguity heretofore unheard of, and the prevention and cure of puerperal sepsis would be an accomplished fact, or as practically so as any one in medicine.

The editor of this edition has substituted the term celiotomy and the prefix *celio*—for the term laparotomy and the prefix *laparo*—as applied to abdominal surgery. We should be very glad to resort to any reasonable means to get rid of the term laparotomy and its compounds, which we regard as a mongrel in derivation and meaning; but we cannot accept the term celiotomy as preferable to the other. It is not technically correct, because *celia* means something besides belly and is already used to denote other cavities of the body. Until some word can be devised which shall mean the same, let us use, as far as practicable, the term abdominal section.

This work of Playfair must ever occupy a foremost place in obstetric medicine as a safe guide to both student and obstetrician. It holds a place among the ablest English-speaking authorities on the obstetric art.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Ophthalmology, Laryngology, Otology and Dermatology. By professors and lecturers in the leading medical colleges of the United States, Great Britain and Canada. Edited by JOHN M. KEATING, M. D., LL.D., Colorado Springs, Col.; Fellow of College of Physicians, Philadelphia; formerly Consulting Physician for Diseases of Women to St. Agnes' Hospital; Gynecologist to St. Joseph's Hospital; Visiting Obstetrician to the Philadelphia Hospital, and Lecturer on Diseases of Women and Children, Philadelphia; Editor Cyclopaedia of the Diseases of Children. Judson Daland, M. D., Philadelphia, Instructor in Clinical Medicine, and Lecturer on Physical Diagnosis and Symptomatology, in the University of Pennsylvania; Assistant Physician to the University Hospital; Physician to the Philadelphia Hospital and to the Rush Hospital for Consumption. J. Mitchell Bruce, M. D., F. R. C. P., London, England, Physician and Lecturer on Therapeutics at the Charing Cross Hospital. David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to, and Lecturer on, Clinical Medicine in the Aberdeen Royal Infirmary; Consulting Physician to the Royal Hospital for Diseases of the Chest, London. Volume III. Third series. Royal octavo, pp. xii.—356. Philadelphia: J. B. Lippincott Co. 1893.

This volume of the third series of International Clinics follows the same general plan as its predecessors with reference to variety of subjects and careful selection of the authors. Dr. George W. Gay, of Boston, speaks most interestingly and instructively on the management of patients during critical operations; Dr. John B. Hamilton, of Chicago, has an interesting lecture in this number on tuberculosis of the sacro-iliac joint and several other surgical questions, including popliteal aneurism. Dr. Alexander Haig, of London, speaks interestingly in regard to the pathology and treatment of asthma. This teacher is fast becoming recognized as an authority on internal medicine. Gastric ulcer is another subject of great importance, and Dr. James Tyson handles it with intelligence in the lecture that he devotes to its consideration. It is important for those who have obtained the previous numbers of these clinics to secure this one promptly, that the series may be completed in their libraries as fast as issued.

THE PHARMACOPEIA OF THE UNITED STATES OF AMERICA. Seventh decennial revision (1890). By authority of the National Convention for Revising the Pharmacopeia, held at Washington, A. D. 1890. Official for January 1, 1894. Published by the Committee on Revision. Octavo, pp. 1.—602. Philadelphia: J. B. Lippincott Company, Printers and Binders. P. Blakiston, Son & Co., Agents. 1893.

The enormous labor required to revise the Pharmacopeia of the United States makes it impracticable to do so oftener than once in ten years. The seventh revision, made by the convention of 1890, is before us and we feel sure that it will meet the critical expectations of professional experts. A number of articles have been added to the pharmacopeia, and almost an equal number have been dismissed from its pages. A considerable list of changes of official Latin titles is announced, and about treble the number of English titles have been changed. The metric system has been adhered to with reference to weights and measures throughout the volume. This action of the committee will do much to hasten the adoption of the metric system by physicians and druggists, though it will occasion some perplexity among those unfamiliar with its uses and equivalents. A table of equivalents of weights and measures—customary and metric—is given on page 554, *et. seq.*, for reference by those who may need it.

The general make-up of the volume is such as to commend it to those who may have occasion to consult it. The titles are in large, heavy type and the descriptions are printed in heavy small pica, while further allusion to each article appears in strong-faced long primer type. The book has been somewhat delayed in its appearance, but this could hardly be avoided when the extraordinary labors of the committee are taken into consideration. The changes are more radical in this revision than in any of its predecessors, consequently greater care has been necessary in its publication, and hence, more time was required to do the work satisfactorily.

TRANSACTIONS OF THE AMERICAN SURGICAL ASSOCIATION. Volume XI. Edited by DEFOREST WILLARD, M. D., Recorder of the Association. Philadelphia: Printed for the Association, and for sale by William J. Dornan. 1893.

This volume records the work of this celebrated association done at its meeting in Buffalo last May. While it is not as large as some of its predecessors, it is yet replete with articles of great interest. The president, Dr. Nicholas Senn, chose for the subject

of his address, *A New Method of Direct Fixation of the Fragments in Compound and Ununited Fractures*, in which he discusses the history of direct immobilization of fragments, and brings to the notice of the profession his own plan of the retention of compound ununited fractures by direct fixation with bone ferrule. This consists of preparing from the bones of animals a ferrule, varying from a quarter of an inch to an inch in width, and about one-sixth of an inch in thickness, or, in some instances, a much thinner ring may furnish the necessary lateral support. Sterilization is effected by boiling for an hour or more, after which the rings are kept immersed in sublimate alcohol 1-1000. Under strict antiseptic precautions the seal of fracture is to be exposed in such a way that both fragments are readily accessible. The most convenient fragment is isolated, the ferrule slipped over it and pushed away from the line of fracture far enough to clear the other fragment. After reduction is accomplished, the second fragment is engaged in the ring, which is then pushed back sufficiently far to grasp both fragments securely. Bending at the seat of fracture is prevented by the application of a plaster of Paris splint, fenestrated at a point opposite the wound. Dr. Senn reported a number of cases in which he had employed this method with success. This unique address is illustrated with twenty-three wood-cuts, and is one of the most valuable contributions to the literature of surgery of the year. The volume is full of interest, and should be in the hands of every practical surgeon.

A PRACTICAL TREATISE ON THE DISEASES OF THE SKIN. For the use of students and practitioners. By J. NEVINS HYDE, A. M., M. D., Professor of Dermatology and Venereal Diseases in Rush Medical College, Chicago. New (third) edition. In one octavo volume of 802 pages, with nine plates, of which three are colored, and 108 engravings. Cloth, \$5.00; leather, \$6.00. Philadelphia: Lea Bros. & Co. 1893.

The science of dermatology has advanced so rapidly that a work written ten years ago, like the present one under consideration, even with a new edition five years thereafter, finds it necessary after five years more to rewrite a large part of the original treatise as well as to add many new and important chapters. Dr. Hyde is an experienced teacher as well as a competent author, and his former editions were received with approval by dermatologists as well as by those general practitioners who are interested in the study and treatment of diseases of the skin.

To illustrate, Hyde states in his preface that thirty-five new diseases are considered in the present edition; that the chapter on tuberculosis has been entirely rewritten and enlarged to meet the most modern views of this subject, and that several other important changes have been made for like reasons. There are two chapters that will prove of especial interest to dermatologists and general practitioners alike, namely—one on general therapeutics, in which the nature and application of various drugs used in treatment of diseases of the skin are described, and another entitled *Dermatitis Medicamentosa*, in which a large number of drugs are catalogued that cause cutaneous eruptions with greater or less frequency. This list is constantly being added to, as experience demonstrates the tendency among drugs to cause eruptions, and it is probable that in another edition Hyde will be called upon to considerably increase the category, as he himself intimates.

A large number of new and original illustrations—five plates and twenty-two wood-cuts—have been designed especially for this edition. The mechanical execution of the work is all that could be desired, and the treatise is one that affords much satisfaction, in that it is a safe guide for both students and practitioners, either general or special, and particularly does it adapt itself to the use of dermatologists.

THE PRINCIPLES AND PRACTICE OF SURGERY. By JOHN ASHHURST, Jr., M. D., Barton Professor of Surgery and Clinical Surgery in the University of Pennsylvania; Surgeon to the Pennsylvania Hospital, Philadelphia. New (sixth) edition, enlarged and thoroughly revised. In one octavo volume of 1,161 pages, with 656 engravings and a colored plate. Cloth, \$6.00; leather, \$7.00. Philadelphia: Lea Bros. & Co. 1893.

This author has been before the surgical world so long and is so versatile and resourceful, that his several editions are rapidly taken up and others follow in equally prompt measures of time. Ashhurst has taken great pains to render this sixth edition fully equal to the demands of the present, and has constructed it on lines which merit a continuance of the confidence of the profession. In this edition he has incorporated an account of the more important recent observations in surgical science, as well as such novelties in surgical practice as merit the classification of improvements. Dr. Charles B. Nañcrede, of Ann Arbor, has contributed a new chapter on surgical bacteriology; Dr. Barton C. Hirst has revised the sections on gynecological subjects; and Drs. George

E. de Schweinitz and Alexander Randall have revised the chapters on diseases of the eye and ear. The volume preserves the same general arrangement as in former editions, but by the exclusion of matter that has ceased to be of importance, much space has been gained, permitting the introduction of a large amount of new material, with only a slight increase in the total number of pages.

The illustrations, too, have been greatly improved by the introduction of original cuts from photographs, and a colored plate containing seven figures pertaining to bacteriological subjects. We think it important in the present age that surgical treatises should be more completely illustrated by photographs from actual cases than is generally practised. Some of the cuts in this book are old-timers, that might well be replaced by a further use of the photograph.

We desire to especially compliment the author on his index, which increases the value of the work for reference by its completeness. There is nothing new or of special interest in the gynecological part of the work, and we think that it would be quite as well for surgeons to omit this department in their treatises and so be enabled to devote more space to the consideration of surgical conditions that are often too condensed to be of great value to surgeons or students of surgery.

Those surgeons who possess earlier editions of Ashhurst's Treatise will make haste to obtain this new one, and those who are not familiar with the work will necessarily add it to their libraries. The surgical science is so varied and extensive in its application, that one must needs have at hand all the contemporary authors extant in order to intelligently keep pace with its progress.

A TEXT-BOOK OF PHYSIOLOGICAL CHEMISTRY. By OLOF HAMMARSTEN, Professor of Medical and Physiological Chemistry in the University of Upsala. Authorized translation from the second Swedish edition and from the author's enlarged and revised German edition. By John A. Mandel, Assistant to the Chair of Chemistry, etc., in the Bellevue Hospital Medical College and in the College of the City of New York. First edition; first thousand. Octavo, cloth, pp. x.—511. Price, \$4.00. New York: John Wiley & Sons, 53 East Tenth street. 1893.

The medical profession is to be congratulated upon having received another addition to the meager literature on physiological chemistry. It indicates an advance and a demand for a more thorough study of chemistry in its relations to physiological processes.

This volume, from the pen of a man of international reputa-

tion, gives an excellent exposition of the subject of physiological chemistry. We believe, however, that the book would have been very much enhanced in value if the subject of pathological chemistry had been treated in more thorough detail. It is to be regretted that the author did not see fit to allow Mr. Mandel to make such additions as would bring this branch of the subject up to date. While the physician should be familiar with the normal conditions from a chemical standpoint, it is also of vital importance that he should be familiar with any morbid declensions from the normal performance of the functions of any of the organs of the animal economy.

The typography of the book is excellent, it is very neatly bound, and quite free from errors. It is a decided credit to the publishers.

J. A. M.

THE NATIONAL DISPENSATORY. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognized in the Pharmacopeias of the United States, Great Britain and Germany, with numerous references to the French Codex. By ALFRED STILLE, M. D., LL. D., Professor Emeritus of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania; John M. Maisch, Ph. M., Phar. D., Late Professor of Materia Medica and Botany in Philadelphia College of Pharmacy; Secretary to the American Pharmaceutical Association; Charles Caspari, Jr., Ph. G., Professor of Pharmacy in the Marland College of Pharmacy, Baltimore; and Henry C. C. Maisch, Ph. G., Ph. D. New (fifth) edition, thoroughly revised, according to the new United States Pharmacopeia (seventh decennial revision, 1894). In one magnificent imperial octavo volume of 1910 pages, with 320 elaborate engravings. Cloth, \$7.15; leather, \$8.00. With ready reference thumb-letter index—cloth, \$7.85; leather, \$8.50. Philadelphia: Lea Brothers & Co. 1894.

That this great work should present itself to the profession within five months after the publication of the new United States Pharmacopeia, and but a single month after it went into effect, must afford great satisfaction to the editors and publishers. But it is also of equal satisfaction to the professions of medicine and pharmacy, whose interests are so intimately blended in the National Dispensatory. The vast fund of information which it contains should be placed at the disposal of all concerned with the least possible delay. It is the official guide for the medical and pharmaceutical professions, and is to them of like importance as the rudder to the great ocean steamship in buffeting the storms and high seas of practical medicine and pharmacy.

The changes in the new Pharmacopeia, to which we have alluded elsewhere, were of such a sweeping character that it necessarily entailed greater work upon the part of authors and editors to prepare this edition than upon those that had preceded it. New tables of value have been inserted, weights and measures are given with the ordinary and metric systems, and adequate space has been allotted to the new synthetic compounds, as well as to the unofficial preparations that are now so extensively used. The volume, too, is rich in chemical and pharmaceutical information, with data, formulas and tables gathered from all official sources. The latest editions of foreign pharmacopeias have been summoned to pay tribute to this wonderful work. Its descriptions of the materia medica are clear, thorough and systematic, and these characteristics apply equally to its explanations of chemical and pharmaceutical processes and tests.

We must not fail to make mention of the therapeutical portion of the work, which challenges admiration for its completeness, while the statements of the actions and uses of medicine, arranged alphabetically in the text under the names of the drugs, are placed most easily and suggestively at command by the recommendations under the various diseases in the therapeutical index. There has been also a free use of illustrations wherever they can be made valuable in aiding the description of drugs, or of the most approved apparatus. The two indexes, general and therapeutical, cover twenty-five thousand references, and the total number of pages exceed nineteen hundred. A thumb index is added for the convenience of those who choose to pay the slight additional charge of fifty cents.

This work will find its way into every pharmacy of the land and to the book shelves of teachers of materia medica; and a large army of general practitioners cannot afford to do without it. Orders should be placed promptly, as the demands for the book will be very great.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF GEORGIA. Forty-fourth Annual Session, 1893. Octavo, pp. 426. Atlanta, Ga.: Published by the Association. 1893.

This book furnishes ample evidence of the substantial progress making by the medical profession in the Empire State of the South. The papers contained in this volume are for the most part of exceptional quality, and some of the discussions are of an exceed-

ingly interesting character. The contagiousness of consumption, by Dr. J. G. Hopkins, Thomasville, is a paper of great practical interest, and emphasizes the importance of strict attention to preventive measures. A paper entitled Impure and Pure Mineral Waters, by Dr. T. S. Hopkins, of Thomasville, also contains many points of interest. The Technique and After Treatment of Ovariotomy, by J. B. S. Holmes, of Rome, deserves to be carefully studied by every abdominal surgeon. It is classified under sub-heads, and together with the discussion covers thirty-four pages of the book. There are also interesting papers by prominent authors, such as Gaston, Westmoreland, McRae and others that we cannot give the space they deserve in this brief notice. The book is printed on heavy paper, handsomely bound, and will easily find its way into the hands of every progressive physician in Georgia, as well as many outside that commonwealth.

SANDERS' QUESTION COMPENDS, No. 12. Essentials of Minor Surgery, Bandaging and Venereal Diseases, arranged in the form of questions and answers, prepared especially for students of medicine. By EDWARD MARTIN, A. M., M. D., Clinical Professor of Genito-Urinary Diseases; Instructor in Operative Surgery and Lecturer on Minor Surgery, University of Pennsylvania; Surgeon to the Howard Hospital; Assistant Surgeon to the University Hospital, etc., etc., Second edition, revised and enlarged, seventy-eight illustrations. Philadelphia: W. B. Sanders. 1893.

The first edition of this number of the question compends was so well received that it soon became exhausted. This second edition, according to the author's preface, has been thoroughly revised and brought up to the present standard of surgical practice. A considerable number of the illustrations have been redrawn and engraved, and an entirely new set of bandaging cuts inserted. These latter are to be especially commended, and Dr. Martin acknowledges his indebtedness to the *American Text-Book of Surgery* for them as well as for the descriptions given. If there is an excuse for this kind of literature, it is readily to be found in such a good work as this.

A MANUAL FOR BOARDS OF HEALTH AND HEALTH OFFICERS. By LEWIS BALCH, M. D., Ph. D., Secretary State Board of Health of New York; Health Officer of Albany; Emeritus Professor of Anatomy and Professor of Medical Jurisprudence Albany Medical College. Pp. 242. Albany, N. Y.: Banks & Bros. 1893.

The author of this manual has had a large experience in reference to the duties of health officers and of boards of health, there-

fore, is unusually well equipped for the preparation of such a book. He announces that his object has been to put into the hands of health boards and health officers a short compact guide to follow in the discharge of their duties. It is not written from a legal standpoint, nor is it intended to instruct in hygiene, but is simply a practical statement of the duties of health authorities and how they may be performed under the public health law of the State of New York. It was prepared to supply a demand on the part of those engaged in the public health service, and admirably fulfils the purposes for which it is published.

We notice that instruction in detail is given with reference to tuberculosis in cattle, with full directions regarding the care and destruction of animals so diseased, but we think that an additional precaution should be taken by compelling the cremation of all tuberculous carcasses.

MINERAL SPRINGS AND HEALTH RESORTS OF CALIFORNIA, with a complete Chemical Analysis of every Important Mineral Water in the World. Illustrated. A Prize Essay. Annual Prize of the Medical Society of the State of California, awarded April 20, 1889. By WINSLOW ANDERSON, M. D., M. R. C. P., Lond., M. R. C. S., Eng., etc.; Joint Editor and Publisher of the *Pacific Medical Journal*, etc., etc. San Francisco: The Bancroft Co. 1892.

An examination of this book impresses the reader with the fact that California is wonderfully equipped in the number and quality of its mineral springs. To collect information on the subject and put it into book-form must have been an interesting occupation for the author of this book. Within its pages information can be obtained as to the relative value, medicinally speaking, of the several springs in the golden state. These have been carefully analyzed for the most part by the author, and tables of the analysis are published. In the majority of instances, health resorts have been erected contiguous to the springs, and illustrations thereof are published in the book. Those who desire information on the subject will readily find it by consulting this volume.

BUREAU OF EDUCATION, (Whole number, 195) CIRCULAR OF INFORMATION, No. IV., 1893. Abnormal Man: being Essays on Education and Crime and Related Subjects, with Digests of Literature and a Bibliography. By ARTHUR MACDONALD, Specialist in the Bureau of Education. Washington: Government Printing Office. 1893.

This volume is made up of two sections. The first, consisting of 204 pages, divided into eight chapters. Chapter I. considers education in its relation to crime, including comparative statistics

of crime and education in France, Italy, Germany, Austria, Japan and the United States. Chapter II. deals with practical criminology, including discipline and instruction. Chapter III. treats of the Mafia in a most instructive way. Chapter IV. discusses alcoholism and crime. Chapter V. is very instructive and entertaining, dealing, as it does, in the foibles and eccentricities of the great geniuses. Chapter VI. is sociological and ethical in character. The remainder of the book is composed of 200 pages of carefully compiled bibliography. Altogether, the Bureau presents us a most valuable *résumé* of the subject to date, and Mr. McDonald is to be congratulated on the excellence of the work and its admirable arrangement.

J. W. P.

BOOKS RECEIVED.

Venereal Memoranda. A Manual for the Student and Practitioner. By P. A. Morrow, A. M., M. D. Clinical Professor of Venereal Diseases in the University of the City of New York; Surgeon to Charity Hospital; Attending Surgeon to the Bellevue Hospital Out-Door Relief, Department of Skin Diseases; Member of the American Dermatological Association; Member of the New York Dermatological Society, etc., etc. Double duodecimal, pp. iv.—332. New York: William Wood & Co. 1894.

The Johns Hopkins Hospital Reports. Report in Gynecology, 11. Volume III.; Nos. 7, 8, 9. Imperial octavo, pp. 461. Baltimore: The Johns Hopkins Press. 1894.

The Physician's Wife, and the Things that Pertain to Her Life. By Ellen M. Firebaugh. With portrait of author and 44 photo-engravings of original sketches. In one crown octavo volume of 200 pages. Extra cloth, \$1.25 net. Special limited edition, first 500 copies, numbered, and printed in photogravure ink, on extra fine enameled paper; bound in half-leather and Vellum cloth, \$3.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry street.

The Modern Climatic Treatment of Invalids with Pulmonary Consumption in Southern California. By P. C. Remondino, M. D. Member of the American Medical Association, American Public Health Association, etc., etc. Physicians' Leisure Library. Detroit, Mich.: George S. Davis. 1893. Price, paper, 25 cents; cloth, 50 cents.

A Practical Treatise on the Diseases of the Hair and Scalp. By George Thomas Jackson, M. D. Professor of Dermatology, Woman's Medical College, New York Infirmary; Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons; Consulting Dermatologist, Presbyterian Hospital; Visiting Dermatologist, Randall's Island Hospital; Member of the American Dermatological Association, etc. New revised and enlarged edition. Small 8vo, pp. 414. New York: E. B. Treat, 5 Cooper Union. 1893. Price, \$2.75.

A Treatise on Headache and Neuralgia, including Spinal Irritation and a Disquisition on Normal and Morbid Sleep. By J. Leonard Corning, M. A., M. D. Consultant in Nervous Diseases to St. Francis' Hospital; Fellow of the New York Academy of Medicine; Member of the

New York Neurological Society, etc. With an Appendix. Eye Strain, Cause of Headache. By David Webster, M. D., Professor of Ophthalmology in the New York Polyclinic; Surgeon to the Manhattan Eye and Ear Hospital, etc., etc. Illustrated. Third edition. Small 8vo, pp. 275. New York: E. B. Treat, 5 Cooper Union. London: H. K. Lewis, 136 Gower street. 1894. Price, \$2.75.

Treatment of the Diseases of the Stomach and Intestines. By A. Mathieu, Physician to the Paris Hospitals. (Medical Practitioners' Library.) Octavo, 285 pages. Parchment muslin, price, \$2.50; flexible leather, gilt top, price, \$3.25. New York: William Wood and Company. 1894.

Operative Surgery. By Th. Kocher, M. D., Professor at the University and Director of the Surgical Clinic at the Berne University. Octavo, 288 pages, 163 illustrations. Extra muslin, price, \$3.00. New York: William Wood and Company. 1894.

Proceedings of the Philadelphia County Medical Society. Volume XIV. Session of 1893. Lewis H. Adler, Jr., M. D., Editor. Octavo, pp. xxviii.—484. Philadelphia: William J. Dornan. 1893.

Holden's Anatomy. A Manual of the Dissections of the Human Body. By John Langton, F. R. C. S., Surgeon to, and Lecturer on, Anatomy at St. Bartholomew's Hospital. Carefully revised by A. Hewson, M. D., Demonstrator of Anatomy, Jefferson Medical College; Chief of Surgical Clinic, Jefferson Hospital; Member Association American Anatomists, etc. 311 illustrations. Small 8vo, pp. xx.—803. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1894. Price, \$3.00.

Antiseptic Therapeutics. By Dr. E. L. Trouessant, Paris, France. Translated by E. P. Hurd, M. D. In two volumes. Physicians' Leisure Library. Detroit, Mich.: George S. Davis. 1893. Price, paper, 25 cents each; cloth, 50 cents each.

A Text-Book of the Theory and Practice of Medicine. By American teachers. Edited by William Pepper, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. In two volumes; illustrated. Vol. II. Large octavo, pp. xii.—1046. Philadelphia: W. B. Saunders, 913 Walnut street. 1894. Price per volume, cloth, \$5.00; leather, \$6.00; half Russia, \$7.00. For sale by subscription only.

An Illustrated Encyclopedic Medical Dictionary. Being a dictionary of technical terms used by writers on medicine and the collateral sciences, in the Latin, English, French, and German languages. By Frank P. Foster, M. D., editor of the *New York Medical Journal*, assisted by eleven collaborators. Vol. IV. Minn-Zyth. With illustrations. Quarto, pp. 776. D. Appleton & Co. 1894.

Lectures on Auto-Intoxication in Disease, or Self-Poisoning of the Individual. By Ch. Bouchard, Professor of Pathology and Therapeutics, Member of the Academy of Medicine, and Physician to the Hospitals, Paris. Translated, with a preface, by Thomas Oliver, M. A., M. D., F. R. C. P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne; and Examiner in Physiology, Conjoint Board of England. In one octavo volume; 302 pages. Extra cloth, \$1.75 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry street.

Literary Notes.

THE Antikamnia Chemical Co., of St. Louis, has issued a visiting list, which is a compact and useful part of a physician's equipment. It has a neat morocco cover with pocket that can be unshipped from the visiting list if desired, or used to protect additional books as they are filled one after another. It is distributed gratis to the profession on application to the publishers.

THE *Woman's Medical Journal*, published in Toledo, Ohio, entered upon its second year in January, and signaled the success of its enterprise by donning a new dress (we had almost said gown), increasing its number of reading pages, and by announcing a new staff of associate editors. This journal appears to be ably edited and managed, and deserves the conspicuous success that it is attaining.

MESSRS. WILLIAM WOOD & Co., New York, announce that the first volume of a new system of Medical Jurisprudence, Forensic Medicine and Toxicology will be published on or about March 1st. In the November issue of the JOURNAL we published a notice in considerable detail of the prospectus of this remarkable work. It will be sold only by subscription, and orders should be placed promptly.

THE McArthur Hypophosphite Co., of Boston, has issued a most useful calendar for the year 1894, of a size convenient for the waistcoat pocket. It contains, among other things, a table for calculating the period of utero-gestation, help in case of accidents, antidotes for poisons, important incompatibles, table of weights and measures and the metric system, valuable information on business matters, doses of chemical and pharmaceutical preparations and a diary arranged for every day in the year. It can be obtained upon application to the publishers and sending twenty cents.

GEORGE KEIL, 1715 Willington street, Philadelphia, announces the early publication (third edition) of the "Medical and Dental Register-Directory and Intelligencer," for the States of Pennsylvania, New York, New Jersey, Maryland and Delaware. It will present not only a complete list of all medical and dental practitioners in the States named, with place and date of graduation,

but also lists of professional educational institutions, hospitals, societies, etc., etc., and will be of much practical value to all members of these professions.

FREDERICK STEARNS & Co., of Detroit, have sent out a calendar for 1894, that is a unique and beautiful specimen of the application of photography in original colors. The details which attend the process are referred to at length in a circular which accompanies the calendar. The feature of expense in the production of such work is considerable, and while every customer of the firm will receive one of these calendars, duplicates can only be obtained upon payment of twenty-five cents to cover actual cost of production, postage and packing.

CIVIL SERVICE EXAMINATIONS FOR SUPERINTENDENTS, FIRST AND JUNIOR ASSISTANT PHYSICIANS IN THE STATE HOSPITAL SERVICE.—An open competitive examination of candidates for positions as Superintendents, and First and Junior Assistant Physicians in the State Hospital service, will be held at the rooms of the New York Civil Service Commission, Albany, N. Y., on Thursday, March 15, 1894, commencing at 9 o'clock A. M.

A candidate for the position of Superintendent must be not less than thirty years of age, and have had five years' actual experience as physician in a hospital for the insane. A candidate for the position of First Assistant Physician must be not less than twenty-five years of age, and have had three years' actual experience in a hospital for the insane. A candidate for the position of Junior Assistant Physician must be at least twenty-one years of age, and have had at least one year's actual experience on the medical staff of a public general hospital. All candidates must be graduates of a legally chartered medical college and citizens and residents of the State of New York.

Application blanks may be had by addressing the Secretary of the New York Civil Service Commission, Albany, N. Y.

THOMAS CARMODY, *Chief Examiner.*

NOTICE TO CONTRIBUTORS.—We are glad to receive contributions from every one who knows anything of interest to the profession. Articles designed for publication in the JOURNAL should be handed in before the first day of the month. The Editors are not responsible for the views or opinions of contributors. All communications should be addressed to the Managing Editor, 284 FRANKLIN ST., BUFFALO, N. Y.

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Original Communications.

NEURASTHENIA, FROM THE STANDPOINT OF THE GENERAL PRACTITIONER.¹

BY I. N. LOVE, M. D.,

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SINCE Beard's time, the well-versed physician, whether in the general field or a special line, has recognized neurasthenia "as a legitimate and well circumscribed morbid entity." Our own Dr. C. H. Hughes, of St. Louis, recognized the world over as a high authority upon neurological subjects, in a paper read before the Missouri State Medical Association fully twelve years ago, suggested as a name for the disease, general functional neuratrophia, as preferable to neurasthenia. He expressed the thought at the time, that the disease was a more or less general failure of the normal nutrition appropriating power in the higher nerve centers, especially the psychological, leading to consequences short of appreciable structural change—a pure neuratrophia—which is only functional in its effects and confined, in expression, to an altered and lowered functionation in the nervous system itself.

A synonym for the disease is nervous prostration, and the name which Beard himself gave to it was nervous exhaustion, but all these names are objectionable, for they suggest symptoms rather than a definite pathological condition.

The causes of this disease, like all others, may be hereditary or acquired. The medical man who is brought in close relations to the family as family physician, should be fully impressed with the thought that his advice will be of value in the securing of nerve

1. Read before St. Louis Medical Society, January 20, 1894.

capital and a good general equipment for at least the rising generation of the family. Truly, many individuals are put into the world and have crowded upon them the battles of life when they are so poorly equipped with nerve force as to be almost considered nervous bankrupts.

The child which has a tubercular inheritance can be built up and away from it ; so, too, if heredity is against it from the standpoint of the nervous system, the child may be fed up and out of it.

In these modern days of specialism, while admitting that the expansion of knowledge in every department of life has largely put an end to that ideal of "knowing something about everything, and everything about something," the members of the medical profession should yet guard themselves strenuously against the danger of automatic specialism ; for, as was recently remarked by the *Medical Record*, "the glory of modern specialism is that it has unraveled difficult questions in the etiology of disease, and its crowning work must lie in its ability to meet the demands which this new pathological inquiry makes with adequate therapeutic measures. To do this, requires mental expansion in every direction, and not alone in any one."

As was well said by Dr. Hughes in his recent essay before this society upon this subject, "physicians may become specialists in practice, but they should never cease to be generalists as students."

The family physician, other things being equal, is well equipped for coping with the disease under consideration, within certain limits, on account of his personal knowledge of the habits, manner of life, and general physical make-up of the patient, as well as his temperament. Hutchinson defines temperament as the sum of the physical peculiarities of the man, exclusive of his tendency to disease, and it has tersely been expressed as being "the peculiar way in which the individual reacts to the stimuli of his environment." Temperament has been too much neglected in these latter days. There was a time, in professional and institutional circles, when much more stress was laid upon this subject, and an ability to recognize and know temperament used to be considered part of a sound medical training. There are many things in man which the test-tube and the microscope cannot discover, and in our work as bacteriological delvers, as well as in our desires to be superlatively scientific, we should not lose sight of this fact.

While by no means maintaining that leisure and wealth are the only conditions favorable to neurasthenia, so-called, I still urge, with Beard, that it is seldom found among those who live below the undercrust of the social world ; that its *habitat* is rather in Fifth avenue than the Five Points. The manual laborers of the world, however little they may know, generally know enough to rest when they are tired, and they have the advantage of fewer superheated and poorly ventilated homes, besides their muscular development holds down their emotional centers to a safe level. Neither are they, as a rule, disturbed by the trinity of A's which confront a large proportion of those in the higher walks of life—namely, Ambition, Avarice and Anxiety, and the trio of L's which environ the rest—namely, Laziness, Luxury and Lust.

The writer desires to be placed upon record in favor of the position that, in spite of the fact that cases of neurasthenia are overlooked by the family physician, yet the number that are labeled nervous exhaustion by neurologists, which do not properly come under that head, is very greatly in excess ; in other words, to a certain degree, it has become the fad on the part of the American public to elect to be placed under the head of neurasthenics, and neurasthenia is the chief hobby ridden by the nerve specialist of today. I take the position that ninety per cent. of the so-called cases of nervous exhaustion are spurious. That they are the victims of nervous weariness may be admitted, but weariness and exhaustion are two different things. Physical weariness may occur in three ways : the muscles may be affected, the nerves may become fatigued, the brain may become weary ; all or any of the three may become tired out, and this tiring out may occur repeatedly time and again without exhaustion resulting ; and the classical symptoms, as given by Beard and corroborated by so many other observers the world over, which apply to nerve exhaustion, may appear in a modified form in the victim of nerve weariness, and suggest to the alarmist, or he who is given to forming extreme conclusions, that the case before him is one of exhaustion.

Michael Foster, the great physiologist, in a recent address delivered before the members of the University of Cambridge, *apropos* to this subject of weariness, says :

Observations and reasonings, into the details of which I cannot enter now, have led physiologists to the conclusion that a muscle, not only in the body but also for a measurable time out of the body, is con-

tinually undergoing change of substance ; that the complex groupings of atoms, molecules and particles, by virtue of which it is alive, are continually being made and as continually being unmade ; the living complex muscle is always being built up out of, and always breaking down again into, simpler substances. Did we possess some optic aid which should overcome the grossness of our vision, so that we might watch the dance of atoms in this double process of making and unmaking in the living body, we should see the commonplace, lifeless things which are brought by the blood, and which we call food, caught up into and made part of the molecular whorls of the living muscle, linked together for a while in the intricate figures of the dance of life, giving and taking energy as they dance, and then we should see how, loosing hands, they slip back into the blood as dead, inert, used-up matter. In every tiny block of muscle there is a part which is really alive, there are parts which are becoming alive, there are parts which have been alive but are now dying or dead ; there is an upward rush from the lifeless to the living, a downward rush from the living to the dead. This is always going on, whether the muscle be quiet and at rest or be moving ; some of the capital of living material is always being spent, changed into dead waste ; some of the new food is always being raised into living capital. But when the muscle is called upon to do work, when it is put into movement, the expenditure is quickened, there is a run upon the living capital, the greater, the more urgent the call for action. Moreover, under ordinary circumstances, the capital is, during the action, spent so quickly that it cannot be renewed at the same rate ; the movement leaves the muscle with an impoverished capital of potential stuff, and a period of rest is indeed in order so that the dance of atoms of which I just now spoke may make good the loss of capital and restore the muscle to its former power.

In considering muscular weariness, we, at the same time, must keep in mind weariness of the nerve centers, for, after all, the weariness of the whole body from muscular work is, to a very great degree, in fact chiefly, a weariness, speaking broadly, of the brain.

When we have excessive muscular exertion, the weariness may take a form of distress, and, if the effort be continued, the distress may become so great as to cause complete exhaustion, and even death may result. In excessive work, of whatever kind it may be, in order for the work to be accomplished, there is made a greater demand upon the blood for oxygen. Difficult breathing, or panting, results from the changing quality of the blood. There are many things besides carbonic acid which are swept into the blood as the result of the activities of the body ; in other words, the product of work in the human body is a poison which must needs be eliminated through the medium of the lungs and the other excretory organs.

Foster again well expresses it :

As the breath of man is poison to his fellow-man, so the outcome of the life of each part of the body, each tissue, be it muscle, brain, or what not, is a poison to that part and its fellows, and may be a poison to yet other parts. Of each member, while it may be said that the blood is the life thereof, it may with equal truth be said the blood is the death thereof ; the blood is the channel for food, but it is also a pathway for poison.

It would seem superfluous to draw attention to these well-known physiological facts, but I do so only to emphasize the point which I make, and that is, that by neglect upon the part of the individual of certain necessary laws,—involving rest, opportunities for oxygenation, proper attention to elimination through the various draining channels of the body,—excessive work, whether bodily or mental, in repeated cases, produces such a degree of weariness and poisoning of the nerve centers as to mislead us in the direction of interpreting the symptoms present as those of neurasthenia.

The same author, in his admirable paper referred to, says :

The loss of living capital, or the presence of the products of work which would have no appreciable effect on a muscle, may wholly annul the work of a piece of nervous machinery. If an adequate stream of pure blood, of blood made pure by the efficient coöperation of organs of low degree, be necessary for the life of the muscle, in order that the working capital may be rapidly renewed and the harmful products rapidly washed away, equally true, perhaps even more true, is that of the brain. As physical and mental efforts are continued, the eliminating capacity, unless carefully guarded, is marred, the resulting poisons are more and more heaped up in the system, poison the muscles, poison the brain, poison the heart, poison, at last, the blood itself, starting in the intricate machinery of the body new poisons in addition to themselves. The hunted hare run to death dies, not because he is choked for want of breath, not because his heart stands still, its store of energy having given out, but because the poisoned blood poisons his brain, poisons his whole body. So, also, the schoolboy, urged by pride to go on running beyond the earliest symptoms of distress, the mere loss of wind, struggles on until the heaped up poison deadens the brain, and he falls dazed and giddy as in a fit, rising again it may be and stumbling on unconscious, or half conscious only, by mere mechanical inertia of his nervous system, on, only to fall once more, poisoned by poisons of his own making.

I quote liberally from the thoughts of the physiologist, Foster, for the purpose of making more clear the position taken. If con-

tinued effort, without rest, will poison to the extent of producing death, surely many repeated efforts which are not so much in excess with conditions favorable to accumulation of leucomaines, —namely, a tied-up state of the secretions, inattention to the proper diet, accumulations of undigested and unassimilated food, which undergoes fermentation and decomposition, developing ptomaines, thus adding to the reserve of poison in the system, keeping in mind the fact that the neglect of hygienic laws, failure to secure proper ventilation of rooms and the proper clearing out of the alimentary canal at proper times, surely we may have weariness and poisoning to the point of distress, and even to that point which would suggest nervous exhaustion. Men who are greatly absorbed in their work have no time to think about the laws of health, but the family physician, and the neurologist as well, should realize, in these cases, the importance of “clearing the decks for action.” They should promptly turn on the batteries which will scatter the accumulated poisons, open the windows, put the patient out of doors, anywhere, so that the purest air may be breathed and elimination of the accumulated poisons hastened. In his essay, read before this society a few weeks ago, Dr. Bremer said :

There is no class of sufferers that is more persistently and vigorously maltreated than the neurasthenic. The cause of this lies in the fact that there is no organ, member or tissue, in the body, which has not been held up as the chief offender in neurasthenia by some or another specialist. The worst of it is, that since specialism is still on the increase, the number of offending parts of the body is steadily multiplying, and however much legitimate specialism may have done for the advancement of the medical sciences, it must be admitted that the abuse of specialism has assumed the proportions and significance of a nuisance. There is today no specialist who does not consider neurasthenia a legitimate and fruitful field for its work, in a few instances to the advantage, but much more frequently to the detriment of the patient. Broadly stated, the medical profession of today may be divided into two classes: the peripherists, comprising almost all specialists, and the centralists, found principally among the general practitioners and the neurologists. It has been said of the latter, that whenever they do make a right diagnosis, as a rule, nothing can be done for the patient. This is unfortunately true in a measure, but in this sense, that the patient has already gone the round of the peripherists, the specialists of the various organs, who mistook the case for being a local trouble, causing general symptoms, and tinkered at irrelevant

symptoms, until the precious time for rational general therapeutics was gone. Had they looked upon the disorders of the various organs with a "central" light, interpreting the local trouble as being due to a general central disturbance, the result of their therapeutic efforts would probably have been entirely different.

As a matter of fact, it must be stated that social strata do not make any difference in the frequency of Beard's disease. Rich and poor are indiscriminately affected by it. The only difference is in name, not in fact. For while the well-to-do neurasthenic, especially he that has an inkling of the ailment from his reading on the subject, is apt to apply to a neurologist for relief, and get from him the true name of the disease, the poor man has to be satisfied with the diagnosis of biliousness, dyspepsia, catarrh and similar diagnostic incongruities, and is allowed to worry through his collapses as best he can, with the aid of quinine, calomel and tonics.

It is fortunate for humanity that the general pathologists and the other specialists of the world have had this note of warning given them by a neurologist. Possibly they will in future leave the domain referred to entirely to those who look upon all the disorders of the various organs with a "central" light and interpret all local troubles as being due to a general central disturbance. However positive this dictum may seem, practitioners and specialists will more than likely still go on recognizing the fact that over-eating, with too little defecation and accumulated leucomaines and ptomaines and peripheral irritation,—a figurative thorn in the flesh,—all may, if left unrelieved, create all of the symptoms of so-called neurasthenia, and that when relieved those symptoms will disappear as if by magic.

Commencing with the teething child which is thrown into reflex convulsions as the result of an erupting tooth, all along the line to the second childhood, when an unrelieved pruritis or eczema drives its victim mad with discomfort, we have evidences in favor of the thought that peripheral irritations are the prime cause in many cases of so-called neurasthenics. Every general worker and specialist in diseases of the rectum has found patients on the border line of nervous exhaustion and almost madness, all produced by a fissure of the anus. There are probably those within the sound of my voice who have seen numerous cases presenting many of the symptoms of neurasthenia, all occasioned by an obstructing spur upon one side or the other of the nasal septum, occasioning accumulations above, up to the frontal sinuses, and at times the sufferings approaching the agonies of the damned.

These cases, together with others which might be mentioned, the offending organs never having been interrogated, have run the gauntlet of neurological treatment for months and even years, and are finally relieved quickly and precisely by the removal of the peripheral disturbance. We all know that excruciating pain, borne even for a short time, or pain of any kind wherever located if long continued, will beget a general demoralization of the nervous centers, simulating nervous exhaustion. Surely all of us, whether specialists or workers in the general field, should try to save our patients pain, with a view to the husbandment of their nerve force. From infancy, the growing child should have its teeth guarded with a view to prevent toothache and the consequent nerve disturbance. The mothers of the world should be placed in the best possible condition for the pangs of maternity, remembering the element of poisoning, how susceptible the nervous centers are to being poisoned. Thus elimination, cleansing of all the emunctories should be the rule, particularly during the pregnant period, and then every possible pain should be prevented. More rapid recoveries would follow and parturition would result in less loss of nerve force.

Indeed, there is no special line of study which the worker in general medicine or the family physician should apply himself to more assiduously than the nervous system. Just insofar as he can, this particular laborer in the medical vineyard should be a neurologist, for it is a fact, that all will admit, that after all the nervous system represents our main capital. All that will develop it and maintain it and prolong its usefulness, should be known and made a part of the armamentarium of the general practitioner. The neurological author of *Current Fallacies about Neurasthenia*, previously quoted, read a tirade in this society a few years ago against gynecology, (which, by the way, was never answered,) but may we not say that the criticism which may justly be directed toward the specialist who runs too much in grooves, will apply in a most pronounced way to the neurologist who dwells too much upon his particular line of thought?

In the language of the present president of this society, the brainy and brilliant Outten, "the psychiatrist, whose curious art is oft too finely wrought, syllogizes mind oft whilst his own is pathologized by thought." In other words, the neurologist is in danger of laying too great stress upon his particular part of the anatomy and is tempted to misinterpret symptoms and dislocate

disease. To him, unless he have a care, every victim of suffering or discomfort is a bundle of nerves gone wrong. The most successful workers in this field are those whose emotional centers have been kept in reserve, and whose intellectual centers have been most strongly developed from the beginning, and who base their work upon a foundation of broad, general practice. The neurologist, like all the rest of us, should remember that every man becomes largely the crystallized result of all that he has seen, of that which he has associated with, and of that with which he has been brought most closely in contact. The psychiatrist, then, should constantly guard himself against exaggerating the neurological phenomena which present themselves to his view. He and the rest of us should remember that it is all very well to declaim against the specialist who interprets all headaches as being due to a necessity for eye-glasses, or the one who prefers to glide over and always only in gynecic grooves, but some of our neurological brethren, God bless them, have often been known to misinterpret and exaggerate symptoms. Admitting for the sake of argument that many a woman suffering from a sore brain or a sorrowing heart has received treatment for a sore womb, that the womb of the world has been twisted and twirled in excess, that the docile, gentle and inoffensive ovary has not often enough been permitted to blush unseen and waste its sweetness upon the silent air, but all too oft has been rudely snatched from its sacred lair when it never had been guilty of doing anybody harm, still the fact remains that gynecology has relieved more sorrows, brightened more homes, saved more precious lives, and will go on saving more millions of lives that exist now only in the womb of the future, than all of the other surgical specialties combined. It is the novices only who rush in where angels fear to tread and act upon the idea that a woman's anatomical, physiological and pathological world is her womb. We should none of us, however, throw stones at each other, for the bulk of those in the medical profession (and out of it too, for that matter) this side of Heaven, have their houses composed chiefly of glass.

I have in my records a half dozen cases of men of affairs approaching the fair, fat and forty age, where success has come to them after many weary years of labor; leisure, responsibility, overeating and constipation followed; then came headache, brain pressure, anxiety, insomnia, morbid fears followed by neurological opinions suggesting nervous exhaustion, which in its turn was

followed by a frenzy of anxiety and dread of the future, all relieved within a few weeks by brisk purging, flushing of the kidneys, diaphoretics, fresh air, proper diet, a few nights of good sleep, and last, but not least, the instruction to buy and wear number sixteen collars instead of fourteen-and-a-half size which had been worn for years. Busy men when nearing the middle mile-post of life as they increase in weight, often fail to realize that their necks grow more rapidly than their girth, and, as a result, they suffer from plain every-day tight-collar headaches.

In a discussion on the subject at a recent meeting of this society, a prominent member cited his own case of neurasthenia as one produced by prolonged loss of sleep and anxiety on account of sickness in his household, and that he was practically cured by many long continued hours of sleep. Here was a case of extreme fatigue diagnosed as nervous exhaustion, which was relieved by hours of sleep. Fancy, if you can anyone, the picture of intellectual health and animal vigor that he presents after having had neurasthenia and been cured of it inside of a few weeks.

Constipation, excessive eating, lack of exercise and absence of proper exposure to fresh air upon the part of one of the strongest, most healthy looking and most robust members of our profession, resulted in a collapse, which was interpreted as neurasthenia, treated as such, kept under treatment for several years, and the victim is not well yet, and the question may well be asked whether he ever will be. His neurologist flattered his vanity by telling him that he had neurasthenia as the result of overwork. Overwork forsooth! A practical all-around physician would have inquired into his habits of life and ascertained the fact that he was a gourmand, that he ate as much of the richest food, being possessed of epicurean tastes, as would have been sufficient for three men. Being a specialist, with his work confined almost entirely to ill-ventilated offices in an old styled, illy plumbed house on one of the prominent thoroughfares of the down-town portion of the city, the conditions were favorable to an accumulation of poisons. He was in the position of a furnace supplying force to a mechanism wherein the fuel was shoveled in in enormous quantities, a poor draft was given, the amount of oxygen was not sufficient, the ashes of combustion and clinkers were not properly removed, and as a result there was an explosion upon the part of the outfit. Had the doctor referred to fallen into the hands of an all-around many-sided physician, he would probably have been

purged early and often for at least a week, for it would have taken that length of time, however energetic his doctor might have been, to have cleared out the accumulations in that alimentary canal. At the same time his kidneys would have been flushed with a view to the more complete removal of poisons which are eliminated through this channel. The activity of the skin would have been encouraged, and during this time the poisoned nerve centers having unfitted him for exercise, he would have been furnished muscular exercise through the medium of massage. I venture the opinion that he would have been rid of his leucomaine and ptomaine poisoning within a very short time, and having been placed upon a proper diet and instructed to take proper exercise, both in walking and horseback riding, he would have been in shape for work promptly.

Malaria, cold and rheumatic conditions are often potent factors of so-called cases of neurasthenia. Chilling of the surfaces, too, even if malaria be ruled out, and certainly where the system is below par, no matter what the case we may have under our care, malaria cannot often be ruled out of our philosophy, particularly in the Mississippi Valley. But even though it be not considered, with the nervous system (which, after all, is our power of resistance against disease) below par, the susceptibility to cold, so-called, is great. Chilling of the surfaces, driving the blood inwardly and interrupting the equilibrium of the circulation, still further adds to the difficulties which confront us, and begets a condition of disease which has been long considered under the term of rheumatic, to which Dr. Hans Froelich, in a paper recently presented to the profession, has given the name of lymphostasis.

Dr. Froelich says, "That with such patients there is always too rich a supply of food with too little combustion, caused by insufficient peristaltic and voluntary motion. These circumstances, single or combined, then, cause an engorgement of the concentrated lymph, which condition is first noticed in the fissures and tissue spaces, the source of the lymph system."

It will thus be seen that the rheumatic and gouty elements, the presence of uric acid and the deposit of fibromous materials along the track of nerves, in other words a lymphostasis, should be constantly kept in mind, and so too the fact that in proper regulation of diet, massage and flushing of eliminative organs, lies relief.

In closing, I desire to emphasize the following points :

1. The majority of cases of so-called neurasthenia are either victims of nerve weariness, dependent upon misdirected energy without

proper rest at proper intervals ; and nerve poisoning, the result of constipation, improper food and accumulation of the ashes of combustion, leucomaines and ptomaines ; a disposition to use the stomach too much and the rectum too little, and a failure to appreciate the importance of pure air as a rejuvenator of tired and poisoned nature ; or else nerve demoralization resulting from unrelieved peripheral irritations.

2. There is less harm in the victim of disease directing his attention to special organs and peripheral points as the offenders of his comfort, than there is in having his mind absorbed in the contemplation of his nervous apparatus. In other words, it is an evil day for anyone, man, woman or child, when the attention is concentrated upon the nerve centers, when the energies are directed toward watching nervous symptoms ; in fact, it would be well for them if they never had a knowledge of the anatomy and functions of their nervous system, and that knowledge should be the last presented to them for consideration. The best way to cure the discomforts occasioned by nerve weariness and nerve poisoning, and even those of nervous exhaustion, which are far more serious, is to prevent them ; and it should be our constant desire to impress upon the families with whom we come in contact the importance of building up the nerve capital of the child from the day of its birth, and even before its birth, indirectly through the mother. We should endeavor to teach the burden-bearers and battle-wagers of the world that the fruit-bearers have a nervous system more easily fatigued and more easily put on edge than their own. Then will we help them to realize that marriage is not a failure. With a view to the building up and maintainment of nerve force and guarding against nervous bankruptcy, both on the part of parents and children, we should teach them the importance of proper food, proper clothing and a properly opened condition of the animated system of sewerage. We should impress them with the fact that the daily visit to the Temple of Cloacus, with satisfactory results, is quite as important as the morning and evening prayer. When we recall the fact that ninety per cent. of the women of the world are much more constipated than the traditional owl, we will realize what room there is for improvement in this direction. A special missionary work should be entered into, on the part of the profession, among the teachers of our schools, for they need not only to know the importance of the flushing out of the alimentary canal, so far as they themselves are concerned, but its importance as a

stimulator of the wit and the ability of the young idea in the direction of shooting properly. All along the line we are safe in keeping in mind the cardinal principles, both as preventors and curers of the conditions mentioned,—namely, elimination, disinfection, nutrition, tranquilization and oxygenation. Large quantities of pure water serve, whether preceded by medicament or not, as excellent stimulators of the eliminative organs.

Food that is easily digested and readily assimilated is important, and, in this connection, the fats, hydrocarbons, are more valuable even as nerve builders than as enemies to tuberculosis, and that is saying a great deal. Under this head, butter and milk stand preëminent. Sleep is, indeed, “tired Nature’s sweet restorer,” and it represents the life of the individual. Mothers should be impressed with the fact that children, who are poor sleepers, run the chance of growing up with wrecked nervous systems. The average mother, as well as the average child, does not sleep enough.

The limits of this paper will permit of but few points in the way of treatment. As a sleep producer, I believe that trional in ten, twenty or thirty grain doses is the best remedy we have at hand. No exaltation, no depression, and no bad effects, follow its use. I observe, in a recent number of one of my exchanges, a very pronounced tribute to this remedy by Dr. J. B. Mattison, of Brooklyn, N. Y., a high authority. His experience is entirely in harmony with my own.

The digestion should be helped in order to secure nutrition in better form in every way possible. I have no sympathy with those who inveigh against the general aids to digestion. Just as well say that when a man’s leg is broken or injured that he should not wear a crutch, as to say that when the digestive powers are crippled, crutches are not indicated. Pepsin, which assists in the digestion of albuminous foods, and diastase, which directs its energies toward the digestion of starchy foods, are of value. Papoid is also an excellent helper of digestion. Remembering that we have a condition of general debility all along the line, tonics are certainly indicated, and there is none better in all the world as a toner up of digestive and general nerve activity than strychnia.

For long, arsenic in the form of Fowler’s solution has been a sheet anchor in the treatment of chorea and allied conditions, and

believing, as I do, that in neurasthenia, which is a disease of adult life, the conditions are almost identical to those which are present during childhood when chorea prevails, (hysteria, chorea and neurasthenia are all a species of physical insanity,) I consider arsenic of great value. Within the past few months I have administered to these cases a preparation which was introduced to the medical profession by Dr. Wm. F. Barclay, of Pittsburg, (one of the most reputable physicians in the State of Pennsylvania, a man who is an expert chemist and a thoroughly reliable observer) and to which has been given the name of arsenauro, which is in fact a beautiful and attractive liquor of the bromide of gold and arsenic. (Every ten drops, the ordinary dose, contains one-thirty-second grain of gold bromide and one-thirty-second grain of arsenic bromide.) I have a very large number of patients taking this compound in ten-drop doses, three or four times a day and uniformly with good effect. Let us not forget that the majority of these cases, whether spurious or bona fide neurasthenia, have usually a rotten, crowded condition of the alimentary canal, a long history of constipation leading up to leucomaine and ptomaine poisoning, and that the entire system of secretory glands is deficient and perverted in activity, and that flushing out of the emunctory system is called for. As an all-around excellent stimulator of elimination, tongaline (liq. tong. salicylate-Mellier) is indicated. Pains which are present are well met by the salicylic acid contained in the compound and which is of the best form, being made from the oil of wintergreen. The pilocarpin, cimicifuga and colchicin which it contains are all stimulators of elimination. I usually administer from a teaspoonful to a tablespoonful at bed-time, and oftener if necessary in order to clear out the bowels thoroughly. In cases of la grippe, which are accompanied by so-called rheumatic symptoms and great nervous prostration, the tongaline is particularly indicated as a flusher of the sewerage system.

Change of scene and air are often indicated, and, to my mind, no better place in all America can present itself than Hot Springs, Arkansas. Here we have the elevated mountainous atmosphere, the ideal water, and facilities furnished for drinking it in large quantities, and being hot it is all the more promptly eliminated; and at the same time the bathing in the hot water is very beneficial in the direction of relieving the pains which so frequently accompany these conditions.

The judicious administration of electricity is certainly indicated, but I am strong in the belief that more of these cases are benefited by judicious massage, both manual and mechanical, than by electricity.

3642 LINDELL BOULEVARD.

ARTIFICIAL IMMUNITY.¹

BY HENRY REED HOPKINS, M. D., Buffalo, N. Y.

The traditions and the history of the art of medicine have ever asserted the fact of the remarkable exemption or immunity of certain races or individuals from attacks of communicable disease to which their less favored neighbors were liable. The findings of the science of medicine in her investigations and experiments upon the reactions of various contagia upon the lower animals reveals the existence of a similar variation in immunity, proclivity, susceptibility, and is already well advanced in the most ambitious and far-reaching of human endeavor, the attempt to discover the secret of the immune, in order to possess the God-like power of extending his inestimable blessings and advantages to his less-favored brother, the susceptible.

With truth and soberness, it may be said that there does not exist, and there never has been, a more attractive, a more potential scientific investigation, than the study of artificial immunity.

To the elucidation of this problem, medicine is at this moment devoting her highest art and her most profound science—her most creative enthusiasm, and her most cautious painstaking and accurate technique.

Let us recall some of the primitive conceptions embraced in this consideration. The well-attested observation that certain races, families or individuals possessed a peculiar exemption from the attacks of a given disease; for instance, the dark-skinned races from ague, led our forefathers to recognize the condition which we know as immunity—that the individual who was immune to a given disease, was to that form of illness disease-proof. Continuous and contemporaneous with these interesting observations ran a similar set, resulting in the conclusion that certain individuals had the misfortune to be the pathological antithesis of the previous class, differing from the average of their kind in the opposite

1. Read before the Medical Society of the State of New York, Albany, February 6, 1894.

direction, and their situation or relation to disease the fathers were wont to indicate by the terms—proclivity, susceptibility.

Here it is worth noting, for the observation may be found of some little significance, that as the fathers recognized instances of wide variation from the average reaction of individuals to acute disease, they also noted that individuals frequently reacted singularly to the operations of certain well-known remedies; that in one class the usually efficient dose would be found utterly inefficient, while in the opposite class extreme or poisonous conditions or effects would result from the exhibition of what was usually considered perfectly harmless and suitable doses. These interesting facts are still grouped about that most fascinating and puzzling term, idiosyncrasy.

The prosecution of the theory of the bacterial origin of infectious disease has brought us many important new truths; not the least of these in interest and suggestiveness is the fact of the communicability of many of our infectious diseases to our neighbors, the lower animals. Had the observation not extended beyond this point, it still must have been regarded as one of the utmost practical importance and suggestiveness, but already the party of exploration is sending back news from much higher altitudes, and we hear from many laboratories that the same veins, the rich ore-bearing veins—immunity, proclivity, susceptibility—known for ages to run among the children of men, are also found, and in a more marked degree in the lower animals. Moreover, these veins, as seen in the lower animals, are workable, are being worked, and the precious metals, the silver and gold of scientific therapeutics, laid up in these everlasting hills of the bacteriologist,—the rabbit, the guinea-pig and the mouse,—are now in sight; in fact, the metallic bars are now in the assayer's office, or on the way to the mint, waiting for the final test and stamp as coin of the realm of scientific medicine.

The questions which the bacteriologist would answer in this investigation: (1.) What is the nature of the change wrought in the individual, child or adult, by an attack of disease,—scarlet fever, small-pox, or vaccinia,—whereby the individual ceases to furnish the requisite culture media for the maintenance and growth of that particular bacterium known to cause, or to be most intimately associated with the cause, of the particular disease? (2.) How far does this principle of immunity, natural or acquired, extend among the infectious diseases? (3.) How far may we

extend the condition of artificial immunity for the cure or prevention of disease ?

A slight knowledge of the rapidly increasing literature of this subject convinces the writer that satisfactory progress is being made along the lines of each of these enquiries. Regarding the character of natural immunity, perhaps the progress has been the most disappointing, but even in this direction valuable observations or discoveries are reported. We may so consider the observations of Nuttall, Buchner and others upon the aseptic or anti-infectious property of the blood serum of the immune animal, this quality having been found in several instances to be in direct proportion to the degree of the individual's immunity.

Most intimately related to this thought is the discovery of Koch, as to the different methods by which bacterial invasion produces disease, methods which he proposes to recognize and distinguish by use of the terms, bacterial infection and bacterial intoxication. In bacterial infection, the microörganism, for instance, the bacillus of anthrax, gains admission to the body of the susceptible individual, and very soon rapidly increases in numbers, and literally swarms throughout the entire body, invading every organ and tissue. Such microörganisms appear to be inimical to their host wholly or in the main in a mechanical or negative manner ; mechanically by blocking the capillaries, and thereby arresting the circulation of the blood and consequent functional activity, and negatively by robbing the tissues of nutrition used in their own upbuilding, particularly of oxygen. The method of attack in cases of bacterial intoxication is quite different from the foregoing, and introduces new and most important characters, ptomaines and tox-albumins, which may be indicated by the single word toxins. Tetanus, typhoid fever, diphtheria, cholera, and possibly tuberculosis, are instances of disease produced by bacterial intoxication.

In these diseases the method of invasion may be the same as before, but the behavior of the microörganism of the disease, from the moment of invasion, differs widely in the following respects : in bacterial infection the microörganisms tend to increase and multiply rapidly, to go and to grow anywhere and everywhere ; in bacterial intoxication the microörganisms tend from the first to grow only on certain tissues and in certain localities, to produce local disease, but with their growth they elaborate a virulent poison, which gains admission to the blood, circulates with the

blood, and by doing the work of an irritant poison upon the sensitive and susceptible tissues of the various organs of the body, or some of them, produces the given disease.

These poisons of bacterial origin are of two kinds,—ptomaines and tox-albumins; the former are crystalline, alkaloidal bodies, the latter are colloidal. The important role these animal poisons are likely to play in our knowledge of and management of the infection, the preventable diseases, we may get a hint of when we hear that although of bacterial origin, they may be produced at will outside of the body, and yet when introduced into the susceptible individual, with or without their particular microorganisms, they invariably produce their specific diseases, each after his kind.

The possession of knowledge of the precise kind, as to the method of the production of bacterial disease, as indicated by the above statement, has resulted in a decided advance of our thought relating to artificial immunity, and we now know that an animal may have immunity of two distinct kinds,—namely, from bacterial infection and from bacterial intoxication; and our experimenters seem to have demonstrated that an individual may have one without the other, and that in the near future infectious diseases are to be treated or prevented by an increase and right use of our knowledge of both these processes.

Results of experiments bearing upon the condition bacterial intoxication seem to be the most important and suggestive, and appear to establish the following facts: that there resides in the blood serum a chemical substance or substances of vital origin, by some called defensive proteids or anti-toxines, which substances possess the power of rendering pathogenically inert and harmless the ptomaines and tox-albumins, the disease-producing agents, in all cases of bacterial intoxication. That the organism has the ability of producing these defensive proteids or anti-toxines, as their peculiar services are required for the protection of the individual, as seen in Pasteur's treatment for hydrophobia, until their presence and protective activity in the blood, in much more than that of normal ratio, is demonstrable. When an individual is by suitable treatment brought to such a state as to receive with impunity that which is ordinarily a fatal dose of a given ptomaine or tox-albumin, the individual is said to be poison-proof. And to render the susceptible poison-proof, whereby he ceases to be susceptible and becomes immune, is today the highest ambition of the art and the science of medicine.

Information regarding this most interesting condition of artificial immunity,—poison-proof,—points to the fact, as we just observed, that it may be acquired, and that when present, either by Nature or by acquirement, the fortunate possessor, if a female, may transmit the same to her offspring, and what seems to be most fortunate, the milk of the poison-proof mother renders the young almost equally immune. Experiments also indicate that the blood of the poison-proof animal has high curative powers in cases of the given disease occurring in his own kind or in man. Observers also seem to be quite in accord in this testimony, as to the complete individuality of the action of the various toxines. An animal, poison-proof against a given disease,—tetanus, diphtheria, erysipelas or pneumonia,—has thereby not the slightest protection against any other disease.

The writer is well aware of the fact that medical enthusiasts usually have early cause to regret their enthusiasm, and that the rôle of prophet is not popular in this, the closing years of the nineteenth century, and yet ventures to proclaim with enthusiasm the dawn of a new era in medicine, when from a truer knowledge of temperament, proclivity, susceptibility, idiosyncrasy, immunity and artificial immunity—the art of the treatment of disease and the prevention of disease will attain such eminence, and accomplish such results, as heretofore have been attained and accomplished only in dreams.

433 FRANKLIN STREET.

POINTS FOR TRAINED NURSES.—At the training schools for nurses no applicants are accepted who are under twenty-one years of age or over thirty-five ; twenty-five is the preferred age. When application is made by letter it must be addressed to the superintendent of the school. In reply she will receive a circular stating that a personal interview is desirable. If that is impossible, the applicant should write again, saying so and asking for an application blank. This blank must be filled out in the applicant's own handwriting and returned to the superintendent, together with a physician's certificate of health, a letter from a clergyman and the addresses of three women, not relatives, who have known the applicant for several years. These applications are filed, and when a vacancy occurs the most desirable applicant is selected by the president, and is taken for a month on trial. During this month of probation, she will, at almost all the training schools, receive her board and lodging. At the end of the month she may be accepted or rejected as a pupil nurse, and the decision is final.—February *Ladies' Home Journal*.

Clinical Reports.

CLINICAL MEMORANDA FROM THE SURGICAL CLINIC AT THE SISTERS OF CHARITY HOSPITAL.¹

BY HERMAN MYNTER, M. D.,

Professor of Surgery, Niagara University, and Surgeon to the Sisters' Hospital.

DURING the last two years, I have had occasion to trephine twenty-seven times. Of these, the majority, fifteen in all, were made on account of fractures of the skull. They represent all forms of lesions, from compound and comminuted fractures extending into the base, with laceration of membranes and brain, to simple depressed fractures of the vertex. Four of these cases died, all of which had extensive fractures of the base of the skull.

Five cases were operated on account of traumatic epilepsy, four of which were greatly improved, although a cure was probably not obtained in any case.

Five cases were operated by linear craniectomy, for microcephalus with idiocy, without any apparent improvement in any case. One case was trephined for subdural hemorrhage with aphasia and hemiplegia, and recovered perfectly, and one case recovered, after trephining, from a brain abscess. All operations were performed with the usual precautions in the Sisters' hospital, and all recovered, with the exception of four with necessarily fatal injuries of the base of the skull. In regard to covering the bony defect after trephining, I have tried to implant a layer of leaf-gold unsuccessfully several times. Eretic granulations occurred on both sides of the gold, forming a semifluctuating, painful swelling, which necessitated its removal. I have twice successfully implanted a celluloid plate, covering the defect and inserted beneath the internal table.

In one case, I reimplanted successfully the whole bony disk removed by a very large (one and one-quarter inch) trephine. This is, of course, the ideal proceeding. In several operations for traumatic epilepsy I covered the dura, Mosaic fashion, with bits of the bone removed, without paying any particular attention to whether the internal table of the bits of bone was turned inwards or not. I thereafter closed the wound without drainage. All the cases, with the exception of one, in which suppuration occurred and the bone particles had to be removed, recovered without com-

1. Read before the New York State Medical Society, in Albany, February 7, 1894.

plication, and adhesion between the dura and the scalp was most successfully prevented. Where laceration of dura and brain was present, this method, of course, cannot be used, and in such cases I always pack the wound loosely with iodoform-gauze and expect healing by granulation.

Three of the cases deserve special mention :

TREPHINING FOR SUBDURAL HEMORRHAGE WITH APHASIA AND RIGHT-SIDED PARESIS—RECOVERY.

CASE XII.—Daniel Blackford, 25 years of age, entered the Sisters' hospital on November 13, 1893, with the following history : Twelve days previously, while in a fight, he was struck by his opponent's fist on the right side of the head and knocked down, striking the left side of his head on the plank sidewalk. He was able to walk home, but his face and eyes were swollen, and he complained of severe pain in the back of the head. Nothing further could be learned about his condition, while at home, except that he, on the day of his admission to the hospital, had had a fit, with convulsive movements of right side of face and arm. While being prepared for bed he had another fit with similar muscular contractions in face and arm.

On examination, paresis was seen of the right side of the face ; there was constant twitching of the muscles of the right hand and arm, tongue drawn toward the left side, left pupil contracted. He experienced some sensation in the arm and leg, but, apparently, none in the face. There was some paresis present of the right arm and leg, which he moved with difficulty. Complete aphasia present. He could neither articulate nor did he appear to understand what was said to him. Temperature, normal ; pulse, 96. R. Ice to the head ; iodide potash, gr. x. ; fluid ext. ergot, mm. xx., every four hours.

On the following day, November 14th, he appeared somewhat better, could raise his arm and leg at will, although with difficulty, and seemed to understand questions and to make an attempt to answer, but he was unable to utter a sound. He was restless and sleepless ; pulse, 120. After consultation with Dr. Crego, the neurologist to this hospital, who concurred in the diagnosis of a clot on the brain, either extra- or intradural, over the center of speech, extending upwards and involving the motor area on the left side, operation was decided upon and performed on the following day, November 16th, after the usual antiseptic precautions had been taken. A curved incision, convex downwards, was made from the external lower border of the frontal bone downwards and

then upwards, terminating just above the ear. The large wings of the sphenoid and the temporal bone were exposed, and by aid of a large trephine—one and one-quarter inches in diameter—a button of bone removed over the base of the third frontal convolution, involving the center of speech and face. No extradural bleeding was found. The dura was bluish in color, and bulged forwards, showing great pressure behind. No pulsation was seen. A small puncture was made through the dura, through which a fine stream of old blackish blood spurted several feet in the air. The dura was, therefore, freely opened, and a large amount of similar blood, estimated at three ounces, evacuated. A large bloodclot now appeared, covering an area of about three square inches and being about one-quarter inch thick. It extended upward and backward, was firmly adherent, and was removed with difficulty, partly by aid of forceps, partly by sharp spoon. Pulsation of the brain was thereafter plainly seen. The brain seemed excavated and pressed inward where the clot had been removed. The wound was thereafter thoroughly irrigated with warm sterilized water, the dura sutured with fine catgut, the button replaced, the wound closed without drainage, and antiseptic dressings applied.

The further course was very favorable. The wound healed by first intention. Two days afterward, he could say yes and no and count to four; two days later the aphasia had disappeared and the patient was able to talk freely, although pronouncing some words with hesitation and difficulty. The paresis of the arm and leg disappeared completely in a week, and the patient got up. On his discharge, four weeks later, it was noted that vocal fremitus over the left side of the head was normal, the pupils normal in size and reaction. Paralysis of the face had entirely disappeared, and the condition of the facial nerve was normal. He was able to draw the face to either side and raise the nostril. The tongue could be protruded without deviation to either side. His right hand was somewhat weaker, registering 70 to left 90. Knee reflexes normal; muscular power and sensibility perfect. Aphasia had completely disappeared; memory was perfect, and he left the hospital mentally and physically completely restored.

His assailant was discharged from jail a wiser, and, I hope, a more peaceable man, a week after the operation.

This case is of interest on account of the correct diagnosis verified by prompt operation, the replacement and successful

implantation of the large button, by which adhesions of dura to the skin and possible future troubles were avoided, the rapid disappearance of all the serious symptoms, and the complete restoration of the patient to health, and of his assailant to liberty. I wish here to call attention to the dangers of using strong antiseptics in operations on the brain. Physiological investigations have shown, as published in *Deutsche Medicinische Wochenschrift*, that the brain is extremely sensitive to chemical irritants, and it was found that carbolic acid, in strength above 1 to 200, speedily produced death, and that corrosive sublimate, even as weak as 1 to 10,000, inflicted severe injury upon the brain tissue. I believe that nothing but sterilized water ought to be used in brain injuries or operations.

TREPHINING FOR ABSCESS OF BRAIN—RECOVERY.

CASE XIII.—G. B., 4 years of age, entered the Sisters' hospital on November 22, 1893. Eight weeks previously, he had been injured on the top of his head by a "rasp," which some other boys were throwing up in the air. The injury consisted of a punctured wound of scalp and skull. No physician was called, the wound was bandaged at home, and the little boy continued playing. The next day the head was swollen and the boy remained in bed all day, but thereafter he apparently got well, and continued healthy for six weeks. Two weeks ago he began to get easily fatigued, looked pale, had slight fever at night, attacks of vomiting, and increasing drowsiness and stupor. One week ago, the family physician was called, found the boy with a fever of 103, rapid pulse, mental dullness, and stupor. He advised his removal to the hospital, but the parents first consented one week later, as he was rapidly growing worse and the stupor was increasing.

On examination, he looked pale, with heavily-coated tongue, slight facial paralysis on left side, otherwise no symptoms of paresis. He was in a state of stupor, fretful and peevish, and could not, or would not, answer any questions. A small scar was seen on the top of his head, to the right of the median line and just behind the coronal suture. Temperature 103; pulse 130. The symptoms indicated a brain abscess, and, after consultation with Dr. Crego, exploratory trephining was advised and performed immediately.

A downward convex incision was made, circumscribing the scar. After the periosteum had been removed, a small opening, filled with granulations, was seen in the skull. A half-inch button was removed with the trephine, outside the hole, and a rim of bone removed around the hole with cutting forceps (Keen's). The dura

mater thereafter bulged into the opening, was not pulsating, and a granulating mass found, corresponding to the hole in the skull. The dura was opened, and just beneath the granulations a stream of pus gushed out from an abscess cavity beneath the cortical substance. The opening was enlarged with dressing-forceps and about two ounces of pus evacuated. The cavity seemed, by exploration with the finger, to be about the size of a large egg. It was irrigated with sterilized water, loosely packed with iodoform-gauze, let out through an opening in the flap corresponding to the deeper opening. The wound was thereafter sutured and antiseptic dressing applied.

November 23d. He rested quietly during the night and seems much brighter, says he feels "first rate," and wishes to get up. Pulse, 120; temperature, 101.

November 24th. Wound dressed, irrigated and iodoform again introduced.

November 26th. Temperature, 99. The wound was thereafter irrigated and dressed every other day, a small strip of iodoform gauze being introduced for drainage; the pus discharge diminished rapidly, and he left the hospital, convalescent, on December 10th.

From a letter from his physician, of January 16, 1894, I quote: "Mentally and physically the child seems to be perfectly well has gained in weight, and is as active as ever. The discharge of pus ceased shortly after his leaving the hospital, and the wound is nearly healed."

The interest in this case is the entire absence of paralysis, although the abscess, evidently, was near the motor center and must have exerted considerable pressure on this point.

The diagnosis was made on the symptoms of mental dullness and elevation of temperature.

For the history of the following case I am indebted to Dr. W. C. Krauss, of Buffalo:

TREPHINING FOR EPILEPSY.—RECOVERY.

CASE XIV.—W. T., of Attica, N. Y.; age, 24; height, five feet eight inches; weight, 165 pounds; constitution strong and healthy. Nothing in his antecedents and early life is worthy of special consideration. When twelve years of age an accident befell him, on a Fourth of July, which proved to be the cause of his later misfortune. Some boys having procured the barrel of an old gun, were engaged in discharging it to help celebrate our national holiday. The gun flew into

the air and, on descending, struck the patient on the left frontal region of the head. He was carried unconscious to a physician's office, who removed several small bone particles of the skull and sewed up the wound. Suppuration set in, which continued for a few weeks, and the boy seemed to have recovered fully from the effects of the injury. About six years ago, six years after the accident, he began to notice that he felt unusually drowsy, dull, and stupid on awakening in the morning. This condition lasted for some time, the cause undiscovered, until he was discovered in an epileptic attack by his room-mate.

He consulted several physicians without obtaining any relief. In the Fall of 1890, he consulted Dr. Krauss, who, without any success, prescribed bromides. He made a thorough examination and found a large deep depression over the left frontal bone, the posterior edge extending through the coronary suture. Up to this time he had been able to work hard on a farm, but would have the nocturnal attacks.

On May 2, 1891, Dr. Krauss was called to Attica to see him, and found him in one of the attacks. He was sitting in a chair, his eyes wide open, glassy, staring, his head drawn to the left, speechless, but not exhibiting any signs of convulsions.

These attacks were growing more frequent, had become diurnal as well nocturnal, and some radical procedure was demanded. Two days later, Dr. Krauss was again called to Attica, and I was requested to accompany him and operate. On our arrival, we found the patient in the status epilepticus, the attacks being no longer intermittent but continuous, without longer intervals than a couple of minutes. He had been in this condition for thirty hours, one attack of convulsions following the other without the patient regaining consciousness. The pulse was weak and rapid, face cyanotic. A large depression, covered with a tight, whitish, adherent scar, was seen, as described. A large curved incision, convex backwards, was made, the scalp loosened with difficulty from the bone, and an irregular defect of bone found under the scar. The surrounding edges of the bone were much hypertrophied, strongly adherent to the dura and pressing it inwards. The dura was loosened all around from the hypertrophied bone, which thereafter was removed all around the defect with cutting forceps.

During the following day he had six attacks, but thereafter he improved rapidly, and he soon returned to his work a well man. No attacks occurred for seventeen months, he got married and felt well, but continued the treatment with bromides. On October 7, 1892, he consulted Dr. Krauss again, and stated that the attacks were returning and were becoming daily more frequent. Dr.

Krauss advised him to enter the Sisters' hospital, in Buffalo, in order that he could be under observation and treatment. The attacks, similar to the ones he had at first, grew daily more frequent and intense, and after three days he was in the same condition of status epilepticus. An operation, similar to the first, but convex forwards, where the bone could not be reached during the first operation, was performed, hypertrophied bony edges, strongly adherent to dura mater, found and removed and the dura again widely loosened from the bone with Horsley's spatula. He recovered rapidly, having some attacks only during the following twenty-four hours, and was discharged from the hospital on November 6, 1892, apparently cured. He was again treated by Dr. Krauss with bromides, his food restricted, and all work prohibited for six months. Thereafter he resumed his former work. He has since had no more attacks or peculiar feelings, his physical and mental condition, Dr. Krauss states, are excellent, and we hope for no further trouble. The depression is covered by his hair and gives him no concern whatever.

The interest in this case is the late appearance after the injury, the apparent recovery after the first operation, relapse, and a still further remission and a possible cure after a second operation. It is the belief of Dr. Krauss and Dr. Crego, who saw him the second time, that death promptly would have occurred if he had not been operated on.

A DOUBLE LESION OF THE BRAIN—CEREBRAL CYST— CEREBELLAR TUMOR.¹

BY EDWARD B. ANGELL, M. D., Rochester, N. Y.

SOME months ago, a case of obscure brain trouble came under my care, the symptomatology of which readily enough determined a diagnosis of cerebellar tumor. Had this been the only morbid condition, the case would hardly have been of more than clinical value. But an earlier lesion, resulting in the destruction of certain important convolutions of the cerebrum, has some scientific bearing upon cerebral pathology, and the functional correlation between the two hemispheres. For this reason I desire to place the case upon record before this association.

Mary O., aged 32 years, single, a shoemaker by occupation, of good social status, family history negative; the personal history unimportant

1. Read at the meeting of the Neurological Section of the American Medical Association, Milwaukee, June, 6, 7 and 8, 1893.

with one exception. At the age of five years, during convalescence from a severe attack of scarlatina, sudden right hemiplegia developed, due doubtless to a thrombosis of a branch of the left mid-cerebral artery. It was attended with loss of speech, but without loss of consciousness. Of this early palsy the details will be given later.

Aside from defective development of the right arm and hand, it left little trace upon the constitution. She enjoyed good health till two and one-half years before her death, when the symptoms, due to the cerebellar tumor, gradually developed. Briefly noted in the order of their appearance they were, physical and mental languor, slight vertigo and later uncontrollable vomiting, unstable equilibrium, occasional occipital headache, some parasthesia in the right arm and leg, deafness of the right ear, later becoming complete. The cerebellar ataxia gradually increased, the tendency to fall being toward the right side and backward. About a year before death vision in the right eye failed and ultimately there was almost obliteration of special sensation. The intellect, however, was very little impaired, and that only on account of the pressure exerted by the encroaching tumor. There was no involvement of the third, fourth or sixth pair of nerves. Right optic neuritis was pronounced. The knee jerk was equally exaggerated on either side and increased by reinforcement. Occasionally the urine showed traces of sugar, but no albumin. Sensory response to pain, touch and temperature was well preserved to the end. Operative measures were not advised on account of the probably inaccessible location of the growth.

The autopsy revealed a nodular, encapsulated tumor—a gliosarcoma. It was the size of a small egg, spherical in shape, and weighed two ounces. It lay between the right cerebellar hemisphere and the inferior margin of the right temporo-sphenoidal lobe, with the occipital lobe above, and pressed directly upon the corpora quadrigemina. The growth was bounded on its inner side by the right crus cerebri, the pons and upper portion of the medulla. These last two structures had been crowded inward by the tumor, and thus several of the cranial nerves springing from them had been subjected to pressure. The growth was almost entirely free from the surrounding organs, although it involved some of the cerebellar tissue. It sprung from the middle peduncle and was partly covered by the cerebellar convolutions. It was detached enough for ready removal, but its position anterior to the cerebellum and adjacent to the most vital structures of the brain rendered it inaccessible. Of the cranial nerves only the auditory and glosso-pharyngeal were subject to much pressure, although the trigeminal was somewhat involved.

Upon removing the calvarium, the membranes were found unaltered and the blood-vessels uncongested. The cerebral convolutions, though flattened, seemed normal, and there was no superabundance of serous fluid. But just above the junction of the fissures of Sylvius and Rolando was a cyst, grayish in color and filled with serous fluid. This cavity, the remnant of the destructive thrombosis of early childhood, was limited below by the ascending and horizontal limbs of the Sylvian fissure, and reached down to the sheath of the left ventricle—the external capsule and claustrum. It replaced the lower precentral convolution, the upper part of the operculum, a narrow strip of the ascending parietal along the Rolandic fissure and nearly the posterior half of the island of Reil, practically almost the whole of the speech center. Not only had specific convolutions been destroyed, but the whole hemisphere suffered arrest of development. The left cerebrum weighed sixteen ounces, four ounces less than the right, and its convolutions were less prominent, its sulci shallower and the cortical gray matter thinner.

Section of the brain showed a similar atrophy of the basal nuclei. The left striate body was only three-fourths the size of the right, while the left optic thalamus was a third smaller than its fellow. The atrophy of the left crus cerebri was marked and extended into the pyramidal tract.

The right cerebellar hemisphere was a fifth smaller than the left, weighing two ounces, while the left weighed two and one-half ounces. The variation in size unquestionably was not due to the cerebellar tumor, as might be supposed, but rather to the earlier defect; since in atrophy of one cerebral hemisphere, the alternate cerebellar hemisphere, especially its middle lobe, is retarded in development. This proportional loss in the right cerebellar hemisphere was exactly identical with that of the left cerebral—in either case the weight being twenty per cent. less than that of its fellow.

Curiously the cerebral convolutions of the right side, corresponding to the ones destroyed in the left, were strikingly prominent in comparison with the other convolutions of the same side, or with similar convolutions in other brains. The Rolandic convolutions were in reality hypertrophied, and anatomically suggested unusual functional activity.

Outside the brain, as was to be expected, there was more or less unilateral atrophy of the tissues. The lesion had nearly destroyed the right arm area, as well as those of the face and

tongue. The leg area had not been invaded, consequently its growth was but little retarded. But the right arm and hand were very small and almost useless, while the right side of the face was more *petite* than the left, and that half of the tongue materially thinner and less prominent.

Careful questioning established these facts. Before the paralysis she was right-handed; after recovery she slowly became left-handed, learning to write with that hand, though poorly and always from right to left. The paralysis lasted about three months. There was complete loss of speech for four or five weeks; then it was gradually restored, though two months more were required before she could talk well. Her mother volunteered the remark that "she seemed to learn to talk over again." There was no noticeable mental impairment subsequently, though she was not an apt scholar and cared little for study. Memory was always good, her temperament cheerful and contented. She possessed a strong will power.

In her movements she was rather awkward; could not learn to dance, found it difficult to run, and in other ways showed evidence of defective muscular action.

This case of acquired porencephaly possesses two features of some importance. We know that a lesion of the left third frontal convolution with consequent loss of speech, is soon compensated in early life by the development of a speech function which apparently lies dormant in the corresponding convolutions of the opposite hemisphere. But in the present instance, in addition to the clinical facts, is the anatomical one of undue development of the right motor convolutions corresponding to the ones destroyed on the left side. Again, this decided hypertrophy of certain cerebral convolutions, due to increased functional need, exemplifies the effect muscular activity exercises upon the growth of the controlling nervous centers. Is it not fair to assume that we may thus explain, in part, the value of passive muscular exercise, whether by electricity, massage or other means, in the treatment of paralysis? Mechanical stimulation of the affected muscles not alone benefits by improving local nutrition. It has central influence as well. I believe that persistent exercise of any muscle distinctly influences the growth of its cortical center. It would be a matter of great value to determine whether physical training, influencing as it must the motor area of the brain, stimulates in any way intellectual development.

Selections.

SUPPURATING MYOMA OF THE UTERINE WALL FOLLOWED BY TWIN PREGNANCY.

BY JAMES F. W. ROSS, M. D.

Lecturer in Gynecology in the Woman's Medical College; Gynecologist to St. John's Hospital, Toronto General Hospital, and St. Michael's Hospital.

THE following notes are taken from my case book: Mrs. J., æt. 28, kindly referred to me by Dr. Stevenson, of Trenton, admitted July 22, 1891. Nothing unusual about menstrual history; was married two years ago; had a child born in May, 1891, good delivery. Four years ago she had a sickness that was attended by much vomiting; had a good deal of pain in the region of the bladder and pain in passing water—only a few drops of water would pass at a time, and there was a frequent desire to micturate. On the 27th of May her child was born; four days after she noticed a pain in the right iliac region, that shot across the abdomen and across the back; the pain was severe. At first it was constant; it gradually became diminished; and now, July 22d, only occurs for a few hours every day or night. Since her confinement she has noticed an enlargement on the right side, low down in the abdomen. After the confinement the lochial discharge lasted for six weeks.

Two weeks ago—that is, during the first week in July, and about five weeks after her confinement—a greenish-yellow, thick foul-smelling discharge commenced to flow freely from the vagina. At present the discharge is thinner, not so offensive, and has every appearance of laudable pus. The discharge has gradually been increasing in quantity. Patient looks very ill; she lies on her left side, as it hurts her to turn on her back. There is pain on pressure over the abdomen, chiefly in the left iliac region; tympanites present; she has an aching pain in the right iliac region. Has been troubled with painful micturition for the last week or two. The urine is found normal.

On inspecting the genitals, I found a large abscess in the left labia majora, and a very offensive discharge of pus from the vagina; the parts were all reddened and inflamed as a consequence of the irritation of the discharge of this pus. The os uteri was enlarged, and the cervical canal patulous. One finger was passed in, and a large fibroid, about the size of a child's head, was dis-

covered pressing into the cavity of the uterus. The patient was placed under chloroform, and on exploring the interior of the uterus the fingers burst into a horrible sloughing mass, evidently a sloughing intramural fibroid. The cervix was still further dilated, and by means of gallstone forceps and fingers the tumor was scooped out until the surface towards the peritoneal cavity was as much diminished in thickness as was consistent with safety. The hemorrhage was free, but the uterine cavity, and the cavity of the tumor, were tamponed tightly with iodoform gauze tied into knots, together with vaginal packing, and a pad and bandage to compress the genitals.

The abscess in the left labia majora was freely incised, and a large quantity of pus evacuated. The uterine cavity was douched out twice daily for a few days, and the uterine cavity repacked with iodoform gauze. The patient made an uninterrupted recovery. One would have thought that the uterus of such a case would be so much weakened by such a large growth in its wall that pregnancy would scarcely be carried through at any subsequent period with safety. The tumor had a very broad attachment, and was not one of those intra-uterine fibroids with a pedicle, but bulged out into the abdominal cavity, so that the junction of the uterine muscular tissue could be distinctly felt above and below it by a depression. The uterine wall was implicated from the fundus to the internal os.

The reason I relate the history of the case at this late date after her recovery is owing to the fact that I have just received a letter from her medical attendant, who states: "Mrs. J., the patient of mine on whom you operated, has since been safely delivered of twins. She made a good recovery, and is in good health."—*Canadian Practitioner*, February, 1894.

REST IN CARDIAC AFFECTIONS.

DR. T. LAUDER BRUNTON (*The Practitioner*) believes that as a remedial measure, rest frequently requires to be absolute; as a preventive one it may be relative. The amount enjoined must be carefully proportioned to each case, as in advanced mitral disease, when the power of the heart is failing, absolute rest gives satisfactory results, in that the circulation recovers its balance, the arteries become filled and the veins emptied, the dropsical effusion and venous engorgement of the organs disappear, and the patient

recovers a fair amount of health. In cases of mitral disease incompetence may come about from :

1. Enlargement of the auriculo-ventricular orifice.
2. Thickening of the valves, or
3. Incoördinated action of the muscoli papillares.

In the first case it may be hard to say if this be the sole cause of the regurgitation, without any obvious disease of the valves, as some disturbance of the relationship between the muscoli papillares may tend to aid the regurgitation. In such hearts in growing boys and in chlorotic girls, comparative rest may be useful, and sometimes absolute rest may be almost essential. In some cases the former may be all that is wanted as a prophylactic measure. In chlorotic girls gentle exercise is advisable, but it must be carefully graduated, as exhaustion is likely to do harm. Massage may be useful, as it gives the patient exercise without putting any strain upon the heart. With a fatty heart gentle exercise may be advisable, as it may be more likely to bring about a healthy condition of the heart than absolute rest. When in mitral disease cardiac tonics, even pushed to their utmost limit, fail to give relief, then absolute rest becomes of great importance. Massage is of great usefulness in clearing out the body-waste, quickening the flow of blood through the muscles, and relieving the edema, and the patient gets the advantage of the exercise without overdoing his heart. It also allows the treatment to be carried out more easily than it would otherwise be, for it removes the feeling of weariness and irritability, faintness and unrest of the patient.—*Medical Review*, February 10, 1894.

IT IS estimated that about 400 candidates will apply for the diploma of the Board of Regents in the State of New York, during the coming year. If the enterprising medical student alluded to in the last number, succeeds in getting the fee reduced to \$5.00, it will be impossible for the Board to do this work, unless the State steps in and pays this expense. At the time the law was passed, the State said it must be a paying board. Now the lawyers want the medical examiners to work for nothing, *for the honor of the thing*, as one of the members of the committee who heard the delegates, from the State Medical Society, suggested. We would like to know about how much labor lawyers do for the

honor of the thing, without any money. No doubt it is true that the medical profession is bound to do a great deal without any reward other than comes from the consciousness of doing its duty, but we think senators and assemblymen are a little hard on them when they propose that we should select seven examiners to travel all over the State, prepare a series of carefully arranged questions on seven subjects, examine and decide on four hundred answers, for the honor of the work.—*Post-Graduate*, March, 1894.

Correspondence.

To the Editor of the Buffalo Medical and Surgical Journal :

SIR—In the current number of your journal, you very justly commend the action of Mrs. Chace, of Providence, in devising money to build a Nurses' Home for the local training school for nurses, but we need not go so far afield to find an even more commendable example.

In 1890, the Buffalo General Hospital Training School for nurses entered an elegant and completely equipped nurses' home, the donation of a lady, who gave us the benefit of her practical wisdom in the selection of a plan, and in supervising the details of construction and furnishing, as well as the money wherewith to build and furnish. Last summer, learning that the nurses were considering how they might obtain a piano, she ordered an upright Steinway, which now adorns the parlor, and is the source of daily delight and entertainment.

Is it not better to give to a training school while living and enjoy the satisfaction of seeing the improved health and increased happiness of these hard-working young women, than to depend on the uncertainties of a bequest?

Upon a brass tablet in the main hall is the following inscription :

“As a grateful recognition of the generosity of Sarah H. Gates, in building and furnishing the Nurses' Home, this tablet is placed by the nurses of the Buffalo General Hospital, in the year of Our Lord, 1892.”

And thou shalt be blessed, for they cannot recompense thee, for thou shalt be recompensed at the resurrection of the just.—St. Luke xiv., 14.

FRANK W. ABBOTT, M. D.,

Chairman Training School Committee, B. G. H.

BUFFALO, March 9, 1894.

BUFFALO MEDICAL AND SURGICAL JOURNAL

A MONTHLY REVIEW OF MEDICINE AND SURGERY.

EDITORS:

THOMAS LOTHROP, M. D. - - WM. WARREN POTTER, M. D.

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AN OBJECT LESSON IN HYGIENE.

OUR servants and protectors in two of the more important departments of our municipal government have given the medical profession of the city a rare opportunity to study a sanitary problem of singular interest and importance, and upon a scale of singular magnitude. In order to fully realize the significance of the sanitary situation of our city during the first week of March, we must glance for a moment at the habitual experience of the people of our State during the last ten years with the malady, typhoid fever. In brief, this disease prevails throughout the State and during the entire year, having each year a distinct period of increase from May to November, and a definite and regular period of decline from November to May; the months August, September and October habitually furnishing four times as many deaths as the months March, April and May.

The testimony of our colleagues, whether in private or hospital service, seems to set forth most conclusively that our experience of this disease was the usual observation during the months of December, January and February, and the same testimony as clearly establishes that our experience with typhoid fever during the month of March, 1894, is alarming, is a complete reversal of the legitimate expectation of the month, and is utterly unprecedented in the history of this city.

Typhoid fever is epidemic in Buffalo, and has been since March 1st. Up to this writing over 450 cases have been reported, and of these undoubtedly over 200 fell ill in one week,—the first week of March. From inquiry we learn that the disease knows no locality within our city limits, save one to be named later, and is absolutely independent of hygienic or unhygienic environment,

claiming its victims at will from the hovel of the tramp, the cottage of the laborer and the palace of the politician.

Over against this unseasonable and furious outbreak of infectious disease stands the following fact of terrible significance: At various times during the month of February of this year the supply of water in the city reservoir was not more than one-half or one-quarter of the usual quantity. In order to increase this deficient supply, water was pumped from a shallow portion of the river near its margin, where its slow moving currents are habitually befouled by the sluggish and sewage-laden waters of the Buffalo harbor, the two being at this place only nominally divided, and that by a slender wall of loose masonry,—the Bird island pier. Our only real protectors, the city press, seem unable to fix accurately the dates on which the poison-laden, death-dealing waters of the harbor were substituted for the pure Niagara, of which we are so justly proud; various dates have been mentioned, and, so far as we know, not contradicted by those whose business it is to know, and who may yet be made to tell. February 1st, 5th, 12th, 16th, 21st and each of the remaining days of the month are thus mentioned.

The precise facts regarding the occasions when our water supply was polluted, or the exact proportions of poisoned and pure water which our servants of the Water Department furnished for our drinking, may never be known, but no physician at all familiar with literature as to the causation of typhoid fever, can for a moment doubt the causative relation of our befouled water of February with the outburst of disease of the first days of March. Cause was never more plain, and effect never more unmistakable. And yet we have not heard of any shootings, hangings or burnings. Were we quite sure that this apparent composure, forbearance and self-control, exhibited by the masters of the house (whose well-paid servants have just shown their utter want of either capability, efficiency or loyalty by a wholesale poisoning), was not in good part merely the result of ignorance and scepticism, we should say that Christian forgiveness and charity has never shown more benignly than in the disease-stricken families of Buffalo this March, 1894.

We remarked that the present epidemic knew no locality within our city limits save one,—namely, the area supplied by water from the Jubilee Water Works, which water comes from pure springs. From this territory of about 260 dwellings comes but a single case of the disease.

Our people maintain at great expense a water bureau and a health department, to the end that we may enjoy the advantage of a free supply of pure water,—the article of food second in importance only to pure air,—and to the further end that all possible care, diligence and knowledge may be exercised with ceaseless activity for the protection of the public health. In the name of the medical profession and in the interest of the public, we would like to ask our servants in these two offices certain questions :

1. How far apart in space or time are the headquarters of the Board of Public Works and the Health Departments ?

2. How frequently and when during the months of December, January and February were consultations held between these departments upon the question of abandoning the reservoir on Niagara street, of opening the reservoir on Best street and of opening the inlet at Bird island pier ?

3. What records are on file in the respective offices of any such consultations and the resulting advices and recommendations ?

4. What care and pains were taken to clean the reservoir on Best street before filling the same with water ?

5. How far above low water mark,—the bottom of the river,—are the inlets to the new tunnel ?

6. How far above low water mark, as above indicated, are the bottoms of the suction pipes in the wells at the pumping station ?

7. On what days in February, 1894, was water pumped from the inlet of Bird island pier ?

8. While water was being pumped from the Bird island pier inlet, was Niagara water also being pumped, and what were the relative quantities of each ?

9. Does the Bird island pier inlet lead to the pumping station through the old or the new tunnel ?

10. In case the Bird island inlet leads to the pumps through the old tunnel, what means were used to clean the same before pumping from it for city use ?

11. When and how did the Health Department first learn that water was being furnished the city for domestic use from Bird island inlet ?

12. What steps, if any, did the Health Department take to ascertain the reason why foul water was furnished the city at various times during the month of February, 1894 ?

13. To whom do the incumbents of these departments owe allegiance,—to the politicians who gave them place or to the people who pay the taxes ?

TOPICS OF THE MONTH.

THE Board of Medical Examiners of the State of North Carolina is doing a most excellent work, as appears by a record thereof, prepared by Dr. Francis M. Duffy, of Newburg, embracing a period from 1885 to 1890, and published in the February number of the *North Carolina Medical Journal*. The following editorial comment thereon in the same issue of the journal possesses sufficient interest to warrant republication :

Those states which have not done so must, in the near future, defend their citizens from the quackery, charlatanry and ignorance that have gotten to be so rife in the land. As water flows to, and settles in, the lowest places, forming bogs unpleasant to the eye and dangerous to health, so will these fellows, who cannot find an abode in those states which require a demonstration of their fitness to deal with the lives of men, drift into those other states which have left their doors wide open to them, and will ply their nefarious practices to the discredit and detriment of those states.

With strict laws in North Carolina, Tennessee, Alabama and Florida, these fellows, like pus, make towards the point of least resistance, and escape into South Carolina and Georgia. All honor to the Old North state, which was the first to move in this salutary reform which forced the medical schools to require a higher standard for their graduates ; and all praise to her boards of medical examiners, who have so faithfully performed their duties and protected the lives of her people from the danger of ignorant men, who were ever ready to take advantage of their necessity and credulity.

IN AN editorial the *Medical News* recently discussed the cost of sanitary negligence. In a table furnished by the secretary of the Maryland Board of Health, it is shown that the death-rate of London is 19.11 per 1,000, while that of New York is 26.47. Following out this computation, it is shown that New York is criminally chargeable with 4,171 additional and unnecessary deaths each year as compared with Brooklyn ; 4,071 more deaths to her debt than Philadelphia and 6,774 more than Chicago. It is further affirmed that if London cared as little for the lives of her

citizens as apparently does New York, there would die in the former city every year 21,524 more people than at present die. These are striking figures and rank among that class of statistics that do not misrepresent the facts. They furnish a sad commentary on the so-called economy of municipal authorities in relation to the money supply to health boards. Municipal legislatures, almost without exception, treat the estimates of health officers either with contempt or with a niggardliness that borders on criminality.

THE death of a Polish woman, through the ignorance and neglect of a midwife, as reported in the newspapers on March 16, 1894, is a sad commentary on the intelligence of the people in this city. It is amazing that a woman should be allowed to go thirty hours after child-birth without delivery of the placenta, and finally die from this inhuman neglect in the midst of a populous and intelligent city. If it be true that the so-called midwife, who attended Mrs. Waligorska, had been pursuing her calling for two years without license, it is high time that the whole abomination relating to the present system of licensing midwives should be investigated. We recommend the committee of hygiene of the Medical Society of the County of Erie to probe this matter thoroughly. It is quite time for the state to assume the responsibility for the licensing of midwives, and thus relieve the local authorities of an unpleasant duty. We hope the bill proposed on this subject by the Medical Society of the County of New York will become a law.

IT IS one of the healthy signs of the times to see an activity springing up in all directions looking toward the prevention of the spread of consumption. It is announced among other things, that all passenger trains between Buda-Pesth and Gleichenberg, during the season at the latter place, will have special cars attached for phthisical patients. These are to be carefully renovated and disinfected after each trip. In this connection we note that Mr. Benjamin A. Parker, of Bedford, Mass., a consumptive, en route home from Yuma, Arizona, whither he had been for his health, died in a sleeping car in this city on Sunday, March 18, 1894. The car was detached from the train at Buffalo, and we hope that it was thoroughly disinfected under the direction of the health department.

THE first annual report of the Children's Hospital of Buffalo, ending October, 1893, is just at hand. It is a neat little duodecimo brochure, and tells the story of the work done for the year in a simple and entertaining fashion. The hospital was established in September, 1892, through the generosity of Mrs. Gibson T. Williams and Miss Martha Williams, who purchased the property, 219 Bryant street, and after refitting it for the purposes of a hospital, offered it, rent free, to the board of managers. During the year fifty-five patients were admitted to the hospital, forty-four of which were surgical cases, and eleven were medical in character; thirty-seven patients have been discharged and two have died in the hospital during the year, while thirty-one surgical operations have been performed during this period. The receipts for the year have been \$11,183.78; the expenditures, \$8,928.74; leaving a cash balance October 2, 1893, of \$2,255.04. This is a creditable exhibition of the energy and executive capacity of a group of philanthropic Buffalo women.

THE lessons to be learned from epidemics are always many and interesting. The present waterborne fever epidemic in Buffalo accentuates the necessity in a most striking manner of subordinating the Water Department to the Health Department. No changes in the method of the water service, after it has once been established by the health department, should ever be made without the full knowledge and consent of the latter bureau. It is idle to talk about the causation of the present epidemic, call the disease by what name you will, as being other than due to polluted water.

THE following able exposition of the relationship of the medical profession to journalistic literature is worthy of preservation, and we commend it to the thoughtful perusal of every physician. It is taken from the editorial columns of the *Kansas Medical Journal*, issue of March 3, 1894, and we make no apology for reproducing entire such an able setting forth of so important a subject:

MEDICAL JOURNALS AND THEIR RELATION TO THE PROFESSION.

"I have no time to read medical journals," or, "I take more journals than I can read," are expressions altogether too common among physicians all over the country. It is not by any means confined to those most busily occupied by professional duties; on the other hand, we find those physicians who have established reputations by

their faithful, conscientious attention to business, and by their persistent, unrelenting labor of investigation, are the readers of medical journals. They never complain of having too much literature, but their journals are carefully laid away where at a moment's leisure they may be easily found. It is certainly no credit to any man's ability, and no guarantee of a successful or lucrative practice, to see a pile of medical journals upon his table with the wrappers still on them. It is almost an unailing evidence of decline when a physician complains that he is too busy to keep posted. He won't be busy very long if such be the case.

There are times in every physician's history when his leisure moments from active practice are few and far between, but we are sufficiently familiar with the profession to know that this is not a perpetual condition even with the busiest of our brethren. The members of the medical profession, who are renowned for their successful work, who do not limit their practice either by county or state lines, are many of them authors of voluminous works, contributors to numerous journals and systematic readers of scores of the same. What are we to say, then, of the man who has no time to read four or five journals? Simply this: He is either not in touch with the progressive spirit of the age; he completed his knowledge of medicine in the lecture room, and sees no necessity for further investigation; or he is too ignorant of the principles of the science which he pretends to practise to understand or appreciate the thoughts of labors of his more intelligent brothers.

It is not a waste of time to read even the poorest of the medical journals.

We receive each month more than 150 journals which it is our business to examine. Some of these are placed high in the rank of medical Journalism, others are suffering for lack of appreciation and support, but we often find as many practical suggestions and as many items of real value to the general practitioner among the latter class as in the former.

A man who reads to learn will find something he did not know before in almost any magazine or paper he takes up. We often get new ideas from rereading a book we supposed we were perfectly familiar with. The human mind is incapable of storing up every item of interest it lights upon. It needs to be continually fed, and often by reading something apparently stale a forgotten idea is called to mind which may be of incalculable value, but journal items are generally new. It is there that the latest discoveries, the most recent investigations, are reported to the medical world.

Medical editors are especially shy of communications having an ancient odor, and it is much for this reason that readers of numerous medical journals are better posted on recent facts in medicine than their brothers who confine themselves to text-books.

These new things in medicine do not all come from Germany, England, France, nor even New York. The physicians of the west are as much alive to the demands of the time and to the possibilities of advancement as are our more favored metropolitan brothers. Western medical journals are, therefore, the mediums of communication from the east to the west, and also from the west to the east.

THERE is another despicable bill before the legislature that ought to receive the condemnation of every respectable man and woman in the State of New York. We refer to the attempt to legalize the so-called Christian science cure by statutory enactment. We cannot believe that an intelligent body of men, such as composes the legislature of the State of New York can seriously contemplate favorable action on the proposed measure. The State has already committed to the Regents of the University sole supervision of the right to practise medicine within its borders, and it would not be consistent to make an exception in favor of a group of persons who practise on the weaknesses of unprotected humanity by pretending to invoke the aid of the supernatural in the cure of their physical infirmities. If it should do so, then we may expect all the other quacks and fakirs in medicine to ask for similar privileges, which, if it would be consistent, the legislature must grant. There are two serious objections to that form of chicanery, misnamed Christian science,—it is neither Christian-like nor scientific.

THE medical officers who served under contract during the late war, under the title of acting assistant surgeons, are petitioning congress to have commissions issued to them for their respective terms of service. This would give them the same legal standing and afford them the same privileges as are enjoyed by regular army medical officers or those of the volunteer service. We doubt the propriety of this measure, though we recognize the valuable services that these contract surgeons performed. As a rule, however, they were employed in general hospitals, and were privileged to terminate their contracts at will. Not so with the medical officers, regular or volunteer service, who were subjected to the stern rules of military discipline with the armies in the field. Wherever there has been individual injustice, however, we shall be glad to see a law passed that will correct or remove the evils.

THE State of Ohio is at last in a fair way to enjoy the benefits of a separate state medical examining and licensing board. A bill creating such a body has passed one house of the legislature and seems likely to be approved by the other branch. Ohio has been for many years a camping-ground for medical tramps, quacks, fakirs and impostors, and we congratulate our colleagues of the Buckeye state upon the prospect of an early deliverance from this horde of vultures. One of the peculiarities of the Ohio bill places midwives under the supervision of the board, a feature which we commend. It is rather amusing, however, to note another feature, namely: "Nothing in this act shall be construed to prohibit advertising in newspapers."

Personal.

DR. JOHN FARMER WINN, of Richmond, Va., has resigned the professorship of diseases of the nervous system, and has been appointed clinical professor and demonstrator of obstetrics in the University College of Medicine, Richmond. Dr. Winn is well fitted for his new chair, both by inclination and special training. His offices are at 109 West Grace street, Richmond, Va.

DR. MAUD J. FRYE, of Buffalo, has been appointed clinical lecturer on diseases of children in the Buffalo University Medical School. Dr. Frye is admirably equipped for the work in question, and, as the first woman to receive an appointment to the college staff, enjoys a most conspicuous honor.

DR. C. M. DANIELS, of Buffalo, has removed from 868 Main street to 315 Jersey street, corner Plymouth avenue. Hours: 2 to 4 o'clock P. M. Practice confined exclusively to surgery and gynecology.

DR. C. S. SIEGFRIED, of Buffalo, has removed from 149 Franklin street to 280 Franklin street. Hours: 8 to 10 A. M., 1 to 3 and 7 to 8 P. M.

DR. M. M. BROWN, of Elmira, has removed to Buffalo, and established his office and residence at 891 Niagara street.

Obituary.

DR. HAMPTON EUGENE HILL died at his home in Saco, Maine, January 9, 1894, in the forty-fifth year of his age. He had been in ill-health for some time, partly because of the severe strain of an exacting professional work, but principally because of the death of his wife some two years ago, from the shock of which he never recovered.

Dr. Hill was one of the most eminent abdominal surgeons in his region of country, and had attained a fame even in his younger years that might well be the envy of any man in advanced life. He performed twelve ovariectomies before he ever saw the operation done by another, and had not even seen the abdomen opened for any cause, except on the cadaver. He undertook and carried through to success some of the most desperate cases, under environments of great discouragement and such as would appall a less courageous operator. He was often called great distances into the country and after operating would remain with the patient until she was out of danger, himself attending to every detail of after-treatment. In the region where he practised it was often difficult to obtain competent nurses, and rather than run the risk of failure by faulty after-management he adopted this course. In one case he removed a solid tumor, weighing forty-seven pounds, and put the patient to bed in a state of collapse. After a time, however, under proper stimulation she revived and ultimately made a good recovery. In his account of this case Dr. Hill says: "I spent three weeks with this patient away from home and did nothing else but take care of her with the nurse. During the first nine days I did not leave the house but attended to every detail of care and diet myself, by day and night." Dr. Hill was a most loveable character, amiable as a woman, but when occasion required he was as courageous as a lion. He was modest almost to diffidence, a man of simple tastes and few words, but a strong character, made doubly so by the environment of his field of labor. He will be greatly missed by a devoted clientèle and a large group of personal relatives and friends.

DR. ALEXANDER DUNLAP, of Springfield, Ohio, died at his home in that city on Friday, February 6, 1894, aged 79 years. Dr. Dunlap was for many years one of the most distinguished surgeons

west of the Alleghany mountains, and his death removes one of the most conspicuous medical men of his time. In 1843, not knowing that Clay, of England, and Atlee, of Philadelphia, had antedated him for a few months, he removed an ovarian tumor, basing his diagnosis entirely on the traditions of McDowell's cases, thus reviving a surgical art that for more than thirty years had been lost, but that has now become one of the most useful and successful branches of major surgery extant. Surrounded by a few neighboring physicians, Dunlap, on the 17th of September, 1843, successfully removed an ovarian tumor weighing forty-five pounds, the first ovariectomy made west of the Alleghany mountains subsequent to McDowell's time. A few weeks later the patient died of complications not due to the operation, but Dunlap was denounced by his contemporaries for having undertaken a brutal and useless operation. He, however, outlived this denunciation and subsequently made over 400 abdominal sections. He also operated for stone, having successfully removed a calculus weighing twenty ounces. He also three times removed the under jaw, ligated the common carotid artery, and removed the clavicle.

Dr. Dunlap has taken a conspicuous part in the medical societies, local, state and national, and has left a fame that will ever remain associated with the history of medicine of the nineteenth century.

Society Meetings.

THE Section on Surgery and Anatomy of the American Medical Association, of which Dr. John B. Roberts, of Philadelphia, is chairman, and Dr. F. W. McRae, of Atlanta, is secretary, will hold its meeting in San Francisco, June 5-8, 1894. It is proposed to devote a portion of the time of this section to the systematic consideration of a few selected subjects, upon which papers, each not occupying more than ten minutes, will be read. It is hoped that speakers discussing these papers will confine their remarks to brief addresses of five minutes' length. The topics and papers to be so presented are as follows: (1) malignant growths; (2) tubercular disease of joints; (3) hernia; (4) hemorrhoids, fistulæ and fissure; (5) fractures; (6) obstruction to urination in the male. Members who have specimens or patients to exhibit bearing on these topics, or who wish to make remarks in the discussion of them, are cordially invited to be present during the meetings of

the section. The titles of other papers to be presented to the section will be published when the program of the meeting of the association is issued by the committee of arrangements.

THE Fourth Annual Meeting of the Association of Military Surgeons of the United States will be held in Washington, D. C., May 1, 2 and 3, 1894. This organization is composed of medical officers of the United States Army, Navy, Marine Hospital Service and the National Guard of the United States. Papers of interest to military surgeons will be read, the afternoon of one day will be set apart for a drill by the hospital corps, while the evenings will be devoted to social entertainments. Major George Henderson, M. D., Surgeon-General of the N. G. of D. C., 817 S. street, N. W. Washington, is the chairman of the committee of arrangements.

THE Forty-fifth Annual Session of the Medical Association of Georgia will meet in Atlanta, Ga., on April 18, 19 and 20, 1894. The officers are: President, W. H. Elliott, M. D., of Savannah; Vice-Presidents, G. T. Miller, M. D., of Americus, H. McHatton, M. D., of Macon; Treasurer, E. C. Goodrich, M. D., of Augusta; Secretary, Dan. H. Howell, M. D., of Atlanta.

THE Medical Society of the State of Pennsylvania will meet at Gettysburg, May 15, 1894. Dr. E. E. Montgomery of 1715 Walnut street, Philadelphia, is the chairman of the committee of arrangements.

THE Third Congress of American Physicians and Surgeons will be held in Washington, D. C., May 29th, 30th and 31st, and June 1, 1894, under the presidency of Dr. Alfred C. Loomis, of New York.

Book Reviews.

AN ILLUSTRATED ENCYCLOPEDIA MEDICAL DICTIONARY. Being a dictionary of technical terms used by writers on medicine and the collateral sciences, in the Latin, English, French and German languages. By FRANK P. FOSTER, M. D., editor of the *New York Medical Journal*, assisted by eleven collaborators. Vol. IV. Minn-Zyth. With illustrations. Quarto, pp. 776. D. Appleton & Co. 1894.

The completion of this colossal enterprise marks an epoch in wordbook making. It becomes a fit occasion on which to con-

gratulate the editor and publishers, as well as all who have had to do with the construction of this great work. Volume IV. is in all respects a parallel to its predecessors in form, style and general makeup, which in detail means that it is printed on heavy book-paper, in double columns with nonpareil caps for words and the definitions are given in plain nonpareil with compounds in capitalized full-faced nonpareil type.

It is copiously illustrated with fine engravings wherever essential to the better understanding of the text. This dictionary has no rival, because it is the only one extant in medical literature that is of a strictly encyclopedic character. The aggregate number of pages in the four volumes is 3,096, and when it is remembered that these are double-column, quarto, closely printed pages, it will be readily appreciated that an enormous amount of information is compressed into each volume separately, as well as into the work as a whole.

While, as we have remarked heretofore, the pages are closely printed, there has yet been such an admirable selection of type as to preclude eye strain in their reading. As a frontispiece to the fourth volume there is an excellent plate on which is engraved twenty-three figures, in colors, showing the principal normal and abnormal constituents of human urine, compiled and redrawn from Peyer's atlas of clinical microscopy and other sources. This plate is accompanied by a complete reference table, making it a most valuable aid to the histological study of the urine.

We have remarked in notices of the separate volumes, that this is a dictionary that every library ought to possess, whether medical or general, and one that every teacher and practitioner who would do himself justice should obtain. We desire to accentuate this opinion as we close this final notice of the most successful and satisfactory wordbook that has ever been uttered in English or any other tongue. The work is so strongly and substantially constructed and bound, that it will last many years even under the most constant use.

ANNUAL REPORT of the State Board of Charities for the year 1892,
Transmitted to the Legislature January 26, 1893. Octavo, pp. 591.
Albany : James B. Lyons, State Printer. 1893.

The reports of this board always possess great interest to philanthropists as well as all public-spirited citizens. In it are discussed questions pertaining to the poor, the insane, epileptics, idiotic

and feeble-minded, the blind, the deaf, the criminal, the orphan and the veteran. This board is doing an excellent work in sending alien paupers to their homes in different countries in Europe. During the year covered by this report, 150 such, who had been deported to this country from their several European homes were returned. Of this number there were lunatics, 9 ; imbeciles, 6 ; epileptics, 3 ; paralytics, 5 ; vagrants and diseased, 27 ; old and decrepit, 22 ; blind, 2 ; crippled, 7 ; deformed, 4 ; feeble-minded, 26 ; otherwise diseased, 39 ; total, 150. Could any more potent argument be offered for the supervision of immigration and the strictest enforcement of laws relating thereto ?

In this report are given the details of the selection of a site for and the organization of an epileptic colony. The property formerly owned by the Shakers at Sonyea, Livingston County, was chosen and is admirably adapted to the purposes named. The buildings are fully illustrated in the volume and a map of the property accompanies it.

AN AMERICAN TEXT-BOOK OF GYNECOLOGY, Medical and Surgical. For the Use of Students and Practitioners. By Henry T. Byford, M. D., John M. Baldy, M. D., Edwin Cragin, M. D., J. H. Etheridge, M. D., William Goodell, M. D., Howard A. Kelly, M. D., Florian Krug, M. D., E. E. Montgomery, M. D., William R. Pryor, M. D., George M. Tuttle, M. D. Edited by J. M. BALDY, M. D. Forming a handsome royal octavo volume, with 360 illustrations in text, and thirty-seven colored and half-tone plates. Price, cloth, \$6.00 ; sheep, \$7.00 ; half Russia, \$8.00. Pp. xxiv.—713. For sale by subscription. Philadelphia : W. B. Saunders, 925 Walnut street. 1894.

Treatises on gynecology are following each other in such rapid succession that it almost takes one's breath away, metaphorically speaking, to keep up with the rapid pace set by authors and publishers. That there is some excuse for the appearance of these works with a reasonable degree of rapidity, speaking with reference to the intervals of publication, cannot be denied. The alleged necessity for these rapid strides in gynecological book-making may be accounted for in part by the advances in the science and art in gynecology, and in other part by the ambition of physicians to pose as authors, and in still other part by the desire of publishers to carry on their work and to make it as profitable as possible. Nevertheless, each work possesses some advantages over its predecessors, to which rule the present treatise is no exception.

The opening section of the book is devoted to a consideration of the examination of the female pelvic organs. The usual directions are given with reference to the office examination, in the course of which an examination table and chair, together with a gynecological cabinet, are illustrated. We are at a loss to understand why any form of so-called gynecological chair should receive even the *quasi* indorsement of pictorial display in a modern gynecological treatise. A moderate space is given to the consideration of posture that we think might properly be extended with considerable advantage. An accurate knowledge of posture, not only with reference to treatment, but also as it relates to the causation of diseases, should be acquired by every physician who attempts the practice of gynecology.

In the next section of the work the technique of gynecological operations is considered. It is here properly stated that technique is the animating principle of successful operations, but that it has nothing to do with dexterity or rapidity. Sepsis, asepsis and anti-sepsis are briefly considered, and the operating room fully described and illustrated. The preparation of the operator and his assistants receives due attention, while ligatures, suture materials, dressings, sponges and instruments are considered with reference to sterilization and application. The description of the technique of the abdominal incision, including its opening, its closure and after-management, would have been very considerably extended with profit to students and practitioners.

Menstruation and its anomalies are considered in the next forty-two pages, and these contain most interesting and instructive reading. These questions should be more carefully studied by physicians and information thereon be more accurately imparted to mothers, and through them to daughters, than is done even in the intelligent sunlight of the present age. Sterility is briefly considered without, however, throwing any new light upon the subject, and then anomalies of the female genital organs are dealt with. Then follows genital tuberculosis, which forms an interesting study in the new light of tubercular pathology, and then diseases of the vulva and vagina are considered. This is one of the most interesting sections in the book, and is a field that deserves to be more fully explored than has heretofore been done. Almost every one of the subheads in this section could be made to serve as the proper title for an extended essay. We next come to inflammatory diseases of the uterus, that is considered in a section comprising

forty-two pages. It contains numerous microscopical illustrations throwing light on the pathology of these affections and many others relating to instrumentation and treatment.

Plastic surgery of the genital tract is described in the next two sections under lacerations of the soft parts and genital fistulæ. The directions given for these operations are for the most part clear and the illustrations are generally correct; especially is this the case with reference to those pertaining to laceration of the cervix. Distortions and malpositions of the uterus are considered in a section comprising eighty pages, that furnish much interesting reading. There is room for difference of opinion as to the part played in symptomatology by some of the malpositions and distortions of the uterus, but it is well to have methods of replacement clearly defined so that intelligent application thereof may be made whenever a clear relationship of cause and effect is diagnosed. We doubt the propriety, however, of undertaking the reposition of the uterus by any mechanical repositor, hence we take exception to the instrument on page 298, the Sims-Pryor repositor, as well as to the description of its use. The question of pessaries is always an interesting one, and permits of much latitude in opinion. The pessaries that really do good are few and the men who are competent to use them discreetly are fewer. Within certain boundaries they do good, but they are also capable of much harm. The personal equation has here a strong and solid foundation. We wish authors would discontinue illustrating all pessaries which fasten to belts outside the body. They mislead the novice and are rarely capable of good in the hands of the expert.

In the section on malignant diseases of the female genitalia will be found complete directions for the performance of vaginal hysterectomy as well as a group of well-drawn illustrations, clearly explaining much of the text. In this section the term malignant is applied to those affections which progress toward a fatal termination and have a tendency to return after removal—a most lucid and satisfactory definition. It stands out in bold relief to the subject treated of in the next section,—namely, uterine neoplasms, which are benign in character and do not tend to return after removal. In this section abdominal hysterectomy is dealt with and amply illustrated. The several methods of treating the pedicle are fully set forth, and the indorsement of the author is given to the intra-abdominal method.

Pelvic inflammation is always an interesting subject to general

practitioner as well as gynecologist, and the section devoted to it is full of information and well written. Pyosalpinx, ovarian abscess and pelvic peritonitis are here fully treated, but there is still another section devoted to diseases of the ovaries and tubes in which cystoma, myoma and the like are considered. Between these two sections ectopic gestation is interpolated and all its various phenomena detailed and illustrated.

A most instructive and important section is that devoted to diseases of the urethra, bladder and ureters. Then comes the final section devoted to after-treatment in gynecological operations. This contains many well-considered directions, and in general may be said to furnish a safe guide in the post-operative conduct of gynecological cases.

Finally, it may be remarked that this work will find a useful place alongside of the other treatises that have lately been issued on subjects to which it is akin. The editor has performed a difficult task with much skill and a credit that will give him fame during the coming years.

FOREIGN BODIES IN THE LARYNX AND TRACHEA and in the Pharynx and Esophagus. By JOHN O. ROE, M. D., Rochester, N. Y., Fellow of the American Laryngological Association; Corresponding Members of the Société Française d'Otologie, de Laryngologie et de Rhinologie; Member of the British Medical Association, of the American Climatological Association, of the American Medical Association, of the Medical Society of the State of New York, of the Central New York Medical Association, of the Monroe County Medical Society, etc. Large octavo, pp. 73. Reprinted from Volume XI. of *The System of Diseases of the Ear, Nose and Throat*, edited by Charles H. Burnett, M. D., and published by J. B. Lippincott Company, Philadelphia. 1893.

The subjects dealt with in this monograph possess unusual interest. There are few persons who have not been annoyed at some time during their lives with at least a fish bone in their throats, the memory of which, to say the least, is not pleasant. The irritation from even so slight a body as a small fish bone is often so great as to cause alarming anxiety. The variety of foreign bodies that occasionally lodge in the larynx and trachea and in the pharynx and esophagus is very great, though by far the most common objects, according to Roe, are fruit stones, pebbles, grains of corn, beans, coins and buttons. Among the curious bodies that have been occasionally found in these passages are puff-darts, a toy velocipede, brass boot hook, a large brooch, shawl pin, an iron

buckle, an amber cigar holder, a toy balloon and the mouth-piece of a trumpet. Roe gives numerous illustrations of a number of foreign bodies *in situ*, among which may be mentioned a toy locomotive in the larynx, piece of boiled beef, a buckle, a dime, brass watch ring and a cockle burr. Other illustrations are given of foreign bodies in the esophagus, one of the most common of which is a tooth plate.

All the various methods of extraction are given in this brochure, and instruments used for that purpose are extensively illustrated. Roe has grouped in a single monograph a vast amount of information which renders it unnecessary to search the literature through and through to obtain intelligence concerning any given case, for here they are noted with complete references. It is one of the most satisfactory contributions to the literature of the subject that has ever been made, and no one could have been chosen for this work who is better equipped than this author.

CHEMISTRY AND PHYSICS. By JOSEPH STRUTHERS, Ph. B., Columbia College School of Mines, New York; D. W. Ward, Ph. B., Columbia College School of Mines, New York; and Charles H. Willmarth, M. S., New York. \$1.00. The Students' Quiz Series. Philadelphia: Lea Brothers & Co. 1893.

This number of the Students' Quiz Series has more place and a larger excuse for its existence than most of such condensations of medical literature. To the majority of students the subject of chemistry is the *bête noir* of medical study, hence any method of imparting such knowledge and fixing it in the memory, even though it goes only part way toward the accomplishment of the object, is to be commended. Students will find this compend of much use in the pursuit of their studies.

TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY. Volume VIII., for the year 1893. Small 8vo, pp. xl.—542. Philadelphia: William J. Dornan, Printer. 1893.

This interesting volume appears with promptitude, as usual, and contains an excellent group of papers, many of which are discussed in a pertinent and strong manner. The president's address, by Dr. Theophilus Parvin, attracts attention from two points of view. First, he paid a graceful compliment to the American Association of Obstetricians and Gynecologists, admitting it to be a formidable rival national association. He said:

“That association numbers many able members, and has done very creditable and useful work.” Regarding the proposition of the amalgamation of the two societies, he recorded himself as decidedly against such a project, for, he continued, the country is too large, the number of the profession too great for the amalgamation of the two organizations. Moreover, he spoke in decided opposition to a duality of membership, because, he affirmed, proselyting is neither pleasant nor promising, and there is work enough for each organization. His words on this subject deserve to be pondered by every member of both societies, and we here reproduce them in part, as follows :

Nor do I believe that professional polygamy should be encouraged ; monogamy ought to be the rule, and even bigamy a rare exception. Possibly doctors may sometimes want double honors, or triple, as a bashaw is not content with one tail, but seeks two or three as symbols of his power and importance. A doctor has at times been called to a young child suffering with digestive disorder, and to his inquiry as to its diet, he is told : Oh, it sits at the table and takes everything that is going.

A divided is still too often a doubtful allegiance, and I believe that a man ought to be satisfied to be a member of either organization. Moreover, the American Gynecological Society—good members as it has received from its rival, good men as it may now or in the future have the opportunity of receiving—has not room for the reception of such applicants without excluding equally qualified men who do not belong to any similar organization.

After this eloquent and just rebuke, it is to be hoped that no further attempts will be made on the part of the older society to subtract from the younger any of its members.

The second point in this address to which we would call attention, is Dr. Parvin's advocacy of a reamalgamation of the chairs of obstetrics and gynecology in the medical schools. Impressed with the importance of this subject, he wrote to Professor Winckel asking the reasons for the practice, universally prevalent in Germany, of uniting obstetrics and diseases of women under one teacher. Winckel's communication follows the president's address, and is an elaborate setting forth of this view of the subject. It is in such complete juxtaposition to American ideas and practice that we commend it to the careful study of all interested. There is one brilliant example in this country where a union of the practice of the two departments in a single individual has given results of a

most resplendant character. Dr. Joseph Price, of Philadelphia, who is concededly the foremost American abdominal surgeon, has, as physician in charge of the Preston Retreat during the past six years, demonstrated his competency as an obstetrician, by presenting to the profession the most striking and satisfactory record made by any maternity physician in the world—namely, more than thirteen hundred consecutive confinements, including operative cases of the most serious character, without a death.

As we said at the outset, this book is full of interesting reading, and will well repay a careful perusal.

A MANUAL OF DISEASES OF THE NERVOUS SYSTEM. By W. R. GOWERS, M. D., F. R. C. P., F. R. S., Consulting Physician to University College Hospital; Physician to the National Hospital for the Paralyzed and Epileptic. Second edition, revised and enlarged. Volume II. Diseases of the Brain and Cranial Nerves, General and Functional Diseases of the Nervous System. With 182 illustrations, including a large number of figures. Octavo, pp. xvi.—1069. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1893.

The reputation of the author is such that a review of his work is in reality a review of our present knowledge of nervous disease. Whatever Professor Gowers treats he does so fully and from his own experience. This volume, as its title indicates, considers the diseases of the brain, cranial nerves and the functional diseases. The first sixty pages deal purely with the structure and function of the brain, considering in detail the cerebral cortex, its relation to the skull and its functional regions of sight, speech, hearing, smell and centers of motion. This is most clearly done and elucidated by means of reports of cases, illustrated by nineteen plates.

The connecting tracts and ganglia, the cranial nerves and their origins are next considered, and the subject matter is rendered easy of understanding by numerous illustrations.

In his discussion of the cerebellum, it is profitable to note that in these days of exact localization of brain function, he is obliged to say (page 59): "The function of the cerebellum is still mysterious." "The simple loss of substance causes no definite and recognizable loss of any function of the brain."

"The loss can apparently be compensated by other parts. Hence it is possible that the old theory may be correct, that the cerebellar hemispheres are in some way connected with psychological processes."

In his study of the cranial nerves and the clinical symptoms to which each may give rise, one is impressed with the thoroughness

of the work done, especially in his consideration of the ocular nerves, which is more complete in detail than in any other work on the subject.

The book everywhere shows a careful revision of the first edition. In his classification of causes of paralysis of the ocular muscles, in addition to eight causes given in edition one, he mentions hemorrhage into the sheath of a nerve in Goldscheider's case in 1892. This is mentioned as an example of the minute care in this edition to bring it up to the latest knowledge.

In the article on meningitis, he mentions (page 328) serous pachymeningitis, which is not referred to in edition one.

The article on actinomycosis and also the one on astasia abasia is entirely new, no reference being made to them in edition one.

The recent advances in cerebral surgery have led the author to advocate surgical measures in sinus thrombosis, which he did not do previously. He refers to Ballance, who opened the sinus after double ligature of the jugular vein and then cleared out the thrombus with satisfactory results, and without extension to the opposite sinus.

Of acute cerebral palsies of children, he says that valuable analyses of cases have been published since the first edition of this work, and refers to Osler-Sachs and to Volkmann's *Vorträge*, 1892, *Die Hirnlahmung der Kinder*.

In his first edition the subject of tetanus was fully up to the date of its writing. In the second edition the bacillus is mentioned, and the entire theory of the disease is changed.

In his treatment of diseases we notice that the author has accepted the new drugs antipyrin, acetanilide, exalgin and phenacetin. In his first edition antipyrin was not recommended.

Concerning these drugs in his treatment of neuralgia, he says: "In some cases, marked relief is afforded by them; they are somewhat uncertain in their influence, which is sometimes great at first and afterward slight."

In his chapter on paralysis after acute diseases, he refers to typhoid fever, typhus fever, erysipelas, variola, measles, scarlet fever, mumps, malarial fever, dysentery, simple diarrhea, acute rheumatism, influenza and diphtheria. Of these, influenza as a cause of paralysis was not mentioned in edition one. This is interesting, because edition one was written in 1888. He says there is no acute malady with the exception of diphtheria, after which the disturbance of the nervous system is so frequent as after in-

fluenza. This effect has never been perceived so distinctly as in the last four years, 1890-93.

Under the varieties of nervous disturbances we find definite melancholia, mental dulness, mania hysteria, convulsions of epileptic character, intercostal neuritis, multiple neuritis, meningitis, hemorrhages, cerebritis and myelitis. Thus we see that the sequelæ of influenza are extremely varied, and that they are far more to be dreaded than the disease itself.

That the author is an Englishman accounts, perhaps, for the fact that he does not mention the fact of eye strain in headaches, migraine, epilepsy, or chorea. This is not because he has not studied the subject, but evidently it is because he has not found that eye strain is a cause of epilepsy, or chorea of headache, or a migraine. We are not surprised at the fact that he does not mention ocular errors in connection with the first named diseases, but we would like to have had a definite opinion from him on the relation of headache to eye strain.

In this book we also look in vain for articles on myxedema and acromegaly. Perhaps he does not consider them as nervous in origin, and therefore should have no place in a treatise strictly on diseases of the nervous system. They are, however, treated in the American books on nervous diseases.

Taken as a whole, the work of Prof. Gowers is a most comprehensive and judicial one. His opinion on doubtful points is always given and with it his reasons for it.

The treatment is perhaps the least satisfactory, but perhaps that is because of his extreme honesty. No better book on the subject has appeared in any language, and as we have shown it is thoroughly revised up to date.

The illustrations are numerous, but in many instances are poor.

The type and paper are good.

J. W. P.

AN OUTLINE OF THE EMBRYOLOGY OF THE EYE, with illustrations from original pen-drawings by the author. By WARD A. HOLDEN, A. M., M. D., assistant surgeon New York Ophthalmic and Aural Institute, Clinical Assistant Vanderbilt Clinic. The Cartwright Prize Essay for 1893, pp. 69, 12mo. G. P. Putnam's Sons, New York and London. 1893.

This is a clear and concise exposition of the embryological development of the eye. The author has studied the subject experimentally, and his excellent descriptions are illustrated by a

connected series of equally excellent engravings, mostly from drawings by himself. The work is to be highly commended.

A. A. H.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Ophthalmology, Laryngology, Otology and Dermatology. By professors and lecturers in the leading medical colleges of the United States, Great Britain and Canada. Edited by JOHN M. KEATING, M. D., LL. D., Colorado Springs, Col.; Fellow of College of Physicians, Philadelphia; formerly Consulting Physician for Diseases of Women to St. Agnes' Hospital; Gynecologist to St. Joseph's Hospital; Visiting Obstetrician to the Philadelphia Hospital, and Lecturer on Diseases of Women and Children, Philadelphia; Editor *Cyclopedia of the Diseases of Children*. Judson Daland, M. D., Philadelphia, Instructor in Clinical Medicine, and Lecturer on Physical Diagnosis and Symptomatology, in the University of Pennsylvania; Assistant Physician to the University Hospital; Physician to the Philadelphia Hospital and to the Rush Hospital for Consumption. J. Mitchell Bruce, M. D., F. R. C. P., London, England, Physician and Lecturer on Therapeutics at the Charing Cross Hospital. David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to, and Lecturer on, Clinical Medicine in the Aberdeen Royal Infirmary; Consulting Physician to the Royal Hospital for Diseases of the Chest, London. Volume II. Third series, 1893. Royal octavo, pp. xii.—363. Philadelphia: J. B. Lippincott Co. 1893.

In this volume is continued the valuable series of clinical lectures that have been issued by the Lippincott Company during several years past. This volume is no exception to the rule in interesting and instructive clinical teaching. Buffalo, too, is well represented in this volume. Dr. Charles Cary presents a lecture on Gonorrhoeal Iritis and another on Impetigo Contagiosum; Dr. M. D. Mann one on Retained Menstrual Blood; Dr. Roswell Park one on Trephining for the Psychopathic Equivalent of Epilepsy—Craniotomy for Idiocy; there is one by Dr. W. C. Phelps on Stenosis of the Pharynx; one by Dr. James Wright Putnam on Hysteria in the Male; and one by Dr. Charles G. Stockton on Hepatic Cirrhosis. Other lectures of interest are delivered by Dr. E. E. Montgomery, of Philadelphia, Dr. Emory Lanphear, of Kansas City, Dr. Stephen Smith, of New York, Dr. E. Fletcher Ingals, of Chicago, Dr. John B. Hamilton, of Chicago, as well as many others whom we have not space to mention. It is a satisfactory companion to the numbers that have preceded it.

A TEXT-BOOK OF THE THEORY AND PRACTICE OF MEDICINE. By American teachers. Edited by WILLIAM PEPPER, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. In two volumes; illustrated. Vol. II. Large octavo, pp. xii.—1046. Philadelphia: W. B. Saunders, 913 Walnut street. 1894. Price per volume, cloth, \$5.00; leather, \$6.00; half Russia, \$7.00. For sale by subscription only.

This volume contains contributions from Dr. W. H. Welch, Dr. Henry M. Lyman, Dr. William Osler, Dr. William Pepper, Dr. James C. Wilson, Dr. Francis Delafield, Dr. James W. Holland and Dr. Reginald H. Fitz.

The first article by Dr. Welch upon the biology of bacteria, infection and immunity, is one of very great value, and presents in a concise manner a close, thorough and elaborate study of these subjects. This article alone makes the volume desirable. The biology of bacteria is treated under the headings morphology and classification; food, vital manifestations — distribution; agencies injurious to bacteria; modifications of characters; attention of virulence; marks of differentiation. The data of these subjects are given up to February, 1894.

Dr. Lyman has prepared a series of articles, among which those upon saccharine diabetes and acute articular rheumatism deserve special mention. Dr. Osler's contribution upon diseases of the blood is very complete. We know of nothing that more forcibly illustrates the change that has been wrought in our methods of medical diagnosis during the past few years than does this masterly article by Dr. Osler, in which the latest devices for the examination of the blood are illustrated. Dr. Osler attaches considerable importance to the Blitz-hedin hematokrit, and thinks it will be more generally adopted as soon as a few suggested improvements have been made in it. Any instrument of precision that will furnish the busy clinician with scientific data for diagnosis is always welcome and valuable.

Dr. Pepper's prolific pen gives to this volume a large number of good contributions. Wide experience and knowledge of medicine pervade whatever Dr. Pepper writes, and we are especially fortunate in being favored by the busy editor of the volume.

Dr. Wilson contributes the sections upon diseases of the nose, larynx, bronchi and pleura. Dr. Delafield has written the chapter upon diseases of the lungs and kidneys; while good articles upon

diseases of the peritoneum, liver and pancreas are from the pen of Dr. Fitz.

This volume, as a whole, is a good book for students as well as for practitioners.

A. A. J.

MANUAL OF PHYSICAL DIAGNOSIS, for the Use of Students and Physicians. By JAMES TYSON, M. D., Professor of Clinical Medicine in the University of Pennsylvania, and Physician to the University Hospital; Physician to the Rush Hospital for Consumption and Allied Diseases; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians, etc. Second edition, revised and enlarged. Duodecimo, pp. 241. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1893. Price, \$1.50.

The appearance of a second edition of this manual so soon after the issuance of the first bespeaks not only the popularity of the book but the importance of the subject, an appreciation of which is gradually growing wider and wider as medical science advances. We can only reiterate what we have said heretofore, that it is of paramount importance for the student of medicine to be well drilled in physical diagnosis, in order that he may properly interpret the phenomena of disease, and intelligently apply methods of treatment. Tyson's work is concise, instructive and valuable, and deserves to be carefully studied both by medical students and physicians.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND. Ninety-fourth annual session, held at Baltimore, Maryland, April, 1892; also semi-annual session, held at Rockville, Md., November, 1891. Paper octavo, pp. 124. Baltimore: Griffin, Curley & Co., Printers, 202 E. Baltimore street. 1892.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND. Ninety-fifth annual session, held at Baltimore, Md., April, 1893; also semi-annual session, held at Easton, Md., November, 1892, Paper, octavo, pp. 111. Baltimore: Griffin, Curley & Co., Printers, 202 E. Baltimore street. 1893.

These two volumes include the minutes, reports of committees and the president's annual address for the years 1892 and 1893, and the address of the annual orator for 1893, Dr. Reginald H. Fitz, of Boston, who chose for his subject, Intraperitoneal Hemorrhage. The observations of Dr. Fitz are always entertaining and instructive and he was as much so on this occasion as ever. In the course of his paper, Dr. Fitz remarked that "the prevailing idea that intraperitoneal hemorrhage is always a disease of women

and is the result of ectopic gestation, has a certain practical value, but is not true. Mild and fatal cases occur in men, though in far less proportions than in women. That the hemorrhage may take place it is essential that blood-vessels rupture. The rupture demands a weakened vascular wall. This weakening is the result of causes which may occur in either sex alike, or may be limited to the female sex." While this statement is an admitted truth, it is none the less true that by far the most frequent cause of intraperitoneal hemorrhage is the rupture of an ectopic gestation sac.

In an explanatory note it is stated that on account of the scarcity of funds, the faculty directed the publication committee to omit the publication of all papers read before the society except the address of the president and the annual oration.

TWELFTH ANNUAL REPORT of the State Board of Health of New York. Transmitted to the Legislature, February, 1892. Octavo, pp. 558. Albany: James B. Lyon, State Printer, 1892.

THIRTEENTH ANNUAL REPORT of the State Board of Health of New York. Transmitted to the Legislature, March 9, 1893. Octavo, pp. 736, with maps. Albany: James B. Lyon, State Printer. 1893.

Whatever may be said in criticism of the office methods of the State Board of Health, lately under investigation by the legislature, it must be confessed that its official work is well done, as indicated by the volumes before us. We have been at a loss to understand why these reports have appeared at so late a date, but we presume that it is no fault of the board, but rather of the public printer. The work done by the New York State Board of Health will compare favorably with that of other states. These volumes will possess interest to all who are identified with preventive medicine either officially or as a matter of preference.

BOOKS RECEIVED.

A Practical Treatise on Medical Diagnosis, for Students and Physicians. By John H. Musser, M. D., Assistant Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia; President of the Pathological Society of Philadelphia. Octavo, 873 pages, 162 engravings and two colored plates. Cloth, \$5.00; leather, \$6.00. Philadelphia: Lea Brothers & Co. 1894.

Medical Jurisprudence, Forensic Medicine and Toxicology. By R. A. Witthaus, A. M., M. D., Professor of Chemistry, Physics and Hygiene in the University of the City of New York, etc., and Tracy C. Becker,

A. B., LL. B., Counselor-at-Law and Professor of Criminal Law and Medical Jurisprudence in the University of Buffalo. In four volumes. Volume I. Large 8vo, 845 pages, illustrated with wood-cuts and two lithographic plates in colors. Price, in muslin, \$5.00; in brown sheep and in law style, \$6.00 per volume. Sold by subscription only. New York: William Wood & Company. 1894.

Tumors, Innocent and Malignant. Their Clinical Features and Appropriate Treatment. By J. Bland Sutton, F. R. C. S., Assistant Surgeon to the Middlesex Hospital, London. In one very handsome octavo volume of 526 pages, with 250 engravings and nine full-page plates. Cloth, \$4.50. Philadelphia: Lea Brothers & Co., Publishers. 1894.

The Year-Book of Treatment for 1894. A Comprehensive and Critical Review, for Practitioners of Medicine and Surgery. In a series of twenty-four chapters, by eminent specialists. In one 12mo volume of 497 pages. Cloth, \$1.50. Philadelphia: Lea Brothers & Co. 1894.

A Text-book on Diseases of the Eye. By Henry D. Noyes, A. M., M. D. Complete in one octavo volume of 816 pages, profusely illustrated with 269 wood engravings in the text, five chromo-lithographic plates, and ten plates in black and colors. Second revised edition. Price, in cloth, \$6.00; leather, \$7.00. New York: William Wood & Company. 1894.

An American Text-book of the Diseases of Children, including special chapters on Essential Surgical Subjects; Diseases of the Eye, Ear, Nose and Throat; Diseases of the Skin; and on the Diet, Hygiene and General Management of Children. By American teachers. Edited by Louis Starr, M. D., Physician to the Children's Hospital, and Consulting Pediatricist to the Maternity Hospital, Philadelphia; Late Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Member of the Association of American Physicians, and of the American Pediatric Society; Fellow of the College of Physicians of Philadelphia, etc. Assisted by Thompson S. Westcott, M. D., Attending Physician to the Dispensary for Diseases of Children, Hospital of the University of Pennsylvania; Physician to Out-Patient Department, Episcopal Hospital; Fellow of the College of Physicians of Philadelphia. Royal 8vo, pp. xiv.—1,190. Illustrated with wood-cuts and twenty-eight half-tone and colored plates. Sold by subscription only. Price, cloth, \$7.00; sheep, \$8.00; half Russia, \$9.00. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

A Manual of Therapeutics. By A. A. Stevens, M. D., Lecturer on Terminology and Instructor in Physical Diagnosis in the University of Pennsylvania; Demonstrator of Pathology in the Woman's Medical College, Philadelphia, etc., etc. Small 8vo, pp. 435. Price, \$2.25. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

Syllabus of the Obstetrical Lectures in the Medical Department of the University of Pennsylvania. By Richard C. Norris, M. D., Demonstrator of Obstetrics, University of Pennsylvania; Assistant Obstetrician, University Maternity, etc., etc. Third edition. Duodecimo, pp. xviii.—222. Price, \$2.00 net. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

Essentials of Physics. Arranged in the form of questions and answers. Prepared especially for students of medicine. By Fred. J.

Brockway, M. D., Assistant Demonstrator of Anatomy at the College of Physicians and Surgeons, New York. Saunders' Question-Compend, No. 22. Second edition, revised. With 155 illustrations. Duodecimo, pp. 330. Price, \$1.00 net. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

Transactions of the Medical Society of the State of North Carolina. Fortieth annual meeting, held at Raleigh, N. C., May 9, 10 and 11, 1893. Octavo, paper, pp. 154. Wilmington, N. C.: Jackson & Bell. 1893.

A Manual of Minor Surgery and Bandaging, for the Use of House-Surgeons, Dressers and Junior Practitioners. By Christopher Heath, F. R. C. S., Surgeon to University College Hospital and Holme Professor of Clinical Surgery in University College, London; Member of the Council of the Royal College of Surgeons of England. Tenth edition. Illustrated, 16mo, pp. xvi.—389. Price, \$2.00. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1894.

A Text-Book of the Diseases of Women. By Henry J. Garrigues. A. M., M. D.. Professor of Obstetrics in the New York Post-graduate Medical School and Hospital; Gynecologist to St. Mark's Hospital in New York City; Gynecologist to the German Dispensary in the City of New York; Consulting Obstetrician to the New York Infant Asylum; Obstetric Surgeon to the New York Maternity Hospital; Fellow of the American Gynecological Society; Fellow of the New York Academy of Medicine; President of the German Medical Society of the City of New York, etc. Octavo, pp. 690, containing 310 engravings and colored plates. Price, cloth, \$4.00 net; sheep, \$5.00 net. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

A Primer of Psychology and Mental Disease. By C. B. Burr, M. D., Medical Superintendent of the Eastern Michigan Asylum; Member of the American Medico-Psychological Association, the American Medical Association, the State Medical Society, the Pontiac Medical Society; Corresponding Member of the Detroit Medical and Library Association. Duodecimo, pp. vi.—104. Price, \$1.00. Detroit, Mich.: George S. Davis.

Clinical Lectures on Pediatrics, delivered in the Vanderbilt Clinic during the Session of 1892-93. By A. Jacobi, M. D., Clinical Professor of the Diseases of Children in the College of Physicians and Surgeons of New York, etc., etc. (Stenographic reports.) Reprinted from *Archives of Pediatrics*, Volume X., 1893. Octavo, pp. 195. New York: Baily & Fairchild. 1893.

Manuel de Médecin Practicien, la Pratique Journalière de la Chirurgie, dans Les Hopitaux de Paris, Aide-Mémoire et Formulaire de Thérapeutique Appliquée par le Professeur Paul Lefert. Paris Librairie J. —B. Baillié et Fils. 1894.

Literary Notes.

EXAMINATIONS U. S. ARMY MEDICAL CORPS.—In view of the possibility of the reduction of the Medical Corps from 125 to ninety Assistant Surgeons, by action of Congress at its present

session, and to save possible loss of time and expense to candidates if such action be taken, the examinations appointed for March and April, 1894, will, by order of the Secretary of War, not be held until further notice.

It is probable that if the Corps should not be reduced, the Examining Board will be convened in the fall of 1894. Of this, notice as early as possible will be given.

THE whole world has been traversed to find material for the Easter Number of *The Literary Digest*. Almost every civilized language is represented. It is superbly illustrated, full of information; treating all questions of present interest, and all sides of those questions; presenting the leading articles in the foremost magazines and journals of the world. This number of *The Literary Digest* probably excels any other attempt to give the literature of the world in one issue. The Easter number was ready on Thursday, March 22d.

WE HAVE received one of Hewson's Anomaly Blanks, designed for the use of dissectors, demonstrators of anatomy or post-mortem examiners in which to record any anatomical anomaly that they may find. The sheet is nine by six inches, has proper spaces for the dissector's name, the principal normal physical characteristics of the subject and for anomalies of each of the principal organs or classes of tissues. These blanks are supplied in blocks by the publishers, Messrs. P. Blakiston, Son & Co., Philadelphia, free to any professor or demonstrator of anatomy in any medical college.

DR. CHARLES N. SMITH, editor of the *American Gynecological Journal*, published at Toledo, Ohio, announces the discontinuance of that magazine. We regret to part with this useful periodical, but the increasing professional duties of Dr. Smith interfered with the exacting demands that the journal made upon his time.

THE Angier Chemical Co., of Boston, is sending to the medical profession a card of excellent pens made by the Tadella Pen Co., 76 Fifth avenue, New York, which the company will take pleasure in forwarding on application to any physician who has not already received one.

THE *International Medical Magazine* has been transferred by J. B. Lippincott Co. to the International Medical Magazine Co., publishers, 716 Filbert street, Philadelphia. It is edited under the supervision of Drs. John Ashurst, Jr., and James T. Whittaker by Henry W. Cattell, M. D. Manuscripts, exchanges and books for review should be addressed to the editorial office, 3455 Woodland avenue, Philadelphia.

WE INVITE attention to the advertisement of the Labordine Chemical Co., that appears for the first time in this journal and will be found on our third cover page. We hope this new vegetable preparation will receive thorough investigation as to its merits at the hands of our physicians. If a satisfactory and safe substitute can be found for the numerous coal-tar preparations it will prove most desirable.

THE Woman's Medical College of Baltimore publishes its announcement on page xvi. of our advertising columns. There is a constant increase in medical colleges for women which indicates a demand for them. We hope that the standard provided by these colleges both for admission and graduation will not be made lower than in colleges for men.

THE *Louisville Medical Monthly* is the title of a new medical journal, published in Louisville, Ky., that appeared in March, 1894. Its editors are Drs. James B. Steedman and George M. Warner. In its list of active collaborators are included the names of some of the most prominent physicians of Louisville.

A WORK that is really new, and unlike any other, is *The Nutshell Cyclopaedia*. It is not intended to take the place of any other general cyclopaedia, but to *supplement every other*, and whatever other you have you will probably want the *Nutshell*, and if you have no other you will surely want it. It treats only *live* subjects, the facts concerning which are constantly changing, and the *latest* information concerning which is important. Probably three-fourths of its contents will be found in no other cyclopaedia, because the occurrences and the facts described are of later date than the publication of any other cyclopaedia. Though the entire work will comprise probably 2,500 pages, it is sold at a price so low that anyone can afford it, ranging from \$1.75 for the complete work in

Monthly Parts, to \$3.20 for the same in four volumes, half morocco binding. The issue before us covers such important subjects as coinage, Colorado, Columbia celebrations and expositions, commerce and crops, bringing statistics down to 1894 (mostly a year later than to be found in any of the annuals), Congress, with list of the members, Connecticut, and so on. For sample Monthly Part send 4 cents postage to John B. Alden, publisher, 57 Rose street, New York.

THE SHADOW-TEST.—A course of lectures, demonstrations and clinical work on skiascopy, or the shadow-test, will be given at the Philadelphia Polyclinic during the week commencing April 9th. This method of determining the refraction of the eye has for years been practised as a part of the regular routine examination in that institution; and is there found to be of greater practical value than the methods by the use of the ophthalmoscope or the ophthalmometer.

VICK'S FLORAL GUIDE, 1894.—It contains descriptions that describe, not mislead; illustrations that instruct, not exaggerate. This year it comes to us in a suit of gold. Printed in eight different colors besides black. Colored plates of chrysanthemums, poppies and vegetables. On the front cover is a very exquisite bunch of Vick's new white branching astor, and on the back is the new double anemone; 112 pages filled with many new novelties of value as well as all the old leading varieties of flowers and vegetables.

We advise our friend who intends doing anything in the garden this year to consult Vick's before starting operations. Send 10 cents to James Vick's Sons, Rochester, N. Y., for Vick's Guide; it costs you nothing, as you can deduct the 10 cents from first order. It certainly will pay you.

EDWARD BOK'S successful article in the January *Cosmopolitan* on The Young Man in Business has been reprinted in a tasteful and handy booklet form at ten cents by The Curtis Publishing Company, of Philadelphia. To this reprint Mr. Bok has added some fourteen pages of editorial matter answering Three Uncertain Young Men.

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Original Communications.

THE PHYSICIAN'S PERSONALITY AND ITS INFLUENCE.¹

BY J. C. THOMPSON, M. D., Buffalo, N. Y.

PHYSIOLOGICAL psychology is comparatively a new science. The scientific study of the soul, and especially the use of physical instruments of precision in the investigation of psychical attributes, has only just begun. Consequently, the influence exerted by this important part of our nature is, as yet, by many but faintly appreciated and by many more even less understood.

It is not meant to include in this essay a consideration of the physician's personality in relation to all psychical attributes, but rather the influence of personality on certain elements of the soul, represented by those subtle attributes and imponderable psychic qualities commonly termed the emotions.

The emotions influence the mind and modify organic function much oftener and more profoundly than superficial observation would cause us to suspect. It is their action which will quicken the heart-beats or arrest that vital organ in its function, influence the vaso-motors with the rapidity of thought so that the cheek will be suffused in shame or blanched in fear, make a man bold to the verge of rashness or a coward for conscience sake, cause the mother to defend her young with her life and, from love, endure any privation and affliction for the object of her affection.

The emotional faculty of the soul influences the mind, and thus becomes the basis or motive of physical activity to a greater extent than most individuals may be willing to acknowledge. For instance, in the case of children, it cannot be that their likes and dislikes are the result of reasoning or carefully drawn conclusions, because their intellectual faculties are as yet but in the dawn of

1. Read before the Roswell Park Medical Club, January 29, 1894.

their development. Their standard, if standard it may be called, is simply that of the instinctive action of their emotional nature, the product of their psychical feeling, which, in a measure, like instinct in the lower animals, is congenitally mature.

It has been said, and truly, "that adults" (and I add, with all due reverence for the sex, including women,) "are but children older grown." We have in this truism an easy explanation of certain facts observed by you all, viz., the common existence among adults of the most unreasonable likes and dislikes, incongruous marriages, erratic love affairs, and the strange actions of people usually denominated cranks, but who really are ordinary individuals misgoverned by their emotions instead of being governed by reason.

Probably no class of men see more of this mal-attempt at subjection of the human body than physicians. So true is this, that it becomes a part of their duty to study and administer to a diseased mind and its erratic emotions as often, perhaps, as they are called upon to treat a disordered body. Indeed, so important a rôle does the emotional faculty play in all physical affections that often actual lesions, distinct objective and subjective symptoms, may be caused by this subtle agency. In these cases, where there is apparently something substantially the matter, physicians are most liable to err. In their hard-headed search after a tangible cause for disordered function and actual suffering, they will pounce upon some slight deviation from the physical norm, and treat it externally, internally and eternally, without the slightest benefit to the poor patient, unless some suggestion or operation can, through a mental impression, rouse the nervous system to a more healthy action.

A case which admirably illustrates this point was, in a late journal, related by Goodell as follows:

Some years ago, a healthy lady, aged twenty-three, was engaged to a gentleman whom she tenderly loved. The wedding day was named, the clergyman was notified, and the invitations were sent out. Three days before the one fixed for the marriage there came a letter from the man, breaking off the engagement. The blow to her love and pride was, of course, great. She secluded herself in her room and in a few days took to her bed with many symptoms of nerve-prostration, of which dysuria and an irritable bladder were the most prominent. For these vesical symptoms she was treated by the family physician with external and internal electricity and with repeated flushings out of

the bladder. Getting no better, but steadily worse, the next year she fell into the hands of a specialist, who diagnosticated anteflexion of the womb, cervical erosion, and fissure at the neck of the bladder. He dilated the urethra, washed out the bladder and treated the womb *secundem artem*. Still remaining an invalid, she consulted a third physician six months later. He also dilated the urethra, examined the bladder with an endoscope, washed it out repeatedly, applied electricity to it by an internal electrode and gave cold douches. No improvement following this treatment, she called in a fourth physician. He kept her for several weeks under his care, dilated the urethra, and treated her mainly with electricity, if I remember correctly, but of this fact I am not absolutely sure. At any rate, she was not made a whit better, and a fifth physician was summoned. He, without success, treated her for anteversion of the womb and rectal ulcer. She now saw her sixth physician. By this time her urethra had been dilated so frequently that, in the examination, his finger entered the meatus urinarius, and, not at first recognizing his mistake, he remarked upon the narrowness of the vagina. He recommended the formation of a button-hole fistula in the urethra, but his advice was rejected. Four years after the beginning of her disorder, she returned to the second physician whom she had previously consulted. After treating her heroically for some time, without the slightest benefit, he proposed the excision of the bladder. This operation was refused, and she, one year later, drifted back to her sixth physician. He first made a button-hole fistula in the urethra. This failing to do any good, an artificial vesico-vaginal fistula was next tried. No benefit accruing from this operation, her ovaries, as a last resort, were removed, but peritonitis set in and she died. Now, what is the true interpretation of this sad case? The terrible shock to her pride and to her affections shattered her nervous system, and she suffered more from a sore brain than from a sore bladder or from sore ovaries.

To go a step further, we are appalled to contemplate the extent to which faith, hope and religion are dependent upon the exercise and activity of the psychical faculty of emotion. It was the erratic emotion of one mind, Peter the Hermit, which started the crusades to rescue the Holy Sepulcher; in one of which, over 200,000 men, women and children participated, and all perished. Today the same emotional impulse sends hordes of weary pilgrims, by divers paths, to the sacred city of Mecca, where they imagine atoning grace can alone be found. In our lands and time have we not our Christian scientists and faith cures? And, alas! how many pseudo-holy creeds and opposite isms do the unthinking faithful follow and worship; impelled by the same emotional impulse

which sent the hordes of central Europe to miserably perish on the burning sands of the desert.

Much more might be adduced to prove and illustrate the extent of psychic influence over human action, but a time limit compels haste to a consideration of the second phase of this subject: The influence of the physician's personality on this very important cause of disease. In this field of our warfare with affliction we are left without a tangible weapon. Our great standby (and I say it with shame), drugs, are here entirely useless. The most potent, or the most innocuous of them are equally unavailing in a full-fledged case of nervous disease from emotional origin. We can, with knife and pill, fight the demon month in and year out, till some poor fool of a faith doctor comes along, and presto! with one prayer, the patient is well. Now, why did not the regular physician offer up that prayer? And that is just what he should have done; not in so many words, but by so impressing the patient with his personality that there would have been no occasion for verbal prayer.

Perhaps you ask, about this time, what is meant by the physician's personality? Perhaps that is best answered by saying what it is not. A famous connoisseur in stringed instruments and antiques was asked wherein the renowned violins of Cremona, Stradivarius and Stainer possessed their super-excellence. He replied:

It is not altogether in the well-selected and evenly-grained wood of which they are constructed, although that has something to do with it. It is not all in their incomparable shape and graceful swell, although that has something to do with it. Not all in the size and position of the openings or sound-holes, which also have their share in creating excellency. Not all in the quality and evenness of the varnish, but that, too, has its influence. It is all these and many other points combined that make the matchless and unrivaled qualities of the master violins.

So too, gentlemen, and I wish you to note this well, it is not the physician's personal appearance which makes his personality. It is not the charm of a well-modulated and resonant voice; not all in a graceful, hopeful walk and general carriage, although these all have to do with it. It does not all consist in personal cleanliness, good grooming and neatness of dress, but these are strong factors in it. Not all in undue familiarity, nor unwarranted coldness and austerity; not in overslopping sympathy nor frigid indifference, yet these qualities properly modified help much to create

that positive, but incomprehensible and imponderable something, which for convenience and the lack of a better name we call animal magnetism, personal attraction, and the like.

It is that assemblage of qualities which creates in the minds of patients and others, respect, and even reverence, hope, ambition, faith, trustfulness; that which leaves a remembrance of the doctor's visit as a glorious, vivifying burst of sunshine, in the gloom and darkness of suffering and distress. Time permitting, endless well-authenticated cases might be cited, and countless authors referred to, to prove the correctness of this statement that the physician's personality acting on and through the patient's mind, always does much and often more to restore health than anything else. All possess this attribute, but in a varying degree—varying within a wide range. It may be cultivated by a painstaking practice of the many factors which serve to give it expression. For instance, if a man is habitually careless in his attire and personal appearance, hasty, excitable, erratic, untidy, he may improve all these. But he who by Nature is endowed with but a modicum of this physical attribute, is at a great disadvantage in the work of our guild.

In the cultivation of this power, remember that no counterfeit of interest, no false note of sympathy will avail, or pass for the genuine coin. Nowhere will more certainly be taken a correct inventory of genuine worth than by the exercise of this extraordinary sense in others; arriving at conclusions not by reason or logic, but by an intuition, true to fact as the needle to the pole. The great field for the exercise of the physician's personality, is with women, for in them the emotional nature is, in many instances, developed to the dignity of a special sense. In men this phase of the psychical is not so prominent, yet even here it plays no insignificant part in the estimation of character. In conclusion, the question arises, can we, as rational physicians, holding fast to that which is good, and constantly casting about for new weapons with which to combat disease, suffering and death, can we, I say, ignore an agent so potent for good, without which the most concentrated alkaloids may manifest their physiological action, but fail to produce the desired therapeutical effect?

Goodell, in the same article already quoted from, in trying to impress the lesson learned from meddling gynecology, says:

So misleading, indeed, are the symptoms of a jaded brain or other nerve strain, under the uterine guise in which they often masquerade,

that when a jilted girl, a bereaved mother or a grieving wife consults a physician, he, unless on his guard, will be more likely to minister to a womb diseased than to a mind diseased. Such cases, even when associated with actual uterine disease, are not bettered by a merely local treatment, nor are medicines by themselves of much avail. What they need are the incantations of the rest-cure—namely, Massage, electricity and strict seclusion.

Hope should be infused into every case, and above all, mark you from Goodell, there should be imported into it the personality of the physician.

For myself, the longer and closer I study and observe the effect of the psychical over the physical, of the emotions over the body, the greater is my respect for this wonderful power, and the less am I inclined to doubt the remarkable tales of the utter subjection of the body to the soul, even to the suspension of animation for an indefinite period.

Cultivate a personality that will rob the faith-cures of their victims, and give to the healing art the true meed of praise for which she ought to strive—namely, that of being in the van of all true progress.

243 DEARBORN STREET.

THE LIFE AND WORK OF CHARCOT.

BY WILLIAM C. KRAUSS, M. D., Buffalo, N. Y.

ON THE 16th of August, 1893, there flashed over the wires from the Lac des Settons the report of the sudden death of Jean Martin Charcot. Seldom has the death of any scientific man caused such universal grief, not alone in France, but throughout the civilized world wherever the medical sciences are taught and recognized. The public as well as the medical press, in reporting the facts of his life and work, spoke in but one tone of the magnitude of his labors and of the irreparable loss to the profession.

Jean Martin Charcot was born in the City of Paris, of humble but honest parents, November 29, 1825. His father, too poor to give his three sons a collegiate education, summoned them to his side one day and announced that the one who would stand highest in his year's work could continue his education, while the second *could* be a soldier and the third *would* have to become a coach-maker, like himself. The contest over, "Charcot" was sent to Lycée St. Louis, then to the University of Paris, and in 1848 was

received as *interne* to the hospitals. Five years later he passed his doctor examinations and wrote his thesis on nodosities of the joints, chronic articular rheumatism. This first production of Charcot showed him to be a careful, painstaking worker and observer, and as a result he was made chef of the medical clinic from 1853 to 1855. At the end of his term of service he was appointed physician to the Bureau Central, and four years later passed his examinations as *Agrégé* of the medical faculty of Paris. This position is similar to the *Privat Docent* of the German universities, and may be compared to the lecturers on special subjects of our American medical colleges. His thesis as *Agrégé*, on chronic pneumonia, has been often referred to and quoted. In this thesis he describes that form of pneumonia which is designated chronic ulcerated pneumonia.

In 1862, Charcot returned to the Salpêtrière as chef of the service. At this time the Salpêtrière was nothing but an out-of-the-way asylum for old, chronic, broken-down cases, patients who were thought not to be worth the time and trouble to thoroughly examine and scrutinize. It was not long, however, before Charcot, associated with his able friend, Vulpian, discovered that these chronic castaways were diamonds in the rough, and needed but a master hand, guided by a master mind, to reveal their significance and utility to the scientific world. The old stagers were carefully examined, assorted, their clinical histories thoroughly written out, abnormalities and disturbances of motion photographed, chemical and microscopical examinations of the excreta were made from time to time, and the information thus gained was pigeonholed, ready for additions and for perusal at the autopsies. These were made with as much care and precision as are many of our major operations of today, and the diseased organs were subjected to a most conscientious microscopical examination. Not only were the pathological changes noted, but to a greater extent were those organs which had not undergone pathological change. Thus armed with the symptoms of disease and the diseased and healthy organs and tissues under the microscope, it was an easy task for this man to clear up and efface many of the illusions of medicine which had existed up to that time.

After an inventory of years, in which time the Salpêtrière had become one of the best known of the Paris hospitals, Charcot believed that he could better impart the information thus gained by inaugurating a course of lectures and presenting the patients

before the class. These were especially devoted to pneumonia of the aged, chronic rheumatism, and gout, and were attended by an appreciative and admiring throng of students. The following year he delivered his lectures at the *École Pratique*, on Hemorrhage and Softening of the Brain, and made the important discovery that cerebral hemorrhage was due to the bursting of miliary aneurisms along the cerebral arteries, the result of a periarteritis. The year 1858 was devoted to the study of paralysis agitans and sclerose en plaque (multiple sclerosis). Many of the disputed points of the former disease were cleared away, besides making new additions to the symptomatology, such as propulsion, retropulsion, the characteristic tremulous movements of the extremities, absolute freedom of the head, except when the movement is transmitted from the body and extremities. Charcot has objected strenuously to the term *paralysis agitans*, inasmuch as the tremor may be absent altogether and the only symptoms present be the stiffness and weakness of the muscles. Multiple sclerosis, or the presence of scattered islets of sclerosis in the brain and spinal cord, was illy known and almost unrecognized until the classical descriptions of the symptomatology and pathology by Charcot, assisted by Vulpian. Charcot distinguished three forms of this disease, the cerebral, the spinal and the cerebro-spinal, according to the situation of the sclerosed patches. Little has been added to the description as given by Charcot, and, perhaps, the only symptom that has not been universally accepted in that description is the severe vertigo which Charcot found in seventy-five per cent. of his cases.

In his course of lectures delivered in 1869, Charcot treated of the pathogenesis, the diagnosis and prognosis of cerebral apoplexy. These lectures were not reported, although they contained many new points which have since been incorporated in theses by internes of the *Salpêtrière*. In this year, Charcot called attention to the importance of thermometry in the diseases of old age, and it is principally to his efforts that the clinical thermometer was vulgarized in France. It was also in this year that Charcot first described the peculiar joint affections occurring in locomotor ataxia; the affected bones become brittle, resulting in spontaneous fractures, erosion of the cartilages, adhesions between two joint surfaces, ossification of ligaments, etc., take place. This condition is known as Charcot's joint disease, a term applied to it by the English writers. Charcot was a bitter opponent to the Fournier-

Erb doctrine, that tabes is of syphilitic origin, but taught that it belonged to the great family of nervous diseases, the seeds of which are transmitted by heredity. It may be remarked here that the Argyl-Robertson pupil (refusal of the pupil of the eye to react to light and darkness) was first discovered at the Salpêtrière by two of Charcot's pupils, Vincent and Congt. Disputed points in the pathology and advances in treatment were also ably considered, and especially the re-introduction of the suspension method, which gives, perhaps, as much satisfaction and relief as any method of treatment in locomotor ataxia. In 1869, Charcot, associated with Vulpian and Brown-Séquard, founded the *Archives de Physiologie*, the ablest and most influential medical journal in France, and with the possible exception of *Virchow's Archives*—the ablest on the continent. During the Franco-German war Charcot, besides his regular duties at the Salpêtrière, assumed charge of a small-pox hospital and hospital barracks. It may be noted here that he was the court physician of Napoleon III. for many years, and in sympathy ever afterwards with the royalists. The service at the Salpêtrière was divided into three divisions after the war, owing to the vast increase in numbers, and to Charcot was assigned the hysterical and epileptics. In 1872, he was appointed professor of pathology in the University of Paris, a position which he held until 1881. During this time he published his observations on diseases of the lungs, liver and kidneys, albuminuria, diseases of old age, and on cerebral and spinal localization. His discovery of the asthma crystals, the presence of octahedral crystals in the blood, spleen, bone marrow, and other organs of leukemic patients, his contributions to the pathology of hepatitis, cancer of the lungs, gout, arthritis deformans, etc., show him to have been as good an observer in general pathology as in neuropathology. In 1882, the chair of nervous diseases was created in the faculty of the University of Paris, and Charcot had the honor of being appointed professor. His attention was directed now entirely to his chosen work, and as a result we have the creation of the modern malady hysteria, its symptomatology, different stages, different forms, its historical importance, modes of treatment; in short, about all we know positively concerning hysteria we owe to Charcot and his pupils. To enumerate all the advances which he instituted in neuropathology, would require more time, more paper, and more ability, than are at my command—in fact, it would mean an almost complete treatise on

neurology. I will, therefore, review briefly the more important of his discoveries, which will give you some idea of the grandeur of his life's work. In 1871, he first described pachymeningitis cervicalis hypertrophica, which was at once accepted as a clinical and pathological entity. In 1874, he described a new disease which he designated amyotrophic lateral sclerosis, sometimes called Charcot's disease, with such clearness as to symptoms, course and pathology that the German and English writers adopted the name and disease without even the slightest protest. So thoroughly were these two last affections delineated that scarcely a word has been added to the original descriptions. In 1875, Charcot and Erb described simultaneously an affection—met with particularly in children—characterized by paresis of the extremities associated with exaggeration of the tendon reflexes. Charcot designated this disease *tabes dorsalis spasmodique*, Erb, spastic spinal paralysis. Infantile spinal paralysis was first described as a disease by Jac. von Heine in 1840, but it remained for Charcot, in 1873, to discover the pathological lesion in the anterior horns, and led him to promulgate the most important law in spinal pathology—namely, that destruction of the lateral group of ganglion cells in the anterior cornua is followed by atrophy of the muscles and loss of tendon reflexes. In 1870, Charcot found that in those patients suffering with glosso-labio-laryngeal paralysis (bulbar paralysis) there was a progressive destruction of the ganglion cells in the medulla and pons presiding over these parts. Leyden, of Berlin, soon thereafter made the same discovery, independent of Charcot.

The discovery of the lesion in the Duchenne-Aran type of progressive muscular atrophy in the anterior cornua was due to Charcot. Stubbornly opposed for a time was the German school, headed by Friedreich, who believed that the atrophy was due to a myositis, and the nerve and spinal cord changes were considered as sequelæ. Charcot's theory is now universally accepted. In 1886, he, associated with Marie, described the peroneal or leg-type of progressive muscular atrophy, at about the same time Tooth, of London, made the same discovery. Much that we know of the pathology of myelitis, and compression myelitis, syringomyelia, Morvan's disease—in short, there is not an organic lesion of the spinal cord which has not the name Charcot stamped upon it.

In cerebro-pathology we owe to him, besides the discovery of the miliary aneurisms in cerebral apoplexy, the location of the

agraphic center, the location of the lesion in athetosis, the path of fibers in the internal capsule and the discovery of the *carrefour sensitiv*. He has given valuable hints in regard to epilepsy, chorea, and post-hemiplegic chorea, *astasia-abasia*, the urinary paraplegias, the traumatic neuroses, male hysteria and *sciatica*.

It has been said that Charcot did not pay as much attention to therapeutics as could have been expected of one with such boundless opportunities. This criticism I believe unjust. In 1876, he revised the work of Burq on *metalloscopie* and *metallotherapie*, introducing the magnet as a therapeutic agent, and other discoveries in the treatment of the hysterical, notably the value of ovarian pressure in aborting attacks, and all that is scientific and uncharlatan in the use of hypnotism as a therapeutic agent. His views on the latter are so firm and so clear regarding the proper use of hypnotism, its nature and powers, that they have received the appellation—Charcot's doctrine. He first advised the quinine treatment in *Menière's* disease, the use of the cautery in paraplegia, the syphilitic treatment of Jacksonian epilepsy, which, by the way, was first discovered at the *Salpêtrière*.

Charcot was elected a member of the Academy of Medicine of Paris in 1872, a member of the Institute of France in 1883, commander of the Legion of Honor in 1892, besides receiving orders and decorations from many of the crowned heads of Europe. Besides founding the *Archives of Physiologie*, he aided Bourneville in founding the *Le Progrès Medical* in 1876, and in 1880 founded the *Archives of Neurologie*. He also created the *Revue Mensuelle de Médecine et de Chirurgie* in 1873, and was instrumental in calling to life the *Iconographie Nouvelle de la Salpêtrière*.

The published works of Charcot consist of five volumes on nervous diseases, five volumes on diseases of the liver, lungs, kidneys, diseases of old age and infectious diseases, two volumes of the *Leçons de Mardi*, and two volumes of Charcot's clinic, besides innumerable essays—partly alone, partly in collaboration with his internes—on special subjects in general and neuropathology. Among those who comprise the school of the *Salpêtrière* (his former internes and followers) we find such names as Joffroy, Fèrè, Bourneville, Cornil, Gombault, Marie, Babinski, Guinon, Pierret, Bloch, Brissaud, Huet, Gilles de la Tourette, Colin, Richer, Pitres, names of men all of whom are well known in medicine. Charcot was not only a physician but an artist of some celebrity, a thorough musician, and a lover of things beautiful.

As a man in the broad sense of the word he was peerless—kind, obliging, considerate and generous to the lowest as well as the highest in society's scale, one who shunned the glare of fraud and hypocrisy in his profession, he bequeathed to his science more than any man in France, if not in Europe, and leaves a monument to his memory in the heart and mind of everyone who ever had the pleasure of meeting with him in the Salle des Cours of the Salpêtrière.

382 VIRGINIA STREET.

Clinical Report.

CLINICAL MEMORANDA FROM THE SURGICAL CLINIC AT THE SISTERS OF CHARITY HOSPITAL.

BY HERMAN MYNTER, M. D.,

Professor of Surgery, Niagara University, and Surgeon to the Sisters' Hospital.

TUBERCULOUS EPIDIDYMITIS.

IN A PAPER on Tuberculous Epididymitis, published in *Annals of Surgery*, in April, 1893, I advocated the early and complete extirpation of the tuberculous epididymis, from the following reasons: A patient with double tuberculous epididymitis is sterile and his semen does not contain spermatozoa. The testes must atrophy unless the worse thing happen that they become secondarily tuberculous. The danger of extension of the tuberculous process to the prostate, bladder and kidney is great, and the disease is then fatal. By extirpating the diseased epididymis we do not make the patient any more sterile than he was before, and by retaining the testes sufficient nervous stimulus is preserved to produce erection and make sexual intercourse possible; yes, even an ejaculation, probably from vesiculæ seminales, may occur. This little operation is devoid of danger, and a sure and radical cure may be obtained in a couple of weeks. The cases I reported in 1893 are still in excellent health, and I wish here to report two other cases in support of this operation and earnestly to advocate its use:

CASE XV.—Mr. W. C. F., twenty-three years of age, entered the Sisters' hospital, on April 17, 1893, with the following history: He was kicked on the left testis five years previously. The testis swelled,

but after the swelling was reduced a lump was left around the left testis, which has since been the source of a great deal of pain and discomfort. He has never had gonorrhœa or syphilis; no tuberculosis in the family. On examination, the left epididymis was found nodulated, as large as a dove's egg; the testis felt normal, with normal testicular sense, the vas deferens thickened and painful for several inches; the vesiculæ seminales normal. Under cocaine anesthesia the left epididymis and four inches of the diseased vas deferens were removed. The wound healed by first intention and he left the hospital, recovered, on April 23d, and has been well since. The microscopical examination of the specimen showed tuberculous bacilli.

CASE XVI.—Mr. D. M., aged thirty, entered the hospital on March 8, 1894. In August, 1893, he noticed that the right testicle was tender and painful, and a small hard lump appeared at its lower end. This lump increased in size for about seven weeks, when it broke, leaving a sinus, through which yellowish matter was discharged. The lump became thereafter smaller and harder. About the same time, a small, hard, painful swelling appeared at the lower end of the left testicle. This swelling remained stationary until about January 10, 1894, when it increased greatly in size and became intensely painful. At last it broke, leaving a sinus behind, through which a cheesy material may be pressed out. His general health is good; no swelling of the vesiculæ seminales. Several members of the family had died of tuberculosis. As he himself had been unable to work since August last, he readily submitted to operation when its nature had been explained to him.

At the examination, both epididymes were found hard, painful and enlarged to about twice the size of the testes. Either testis was easily outlined and apparently healthy. Under narcosis, both epididymes, with several inches of the vas deferens, were removed. The epididymes were both found in a state of tuberculous degeneration with cheesy deposits and circumscribed abscesses, extending on the left side slightly into the hilus of the testes. This was carefully removed by sharp spoon, the wounds sutured and antiseptic bandages applied. He left the hospital on March 20th with the wounds healed by first intention. He called at my office on April 6th, stated that he felt well, had no pain whatever, could have strong erections, and had gone to work as brakeman on the railroad again. The testes felt normal, with testicular sense; over the left hilus still a little hardness.

THE Pennsylvania Railroad Company has sent out a special train with two physicians, who are to go over the whole line to Chicago, and vaccinate at each station all the switchmen, sectionmen, gatekeepers and other employes.—*Chicago Medical Record.*

Society Proceedings.

BUFFALO ACADEMY OF MEDICINE.¹

SECTION ON GENERAL MEDICINE.

REPORT OF THE COMMITTEE ON TUBERCULOSIS.

To the Medical Section of the Buffalo Academy of Medicine :

Your committee, appointed to consider tuberculosis as an infectious disease and the best methods which may be adopted to prevent its dissemination, respectfully submit the following report :

The question of the communicability having been settled by the work of Koch and his followers, and the active causative agent having been proved to be the bacillus tuberculosis, it remains, first, for us to consider the statistics of the mortality of this disease as compared with the mortality of other diseases, and what bearing these statistics may have upon the communicability of the disease and the prevention of its dissemination ; second, to consider the mode or modes of infection, that is, the material in which the bacillus exists inside and outside of the diseased individual, and the avenues by which it may gain entrance to the economy of the previously healthy individual, and whether there are predisposing causes which render one individual more susceptible to the disease than another ; and third, what means may be adopted to prevent the introduction of the germ into a healthy individual and so prevent the spread of the disease.

As to the statistics of the disease, the excellent presentation of the subject by Dr. Gram, as regards the local death-rate, shows that tuberculosis kills 3,375 out of a total number of deaths from all causes of 34,629.

His figures do not differ materially from those of other observers. Osler says : "The death-rate from phthisis is estimated at 15 per cent. of the total mortality." Flick has studied the distribution of the deaths from tuberculosis in a single city ward in Philadelphia for twenty-five years. His researches go far to show how the infectious agent persists in certain houses : "About 33 per cent. of infected houses have had more than one case. Less than one-third of the houses of the ward became infected with tuberculosis during the twenty-five years previous to

1. Read and adopted at the regular meeting January 9, 1894.

1888. Yet more than half the deaths from this disease in 1888 occurred in those infected houses." "The investigations of Cornet upon the death-rate from consumption among certain religious orders devoted to nursing, give some striking facts in illustration of this. In a review of thirty-eight cloisters, embracing the average number of 4,028 residents, among 2,000 deaths in the course of twenty-five years, 1,320 (62.88 per cent.) were from tuberculosis. In some of the cloisters more than three-fourths of the deaths are from this disease."

A most excellent illustration of the wide distribution of the infective agent is given in the report by H. P. Loomis, that of thirty cases presenting no microscopical evidence of old or recent tubercular disease, the bronchial glands of eight were infective to rabbits.

The statistics thus presented show that tuberculosis is (with the possible exception of syphilis) the most widespread of diseases and is the most fatal. The reason for the widespread existence of the disease is that until 1881 its infectious nature had not been proved, although frequently suspected, and that ever since that time no active measures have been adopted by the profession at large to inform the laity of the infectious nature of the disease, or to prevent its spread in the community, although a few individual physicians have now and then, here and there given such information each to his own clientèle.

The consideration of the subject from this point of view brings us to the second division of our subject—namely, the mode, or modes, of infection. This is brought about only by direct contact of the material containing the bacillus with either an open wound or scratch, or an absorbing mucous surface.

How is this contact brought about? Inoculation through an abrasion of the skin, or other open wound, is rare among human beings, but may occur in those "whose occupation brings them in contact with dead bodies, or animal products. Demonstrators of morbid anatomy, butchers and handlers of hides are subject to a local tubercle of the skin," from which source, occasionally, general infection takes place. The performance of the rite of circumcision by a tubercular operator has occasionally been a source of infection through a wound. "Other means of inoculation have been described, as the wearing of earrings, wearing the clothes of tuberculous patients, the bite of a tuberculous subject, or inoculation from a cut by a broken spit-glass of a consumptive, and

Czerny has reported two cases of infection by transplantation of skin."

As regards infection through eating meat, Osler says: "The meat of tuberculous animals is not necessarily infective. The results of experiments with the flesh of cows are not in accord. This mode of infection, probably, plays a minor rôle in the etiology of human tuberculosis, as usually the flesh is thoroughly cooked before eating. The possibility, however, must be borne in mind, and it would certainly be safer in the interests of a community to confiscate the carcasses of all tuberculous animals."

As regards infection by milk, the same author says: "The milk of an animal suffering from tuberculosis may contain the virus, and is capable of communicating the disease." "It was formerly thought that the cow must present tuberculous disease of the udder, but Ernst has shown that the bacilli may be present, and the milk be infective in a large proportion of cases in which there is no tuberculous mammitis." "This author states the interesting fact that an owner of a herd, known to be tuberculous, withdrew the milk from market and used it, without boiling, to fatten his pigs, which, almost without exception, became tuberculous, so that the whole stock had to be slaughtered. There is no reason to believe that young children, or even adults, are less susceptible to the virus than the calves or pigs, so that the danger of the disease from this source is real and serious. The great frequency of intestinal and mesenteric tuberculosis in children no doubt finds here its explanation. As noted in Woodhead's analysis of 137 cases of fatal tuberculosis in children, the mesenteric glands were involved in 100."

By far the most common method of infection, however, is through the air by means of the respiratory tract.

"It has been found that the expired breath of tuberculous subjects is not infectious," the sputum, however, contains the virus in enormous amount. If this is kept moist there is no danger of infection from it, unless it is brought into direct contact with an open wound, or mucous surface, as in the act of kissing. If, however, this sputum is allowed to dry, it becomes disseminated through the air as minute particles of dust, and as such may be breathed in by a healthy individual, who thus runs the risk of infection.

All careful investigators agree that this is the most common mode of entrance of the tubercle bacillus into the economy.

Osler says in this connection: "Primary tuberculous lesions are in a majority of all cases connected with the respiratory system. The frequency with which foci are met with in the lungs and in the bronchial glands is extraordinary, and the statistics of the Paris morgue show that a considerable portion of all persons dying by accidents or by suicide, present evidence of the disease in these parts. The post-mortem statistics of hospitals show the same widespread prevalence of infection through the air-passages.

Biggs reports that more than sixty per cent. of his post-mortems showed lesions of *pulmonary* tuberculosis. *In 125 post-mortems at the Foundling Hospital, New York, the bronchial glands were tuberculous in every case.*

As regards predisposing causes that may render one individual more susceptible than another to the disease, all that we can say, in the light of our present knowledge of the exciting cause, is that anything that lowers the vitality of the individual renders him more vulnerable to the onslaught of the bacillus, and that of especial importance in this respect is the existence of any habit of life which tends to interfere with proper excretion or proper digestion.

With the indisputable evidence before us that tuberculosis is a communicable disease and that every new case is due to infection from another case existing in a human being, or in one of the lower animals; with the knowledge of the habitat of the agent of infection and of the methods in which, and the various avenues by which, this organism gains entrance to the economy, and with the knowledge of methods by which such entrance may be prevented, it would seem that tuberculosis is a perfectly preventable disease and that we ought to be able to stamp it entirely out of existence.

This brings us to the consideration of the most important of the subdivisions of the question, and the following suggestions are made as presenting a practical method to aid in preventing the spread of tuberculosis.

In the first place, recognizing that tuberculosis may exist in milk and meat, we should insist that there be competent and thorough inspection of dairies and meats, and that all diseased animals should be slaughtered and cremated. For such thorough work it is necessary that the health department should have a thoroughly equipped bacteriological laboratory, and that the city should be willing to pay a sufficiently large salary to insure the employment of a competent bacteriologist.

In the second place, we must recognize the fact that most of the laity do not appreciate that consumption is communicable, and we should lend our energies to the education of the public in this respect.

In the third place, as soon as a diagnosis of tuberculosis has been made in a given case, the attending physician should inform either the patient or some responsible member of the family, of the infectious nature of the disease, and should give explicit directions as to how to prevent its spread.

In the fourth place, physicians should report all cases of tuberculosis to the health department as soon as recognized, just as they do other infectious diseases, and the health department should send, either to the patient or to some responsible member of the family, in the following, or in such form as the health department may deem fit, a printed circular containing the following information :

Tuberculosis, popularly known under the names of consumption, decline, scrofula, marasmus, wasting disease, inanition, lupus, and white swelling, is a contagious disease ; that is, every new case is produced by exposure to some other case.

The agent of infection is sometimes found in meat and milk. Therefore, unless there is competent inspection of foods, and the sources are known to be free from disease, milk should be boiled, and meat should be thoroughly cooked before being used as food.

In human beings, the agent of infection exists in the pus (matter) given off in the discharge from tubercular abscess, or from lupus ; in the discharge from the bowels in marasmus or tuberculosis of the bowels ; in the urine in tuberculosis of the kidney, bladder or other part of the genito-urinary apparatus ; in whatever may be vomited, but, *most of all*, in the material that is *coughed up and spit out* in consumption of the lungs.

As long as these materials are kept moist there is no danger of infection, unless they are brought into direct contact with the mouth, nose, eyes or other mucous surface, or an open wound or scratch. If they dry on the clothing, on handkerchiefs, in a cup or spittoon, or other vessel, or on the floor, walls or sidewalk, they become disseminated through the air as minute particles of dust, and as such may be breathed in by a healthy person, who thus runs the risk of infection.

Consequently, the underclothing and bedclothing of the consumptive should be changed at least twice a week (more often

if the patient sweats much), and those articles of clothing taken off should be boiled for half an hour before they are washed. The movements from the bowels should be passed into vessels containing water, and these vessels, as well as those into which the urine may be passed, should be thoroughly cleaned with boiling water. The sputum should never be expectorated upon the floor, walls or sidewalk, or in stores, street cars or other public place, or into a handkerchief or other cloth upon which it might become dried, but always into a cup or other suitable vessel containing water, which is kept covered when not in actual use. If the patient is walking about, a wide-mouthed bottle, containing some water and securely corked, can be carried in the pocket and used when necessary. The sputum thus collected should be emptied from the vessel three or four times in the twenty-four hours, and immediately burned, boiled or otherwise destroyed. The vessel and its cover or stopper should each time be thoroughly cleansed with boiling water. The table utensils, including the napkin of the patient, should be thoroughly boiled before being otherwise washed. The mouth, nose and throat of the patient should be thoroughly cleansed, at least, twice daily with a cleansing solution made by dissolving one teaspoonful of sodium bicarbonate (saleratus) in one-half pint of warm water.

No musical instrument or other implement which when in use is placed to the lips or in the mouth should be used by any well individual after it has been used by a consumptive, unless it has been thoroughly cleaned and disinfected. The patient should not kiss anyone, nor should anyone kiss the patient on the mouth; and under no circumstances should anyone sleep in the same bed with the patient. The patient's room should be thoroughly ventilated and should never be tightly shut up. It should be as sunny a room as possible. It should be thoroughly disinfected, at least, twice a year during the lifetime of the patient and immediately after his or her death.

Signed,

HENRY R. HOPKINS,
JOHN H. PRYOR,
W. SCOTT RENNER,
ERNEST WENDE,
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DELANCEY ROCHESTER.

Tuesday, December 12, 1893.

In submitting this report, your committee recommends that a sufficient number of copies be printed, and that a copy be sent to every physician practising in the City of Buffalo, that a copy be sent to the Health Department of the City of Buffalo, to the State Board of Health, to the national health authorities at Washington, to the New York Academy of Medicine and to the medical press of Buffalo, New York, Boston, Philadelphia and Chicago, and to the general press of Buffalo.

Translation.

LATE RESEARCHES IN EPILEPSY.

BY PROF. DR. SEELIGMÜLLER.

(Translated for the JOURNAL from the *Centralblatt für die Gesammte Therapie*. March, 1894.)

BY M. F. CLAUSIUS, M. D.,

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IN SPITE of the great number of remedies recommended for the treatment of epilepsy, the salts of bromine still remain the most reliable. Gauster comprises his experience in the treatment of epilepsy with the bromides in the following sentences: "The treatment of epilepsy with the bromides is at present by all means the most satisfactory, in the various forms and especially in idiopathic epilepsy." They must, as a rule, be taken for years.

The size of the dose must be regulated according to the individual by careful experiments and observations; either in regard to the increase or decrease of the dose, after a marked improvement has taken place. Under careful observation of the condition of the patient the dose may be increased to twenty grams a day, and this amount may be given for some time without developing dangerous symptoms.

The increase of dose is to be discontinued, or gradually diminished, or a different remedy is to be given temporarily or permanently: (a) if digestion is largely impaired and nutrition diminished; (b) if apex catarrh with slight dulness are developed; (c) if deep ulcerations of the skin are present.

Retardation of intelligence and development of mental stupor are generally no cause for discontinuance of the treatment with bromides, neither do they call for a decrease of the dose. Pulmon-

ary tuberculosis, severe chronic diseases of the skin, and profound impairment of nutrition, contra-indicate the use of the bromides, providing the epileptic attacks do not directly endanger the life of the patient. A slight loss of flesh is no contra-indication, since an increase of weight may take place during the continuance of the bromide treatment. During the bromide treatment a nourishing diet must be given. From time to time the condition of the lungs and the skin should be examined.

Féré gives the following directions for the use of the bromides in epilepsy: the preparation must be chemically pure and especially be free from admixture with the salts of iodine, chloride of sodium and sulphate and carbonate of potassium. Since the bromides, when taken into an empty stomach, are liable to cause gastralgia, it is best to administer them at the beginning of the meal. They are liable to cause dental caries, and, therefore, the teeth and mouth must be kept clean. Success can only be expected when the physiological action is manifested—namely, a sense of weariness, sleepiness, anaphrodisia and suspension of nausea by means of mechanical irritation of the pharynx and base of the tongue. This last named sign is, to a certain extent, the criterion of the saturated condition, the exceeding of which is unnecessary, but which it is necessary to maintain until certain of a cure, or, better said, as a cure is never assured, as Voisin expresses himself, bromide of potassium should be constantly given as a nourishment to the cured epileptic.

If the attacks have ceased for one or two years, we may then try to gradually discontinue the bromides, as, for instance, give them every third, or every other, or for only eight days each month. It is well to be sure in each case that the pharynx reflexes are absent. The bromide treatment should never be stopped abruptly, as in such cases nearly always a severe attack occurs within nine days, which may endanger the life of the patient; even when no attack occurs within a short time, a fatal attack may occur even after several months (Le Grand de Saulle). In regard to the dose, it might be said that in place of continuing a given dose from day to day, Charcot recommends to begin with increasing doses, by raising the dose each week by one gram. For instance, to increase it from four to seven grams within four weeks and then again to decrease it within the same time to four grams. In England, a large dose is given every three or four days—15, 20 to 25 grams at meal times. Puche has witnessed 40

grams given in one day without any ill effects. Féré has, however, observed bromism after doses of only 20 grams. Further observations will have to be awaited.

The bromides act favorably in all forms of epilepsy, either in the psychical form, or in those accompanied with pain, migraine, or migraine ophthalmique, and, finally, in those cases that are complicated with external and internal spasms (*spasmus glottidis*). To prevent eruptions of the skin while taking bromides, rigid cleanliness of the skin and especially frequent bathings are to be recommended. Against the occasionally occurring salivation, tannic acid and hyoscyamus are efficacious. To prevent real ulcerations of the skin, which are apt to appear when very large doses, about 14 grams per day, are given, Féré recommends a method which he calls intestinal antisepsis. He gives naphthol in 4 gram, and salicylate of bismuth in 2 gram doses. With this treatment the digestive disturbances resulting as consequences of large doses of bromides are prevented. This medication is well tolerated for months.

To prevent the general evil actions of the bromide preparations, free diuresis is to be maintained, eventually by diuretics. If bromine poisoned epileptics are attacked by an infectious disease, an adynamic and typhoid condition soon appears. The use of bromides during pregnancy has no ill effect upon the fetus, but is likely to leave a salutary influence; besides, the bromides should show a prophylactic action, if puerperal eclampsia has been present in previous pregnancies. They also act favorably in pronounced eclampsia, as well as in status epilepticus. It is well to consider the warning of Savage in regard to the careless use of the bromides, as he cites a case that came especially under his notice, in which the psychical condition became rapidly worse, seemingly as a consequence of the suppression of the epileptic attacks by the use of the bromides. Against the psychical symptoms of bromide poisoning, Wildermuth recommends, besides the cessation of the bromides, black coffee, rain douches on the back in warm baths, and massage of the extremities. Besides the usually employed bromide salts, such as potassium, sodium and ammonium, a great many other bromide combinations have been tried with more or less success. Next to the above mentioned is the bromide of lithium. Of late, Féré recommended bromide of strontium in the same small doses as the potassium salt. Confirmation of success by others must be awaited.

The observation of Doyon, who found deposits of bromides in the organs of men and animals who had taken the salts for some time, is interesting. He found them more frequently existing in the liver than in the brain. The bromide of nickel, especially recommended for headache and convulsions by Da Costa, was tried by Bourneville on eighteen patients, of which seven were idiopathic and eleven symptomatic epilepsy, but proved efficacious only in a single case, inasmuch as the attacks had nearly ceased, which result had lasted for three years. In two other cases a very slight improvement was manifested. The other fifteen were even aggravated. The usual dose is 3 decigrams, and the maximum dose 6 decigrams. Stomach difficulties are readily brought on. The bromide of camphor is said to be quite efficacious in the vertiginose form of epilepsy. Bromide of arsenic is recommended by Clement; bromide of calcium, in doses of from 5 decigrams to 2 grams, by Hammond; bromide of zinc, in the same dose, by Charcot, Rochefontaine, Bourneville; bromide of gold, in doses of 8 milligrams, by Bourneville and Goubart. All three have been tried, occasionally with favorable effect, but they are by no means as certain as the commonly used bromides. The bromide of ethel, known as an anesthetic, has been tried by inhalation several times a day (d'Ollier and Bourneville), apparently without special influence on the course of the disease. The ethelin bromide, however, according to observation by Donath, on twenty-one patients, acted similarly to the commonly used bromides. Donath recommends the following formula:

R. Ethelin bromide.....	5,	0
Emuls. oleos.....	100,	0
Ol. menth. pip., gtt.....	2,	0

M.

Of this mixture adults take thirty drops, three times a day, in one-half glass of sweetened water, adding ten drops every third day until seventy drops are reached, equal to one teaspoonful. Children, eight to ten years of age, commence with from ten to twenty drops. In case the stomach does not tolerate this mixture, which, however, seldom occurs, a few drops of tincture opium may be added. Exanthema never appeared on giving these small doses. This remedy can also be prescribed in gelatine capsules, each containing three drops, with six drops of oil of sweet almonds, and from two to four capsules may be given two or three times a day. Donath observed, besides convulsions, muscular twitching

in the extremities with retained consciousness with this treatment in three patients, which he interpreted abortive attacks. The rubidium-ammonium bromide was first recommended by Laufener as an anti-epileptic, and tried in seventeen cases. In six of these it proved more efficacious than the bromide of potassium. On account of the great price of this preparation—\$20 per pound—and a single dose being from two to five, and the daily dose from seven to eight grams, extensive experiments can hardly be made at present. Rottenbiller has treated five epileptics with it, and has given them a daily dose of six grams. He observed a remarkable diminution of the attacks. This, however, was not lasting, and after the discontinuance of the drug the attacks again occurred with the usual frequency. Hyperosmic acid, in pill-form, daily dose five milligrams, gradually increased to from ten to fifteen milligrams, has been tried by Schroeder, on ten epileptics, without success, excepting in one case in which the attacks were influenced. Borax, first recommended by Gowers, Folsom and others, has of late been tried by Féré and Lamy and also by Stewart. The daily dose is from three to six grams. Sherrington calls attention to the favorable influence on the night attacks and, therefore, advises to administer the bromides also in cases where attacks occur in the day time. Gowers, who advised to commence with a daily dose of one gram, gradually increased to six grams, has called attention to two deleterious effects produced by borax—namely, diarrhea and psoriasis.

Féré, who treated twenty-two epileptics with doses varying from 1 to 3 grams, has observed momentary improvement only in three of these cases, and also mentions that the patients complained of nausea and diarrhea. Besides this, there also appeared eczema on the lateral surfaces of the body and on the arms of two of the patients, which did not heal until six weeks after the discontinuance of borax. Sclerotic acid, commenced with daily doses of 10 centigrams, and gradually increased to from 25 to 30 centigrams, may also be administered subcutaneously in doses of from 15 to 36 milligrams, maximum dose, 6 centigrams, was tried by Bourneville and Bricon on twelve epileptics, and in five of them produced an insignificant decrease of attacks, but in some an immediate decrease of bodily weight was observed. Curare, first recommended by Kunze, and later on by Edlefsen, was tried by them on twenty-three patients with so little effect, that they recommended to have this not indifferent remedy discarded from the list

of anti-epileptics. The firm of Christy & Co., of London, prepared a tincture of simalo, from a South American fruit belonging to the family ysope (the *capparis corriacea*), which is highly recommended in Peru and Bolivia as an anti-spasmodic. This tincture was first administered by Hale White, in doses of from 3 to 5 grams, three times daily, to seven patients, with encouraging success. Eulenburg, who treated four epileptics with this tincture, commencing with doses of one-half teaspoonful, gradually increased to 2 teaspoonfuls, two or three times a day, as an experiment, found it not wholly without effect, but not equal to the bromide preparations. Osler's experiments with nitro-glycerine have been accompanied with but little success, and in two cases the remedy had to be discarded on account of ill effects, such as headache and vertigo. It may be said that very little effect has been produced in the treatment of epilepsy with antifebrin, in doses of from 25 centigrams to 2 grams per day. Neither have experiments with antipyrin proved successful. Lemoine, however, has seen success with antipyrin, firstly, where the attacks occurred at the time of menstruation; secondly, in epilepsia larvata; and, thirdly, when complicated with migraine. A combination of bromide of potassium with antipyrin might prove successful. Amadei claims to have produced a cessation of the attacks for four months with the above mixture. Finally, amylenhydrate, first recommended by Wildermuth, has not fulfilled the expectations of later experiments. The high price of the drug must also be considered. Naecke, however, observed a marked decrease of attacks in old cases of epilepsy, often in a remarkable degree. Later, in another series of observations, with thirty epileptic men, he observed an increase of the attacks and much mental dulness, after a use of this remedy for several weeks. Babes injected the brain and spinal marrow of sheep, from five to six times a week, and obtained better results than with any other remedy recommended for epilepsy. Wildermuth recommends wet packings in cases of status epilepticus, and large doses of bromide of potassium, given either per clyisma or hypodermically. Three times the amount of the daily dose should be given if the same is not too large. For cardiac weakness, large doses of camphor should be administered subcutaneously. He found nitrate of amyl inefficacious, and chloroform proved useful in only a single case.

Selections.

FUNCTIONAL DYSPEPSIA, SO-CALLED.

BY R. C. M. PAGE, M. D.,

Professor of General Medicine and Diseases of the Chest in the New York Polyclinic.

THERE are two principal varieties of the so-called functional dyspepsia—irritative and atonic. In both the real pathological element we have to deal with is often a subacute or chronic gastrointestinal catarrh. In the former class we find patients who are not infrequently robust and addicted to drink, gluttonous habits, or the eating of highly seasoned food and the like. In the latter are found those who suffer with a general lowering of the vital powers.

But in either case there is a deficiency in quantity and quality of gastric juice, and an abnormal increase of alkaline mucus which gives rise to fermentation rather than digestion. The stomach becomes distended with gas, so that peristalsis is impaired and there is obstruction to absorption of the stomach contents. Moreover, the food becomes so enveloped in this alkaline mucus that the gastric juice fails to penetrate it and reach the food. Hence, in such cases we would naturally expect to find a tongue more or less furred, bad taste in the mouth, and that the patient complained of a sense of fulness and distress at the epigastrium after meals. There are also sour stomach and sometimes heart-burn or cardialgia. This sensation is not due to excess of acid of the gastric juice—for that is really diminished—but to lactic and butyric acids formed from the starchy foods instead of the latter being converted into glucose. Occasionally nausea and vomiting occur, notably in the morning, as in the vomiting of drunkards—or water brash.

Dyspnea is not uncommon, and even paroxysms of peptic asthma may occur. Besides dyspnea there are not infrequently palpitation and irregular action of the heart, with intermittent pulse. In fact, dyspepsia is one of the most frequent causes of intermittent pulse. These symptoms—dyspnea and irregular cardiac action—are due partly to pressure from the distended stomach, and partly to reflex action along the pneumogastric and phrenic nerves. The patient often complains of vertigo. The bowels are alternately loose or constipated.

In the treatment of these cases, removing the cause and regulating the diet are of prime importance. As for removing the cause, this is often impossible in case the dyspepsia be associated with organic disease such as carcinoma, phthisis, and diseases of the liver, especially those that cause obstruction to the portal circulation. Mitral obstruction or regurgitation gradually brings about this condition. In the former case the blood is prevented from leaving the lungs, in the latter it is regurgitated back on the pulmonary circulation. In either case a strain is put upon the right ventricle and finally the liver itself, together with the whole gastro-intestinal tract, becomes congested, giving rise to chronic catarrh of the stomach and bowels. General emphysema brings about the same result. Here we have obstruction to the pulmonary circulation, due to loss of capillary area in the lungs from overdistension of the air-cells. In all such cases it is impossible, as a rule, to remove the cause.

But in irritable dyspepsia, dependent on alcoholism for instance, the cause can, and should, be removed. In the same way the opium habit must be dropped. It may be asked how can opium, which generally causes the atonic form, give rise to irritative dyspepsia? Evidently by paralyzing the muscular coat of the stomach, thus allowing food to remain too long in that organ and so to cause irritation of the mucous membrane. Gluttonous habits should be modified and the use of improper and highly seasoned food, or food that is improperly cooked, be discontinued. So much for removing the causes of irritative dyspepsia. When we come to the atonic form, we find that here, too, the cause can often be ascertained and modified, if not removed entirely. As such may be mentioned depressing emotions from loss of loved ones, financial ruin, the so-called disappointment in love, political aspirations and the like. As anything that lowers the vitality is likely to give rise to atonic dyspepsia, it should always be looked for and treated, as the dyspepsia is only a symptom of the real disease. Menorrhagia, excessive sexual indulgence, overwork with insomnia, as well as lack of sufficient and wholesome occupation, all tend to lower vitality and should be considered.

Space is wanting to refer to regulating the diet in full. In general terms, however, it may be said that in any case, meals should be regular, and the food eaten with deliberation instead of being swallowed hurriedly, especially while mentally worried about some scheme or other. In atonic dyspepsia, as a rule, tonic

treatment is indicated and the patient has to be built up. But in irritative dyspepsia the very opposite course is often to be pursued, care being taken especially to avoid starchy and fried foods and fats, as well as alcoholics.

Besides removing the cause and regulating the diet, many remedies have been suggested and tried by different practitioners from time to time. Of these remedies I do not hesitate to recommend papoid as one of the best. It dissolves the abnormal mucous secretions, thus removing a prime cause of fermentation besides stripping the food of its mucus envelope and thus exposing it to the action of the gastric juice. In addition to its direct digestive action on the stomach's contents, it also seems to have a stimulating effect upon the gastric mucous membrane. Its therapy is not materially interfered with by any of the drugs usually given internally, and it is equally efficacious in acid, alkaline or neutral media. That it is not destroyed in the stomach, like animal pepsin, is proved by the fact that even in ordinary doses a trace of it may be found in the stools, thus showing that the whole gastrointestinal tract has received the benefit of its action. In cases where diminished peristalsis is marked, accompanied by accumulations of gas in the stomach and bowels, it is well to add strychnia. The average dose of papoid is about one and a half to three grains *ter die* after meals, and one of the most convenient methods for its administration is in tablet form.

Along with papoid other remedies may be used. One of the best, in many cases, is the rhubarb and soda mixture with tincture of *nux vomica*, or if the case is one due to abuse of alcohol (rum stomach), tincture of *capsicum* should be added. Where palpitation and irregular heart's action are present, the tincture of *digitalis* may be added to the same mixture. (Prescription—Tinct. *digitalis*, 1 dr., pulv. *rhei*, pulv. *sodii bicarb.* of each 2 scr., aquæ q. s. ad. f. 2 oz., m. sig. 1 dr. *ter die*.) Washing out the stomach by means of the stomach tube was once much in vogue, but now it is used chiefly in those cases where dilatation is marked, as in obstruction to the pylorus from cancer or other cause.

Besides actual treatment, patients who can afford it, often improve, or are perfectly cured, by taking a course at some watering-place, care being taken to make a proper selection, which can only be done by advice of some physician who is intelligent on such subjects. The visiting of watering-places at random and the

use of the waters without proper care and instruction is undoubtedly more productive of harm than good.

Before leaving this subject, a word of warning to physicians and their patients. Alcoholics and opiates may be needed at times in the treatment of these cases, but beware of their repeated and too free use. It is by these small beginnings, and in such apparently innocent schools, that the drunkard and opium fiend are educated. The fatal mistake should not be made of bringing about some habit worse than the original disease, and more difficult to cure.—*New York Polyclinic.*

THE PHYSIOLOGY OF CONCEPTION.

BY DR. A. D. BARR, Calamine, Ark.

THAT the union of the spermatozoa with the female element is necessary for conception is settled beyond controversy; but concerning the manner of their union nothing has heretofore been known. Without entering into a discussion of the generally accepted theories of conception, I will proceed to give what I believe to be the true explanation of it. The spermatozoa do not enter the ovum at all. The ovum is the center that collects the cells that are to compose the embryo.

The true embryonic cells are secreted by the uterine glands, and, like all other cells, are composed of protoplasm, and are found by microscopical examination in the secretion of the uterine glands of all animals, and in the egg of the fowl.

When sexual intercourse takes place, the uterine glands are stimulated, and pour out their secretion in considerable quantity, and thus prepare for the reception of the fertilizing agent.

The spermatozoa immediately after entering the uterine cavity begin to enter the cells that are secreted by the uterine glands. After the spermatozoa enter the cells, the cells begin to divide, and within twenty-four hours they are greatly divided. The cells formed by the division of the original one are much smaller—about the size of white blood-cells. The spermatozoon, being a living agent, penetrates the cell wall; the head and body soon become absorbed by the cell; the tail is absorbed by the cell wall. Thus the spermatozoon disappears, and its life or motion is changed into the molecular motion of the cell. If an ovum is present in the uterus when the embryonic cells are impregnated, or reach it before they perish, the cells now being endowed with

life principle, or rather the kinetic energy of the spermatozoon is converted into the potential energy of the cells, and the ovum acts as the center around which they are organized into a living being; and the life of the new being is the potential energy of the cells again converted into kinetic, or the remanifestation of the life of the spermatozoon.

The idea that the body is produced entirely from the ovum is erroneous. The laws governing the organization of the embryo are analogous to those governing the solar system; the ovum corresponds to the centripetal force, and the embryonic cells to the centrifugal. The result of these two opposing forces on living cells are: the centrifugal force of the cell tends to unlimited division to such a degree as to produce complete destruction of the cell, and the centripetal force of the ovum tends to draw the cells all to itself and thus prevent division; thus the two forces balance each other very nearly. It is the variation of these two forces that results in the differentiation of the cells that compose the different organs of the body. Of course, each individual cell possesses centripetal force; but when the spermatozoon enters the cell and its life is converted into motion, the centripetal force of the cell is completely overcome, and if no other force were present the cell, as before said, would be destroyed by its own force. The blood cells are formed from these same impregnated and divided cells. The blood cells are formed in the cells, or rather the cell is changed into the blood corpuscle. Under the microscope the cell can be seen in different stages of transformation into red blood corpuscles, and are readily distinguishable by their change of color and later by change of shape. I do not think the entire cell is converted into the red blood corpuscle, but is formed from the nucleus of the cell; and during its formation the part that is not necessary for its production is dissolved, and, perhaps, serves some unknown use. In support of the view I have advanced, I will give my own observation, supported by physiological facts already known.

The uterine glands, as before stated, secrete a perfect cell; and if this uterine secretion be examined microscopically a short time after sexual intercourse, the spermatozoa will be seen in great abundance mingled promiscuously among the cells. If the same fluid be examined again after remaining six hours in the uterus, the number of spermatozoa will be greatly lessened, and the older cell will be seen to be undergoing typical cell division. If inter-

course takes place and there is very scant secretion from the uterus, the seminal fluid remains in the uterus unchanged, and on microscopical examination it will be seen that the spermatozoa still retain their vitality; of course, there will be found a few embryonic cells which have been entered by spermatozoa and are undergoing or have undergone division.

Under such circumstances the cells are gradually produced, and are entered by the spermatozoa as soon as secreted. If the uterine secretion is present in a normal amount when intercourse occurs, and some of the contents of the uterus, after a period of twenty-four hours, be placed under the microscope, scarcely a spermatozoon will be seen. If some of the contents be taken after remaining in the uterus a short time after intercourse, the spermatozoa can be seen entering the cells, and some will be seen after they have entered, and will be recognized by the motion in the center of the cell.

The same phenomenon occurs in the neuroblastic ovum as in the ova of the vertebrate, with this difference: in the former the true ovum is surrounded by the true embryonic cell before impregnation takes place; while in the latter the embryonic cells are gathered together by the ovum after they are impregnated. That the blastodermic membrane is formed from cells that surround the ovum, and not from cells formed from a division of the ovum after impregnation, I have demonstrated by isolating the hen from the male, and I have always found the ovum surrounded by the embryonic cells when unimpregnated, the same as when pregnant, thus showing that pregnancy does not cause the almost unlimited division of a cell all from the entrance of a single spermatozoon. This is manifestly the reason why there is such a great number of spermatozoa. The reason that pregnancy scarcely ever occurs just before or immediately after menstruation, is because in the latter part of the menstrual month those glands are inactive on account of degeneracy, and immediately after menstruation they are not properly formed, and in either case do not secrete the embryonic cells.

The ideas set forth in this paper are the result of a careful study of the subject, extending over a period of eighteen months. The observations were made on the mare, sow, cat and hen. I have also found that the uterine glands of the human female secrete the same cells. I therefore conclude that the embryonic cells are not formed by the division of a pregnant ovum, but are

formed separate from the ovum. Each embryonic cell is impregnated by a separate spermatozoon. The ovum is the center that gathers the pregnant embryonic cells together. One spermatozoon is not sufficient to cause pregnancy, but as many as ¹ of the embryonic cells are required.

The life of the spermatozoa is transformed into the life or motion of the cells, and is again manifested in the life of the new being.—*St. Louis Medical and Surgical Journal*.

THE TREATMENT OF SCARLET FEVER.

AT A meeting of the Academy of Medicine in New York, Dr. A. Jacobi read a paper, in which he discussed the question of the treatment of scarlet fever. He expressed the opinion that in a mild case of scarlatina little was necessary beyond keeping the room at a uniform temperature, but well ventilated; the patient should have a light diet, with calomel occasionally to prevent auto-intoxication; the skin should be oiled and the child kept in bed, because any case may be followed by renal disease due to exposure. Sometimes a moderately high temperature is not well tolerated at the commencement of the case; therefore some antipyretic, such as a warm bath, or moderate doses of tincture of aconite should be given, but not antipyrin, acetanilid or phenacetin. Now and then the skin should be sponged with alcohol and water to keep the temperature down. Quinine is not indicated, because it may disturb the stomach. In severe cases it is too much the custom to restrict the administration of internal remedies. The principal complication in these cases is the condition of the throat, the local treatment of which is likely to injure the epithelial exudate. Treat the throat *via* the nose by injections, rather than sprays, of boracic acid solution, or weak bi-chloride of mercury solution. Sometimes the condition goes on to the formation of large glandular abscesses or to phlegmonous inflammation: the part should be incised at once, though there may be but little pus, as much necrotic tissue as possible being removed by scraping; the cavity should be packed with salicylated gauze, because iodoform gauze may cause troublesome absorption, and carbolic acid causes coagulation. This is also to be apprehended with tincture of iron, though tincture of iodine does not coagulate blood. The incisions should not be made under an anesthetic, because the patient is usually too weak to tolerate anesthesia.

1. The author omits to state the number.

Otitis media is another complication of scarlatina that must be prevented by attention to the nose and throat. For the rheumatism that may occur, salicylate of soda should be used. Often an endocardial murmur may be heard; this is actually myocardial, as degeneration occurs in the heart tissue in consequence of the fever, no digitalis should be given, but opium and ice over the heart. For some nervous symptoms that arise, phenacetin may be given if the warm bath or warm pack prove insufficient. The post-scarlatinal chorea due to cerebral emboli or to anemia should be treated symptomatically or according to the causation. Meningitis is due primarily to the throat infection, another reason for treating that region at once. Post-scarlatinal mental disease must be treated by rest, freedom from excitement and suitable stimulation. All efforts may fail to prevent the occurrence of nephritis; when it occurs the child should be kept in bed and given a warm bath in the evening, and under no circumstances should he be allowed to leave the room until all the symptoms are over. In treating this complication, calomel is of value on account of its action on the intestinal tract as well as on the kidneys. The worst cases are those in which there is no dropsy, because there is likely to be cerebral edema. If uremic convulsions occur, chloroform is indicated; if morphine is given, it should be in conjunction with atropine or hyoscyamine. Digitalis should never be given. Sometimes pilocarpine is useful, but it must be administered with caution. For chronic nephritis there is nothing better than iodide of potassium alternating with bi-chloride of mercury. —*North American Practitioner.*

SOME SUGGESTIONS ON LIFE INSURANCE.

BY JAMES L. HOPKINS,

Of the St. Louis Bar.

EVERY professional man has given more or less attention to the subject of life insurance. A great part of the incomes of the life companies is derived from them. The writer has been frequently called on for advice regarding insurance, and as many of the inquiries have come from the physicians among his acquaintances, it has occurred to him that a few thoughts on the subject may be acceptable to the clientèle of the *Medical Mirror*.

The first question is; Who needs insurance? The answer is, You do. It matters not that you have no one dependent on you

for support, and that you have ample funds to meet all your debts as you go along. The day when the assured had to "die to beat the game" is past. Every company of any standing issues policies with an investment feature, and the returns offered for the use of your money are as good as any ordinary business investment. The man who is without insurance on his life is as foolish as the merchant who fails to insure his stock in trade from loss by fire. This is particularly true of the professional man, whose brains are his sole merchandise. The amount he carries should be regulated solely by his means and ability to pay the premiums. Nothing can be more encouraging to him in an occasional leisure moment than to examine his policy, note the number of premiums paid, the cash value the policy now has, the amount of money he could borrow from the company on the policy as security, and then to think of how small the effort has been to meet the payments. He will invariably thank Fortune that he had the prudence to insure when he did. In the late financial panic, when a member of Congress rose in his seat and asked, "Is there a man within the sound of my voice who can today, in any bank in America, borrow \$1,000 on his personal note?" and no man answered, the life insurance companies were lending money to their policy holders, practically without limit. Banks and great commercial houses were failing on every hand, but not one of the great life insurance companies of this country failed.

Having decided that you want insurance, the question is, how much, and what kind of policy? and above all, in what company?

First, as to the company. You must keep in view the great cardinal truth of insurance, "The best is always the cheapest." Never buy insurance because it is cheap. You might as well buy cheap mining stock—a thousand chances to one it will prove worthless. Never buy insurance because of statements made by an insurance agent. Your lawyer, or some other friend, will lend you the report of the insurance commission of your State. You can there see the tables of assets of the various companies. You can then select five or ten of the oldest and strongest companies. You will find that they all charge about the same rate for the same form of policy, and that each claims to have some advantage in its favor over the others. Each claims that the insurance laws under which it is organized are drawn to protect the assured, to the possible detriment of the company. Maine and some other States have a "non-forfeiture" law, by which, if your policy con-

tinues in force for a stated period and you then lapse in your payments, the former payments will carry the policy for a greater or smaller period of time, proportioned to the amount paid in; and so with other features of the policy.

Your choice from among these companies must be governed by your taste or necessities. Read the policy before you apply for insurance. Other things being equal, the policy that is shortest and simplest is the best. Reject the old-fashioned policy of blanket dimensions and covered with fine print. It may be a good policy for lawyers to fight over when you are dead, or want to cash in your insurance; but brevity is the soul of wit in insurance, so far as the assured is concerned. Be sure you do not confuse the agent's talk with the terms of the policy. If he tells you that the company will do thus and so, ask him to show you the agreement in the policy. If it is not there, you may rest assured that the company will not do as he says. The twenty-payment life policy is the most popular form now issued, although other forms have advantages over it. Remember that the agent's commissions vary according to the kind of policy, and the kind he urges you to buy may be the best for him, but the poorest for you. There are many things in this connection of which much might be said. But if you insist on seeing a sample policy and reading it carefully before making your application, you cannot be duped. Be certain that the policy is written in plain, simple English, and is brief, and you will never have cause to regret buying it, unless you buy too large an amount.

And this brings us to the question of how much you ought to carry. This is a very practical question. You will find men who sneer at insurance. On investigation you will find that they are men who have invested a large sum in an insurance policy, out of all proportion to their incomes, and have left future payments to luck. The succeeding payment is not made and the policy lapses. The holder of the now worthless policy looks at his first premium receipt, and thinks the company has robbed him, and vows he will never be caught in a similar trap again. This sounds like nonsense, but it is literal truth in thousands of cases. Avoid extremes. Buy a small policy; then another, of another kind if you like, so as not to have all your eggs in the same basket. The agent will not like this course, but you are investing for your own benefit and not his. A live policy for a \$1,000 is worth a thousand lapsed policies aggregating a million.

And when you come to the experience that the great majority of physicians and lawyers meet at the end of a life of toil for others, seeing the end draw nigh, and the wife and little ones not otherwise provided for, your mind will be eased of a great burden as you think of the stray fees you have paid for your insurance.—*Medical Mirror*.

LIABILITY FOR INJURIES WHEN DEATH FOLLOWS SURGICAL OPERATIONS.—When death results from a personal injury, as its direct and proximate cause, the party responsible for the latter is liable for such death. In the case of *Rettig vs. Fifth Avenue Transportation Company*, recently decided by the Superior Court of New York City, General Term, which was an action brought to recover damages for alleged negligent acts causing injuries resulting in the death of the injured person, the defense was raised that death was rather caused by a surgical operation than by the injuries complained of. One of the attending physicians at the hospital to which the injured man was taken, testified that he died from the result of his injuries, that his condition necessitated a surgical operation, which was skilfully performed, and that he died of the shock that followed. This evidence is declared admissible, and the court holds that the surgical operation and the consequences flowing from it in no manner relieved the transportation company from liability for the death as a result of the injuries inflicted by its negligence. Indeed, the court shows that it has been held that when a person who, through the negligence of another, has received an injury which, without a surgical operation, would cause his death, employs a competent and skilful surgeon, by whose mistake the operation is not successful, and the patient die, the wrongdoer is not shielded from liability by the surgeon's error; and this although the operation is the immediate cause of the death.—*Medical News*.

RECTAL AFFECTIONS IN YOUNG CHILDREN.—It sometimes happens that a discharge, dysenteric in character, is excited in young children by the existence of a polyp in the rectum. Whenever a child passes blood at stool it is well to bear this thought in mind. Internal medication avails nothing in such cases. It is not essential that a history of protrusion should be given, for many polyps have their origin high up the rectum and the pedicle is not of sufficient length to allow the little tumor to protrude. The growth should then be removed.—*Mathews's Med. Quarterly*.

BUFFALO MEDICAL AND SURGICAL JOURNAL

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STATE EXAMINATION AND PUBLIC HEALTH.

THE friends of higher medical education and of state examination and license—and the same are rapidly becoming the people—have frequently been called upon to listen to the managers of our medical faculties of a too common class, justifying the graduation of the medical ignoramus upon the plea that he was a good enough doctor for the country.

Of course, they say, we don't expect him to stay in the city, in fact, we would not be proud of him as a neighbor, but he will do for the country. Surely, you do not expect a man with a trained and cultivated mind, with a full and thorough knowledge of medicine in all its branches, to bury himself in one of our frontier country villages? And the speciousness and plausibility of this pleading prevailed mightily with the more venal and thoughtless legislator. Hence the prolonged contest that each of our commonwealths has had to get back the privilege of examining and licensing their doctors; and so, for many years, the work of graduating the medical ignoramus for country use went on exasperatingly.

How inimical to public health and how utterly out of place is the ignorant, careless and incompetent medical man of the country we are coming to realize, thanks to the converging lights of bacteriology and sanitary science. In the thorough illumination of these specialties the harmless and obscure ways of the humble country practitioner are found to be of vital import to public health, and too frequently his oversights are fraught with enormous death-dealing potentiality.

We have only to refer to our health reports and to the consensus of intelligent medical opinion the world over, as to the com-

municability and the actual communication of tuberculosis, typhoid fever, scarlet fever and diphtheria by means of food supplies—water, milk and other foods of habitual and general use—in order to make clear the vital importance to public health of having only competent medical men on guard, at least, in those regions from whence comes these foods so important for the support of life and the preservation of health, so easy of pollution, and when polluted so destructive of health and life.

Standing at this point we see the wisdom and the absolute need of a state examination and license, and that for the most practical and important reason—the preservation of the public health.

No more practical questions are before our government—state or national—and none more vital and of all-embracing interest are likely to press for answer than the questions: How shall we preserve our springs and other sources of water supply from pollution? How shall we keep free from communicable disease our food-bearing animals? How shall we prevent the infection of various food products by the contagia of the zymotic diseases and thereby limit the spread of these diseases?

We would observe that no public-spirited citizen, legislator or sanitary officer will study seriously these practical questions without reaching the conviction that the fundamental requisite of the case, wanting which progress is impossible, is an efficient medical profession, and that if there be a suitable place and vocation for the medical ignoramus, the place is most emphatically not the country from whence we get our water, our milk and other foods, and his vocation is not the management of zymotic, infectious, communicable disease. Public health demands that for these localities the honor and responsibility of the practice of medicine shall be given only to those of the most approved competence, and that this competency be tested by the representatives of the state—the State Board of Medical Examiners—its object being the protection of the lives of our people, the defense of the public health.

The already large and rapidly increasing number of epidemics of typhoid fever, scarlet fever and diphtheria, directly due to polluted water and milk, demands the state examination and license of all practitioners of medicine, and indicates that in such examinations higher standards and severer tests will be the rule of the future.

THE FOG HORN NUISANCE.

WITH the opening of navigation the citizens of Buffalo are again tortured by the almost continual sounding of a ponderous fog horn located within the environs of our harbor. We have heretofore, in these columns, called attention to the serious menace to health that this infernal machine causes. We even go further and affirm, without reservation, that it is destructive to human life.

In these days of worn and tired nerves, a good night's sleep is needed to fit men and women for the work of tomorrow. We are now speaking of those persons who, judged by ordinary standards, are classified as enjoying good health. Yet, owing to the perplexities of business, with its many cares and anxieties, most of such are light sleepers and are easily awakened by undue and unusual noises. With the first toot of the fog horn they are aroused and sleep returns to them no more for the night. Hence, they reach their business offices next day with jaded nerves and tired muscles, and are wholly unequal to the duties before them.

But, if those in good health are thus disturbed, what shall we say for the sick? It requires no longdrawn argument to prove that these, in innumerable instances, are made infinitely worse by the unnecessary tootings of the fog horn, and, in some cases, we doubt not, they are driven to insanity or death.

It is utterly idle for navigators or vessel owners to contend that it is necessary to keep a populous city, numbering 300,000 inhabitants, in a state of perturbation that menaces health and life, in order to preserve the few vessels that may approach Buffalo harbor in a fog during the lake season. In most countries, vessels come to anchor when approaching a harbor during a fog, and here if a strong search light were properly erected on the site of the fog horn it would meet every requirement of safety to life and property.

We speak seriously. This is an important matter to the business interests of Buffalo, let alone the questions of life and health, to which we have before referred. Well-to-do people will leave Buffalo early in the Spring, and return late in the Fall, thus prolonging their outings for the purpose of avoiding this everlasting fog horn din, hence spend thousands of dollars in other places that would be used to the benefit of Buffalo. Still others, who reside here as a matter of pleasure or comfort, will flee from this terrible noise nuisance and seek residences in cities where fog horns are unknown.

This is a matter for the Health Department to consider deliberately and with great gravity. If the local authorities are not clothed with adequate power to deal with it, then the offices of the State Board of Health should be invoked, to the end that the nuisance may be effectively and permanently abated. The United States Government has no more right to establish and maintain a nuisance within our borders than has an individual, and it should be called to account therefor just as summarily, just as certainly.

NATIONAL CONFERENCE OF STATE MEDICAL EXAMINING AND LICENSING BOARDS.

THE next meeting of this body will be held in San Francisco, June 5, 1894. The important object of this association should commend itself to the friends of higher medical education all over the land. As the years advance, the number of states that require separate license is increasing, and we predict that it will not be long before every commonwealth in the Union will be governed by such laws.

The object of this national conference, now about to hold its fourth meeting, is to unify and standardize the methods in vogue in the several states, and to otherwise improve the service.

The death of Dr. John H. Rauch, president of the conference, is a sad blow to the cause to which he gave so many years of his life. The Bulletin of the American Academy of Medicine justly says that he was one of the best friends the profession of medicine in this country ever had, and that his name will be held in honor wherever the history of American medicine is studied.

Dr. Charles K. Cole, of Helena, Montana, secretary of the conference, has prepared and sent out a circular containing the following inquiries :

How long has your board been organized under your law ?

During that period how many candidates have been examined, and what percentage of those examined have passed and received license to practice ? (Note : The above should be separated into years, if possible.)

How is your board constituted with reference to the various " Schools of Practice ? "

Do you favor the plan of mixed boards, or three separate boards ?

How many members should constitute a state board, and what is the desirable appointing power ?

Should teachers in medical schools be eligible to membership on state examining boards ?

Does your board look with favor upon the idea of interchange of certificates between state boards ?

What, in your opinion, are the leading defects in your law, and in the laws of the various states ?

What should constitute a "college in good standing" with reference to number of years of study required and curriculum, for purpose of registration.

Upon what points in your medical practice act (if any) have you had litigation in the courts, and what has been the result of such litigation ?

How many practitioners are there in your state (number in each school of practice if convenient, number of army and navy surgeons and surgeons of the Marine Hospital service), and how many are practising illegally ? (Note : This should include midwives.)

Will you kindly send the secretary a copy of your law for the use of the conference ?

The attention of officers and members of the State Medical Examining and Licensing Boards is called to these questions, and it is requested that answers thereto be sent to Dr. Cole at the earliest possible day. The facts and answers thus obtained will be carefully tabulated, and presented to the conference for consideration.

TOPICS OF THE MONTH.

A HOSPITAL CAR has been put into service by the Central railroad of New Jersey, which is said to be the first of its kind in the world. It is stationed at Mauch Chunk. The car is divided into two compartments, both of which are fitted up for hospital use. There are cots for the patients, seats, a good supply of medicines and other necessary articles for the care of the injured. The interior is painted a light cream color, which lends a bright and cheerful appearance to the car. Next to providing means for the prevention of accidents, the furnishing of a car specially for the convenience and treatment of those injured is a praiseworthy idea for a railway company to carry out.

It is gratifying to know that the Buffalo Health Department has been doing a satisfactory work in reference to sanitary inspections and other methods of enforcing cleanliness. To show how this work increases, it may be remarked that as late as 1891 the number of inspections were less than 1,400, while last year they reached an aggregate of over 18,000. This has become a necessary part of

the machinery of the health department, and the Commissioner thinks that it will be equal to all demands in case of a threatened epidemic if he is given proper means to work with. It is unfortunate that there is any "if" in the way of ample financial support to the health department. It should be made responsible for all outbreaks of epidemic diseases, but it cannot be so held unless it is voted ample money by the municipal authorities to meet such outbreaks. Let the Common Council take heed and give Commissioner Wende all the funds necessary for the prosecution of his work.

THE following group of paragraphs, taken from a recent number of the *Post-Graduate*, possess interest to all who favor a separate State license for the practice of medicine. It is amazing that "learned professors" should be found endeavoring to obstruct the progress making in regard to improved methods of preparation for the practice of medicine:

The *Post-Graduate* thinks that some of the learned professors of the Buffalo Medical College might have been in better business than in instigating, or at least in heeding, the petition of their students for a reduction of the fee for the examination required by the State Board. What a boundless sympathy these Buffalo College doctors have! We do not notice that they have reduced any of their own fees, and, disguise their action as we may, it was simply an attempt to belittle the influence of this beneficent law. Up to this writing, like all their predecessors, who have proposed all kinds of amendments at each session since the law was enacted, they have failed to convince the Legislature and the medical profession at large that the law needs any substantial amendment.

It is written, "A man's foes shall be those of his own household." It seems too bad that the medical profession should be no exception to this rule, but here also that our own family should be in a state of discord. It is beyond endurance that, after these years of struggle to put New York State abreast of the civilized nations of the old world, cultivated and intelligent practitioners of medicine, who happen to be professors in medical colleges, should endeavor, as some of them do, to undo the effects of what is a great advance for the State of New York.

We hope we may encourage the Medical Society of the State of New York to persist in their efforts to defend always the principle involved in this law, so that it shall not fail to continue to be a barrier against the foes that spring up on every hand. Under the old system the medical colleges, nearly always private institutions, were the sole arbiters as to who should constitute a medical practitioner in the State.

It may be as well, first as last, for these medical professors to understand that students are rapidly gaining knowledge as to the value of the medical diplomas that faculties issue. They will soon decline to attend a school that does not properly and adequately prepare them for the State examination.

THE advantages of an accurate clinical thermometer are such as to place any such instrument very high in the estimation of physicians. There are so many inferior thermometers in the market that are distributed as prizes or sold at low rates, that the effect often is to bring clinical thermometry into disrepute.

Taylor Brothers Company, of Rochester, N. Y., manufacture a clinical thermometer which is certified as to accuracy, and experience has demonstrated that it has no superior in any market in the world. They reject every imperfect thermometer, which adds much to the cost of production, hence makes its price higher than that charged for inferior instruments. If any physician wishes to obtain an accurate clinical thermometer, he can do so by purchasing a Taylor certified instrument.

MONTANA, though one of the youngest of the states, has shown herself worthy of taking an advanced position among her older sisters with reference to separate state examination for license to practise medicine. She is one of the first, if not the very first, to revoke a license where its holder was proven guilty of unprofessional, immoral and dishonorable conduct. The case is entitled, *The Montana Board of Medical Examiners vs. Dr. E. S. Kellogg*, and on appeal to the District court, Judges Hunt and Buck sustained the action of the medical board in revoking Dr. Kellogg's license. We hope the precedent here established will stimulate similar action on the part of medical boards in other states in parallel cases.

DR. J. W. LONG, of Richmond, Va., professor of diseases of women and children in the Medical College of Virginia, has recently made a successful hysterectomy for fibrous tumor, complicated by pregnancy. This was done on December 26, 1893. The operation consisted in a long abdominal incision; no adhesions were found, tumor and uterus were turned out, the ovarian and uterine arteries ligated and cut, and the whole mass cut away at the internal os. The blood supply was thoroughly controlled,

hemostatic forceps not even being necessary after severing the pedicle. The pedicle was trimmed, the canal cauterized with carbolic acid, superimposed plains of silk sutures applied, and the stump dropped. The peritoneum was sutured on either side, the pelvic cavity made dry with sponges, and the abdominal wound closed without drainage. She recovered without rise of pulse or temperature, no nausea, pain or tympany.

The specimens were shown at the Richmond Academy of Medicine in January, 1894, and consisted of a group of five or six tumors, together with a pregnant uterus in the fourth month. Pregnancy was diagnosed beforehand, and the operation was undertaken with a full knowledge of its existence. This is believed to be the first hysterectomy done in the South for fibrous tumor with complicating pregnancy. A full report of this interesting case is published in the *Virginia Medical Monthly* for April, 1894.

AN EPIDEMIC of typhoid fever has occurred at Montclair, N. J., in which up to this writing seventy cases of the disease have been reported to the Health Board, and there have been twelve deaths. It arose from polluted milk sold to some forty or fifty families by a dairyman, in whose family there occurred a case of typhoid fever. The sale of the milk was stopped and the epidemic checked, but the mischief already had been done.

This case strongly emphasizes anew the danger of infection through milk and the urgent need of the strictest watchfulness to insure immunity therefrom.

In Sajou's Annual for 1893 it is related that ten years ago the editor of the *British Medical Journal* showed that, up to date, seventy-one epidemics in England had been traced to milk—namely, fifty of enteric fever, fifteen of scarlet fever, and six of diphtheria, the total number of sufferers being 4,800. Since then a great many milk epidemics have been recorded, probably far more than during any previous period, and there are the strongest reasons for believing that various other diseases, especially including that most dreaded and fatal of all, tuberculosis, are propagated in the same way. Milk is largely consumed without cooking or any process that would destroy noxious bacteria. Nor can it be cleansed and purified in any way by the consumer who wishes to use it raw. Full dependence must, therefore, be placed in its wholesomeness as supplied by the vendor. Hence, the importance of a careful inspection and a rigid system of internal quar-

antine, under state or national authority, is again pointed out, in the hope that some action may be taken to protect the lives and health of the people.

THE second annual report of the Sheppard Asylum, a hospital for mental diseases, located at Towson, Baltimore county, Md., has been published. It is a handsome imperial octavo brochure, beautifully illustrated with photographic reproductions containing views of the buildings and grounds from various points of view, as well as numerous photogravures of interior views. This hospital was built and is supported by the munificent benefaction of the late Moses Sheppard. It is a monument to individual philanthropy and is worthy of imitation by wealthy American citizens. The hospital is presided over by Dr. Edward N. Brush, formerly of Buffalo, who is well known as one of the most celebrated alienists in this country. It is a satisfaction to know that he has attained such conspicuous success as an expert in mental disease, and that he has succeeded in making the Sheppard Asylum one of the best hospitals of its kind, even in the short time during which he has acted as its superintendent.

THE twenty-fifth annual report of the New York Physicians' Mutual Aid Association has been published. It is an excellent showing of the workings of the association for the year 1893, and indicates the continued prosperity of this great charity. It is, however, a charity that renders something in return to the families of any of its members who may die during the year. Its assessments are low, and it issues a death certificate of \$1,000, and it pays more promptly than any insurance company doing business in this state. Dr. Daniel Lewis, of New York, is president, and Dr. Robert Campbell is treasurer. Application for membership may be made to Dr. W. G. Gregory, 530 Main street, secretary and treasurer of the auxiliary committee of Buffalo.

WE ARE indebted to Prof. J. P. Roberts, director of the Cornell University Agricultural Experiment Station, for Bulletin No. 65 : a very valuable paper on tuberculosis in relation to animal industry and public health, by Prof. James Law, a copy of which will be sent to physicians and members of boards of health on application. The author first speaks of the prevalence and relative importance

of this dread disease, and says that "the average ratio of deaths from tuberculosis to the total mortality is fourteen per cent."

Its prevalence in lower animals is next treated, in which we find that tuberculous cattle number in Bavaria 0.225 per cent.; in France, 0.5 per cent.; in Belgium, 0.4 per cent.; in Paris, 6 per cent.; in Holland, 20 per cent.; in Edinburgh, 26 per cent.; in Pommerania and Bomberg, 50 per cent. The American figures given by the Bureau of Animal Industry are, for Baltimore, from 2.5 to 3.5 per cent.

The author then goes on to speak of the contagiousness of tuberculosis, and gives a brief outline of the germ with some of its characteristics, including its indestructibility. Under the heading of accessory causes of tuberculosis we find hereditary predisposition; close buildings with lack of ventilation; dark stables; insufficient or unwholesome food; overtaxing; breeding too young; ill-health and the like, all carefully treated.

After a careful description of the symptoms, the use of tuberculin as an aid to diagnosis is ably treated. A very strong protest is entered against the use of meat and milk of tuberculous animals for food. It is clearly shown that infection is possible from these sources and that in addition to this, the danger attendant upon their use is very great owing to the introduction of the specific poison of bacillus tuberculosis into the system. Under the heading, danger from milk, we find, "milk is more to be dreaded than meat, because the udder is often the seat of tuberculosis, and the milk is usually taken uncooked." A number of cases are cited to show that the infection of man through milk is possible. In speaking of poisoning by ptomaines and toxins in meat and milk of tuberculous animals, the author concludes as follows: "The germ which might have remained comparatively dormant and harmless in the absence of the poisoned meat and milk is by these stimulated to a more deadly energy." The remainder of the paper is devoted to consideration of how to meet the danger.

THE monthly report of the Buffalo Department of Health for March, 1894, contains a record of deaths from enteric or typhoid fever which is a terrible indictment against the person or persons responsible for using the water from the Bird island inlet in the month of February. The record is as follows: enteric fever, 45; enteritis, 4; entero-colitis, 3; gastro-enteritis, 3; total, 55.

Deaths are also reported from diarrhea, 5; dysentery, 2; gastritis, 7; intestinal catarrh, 2; peritonitis, 3; ulceration of intestines, 1.

THE Illinois State Board of Health has amended the schedule of requirements for admission to medical colleges, by taking out of the hands of the faculties entrance examinations in the elementary branches, and requiring a certificate of graduation from a literary and scientific college or high school, or a second grade teacher's certificate. This action looking toward higher requirements for entrance to medical colleges is to be commended. The number of recent graduates in medicine who cannot write the English language properly is amazingly too large.

THE fortieth annual report of the Superintendent of Public Instruction for the State of New York, for the school year ending July 25, 1893, is chiefly remarkable in that it opposes the present system of two educational departments—namely, the University of the State of New York, governed by Regents, and the Department of Public Instruction, presided over by the author of this report. The curious feature, however, is that, when read between the lines, this profound and erudite superintendent would really prefer to have the University system and the Board of Regents wiped out and his own department made supreme. We are of the opinion that it would be better if a unification of the educational system were brought about, and everything pertaining to the subject merged in the University plan and placed under the control of the Regents. A separate department of public instruction, independently presided over by a superintendent, is quite superfluous.

In the *Literary Digest* for April 21, 1894, is an article condensed from the *London Journal of Education*, entitled, An English View of the University of the State of New York, that deserves to be widely read. After commending the system in liberal terms, it contrasts it with the partisan department of public instruction, and says, further, that under a university law of 1892 good service has been done in closing up discreditable and fraudulent institutions of a quasi-professional type, calculated to do much harm in legal and medical circles. Also, that "in no department is the beneficent action of the university more evident than in the medical." A physician licensed in other states or for-

eign countries must satisfy the regents of the worth of his credentials before he can practise in the State of New York.

And yet there are "learned professors" who would break down this splendid system.

Personal.

DR. J. B. S. HOLMES, of Rome, Ga., has been elected president of the Tri-State Medical Association, that comprises the states of Tennessee, Alabama and Georgia. He has also been elected one of the vice-presidents of the Southern Surgical and Gynecological Association.

DR. GEORGE FREDERICK HULBERT, of St. Louis, has removed his office and residence to 4270 Delmar avenue, south-east corner of 43d street, St. Louis, Mo. Hours: 10-12 A. M., 5-7 P. M. Telephone, 7202.

Obituary.

DR. JOHN H. RAUCH, of Chicago, the distinguished sanitarian and publicist, was found dead in bed at the residence of his brother, Cyrus G. Rauch, of Lebanon, Pa., March 25, 1894. Dr. Rauch had not been in robust health for some time, and, worn and weary from long continued labor, a few months ago sought rest in his old home where he was born and reared. He graduated from the University of Pennsylvania in 1850, and afterward located at Burlington, Iowa. He entered the civil war as brigade surgeon, and finally became medical director of the Department of the Gulf. After the war he settled in Chicago, and was elected to the faculty in Rush Medical College. He became president, and finally secretary, of the Illinois State Board of Health, and rendered active service in epidemics of yellow fever and cholera. He was a member of the Military Order of the Loyal Legion, chairman of the section of state medicine in the American Medical Association, and one of the trustees of the Association Journal.

PROFESSOR CHARLES EDOUARD BROWN-SÈQUARD, M. D., the eminent physician, physiologist and scientist, died in Paris, April 2, 1894. He was born in the island of Mauritius in 1818. He

took the degree of M. D. in the Paris School of Medicine in 1846, and he delivered a series of lectures before the Royal College of Physicians and Surgeons, in London, in 1858. He took up his residence in the United States in 1864, and was appointed professor of physiology and pathology of the nervous system at Harvard. He returned to France in 1869, when he was appointed professor of experimental physiology in the School of Medicine in Paris, and, in 1878, he succeeded Claude Bernard in the chair of experimental medicine in the College of France. He has been a frequent contributor to the literature of medicine, and his services often have been in demand as a consultant in diseases of the nervous system.

DR. CORYDON L. FORD, for forty years Professor of Anatomy in the University of Michigan, died at Ann Arbor, April 14, 1894, in the eighty-second year of his age. Dr. Ford was the first demonstrator of anatomy in the medical department of the University of Buffalo, and, as such, will be well remembered by the students of that period. Later he became one of the most eminent and successful teachers of anatomy in the United States, and pursued his labors with activity until within a few days of his death.

MRS. REBECCA LOOP, wife of Dr. D. D. Loop, died at her home in North East, Pa., March 14, 1894, aged sixty-six years. Mrs. Loop was a woman of great usefulness in the community in which she lived, bearing her full share of all the demands of hospitality, charity, church work, and taking great interest in the prosperity of the people among whom she was a beloved and devoted character. Dr. Loop is entitled to, and will receive the sympathy of, a large circle of professional friends throughout the country.

Society Meetings.

THE American Medical Publishers' Association will hold its annual meeting at White Sulphur Springs, West Virginia, Friday and Saturday, August 3 and 4, 1894. The annual dinner will be given in the evening of the first day. A number of practical papers are preparing, bearing upon subjects of interest to every one engaged in medical publishing. The above dates have been selected as a time when most business men can best spare a few days for a

pleasure trip, and reduced rates having been secured at the hotels for members and their families, it is hoped that this meeting will be one of congeniality as well as of business interest. A special meeting has been called for June 4th, at San Francisco, in the Palace Hotel, at 1 P. M. sharp, for the transaction of special business. It is hoped that all publishers attending the A. M. A. will make it a point to be present at this meeting. Western and Southern members should write to E. B. Pope, C. & O. R'y, St. Louis, and arrange to advertise for transportation to White Sulphur Springs.

THE Roswell Park Medical Club gave its second annual dinner at the Tiff House, Buffalo, Thursday evening, April 12, 1894, at 9 o'clock. There were present Dr. J. H. Etheridge, of the Rush Medical College, Chicago; Drs. M. D. Mann, C. G. Stockton, Phelps, J. H. Potter, C. C. Fredericks, T. Bagley, Van Peyma, A. E. Collins, G. F. Cott, S. Y. Howell, M. A. Crockett, J. W. Putnam, F. S. Crego, J. A. Gibson, A. Lytel, DeLancey Rochester, Ross, Rev. H. A. Reed and Mr. A. L. Harrison.

Dr. J. C. Thompson acted as toastmaster, and short speeches were made by Drs. Roswell Park, J. H. Potter, J. H. Etheridge, G. F. Cott, C. G. Stockton and Rev. H. A. Reed. Dr. M. D. Mann read a paper on Ureteritis, which was discussed by Drs. Fredericks, Howell, Etheridge, Stockton, Crockett and others.

THE surgeons of the Western New York & Pennsylvania Railway Company met at Buffalo, April 5, 1894, and organized the Association of Western New York & Pennsylvania Railway Surgeons, electing the following officers: President, C. M. Daniels, M. D., Buffalo, N. Y.; vice-president, J. A. Ritchey, M. D., Oil City, Pa.; secretary and treasurer, E. M. Dooley, M. D., Buffalo, N. Y. The surgeons who were present expressed themselves unanimously in favor of the movement, and numerous letters were received from those who were unable to attend, giving every assurance that the association will be a success, while the management of the railroad most heartily indorsed the movement.

THE American Surgical Association will hold its annual meeting in the lecture room of the medical department of Columbia College, 1325 H. street, N. W., Washington, D. C., May 29, 30, 31 and June 1, 1894. Special subjects announced for discussion are:

I. The Surgical Treatment of Empyema, by John Ashurst, Jr., M. D.

II. Methods of Teaching Surgery, by J. S. Billings, M. D.

III. The Surgery of the Kidney, by L. M. Tiffany, M. D.

IV. Methods of Controlling Hemorrhage in Amputation at the Shoulder, as Illustrated by Amputation at the Shoulder-joint and of the Entire Upper Extremity, by W. W. Keen, M. D.

Papers are also announced by Hunter McGuire, M. D., and Joseph Ransohoff, M. D.

THE Association of Military Surgeons of the United States will hold its annual meeting at Washington, May 1, 2 and 3, 1894. Dr. A. H. Briggs, of Buffalo, chairman of the committee on transportation, has obtained concessions in fares for persons attending this meeting from all the railways east of the Rocky mountains. A large attendance is expected.

AT THE second quarterly meeting of the Cleveland Medical Society, to be held Friday evening, June 22, 1894, Dr. William Pepper, late provost of the University of Pennsylvania, will deliver an address. Dr. Pepper will also hold a clinic the following morning at one of the hospitals, which the profession generally will be invited to attend.

THE National Association of Railway Surgeons will hold its seventh annual meeting in Harmony Hall, Galveston, Texas, May 8, 9, 10 and 11, 1894, under the presidency of Surgeon W. J. Gilbraith, of Omaha, Neb. An elaborate preliminary program has been issued, and a large attendance is anticipated.

THE American Dermatological Association will hold its eighteenth annual meeting at the Arlington Hotel, Washington, May 29, 30, 31 and June 1, 1894, under the presidency of Dr. R. B. Morrison, of Baltimore.

College Notes.

THE forty-ninth annual commencement of the Medical Department of the University of Buffalo will be held on Tuesday, May 1, 1894. The Alumni Association will hold its business session in Alumni Hall at 10.30 A. M. The afternoon session will be devoted to the reading of scientific papers, as follows: The Treatment of Several

Common Ailments and Particularly the Relationship Between Croupous Pneumonia as an Infectious Process and its Therapeutics, by H. A. Hare, M. D., professor of therapeutics in the Jefferson Medical College; The Medical Examination of the Living Human Body when Required by Courts, by Tracy C. Becker, Esq., president New York State Bar Association and legal editor of a Treatise on Medical Jurisprudence, Forensic Medicine and Toxicology; The Etiology, Pathology and Treatment of Certain Phases of Gonorrhoea, by Dr. George Emerson Brewer, assistant demonstrator of anatomy, College of Physicians and Surgeons, New York; and also a paper by Dr. Charles G. Stockton, subject not announced.

At 7.30 P. M. the commencement exercises will be held at Music Hall, after which the annual banquet will be held. Members and friends of the University and alumni association are requested to be present and participate in the various exercises.

DR. WILLIAM PEPPER, for many years provost of the University of Pennsylvania, resigned that office April 23, 1894. He felt that the great growth of the university during his administration demanded the undivided efforts of the provost. He, however, will continue to hold the professorship of medicine. Dr. Pepper signaled his retirement from office by a contribution of \$50,000, that will be applied to the extension of the university hospital buildings.

THE commencement exercises of the Medical Department of Niagara University will be held at the Buffalo Academy of Music on Wednesday evening, May 9, 1894, at 8 o'clock, to which the general public is invited.

Book Reviews.

TREATMENT OF THE DISEASES OF THE STOMACH AND INTESTINES. By A. MATHIEU, Physician to the Paris Hospitals. Medical Practitioners' Library. Octavo, 285 pages. Parchment muslin, price, \$2.50; flexible leather, gilt top, price, \$3.25. New York: William Wood & Company. 1894.

With the methods and habits of life incident to the present civilization, there has been an enormous increase in diseases of the digestive tract. Keeping pace with the progress of events, a num-

ber of physicians have paid special attention to the studies of these diseases and have distinguished themselves in their successful management. The author of this treatise has had exceptional experience in this branch of medicine, and his work has been well received on the other side of the Atlantic. In this country there is a wide field for the dissemination of such literature, and we hope that this excellent treatise will be carefully studied by teachers and practitioners of medicine.

The author commences with diagnostic technique, to the consideration of which Part I., consisting of thirty-seven pages, is entirely devoted. It is a concise and intelligent exposition of this branch of the subject. General considerations on diet, comprising Part II., present much material for the careful consideration of every family doctor. In Part III. the author takes up the principal clinical forms of dyspepsia, and in nine chapters gives a patient elucidation of the symptoms and treatment of the common forms of gastro-intestinal diseases. Not the least interesting portion of this branch of the subject is the chapter on gastro-intestinal antiseptics. The fermentation of food after ingestion is so common, and decomposing food is so liable to give rise to poisoning or to infection, that we hail with special pleasure any promise of prevention or relief that may be offered. This author affirms that intestinal antiseptics, though doubted by many, is a palpable fact capable of actual demonstration.

The final section of the book is devoted to the consideration of the diseases of the stomach and intestine, to which Part IV., consisting of nine chapters, is given up. In Chapter VI., typhlitis, perityphlitis or appendicitis is considered in a very brief and, to our mind, unsatisfactory manner. While this disease has, of late, fallen under the domain of surgery so far as treatment is concerned, yet the general practitioner of medicine is usually first called in to these cases, hence should be armed with quite as much knowledge pertaining to their diagnosis, pathology and treatment as the surgeon is supposed to possess. The surgical technique of these cases is usually very simple, whereas the judgment that decides in a particular case just when to operate needs to be of the most trained and acute order, and this must ever be the province of the family doctor.

We commend this treatise to the careful study of every physician who deserves the name.

TEXT-BOOK OF NORMAL HISTOLOGY: Including an account of the Development of the Tissues and of the Organs. By GEORGE A. PIERSOL, M. D., Professor of Anatomy in the University of Pennsylvania. With 409 illustrations, of which 358 are from original drawings by the author. Philadelphia: J. B. Lippincott Company. 1893.

Among the many excellent text-books on general histology this effort of Professor Piersol's must be considered the best. It is a pleasure to peruse a book bristling with original observations and descriptions and, above all, original drawings. It seems to assure one that, although the classical illustrations are still classical, other observers have seen the same conditions and verified them.

Professor Piersol has been very methodical in the arrangement of his chapters, beginning with the cell, describing its structure, growth and peculiarities. The tissues, epithelial, connective, muscular and nervous, are described in the following chapters. The epithelial tissues are very properly classified as: (1) squamous; (2) columnar; (3) modified, as (*a*) ciliated; (*b*) goblet; (*c*) pigmented; and (4) specialized (*a*) glandular epithelium; (*b*) neuroepithelium. This classification of the epithelia is free from ambiguity and cannot fail to clear up in the minds of students much of the darkness surrounding this subject. The chapters on the nervous elements are thorough, and full credit is given to American investigators, especially Schmidt, whose discovery of the segments of the medulla in nerve fibers was followed by Lantermann's independent discovery of the same phenomena, but who receives little or no credit by the continental writers. Many of the illustrations on the histology of the brain are made from sections stained with the Golgi method, and show the beautiful results obtained by this method in staining the ganglion cells and neuroglia cells. The pineal gland is regarded as a rudimentary sense organ. Whether this opinion will hold true is questionable, and, perhaps, the best way of dealing with this organ, for the present at least, would be to say, "function unknown." The histology of the eye is admirably given, as are also the descriptions of the other organs of sense.

An appendix follows, giving the most useful histological methods for hardening, imbedding, staining and finishing, including the best of the newer methods. We fail, however, to find the Pal method mentioned among these.

Taken as a whole, no histology as yet published contains so much useful information so skilfully treated and arranged as does

this American work. Both author and publishers are to be congratulated.

W. C. K.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX.
A Work of Reference for Medical Practitioners. Twelfth year.
Pp. 704. Price, \$2.75. New York : E. B. Treat, 5 Cooper Union ;
Chicago : 199 Clark street. 1894.

The Annual has become of such universal use, that the readers of the JOURNAL need no introduction to its pages, no words of praise for its excellence and its breadth of knowledge on medical topics. With each succeeding year the reviewer notices an increase in the number of editors and contributors, in photographic plates, wood cuts, and in the number of pages, and yet we notice the familiar \$2.75 remaining the same. If the price of the annual had kept pace with its advances in quality and quantity, the Annual of 1894 would be a more expensive work.

Synopsis of contents and special contributors for 1894 are as follows: Part 1. The Dictionary of New Remedies, containing a complete report of all new therapeutic agents introduced during the year, with clinical indications for their use, and a general review of therapeutics, by H. A. Hare, M. D., Philadelphia, professor of therapeutics in the Jefferson Medical College.

Part 2. The Dictionary of New Treatment. A complete index of diseases, showing the latest therapeutic recommendations (medical and surgical), enriched with numerous illustrations and colored plates wherever useful for the elucidation of the text.

Part 3. Sanitation. A record of the year's work in sanitary science, with particulars of recent improvements in sanitary appliances, by Joseph Priestley, B. A., M. D., D. P. H., medical officer of health and public analyst for Leicester, England.—Progress of Pharmacy, by F. F. W. Koch, New York, Editor of *Notes on New Remedies*.—New Inventions and Appliances, by Irving S. Haynes, M. D., demonstrator of anatomy, Medical Department University of the City of New York.—Books of the Year. A list of the chief medical works published during the year, with particulars and prices.

Especially to be commended are the plates accompanying Dr. Shaw's article on insanity. Of late years there has grown a tendency to diagnosticate the different forms of insanity by the facial expression. Those who are in a position to know realize with what difficulty it is to procure photographs of the excited states,

and in studying the plates in Dr. Shaw's article one is well repaid for the cost of the work. The article on diseases of the ear is well written and handsomely illustrated.

To those who are acquainted with the former editions this one will be heartily welcomed, and to those unacquainted with the work the reviewer recommends it as one of the best and cheapest of medical publications.

W. C. K.

A PRIMER OF PSYCHOLOGY AND MENTAL DISEASE. By C. B. BURR, M. D., Medical Superintendent Eastern Michigan Asylum ; member of the American Medico-Psychological Association, the State Medical Society, the Pontiac Medical Society ; corresponding member of the Detroit Medical and Library Association. Detroit: George S. Davis, Publisher.

In this little book of about one hundred pages Dr. Burr has sought to simplify, for attendants and nurses upon the insane, the abstruse subjects of psychology and mental disease.

The book is divided into three parts—namely, psychology, insanity, and management of cases of insanity. Part I., dealing with the faculties of the mind and with the divisions of the intellect—namely, sensation, perception, memory, ideation, reason, is, from the nature of the subject, the most difficult to treat clearly, and to say that a measure of success has been attained is commendation. The description of the divisions of the intellect is assisted by illustrations which are of considerable advantage, but we think some of the examples, notably those under the head of reasoning, might have been made more simple.

In Part II. the forms of insanity, and the characteristics of each, are clearly and admirably treated, and in a way which makes the book well adapted to class-room instruction. Attention is called to the insanities of the different physiological epochs of life,—pubescent, adolescent, climacteric,—and the degree of involvement of perception, memory and judgment, in the different forms of mental disease are scientifically and systematically outlined.

Part III. is full of valuable suggestions, derived from years of experience in the management of the insane, and, well studied, cannot help proving beneficial to nurses and to patients under their care.

We believe the little volume will be of great assistance to those whose duty it is to teach classes in training-schools, and also to nurses in their daily work. We do not think the preface any addi-

tion to the book. To the beginner we fear it must be somewhat depressing, for he must needs study of "concepts" further on, in order to read it intelligently. For him, the preface should be placed at the end of the book rather than at the beginning.

The work of the publisher is good and in keeping with the literary and scientific character of the book. A. W. H.

HOW TO USE THE FORCEPS, with an Introductory Account of the Female Pelvis and of the Mechanism of Delivery. By HENRY G. LANDIS, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in Starling Medical College, Columbus, O. Revised and enlarged by Charles H. Bushong, M. D., Assistant Gynecologist and Pathologist to Dewitt Dispensary, New York. Small 8vo, pp. 203; illustrated. Price, \$1.75. New York: E. B. Treat, Publisher, 5 Cooper Union. 1894.

It is important to arm the student of obstetrics, as well as the young practitioner of the obstetric art, with ample instructions on the subject of the forceps. It is an instrument in more general use than any other in the lying-in chamber, and it is one in which an astonishing amount of ignorance prevails regarding the methods of its application. It would seem as though a question so entirely governed by mechanical laws ought to be of universal and uniform application. It is to be feared that obstetric teachers have not always been clear enough in their instruction regarding the use of the forceps, hence students, in many instances, have gone out from the schools with indifferent, imperfect or false notions concerning the proper application of this humane and important aid to delivery.

The book before us has been in the hands of the profession since 1880, hence is no stranger seeking introduction through formal and technical review. While it is probable that the distinguished author, were he living, would modify some of the statements made in his valuable book and would elaborate others, it must ever remain to his credit that he was the first American author to present a monograph on the subject that the title of his book bears. It is a work full of useful information, and suggests the propriety of greater elaboration both in text and in illustration. There are some very good outlined drawings illustrative of the passage of the fetal head through the pelvis, but much more might be done to illustrate the text through the aid of the photograph and the heliotype. The editor has made a few additions to the work, in an attempt to bring it forward to the present period,

but there remains yet much to be done to make it all that could be desired in this respect. Notwithstanding its imperfections, it is the best book of the kind and should be possessed by all obstetricians.

HOLDEN'S ANATOMY. A Manual of the Dissections of the Human Body. By JOHN LANGTON, F. R. C. S., Surgeon to, and Lecturer on, Anatomy at St. Bartholomew's Hospital. Carefully revised by A. Hewson, M. D., Demonstrator of Anatomy, Jefferson Medical College; Chief of Surgical Clinic, Jefferson Hospital; Member Association American Anatomists, etc. Sixth edition; 311 illustrations. Small 8vo, pp. xx.—803. Price, \$3.00. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1894.

The sixth edition of this work, now before us, is an index of its popularity. The first edition was issued in 1851, and while six editions of an ordinary medical work in forty-three years are not many, yet for an anatomy it speaks volumes. The human body is not changeable as to its form or functions, yet new anatomical features are occasionally coming to light, and methods of teaching are constantly changing. Hence, an occasional new edition of a treatise on anatomy becomes necessary.

The special purpose of the author in issuing this manual was to place in the hands of the student a suitable working book for the dissecting-room. In it he has endeavored to direct attention to the prominent facts of anatomy and to teach the ground-work of the science; to trace the connection and to point out the relative situation of parts without perplexing the student with minute descriptions. It is in no sense intended to supplant the more complete anatomical works or to fill the place for which they are intended. It is an excellent working book for the dissecting-room and is not excelled by any extant with which we are familiar.

The editor of the sixth edition has taken great pains to bring the work abreast of the present time, and has put an enormous amount of labor into its revision, for which he deserves great credit.

TRANSACTIONS OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS. Volume VI. for the year 1893. Edited by WILLIAM WARREN POTTER, M. D., Secretary. Philadelphia: William J. Dornan. 1894.

This volume, like its predecessors, is full of interest to the obstetrician, gynecologist, abdominal and pelvic surgeon. The president's annual address, entitled *The Present Position of Pelvic*

Surgery, by L. S. McMurtry, M. D., Louisville, is an interesting and able exposition of the subject, and deserves to be carefully read by every interested physician. One of the attractive features of the transactions of this association, and the present volume is no exception to the rule, is the great strength of the discussions. These serve to make the text of the papers stand out in bold relief, and are full of instruction, as all just criticisms are and ever must be. As illustrating this point, we may instance the discussion on the papers of Drs. Longyear and Reed, relating to the closure and management of the abdominal incision. The text of both papers is strong and the discussions are searching.

The volume is well illustrated, though there is room for further elaboration in this department. It contains a memorial of Dr. George Jackson Fisher, accompanied by a full-page lithographic portrait of this remarkable man.

Those who desire to obtain this volume should make early application for it, as the edition is limited.

THE YEAR-BOOK OF TREATMENT FOR 1894. A Comprehensive and Critical Review for Practitioners of Medicine and Surgery. In a series of twenty-four chapters, by eminent specialists. In one 12mo volume of 497 pages. Cloth, \$1.50. Philadelphia: Lea Brothers & Co. 1894.

This book has appeared with promptitude for the last ten years, so that now it has become firmly established as a reference book of treatment, which is, as its title indicates, a critical review of that subject in its broadest sense. It is a valuable aid to every physician who would keep abreast of the progress making in knowledge relating to the management of disease.

It consists of twenty-four chapters, each contributed by a writer eminent in his assigned subject. These are grouped mainly from English sources, but their work is of such a nature as to embrace the literature of the world. Some of the articles are written in much detail, but references to the original source are given in all instances, making it convenient to pursue extended research whenever desired. The book contains a selected list of new books, new editions and translations, and the volume is closed by an index of authors quoted, as well as an index of subjects. Those who have possessed themselves of the previous volumes will make haste to obtain this, while all will find it an exceedingly useful book of reference.

A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP. By GEORGE THOMAS JACKSON, M. D., Professor of Dermatology, Woman's Medical College, New York Infirmary; Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons; Consulting Dermatologist, Presbyterian Hospital; Visiting Dermatologist, Randall's Island Hospital; Member of the American Dermatological Association, etc. New revised and enlarged edition. Small 8vo, pp. 414. New York: E. B. Treat, 5 Cooper Union. 1893. Price, \$2.75.

The proper care of the hair is a very important part of the knowledge that should be possessed by the dermatologist, and to a very large extent by the general practitioner of medicine. The author of this book is well known to the profession as a competent teacher as well as practiser of dermatology. When the first edition of his work was issued, it was about the first scientific treatise known on the subject. Since it was issued in March, 1887, knowledge on the subject has increased in a vast degree, rendering a new edition absolutely necessary to keep up with the advances making in this department of medicine.

The author states that every page of the old edition has been revised and corrected; that new articles upon folliculitis decalvans, lepothrix and aplasia pilorum propria, and many new sections to the old chapters, have been added; that the bibliography has been brought down to January, 1893, and nine new illustrations have been inserted in the text.

This work deserves to be found on the book-shelves of every progressive physician.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION (Neurasthenia): Its Symptoms, Nature, Sequences, Treatment. By GEORGE M. BEARD, A. M., M. D., Fellow of the New York Academy of Medicine, of the New York Academy of Sciences; Vice-President of the American Academy of Medicine; Member of the American Neurological Association, of the American Medical Association, the New York Neurological Society, etc. Edited, with notes and additions, by A. D. Rockwell, A. M., M. D., Professor of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy; Member of the American Neurological Association, of the New York Neurological Society, etc. Third edition, enlarged. Small 8vo, pp. 262. Price, \$2.75. New York: E. B. Treat, 5 Cooper Union. 1894.

After five years, a new edition of this instructive and readable book makes its appearance. When Beard first called attention to neurasthenia in a paper published in the *Boston Medical and Surgical Journal*, April, 1869, it attracted absolutely no attention whatever. Now, after twenty-five years, so-called nervous prostra-

tion has become almost a fashionable disease. At all events, a certain group of symptoms commonly so termed, but professionally named as neurasthenia, is met by almost every physician in his daily practice.

The author is especially clear and succinct in dealing with the diagnosis of neurasthenia, while the editor has succeeded in bringing the work well down to the present through his own contributions and additions to the subject. It is an excellent treatise for the general practitioner to possess, and the specialist cannot afford to be without it.

THE MICROSCOPE AND MICROSCOPICAL METHODS. By SIMON HENRY GAGE, Associate Professor of Anatomy, Histology and Embryology in Cornell University, Ithaca, N. Y. Fifth edition, rewritten, greatly enlarged and illustrated by 103 figures in the text. Part I. of The Microscope and Histology. Ithaca, N. Y.: Comstock Publishing Co. 1894.

The fourth edition of Professor Gage's Histology was reviewed at some length in the January (1892) number of the JOURNAL, and its many excellent qualities there set forth. The fifth edition has been in part rewritten and enlarged, so that it is nearly one-half larger than the preceding edition. This has been done to bring the subject up to the present state of the science and to incorporate a new chapter on photography and photo-micrography. The importance of photography to a microscopist is becoming every day more apparent, and the able treatment of this chapter in Professor Gage's book will help materially to bring the two sciences in closer relation.

On the whole there is, perhaps, no book that will ground the beginner so thoroughly in microscopy as this work of Professor Gage.

W. C. K.

ANTISEPTIC THERAPEUTICS. By DR. E. L. TROUessant, Paris, France. Translated by E. P. Hurd, M. D. In two volumes. Physicians' Leisure Library. Price, paper, 25 cents each; cloth, 50 cents each. Detroit, Mich.: George S. Davis. 1893.

THE MODERN CLIMATIC TREATMENT OF INVALIDS WITH PULMONARY CONSUMPTION IN SOUTHERN CALIFORNIA. By P. C. REMONDINO, M. D. Member of the American Medical Association, American Public Health Association, etc., etc. Physicians' Leisure Library. Price, paper, 25 cents; cloth, 50 cents. Detroit, Mich.: George S. Davis. 1893.

I. Antiseptic therapeutics is forming a large part in the practice of medicine as well as surgery. Many of its conditions

are as yet unsettled, but it is well to have occasional expositions noting progress on the subject that shall keep pace with the advances in bacteriology. These two volumes by Trouessant, forming a portion of the Physicians' Leisure Library, will amply repay perusal, and are a remarkably cheap edition of valuable literature.

II. The recent studies in tuberculosis, that have shown it to be a communicable disease, lends added interest to any literature that is published regarding its treatment. If it is communicable, which cannot be denied, it is preventable, and if preventable it is or ought to be curable. Climate has always played an important part in its cure, and California within the last few years has attracted much attention in this regard on account of its salubrious climate. The author has set forth its claims in a readable fashion.

BOOKS RECEIVED.

Gonorrhœa: Being the Translation of Blenorrhœa of the Sexual Organs and Its Complications. By Dr. Ernest Finger, Docent at the University of Vienna. One volume, of 330 pages, octavo, illustrated by numerous wood engravings, and by seven chromo-lithographic plates. Third revised and enlarged edition. Bound in muslin, gold lettered, \$3.00. New York: William Wood & Company. 1894.

The Johns Hopkins Hospital Reports. Volume IV., No. 1. Report on Typhoid Fever. Quarto, pp. 167. Baltimore: The Johns Hopkins Press. 1894.

Transactions of the American Dermatological Association at its seventeenth annual meeting, held at the Hotel Pfister, Milwaukee, Wis., on the 5th and 6th of September, 1893. Edited by George Thomas Jackson. M. D., Secretary. Octavo, paper, pp. 82. New York. 1894.

Clinical Diagnosis. By Albert Abrams, M. D., Heidelberg; Professor of Pathology, Cooper Medical College, San Francisco; Pathologist to the City and County Hospital, San Francisco, etc., etc. Third edition, revised and enlarged. Illustrated. Small 8vo, pp. 273. Price, \$2.75. New York: E. B. Treat, 5 Cooper Union. 1894.

A Manual of Practical Obstetrics. By Edward P. Davis, A. M., M. D., Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic; Clinical Professor of Pediatrics in the Woman's Medical College; Clinical Lecturer on Obstetrics and Gynecology in the Jefferson Medical College, etc., etc. Second edition, revised and enlarged. With 134 illustrations and sixteen full-page plates, several of which are colored. Small 8vo, pp. xii.—351. Price, \$2.50. P. Blakiston, Son & Co., 1012 Walnut street. 1894.

Pain in its Neuro-Pathological, Diagnostic, Medico-Legal and Neuro-Therapeutic Relations. By J. Leonard Corning, A. M., M. D., Consultant in Nervous Diseases to St. Francis' Hospital, St. Mary's Hospital, the Hackensack Hospital, etc., etc. Illustrated. Small 8vo, pp. 328. Philadelphia: J. B. Lippincott Company. 1894.

A Manual of Nursing in Pelvic Surgery. By Lewis S. McMurtry, A. M., M. D., Professor of Gynecology in the Hospital College of Medicine, Louisville; Surgeon-in-Charge of the Jennie Cassady Infirmary for Women; Gynecologist to Sts. Mary and Elizabeth Hospital, etc. Duodecimo, pp. 92. Morton's Pocket Series, No. 3. Louisville: John P. Morton & Company. 1894.

Transactions of the Southern Surgical and Gynecological Association. Volume VI. Sixth session. Held at New Orleans, La., November 14, 15 and 16, 1893. Octavo, pp. xlvi.—392. Edited by W. E. B. Davis, M. D., Secretary. Published by the Association. Philadelphia: W. J. Dornan, Printer. 1894.

Essentials of Practice of Pharmacy, arranged in the form of Questions and Answers. Prepared especially for pharmaceutical students. Saunders' Question Compends, No. 18. Second edition, revised. By Lucius E. Sayre, Ph. G., Professor of Pharmacy and Materia Medica of the School of Pharmacy of the University of Kansas. Duodecimo, pp. ix.—200. Price, \$1.00. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

Asepsis in der Gynäkologie und Geburtshülfe. Von Dr. M. Sänger, ausserordentlicher Professor an der Universität, Leipzig, und Dr. W. Odenthal, in Hanover, früher Assistenzarzt an Prof. Sänger's Heilanstalt. With two plates and forty-two illustrations in the text. Leipzig: C. G. Naumann. 1894.

Literary Notes.

CIVIL SERVICE EXAMINATION FOR WOMEN PHYSICIANS.—An open competitive examination for the position of woman physician in the state hospitals, will be held at the office of the State Civil Service Commission, Albany, Wednesday, May 23, 1894, at 9 o'clock A. M.

Applicants must be residents of the State of New York, graduates of a legally incorporated medical college, and must have had one year's experience in a hospital, or three years' experience in the general practice of medicine. Limits of age, 21 to 50. Salary, \$1,200 per annum and maintenance.

For application blank, address New York Civil Service Commission, Albany, N. Y.

THOMAS CARMODY,
Chief Examiner.

ALBANY, N. Y., April 13, 1894.

THE *New York State Medical Reporter* made its appearance in March, 1894. It is a monthly journal of medicine and surgery, edited by H. Bronson Gee, M. D., and published at Rochester, N. Y. It is a handsomely printed double-columned magazine of

thirty-two pages, imperial octavo in size, and judged by its first number it will become a valuable addition to periodical medical literature. Its initial number contains an article by Dr. Louis A. Weigel, of Rochester, on the orthopedic treatment of deformities of paralytic origin, that is well written and handsomely illustrated.

THE Plimpton Manufacturing Co., of Hartford, Conn., publish in convenient form, a Physicians' Bedside Record with Dietary, edited by Gideon C. Segur, M. D. Each book is designed for use but in a single case, and the physician writes his directions for the treatment of the patient at the bottom of the page each day. The nurse is to record each and every event connected with the patient at the time of its occurrence. The price of this record is ten cents each, or one dollar per dozen, to be had on application to the publishers.

THE REFRACTIONIST, a journal of practical ophthalmology, intended to be an exponent of the refraction world, has just appeared. Published monthly. Editor, Francis F. Whittier, A. M., M. D., Professor Clinical Ophthalmology, College of Physicians and Surgeons; Ophthalmic Surgeon St. Elizabeth Hospital; formerly on Resident Staff Manhattan Eye and Ear Hospital, etc., 74 Boylston street, Boston. With associate editors. Subscription price, \$2 yearly.

LISTOL CHEMICAL COMPANY, of Chicago, offer to the profession a new chemical compound of thymol and iodine, called listol, for surgical purposes. It is claimed to be a valuable surgical dressing in surgery, dentistry, bed sores, burns and all erosions of the skin or mucous membrane. Their advertisement will be found on page xxxiii. of this issue.

MESSRS. O. W. CLARK & SON, of 59 Seneca street, Buffalo, have sent out their annual catalogue for 1894. It is a handsomely illustrated paper of forty-eight pages, with illuminated cover, that tells all about farm, field, vegetable and flower seeds, and we advise those who need any of these to consult the Messrs. Clark.

TAYLOR BROS. COMPANY, of Rochester, N. Y., appear in our advertising columns on page xi., offering to the profession something of great usefulness and value.

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Original Communications.

THE CAUSE OF TYPHOID FEVER IN GENERAL, AND THE CAUSE OF THE EPIDEMIC IN BUFFALO DURING MARCH IN PARTICULAR.¹

BY CHARLES CARY, M. D., Buffalo, N. Y.

IN DISCUSSING the cause of typhoid fever at this time we want no originality or extravagant views, and with this thought in mind I have gathered from the most reliable of the authorities all the material which I here present, quoting from them without hesitation, so that statements herein made, unless my authority be questioned, are not open to cavil.

Typhoid fever can occur only from infection of the body with the typhoid bacilli, and is never incurred in any other way. Bad water, the products of decay and decomposition, tainted food, sewer gas, wet cellars and the like cannot, of themselves produce the fever, unless the specific microörganism of typhoid be present. It is, however, none the less true that these surroundings do furnish a place for the accumulation of infection, or render persons susceptible by depressing their vitality. Furthermore, the introduction of the bacilli into the body does not necessarily produce the disease; for natural resistance to this, as to all disease, will often avoid infection. So that the vitality of the microörganism, and the vulnerability of the individual will determine the development of typhoid fever. These statements plainly point out the rational method of surveying the ground that I shall cover in my portion of the discussion—namely, the character of this so-called typhoid bacillus; second, its common means of introduction into the human body; and third, differing susceptibility of individuals as determined by climate, age, and the like.

1. Discussion of typhoid fever, before the Buffalo Academy of Medicine, April, 1894.—Part I.

Has it been proved that the bacillus is the sole cause of typhoid? It has been so demonstrated by the crucial bacteriological test. It is as fully proven as that the comma bacillus of Koch is the etiological factor in Asiatic cholera. It has been proven by satisfying the necessary two out of the three Koch laws; it is constantly present in every case of typhoid fever; it does not occur with other diseases as a harmless organism; it grows outside the body in a specific manner, but like cholera, leprosy and relapsing fever, the lower animals are not susceptible to the disease, and the final demonstration by inoculation is necessarily wanting.

I will not enter into the full description of this bacillus, but briefly, as pictured by Eberth, Koch, Gaffky and Frankel, it is one-third the size of a red blood corpuscle in length, one-third as thick as it is long, rounded at the extremities, and sometimes exhibiting at the center a shining rounded body, possibly a spore. It occurs singly or in filaments composed of a number of separate bacilli joined end to end. It is to be found in all the lesions of typhoid; it is chiefly found in the spleen, intestinal and mesental glands, enormous numbers of them are present in the passages from the eleventh to the seventeenth day of the disease, and they usually disappear after the twenty-second. Outside the body the bacilli will produce pure cultures on potato, gelatine, agar, blood serum, and bouillon. They grow rapidly in sterilized milk, and, in fact, there is scarcely any article of diet which does not form an excellent culture medium for these bacilli. They retain their vitality and perhaps multiply in damp soil. They may dry and in the form of dust be found in the air, but here they certainly do not increase. Sunlight depresses them; excessive heat destroys them; but they live for months in ice, as has been demonstrated by Prudden.

Finally, to complete this brief bacteriological description, these bacilli produce, as a result of their life process, various poisons, of which Breiger has described a ptomaine,—the typhotoxin; and Breiger and Frankel a toxalbumin, and Vaughn a ptomaine which when given to dogs produces vomiting and a rise of temperature. It is probable that these and analogous toxic products produce the constitutional symptoms in man of typhoid fever. Unfortunately, the detection of the typhoid bacillus cannot be made an ordinary clinical practice, as we at present obtain the tubercle bacillus, for it requires special experience and elaborate bacteriological equipment, and must, therefore, be delegated to experts.

To understand how this bacillus gains entrance into the human body, will be our next inquiry ; but we shall limit ourselves to statements regarding only the most common *vice*. As has been stated, the infection is discharged mostly with the dejecta, and owing to its vitality it finds its way through our sewers or soil back to our water supply, to our milk, or perhaps as dust in the air, or still more rarely as food contamination. The disease is not contagious in the ordinary sense of the word, as there are no exhalations from the skin or lungs which can impart the disease. It may, however, be present in the material vomited or expectorated, or it may remain in the body after death, and it is only, therefore, in the careless handling of these materials and the dejecta that we can explain those cases of typhoid fever apparently due to contact. Our literature teems with instances of typhoid epidemics caused by water contamination, and the knowledge of this particular source of danger is not limited to the profession, nor even to the well-informed persons of an American community, but in an imperfect way it is realized in all grades of society.

As an instance, however, of this common cause of infection, I will recite one of the most remarkable epidemics of modern times, and one which is extensively quoted in standard works in medicine. It occurred in Plymouth, Pa., and was studied by Taylor and Shakespeare. In this instance a mountain stream, supplying a population of 8,000 people with drinking water, became infected from a single patient living close to the water's edge and some miles from the town. At the time of his illness with typhoid fever his attendants threw his evacuations on the ground and into the stream. As a result, 1,200 or nearly one-seventh of the entire population became infected, and these cases developed at the rate of from fifty to 100 a day ; about 100 persons perished.

Bronardel, in his paper before the Academy of Medicine of France, stated that the deaths in that country from typhoid fever aggregated 23,000 per annum, and he stated that the liability to this disease is directly in proportion to the defective water supply ; that when the water is improved the fever abates. He cited as an illustrative case Vienna, where the typhoid mortality was 200 per 100,000 so long as the inhabitants drank surface water, and it fell to ten per 100,000 when the water was improved. At Amiens the typhoid mortality of the military population was reduced from 111 per 10,000 to seven, by establishing artesian wells. At Rheims, typhoid fever was epidemic while the surface wells were used, and

fell from forty-three per 10,000 to two, when they were abandoned. Van Fordor, of Buda-Pesth, reported an epidemic occurring in a Hungarian community of 34,000 people living on the side of a mountain, in which 1,228 persons were attacked, and ninety-three died. He states that 40 per cent. occurred in young persons. The preceding summer had been hot and dry. Late in October there was a copious rain-fall. Cases of enteric fever began to accumulate in the first week of November, the number became greatly increased in the second and third weeks, then rapidly declined, remaining, however, larger than usual. In the second week of the following February, after the melting of the surface snow, the epidemic again broke out, and continued for several weeks. Privy-wells were universal. Bacteriological examination of the mountain water supply showed it to be abundantly infected with bacilli having the essential characteristics of the typhoid bacillus.

Guimbretiere, of Boussy, reported the occurrence of a small epidemic of typhoid where all but two of the eighty-five persons affected had partaken of water from a well connected with a church in the village. On examination the water was found to be chemically impure, and to contain Eberth's bacilli. The two exceptional cases had nursed other persons suffering from the disease, and developed it after the subsidence of the epidemic. The source of the contamination of the well was obscure, but the church itself occupied the site of an old cemetery. The recital of these epidemics will suffice to illustrate infection from water contamination. The examples might be multiplied indefinitely.

Infection by milk is by no means uncommon, and ten years ago the *British Medical Journal* showed that up to that date fifty epidemics of typhoid fever had been traced to this cause. This contamination of milk need not necessarily be the result of premeditated adulteration or dilution, but may take place from the legitimate use of water for ordinary cleanliness; for, be it understood, milk contamination commonly occurs from infected water. Sedgwick and Chapin detail an analysis of an epidemic of enteric fever in the City of Springfield, Mass., and Sedgwick reports the results of an epidemic in Sommerville, Mass. The number of cases discovered and investigated in the first of these two, was 150, and the deaths twenty-five. The milk was contaminated by placing the cans submerged in a well which contained dejecta from cases of enteric fever. The cans were not so hermetically sealed as to prevent the entrance of water. The milk was placed in the well

for the purpose of keeping it cold. The other epidemic occurred among the customers of one milkman, and the investigation disclosed the fact that the son of this man handled and delivered the milk while suffering from an attack of enteric fever. The disease was at first unrecognized, and he continued his work until thirty-two persons became infected.

Mitchell reports twelve cases in persons who drank milk from a common source. There was typhoid fever in the dairyman's family, and those who milked the cows nursed also the typhoid patient.

Caton, of Liverpool, has directed attention to the possible dissemination of typhoid fever from the use of liquid manure obtained from cess-pools, in the cultivation of lettuce, celery and allied vegetables.

Henry E. Armstrong, medical officer of health of New Castle-on-Tyne, in his article on the different diseases communicated to man by milk, states that epidemics from this source appear usually as a sudden outburst, and that with the modern method of reporting to the Board of Health all cases of infectious diseases there is at present no difficulty in fixing the source of contamination to milk.

Finally, not in the form of an epidemic outburst, but simply as isolated cases, filthy clothing may be the carrying medium, and was the cause assigned to the continuance of typhoid fever in certain military quarters in Germany. Among contributing causes climate exerts a certain influence. The disease occurs in all climates, though it is most abundant in the temperate zone. It is not uncommonly found in the tropics, is common in Iceland, Norway and Finland. Season, again, exerts a marked influence and though constantly present with us it is far more frequent in the late summer and autumnal months. It is more common after hot and dry summers, and Pettinoffer and Buhl say that the disease was most common when the water was low, it being believed that when the water level was low, the greater must be the solid matter suspended in it. Also dust of dry seasons may disseminate the germs. It is also probable that when the dry season breaks up, the changeable weather brings with it intestinal catarrhal troubles, which favor the lodgement of the germs in the intestine. Sex does not influence the disease, but age does in a marked manner. This is the disease of youth and adult life, the greatest susceptibility being between the ages of fifteen and twenty-five years.

Lastly, there is, as would appear, an inherited predisposition, for some families certainly contract the disease with greater readiness than others. This cause is probably anatomical.

To summarize, then, the causes of typhoid fever, the one only true existing cause is the typhoid bacillus, which finds its way into the body through the mouth, with the drinking water most commonly, more rarely with milk or dust or food contamination; in still more rare instances by the careless handling of typhoid material, and in perhaps one case which has come under my observation, by direct transfusion. The contributing causes are age, climate, season, soil, individual and inherited susceptibility, unclean habits and intestinal disturbance.

In conclusion, I am asked to assign the cause of this particular epidemic—our epidemic—of 500 cases in very nearly one month. This, like any other, must be caused by the typhoid bacillus. The inquiries into the mode of its conveyance and wide distribution in our city have not been completed, though the investigation is still being carried on, so that we may hope to profit fully by our hard experience; still it may be said that the epidemic was without much question caused by temporary contamination of our water. Spread as these cases were rather evenly throughout the city, it is not probable that the cause could be milk or food supply, for there is no one source from which they are derived. Soil and air have never been the cause of an epidemic of this character, whereas water is the most common of all causes, and with this knowledge we turn to the examination of this commodity and find our suspicions warranted, and proof almost fixes the cause here. The Bird Island Inlet has been one of our sources of water for many years. The Bird Island Inlet has been the source from which we have drawn water frequently through this Winter. When the water in the river was low, and just preceding the development of our epidemic, then also was the Bird Island Inlet open and our supply was taken from this source.

In confirmation, our City Bacteriologist, after careful examination, has reported the abundant contamination of the Niagara river water at this inlet, and has found Eberth's typhoid bacillus in it.

NOTE.—The usual water supply is taken through a tunnel from the crib in the center of the river. The Bird Island Inlet is on the east bank of Niagara River and is separated from the Erie Canal by the canal feeder; both of these waters are foul.

THE PREVENTION OF DISEASE.—A PROBLEM FOR ALL PHYSICIANS.¹

BY WILLIAM WARREN POTTER, M. D., Buffalo, N. Y.

INTRODUCTION.

THE highest office of the physician of modern times is and ever must be in the exercise of his functions toward the prevention of disease. This is neither new nor original, but is, nevertheless, as true as when it was first uttered in reference to modern physicians and modern medicine.

In a medical society meeting it is far more entertaining and even fascinating to describe a brilliant clinical success, either in surgery or medicine, than it is to discourse upon the methods of prevention as applied to the maladies of mankind. But it would be unseemly to address this Academy in general session assembled, composed as it is of men who are distinguished in all the specialties of their art, upon any one branch thereof expecting to attract either the ear or the thought of anything like a considerable number, to say nothing of a majority. But every one is or ought to be interested in the prevention of disease. Moreover, the time has fully come for the discussion in all medical societies by all medical men of the manifold questions relating to preventive medicine.

The problems that are involved in this department of medicine must interest the general practitioner, whether of medicine or surgery; likewise all specialists in the several departments and branches of medical science and art; nor can the laboratory teacher, whether he be chemist, pathologist, physiologist or bacteriologist, escape the necessity of a knowledge of how to prevent the diseases whose infection and contagion he is absorbed in studying and analyzing. What man is there who bears the honorable title of "Doctor of Medicine," no matter what his specialty in teaching or practice, who escapes the sometimes intelligent and always persistent interrogations of his patients or friends with reference to the best methods of preventing the spread of cholera, smallpox, diphtheria, typhoid fever and the like? He must be prepared to offer an intelligent opinion on all such questions, as well as on those pertaining to plumbing, sewerage, drainage, ventilation and every detail of house sanitation. Ignorance on, or indifferent acquaintance with, these subjects is a confession of

1. Read by invitation before the New York Academy of Medicine, February 1, 1894. Published in the *New York Medical Journal*, April 14, 1894.

unfitness to retain his title. Happily, however, some of the exanthematous fevers have not now the same dread to humanity as formerly, since the triumph of medicine in solving the methods of their prevention and cure. But if this be true in a certain degree, there is being added to the list a number of maladies that formerly were not thought to be contagious or at least infectious, but have now become well known to be so through the investigations and studies of clinicians and men experienced in the science of bacteriology.

Permit me to illustrate by accentuating the importance of a better knowledge concerning the prevention of the propagation of a few of the more serious diseases of this class.

THE PREVENTION OF CONSUMPTION.

I may refer first to one disease—namely, consumption, that comparatively lately has become known to the profession as an infectious disorder—a malady that is destroying more inhabitants of the globe than almost any other known disease, and that last year proved fatal to more than 6,000 residents of your own city.¹

While it is true that much has been done of late to control its spread and to abridge its ravages in localities, yet how many physicians are ready to admit even now that it is an infectious malady, and that it may be conveyed to a healthy person who is habitually in the atmosphere of a consumptive? If it were possible to apply the knowledge which a few of the more advanced—a small minority—of our profession now possess with reference to the propagation of consumption and to disseminate this knowledge amongst the mass of physicians, it would be serving humanity in the highest possible way to concentrate the efforts of the entire force toward preventing the spread of this direful disease. In order to do this effectively, it would become necessary at the outset to establish an absolute inspection of all foods of an animal nature, as well as supervision of the care of all animals that furnish food for mankind, with a view to a rigid condemnation and destruction of such as prove unfit.

Again, if we should undertake to prevent the spread of consumption by the application of all the intelligent means at our command, it would further involve imperious supervision over the food that our cows eat and their stable care, as well as a like supervision over the animals that are slaughtered for our daily

1. Report of Dr. Hermann M. Biggs to the Health Department of New York City. .

consumption. It also further involves the inspection, by a competent veterinary surgeon, of all cows that afford milk supply to our cities and villages and of all the animals that are slaughtered for purposes of food, to the end that every tuberculous beast shall be killed and its body cremated. I consider it essential that the latter order shall be enforced with great exactitude. If any portion of a tuberculous animal, excepting its hide, horns, and hoofs, be permitted to enter the avenues of commerce, there is danger of the propagation of disease, and I know of no way to effectively abolish such danger excepting to imperiously insist upon the incineration of all tuberculous carcasses.

But we must not stop here; our food supervision must extend to all domestic birds, fowls, and animals whose milk or flesh we use for food. The quantities of tuberculous food consumed by the people assuredly are enormous, and it will require the most rigid system of inspection and supervision, by most skilled, honest and well-paid officials, to interrupt, cut short or prevent traffic in these dangerous and unwholesome aliments.

Besides this, the circumspection and control of railway and steamboat travel, as well as hotel life, would become necessary, and this would simply arouse an opposition from every traffic official and landlord in the country, to say nothing of the indignation of the travelers themselves. Yet none such would complain of the exercise of an absolute authority with reference to restraining the transit of smallpox patients, or those affected with diphtheria or cholera. Nevertheless, these maladies, one and all, have not at present one scintilla of the importance connected with their destructive powers that has consumption.

Another most important step toward the prevention of the propagation of consumption consists in the prohibition of the intermarriage of tuberculous subjects. If a man has tubercular disease he should not be allowed to marry a healthy woman, and thus subject her to the danger of contracting the malady from cohabitation with her consort, to say nothing of the liability of propagating tuberculous offspring. For like reasons, a tuberculous woman should be prohibited from marrying a healthy man. But, if there are cogent reasons why these should not intermarry, there are also forceful arguments that may be offered against the intermarriage of two tuberculous individuals, that is to say, a man and a woman who either have tuberculous disease or who have come from tuberculous families. I make this assertion at random

without desiring at this time to enter into a discussion as to whether the laws of heredity govern in consumption or not. But of this I am certain, that for a man with existing tubercular disease to marry a woman of tubercular parentage would be tempting fate with a rude audacity deserving a better cause. The offspring of such a marriage, to say the least, would offer a favorable soil for the growth of the tubercle bacillus. I earnestly hope that before long an enlightened legislature will enact statutes that will prohibit such marriages.

Still another step in the direction of prevention consists in the establishment of separate hospitals for consumptives and the adoption of measures looking toward their isolation. But here most bitter opposition will be encountered from those who are governed by sympathy, affection and kinship. Nevertheless, it were well-nigh impossible to prevent the spread of this fateful malady, unless the methods and habits of life of its victims assuredly can be controlled. It is admitted by those most familiar with the methods of the propagation of the disease that the sputum of the consumptive constitutes a focus of special danger. Hence, to deal intelligently with the question of prevention, the sputum must be sterilized as soon as it is thrown off. Nor will it answer to deal with it in a half-hearted, indifferent or slipshod manner; the sterilization must be absolute and immediate, and this can only be accomplished under the eye of a trained expert who knows no law but that of perfect cleanliness and absolute sterilization, and who will not be diverted from the end in view by fear, favor or affection. I know of no way to effectively enforce rules to prevent the propagation of consumption, except to remove tuberculous persons from all possibility of contact, direct and indirect, with the healthy community.

Without doubt, independently of the infection by food, the most serious menace comes from the respiration of infected dust, and it needs no specious ratiocination to prove to such an audience as this, that the one great means of infecting dust is through the sputum of consumptive patients. It has recently been said by a writer in the *British Medical Journal* that it would be well for the medical profession at large to recognize the infectiousness of tuberculous sputum and the danger of letting it dry into dust. Marpman (*Centralblatt für Bacteriologie und Parasitenkunde*, Band XLV. 8, pp. 228-234, *Med. Chron.*, November, 1893,) examined the dust of a frequented street in Leipzig and found the bacillary

remains on about 80 per cent. of samples of dust examined. From the researches of Marpman we are taught that street dust may easily prove a source of infection, and that people should be taught to desist from expectorating in thoroughfares or public places. Houses that have been occupied by consumptives, too, should receive the most thorough renovation before further use.

It cannot be denied that already much has been done to limit the spread of tuberculosis, as a careful examination of statistics would prove, but these we have no time here and now to enter into. The results already accomplished have been outside of the prevention of intermarriage, inspection of food, attempt at isolation, or sterilization of sputum, and have been mainly achieved through the adoption of improved sanitary regulations—better nutrition, purer air and other influences of like character.

I stand here to plead for the enforcement, in addition to these well-known sanitary measures, of the prevention of intermarriage, of the rigid inspection of animals that furnish food and the isolation of tuberculous patients, and I ask this Academy to stand together as one man until it has brought about such change in public sentiment and wrought such improvements in statutory law as shall make all these conditions possible. I believe it will be yet just as possible to quarantine and control the methods and habits of life of the consumptive as it is now those of a smallpox, yellow fever or cholera patient. At all events, I certainly hope that an enlightenment of the people on this subject will lead to such results.

TYPHOID FEVER.

Turning from the consideration of tubercular disease we approach another infectious malady which has attracted the attention of physicians and sanitarians for more than a generation. In July, 1845, Dr. Austin Flint, Sr., then of Buffalo, and afterward one of your distinguished academicians, published in the *American Journal of Medical Sciences* an account of an epidemic fever which occurred at North Boston, Erie Co., N. Y., during the months of October and November, 1843.

It appears that in September, 1843, a young man from Massachusetts stopped at Fuller's tavern in North Boston. He had been unwell for several days, a diarrhea being among the most prominent and early of his symptoms; he was first seen by a physician only six days before his death, who found him suffering from diarrhea, low muttering delirium, sordes and other symptoms that

grouped we nowadays characterize as a typhoid condition. He lived twenty-eight days, and from this case the fever spread to other members of Mr. Fuller's family and to those living nearest to his house. Seven of Mr. Fuller's family had the fever, of whom three died. Twenty-one other cases occurred in five families, all being within ten rods of Mr. Fuller's house, of whom seven died, making in all, including the stranger, twenty-eight cases and ten deaths. The whole population of the hamlet amounted to forty-three persons; none were attacked who were over twenty-three years old, the youngest was only one year old and a large proportion were children.

Dr. Flint visited the locality of the epidemic, during which time he made a post-mortem examination of the body of a child about twelve years old, and took notes at the bedside of the histories of nine cases together with the symptoms presented at the time of his visits. It was his first distinguished success as an investigator. He found and diagnosticated a fatal disease then unknown in Western New York, traced it from New England to the hamlet of North Boston, distinctly established its contagion and found its focus in a particular well of water which had been poisoned by the excreta of an original case. Further use of this well was prohibited. The cases then existing recovered and no new ones appeared. The work was done with all the precision and completeness that characterizes the very best detective work and with all the skill and acumen of the scientific clinician. Nothing was omitted that would contribute to the completeness and convincing power of the evidence adduced, and the published report has become a classic in this country and in Europe. It also formed the basis of a series of essays that Dr. Flint subsequently wrote on typhoid fever, which were published in this journal.

Thus was established for the first time a direct relationship between poisoned excreta and the contagion of typhoid fever. I wish we also could say that there had been established an absolute knowledge of the contagium of this destructive malady and the methods of its implantation. Who can say today with absolute certainty that the infection of typhoid can be prevented in a given case? Who has yet been able to solve the subtlety with which the bacillus of typhoid fastens itself upon the organism, or who can say what is the most favorable soil for its implantation? Medical societies are constantly debating these questions and the pages of medical journals are teeming with learned expositions of

the various and manifold minutiae of the subject. I listen to these debates and am to a certain extent familiar with journalistic literature. Yet I fail to find a satisfactory answer to the various questions bearing on the communicability of typhoid or any final and determined method of preventing its propagation. There are nearly as many opinions on these several details as there are participants in the debates or writers in periodicals. All this indicates that there is much yet to be done in experimental research, clinical observation and bacteriological study in relation to typhoid fever. If a conclusion is ever to be reached thereon that will be accepted as final by the profession, it must be through the combined efforts of clinicians, pathologists, bacteriologists and sanitarians. In the city of Chicago alone, from January 1, 1890, to November 1, 1893, there have been, according to published reports,¹ 5,087 deaths from typhoid fever, an average of 110 a month. This indicates that during this period there have been between thirty and forty thousand cases. There are, says Vaughan, annually 50,000 deaths in this country from typhoid fever, and half a million sick with it.² If it were possible to estimate the money lost to the community in salaries, wages and expenses from this one disease, the sum would be something enormous to contemplate, and yet there is a great outcry in most cities against the ordinary expenses of the health department. This embarrasses the officials, and the evil should be corrected through an enlightenment of the masses on the subject. If their sympathies cannot be reached from the humanitarian side of the question, then their interests must be appealed to from its economic aspects.

DIPHTHERIA.

Similar statements may be offered with reference to diphtheria. Who can say what is the precise method of the propagation of this subtle poison? Who has yet ventured to tell us absolutely how it enters the system, what is its favorite soil, and why under apparently like conditions one individual contracts the disease, while another has only a mild malaise, and still another goes scot free? Who has told us with absolute certainty what part mephitic vapors play in the causation of this disease? In nearly all the large cities of the world during every month of the year, cases of diphtheria are reported ranging all the way from a few scattering victims to many hundreds and even thousands, with a fearful

1. *Medical Record*, December 30, 1893.

2. *Medical News*.

percentage of mortality. Here is another field where moot points are many, opinions widely differ and satisfactory conclusions are still in the air. Shall it be said during all the future years that diphtheria baffles all attempts at prevention? That it paralyzes the efforts of the medical profession to control it or to fix its habitat? This would be a sad confession of weakness and a stigma upon the science of medicine that ought not to be permitted to remain. Let us address ourselves to the study of its prevention with an assiduity that will at least deserve success.

GONORRHEAL INFECTION IN WOMEN.

But one other example, yet in a most important field, will be cited at this time. I refer to gonorrhœal infection in women. It is doubtful if any disease is capable of propagating more of sickness, woe and misery than a neglected or uncured gonorrhœa. In view of recent researches, and especially of clinical experiences evolved at the operating table, it is now admitted that what was taught and written relating to the treatment of this infection prior to 1872 was little better than so much chaff; and this remark applies with equally cogent force to the acute stage in the male as to the chronic stage in the female. Though it is true that the medical profession gave little heed to the notes of warning sounded by Noeggerath when he published his opusculè in 1872, now, after twenty years of continual hammering, the foremost men in medicine have finally become aroused to the dangers that lurk in an uncured or latent gonorrhœa. This is especially true of genito-urinary surgeons and of those gynecologists who practise pelvic surgery. Other specialists and clinicians who listen to their debates and read such convincing expositions of the subject as have been given on the one hand, for example, by your distinguished academician, Brewer, and on the other hand by Cushing, of San Francisco, have accepted in a measure their teachings.

Brewer has conclusively demonstrated in a clinical history that after six years had elapsed since infection, and where upon examination no secretion could be pressed from the urethra, yet endoscopic examination revealed granular patches and congested areas in the neighborhood of the bulb and behind a stricture of large caliber, measuring 33°. In this case the microscope showed several characteristic colonies of gonococci. Six weeks afterward, contrary to advice, this man married, and two weeks later had com-

municated the infection to his wife, in whom it went through the various stages of inflammation and resulted in abscess.¹

Cushing has shown that a woman who had been infected five years previously, without intermediate exposure, finally married and infected her husband who had a severe urethritis which resulted in a perineal abscess. Cushing removed both tubes and ovaries that were distended with pus in which gonococci were found. The secretion from the urethra of the husband was examined and gonococci demonstrated without difficulty. Here, then, are two cases—one in which the infection was carried by the male for six years and then communicated to his newly wedded wife; and the other in which it was carried by the patient for five years and then communicated to her husband, who had all the symptoms of acute gonorrhoea resulting in abscess.²

I have cited these two examples as types of this disease showing its subtlety, how it lurks in some nook or cranny of the genital tract for years, thence to be conveyed to an innocent spouse or consort in whom it lights up a disease that ravages the entire pelvic cavity. The list might be prolonged indefinitely, but this is neither the time nor place to recite lengthy clinical records.

Only within the last few years have physicians been ready to admit the terrible destructiveness of this malady. Until lately most physicians or surgeons who have been called upon to treat the disease in its acute stages, whether in the male or female, have generally regarded it in a light or trifling manner, contenting themselves for the most part with ministering to the first distress, but paying little heed to its secondary probabilities. The victims of this disease, too, have been taught to regard it as a mere trifle that a few urethral or vaginal injections and a few doses of copaiba assuredly would cure, without danger of any secondary complications, and that even a long standing gleet had little or no significance beyond the mere personal discomfort that it caused. Only the few even consulted physicians, while the many borrowed a syringe and a prescription from a friend or obtained the same from a kindly and sympathizing druggist who, for a few shekels, is ever ready to assure the sufferer that his disease is of slight consequence, that he will be well of it in a few days, and that all he

1. The Contagiousness of Chronic Urethral Discharges. *Jour. of Cutaneous and Genito-Urinary Dis.*, March, 1891.

2. Contribution to the Study of Pelvic Disease. *Trans. Am. Ass'n of Obst. and Gyn.*, Vol. I., 1888, p. 17.

needs is a few injections with "No. 1" and a few days' dosing with "No. 2."

The literature of this disease is being almost entirely rewritten, and the teachings of the schools are recasting in view of the awful consequences of neglect to cure or prevent the propagation of this subtle, deceptive and virulent infection when once it has been contracted. It has come to pass that a woman who accepts an offer of marriage finds herself treading upon dangerous ground—a danger far more serious than those contemplated by mother Eve when she entailed her sex—and it becomes a problem of the most serious import when her answer may fetch her a spring of woes unnumbered. I speak seriously, for it is a subject that demands our most thoughtful consideration. If we would stamp out the frightful malady, or even prevent its propagation to innocent persons, we must, as a profession, exert ourselves to the utmost to bring enlightenment to the people and to enforce an intelligent application of the laws of prevention. We have been taught to regard syphilis as the most destructive of the venereal diseases, but I believe gonorrhœa to be a far more serious disease than syphilis, and that it plays more dreadful havoc with community. We are seeing constantly fewer and fewer syphilitics, while gonorrhœics are increasing in number. Fortunately, though, the secondary consequences of the disease are becoming better understood. I am well aware that difficulties surround this subject almost greater than any other, owing to its extreme delicacy; nevertheless, the fulness of time has arrived when action must be taken to arrest a disease that leaves such horrible consequences in its track, and I appeal to this Academy to formulate and carry out some plan that shall have for its purpose the enlightenment of the community, the education of physicians, and the enactment of such statutes as shall prevent others than physicians from prescribing or in any manner giving advice as to the treatment of gonorrhœa.

CONCLUSIONS.

In my early youth I learned to look to the New York Academy of Medicine as the leader of medical thought in this country. My father, a physician, so taught me, as a child receives impressions from the horn-book on his mother's knee. It is here that medical men from all quarters of the globe are received and entertained at your meetings and go away with new inspirations, renewed energy and increased intelligence. This academy becomes, perforce, a

mighty instrument for the advancement of medical science and improved methods in medical art. One of the great orators of this metropolis asseverated in his speech at Chicago on Manhattan day that the World's Fair had taught us that art is more god-like than science, for while science discovers, art creates. I believe this applies as well to medicine as to other arts and sciences. I ask you to remember that I am not unmindful of the great work this academy has inaugurated from time to time during its history with reference to the prevention of disease, nor of the fact that it is still laboring with might in that field. When this academy speaks, the world moves. When she asks that certain methods and certain means be adopted with reference to improvements in quarantine, they are done. When she recommends the board of health to adopt certain measures with reference to the details of preventive medicine, the board at once accepts its conclusions and adopts them. It has gratified me to observe very recently the splendid action taken by the academy with reference to the creation of a National Bureau of Health, and I sincerely hope its recommendations may be given form and force in the immediate future through national statutory law.

But it is not as sanitarians, or public health officers, or as administrators of state medicine, that I now appeal to this academy of medicine. I beseech you, each and every one, in your capacities as individual members, to do your parts toward inaugurating a fashion, that shall have for its purpose discussions relating to the prevention of disease at the general meetings of this academy to the exclusion of all other scientific work. The report of these proceedings given to the medical journals and published as *ex cathedra* edicts will arrest the attention of physicians all over the world, and thus serve to begin a campaign of education on the several questions to which I have called attention, as well as many others that for obvious reasons could not be specified on this occasion. I have merely attempted to accentuate those that seemed to me of greatest importance. Cholera, smallpox and even yellow fever are no longer regarded as plagues of humanity, but consumption, diphtheria, typhoid fever and gonorrhoea are slaying or invaliding *unnecessarily* hundreds of thousands annually.

The laity must be educated to regard consumption as a communicable disease, and to accept laws and regulations calculated to restrict its propagation and restrain its victims within the limitation of safety so far as uninfected individuals are concerned. But

rules, too, must be formulated for the prevention of the spread of diphtheria and typhoid, and these must be insisted upon without deviation, and the community must learn to yield a hearty support to such beneficent and humane methods as have for their sole and distinct object the protection of the individual. Finally, I hope that this academy will address itself seriously to the eradication, prevention and cure of that loathsome, subtle and destructive disease, gonorrhœa, that is directly and indirectly bringing to invalidism or death so many innocent thousands throughout the civilized world. I am well aware that all these questions are as well known to you as to me—perhaps even better; I am only attempting to recall them to your minds for the purpose of stimulating or encouraging renewed energy in their consideration.

Pardon me, Mr. President, if I have said more than I ought to have said, or more than there was occasion to say. I have spoken from a deep conviction of the importance of the subject, and with a realizing sense that I am standing in the presence of men who are doing as much as any other group of equal numbers toward the prevention of the diseases in question, as well as others that have not been mentioned. I know, too, that your sections are made up of recognized men of exceptional skill in their several departments, and whose work goes out every month to the professional world in brilliant and well-recorded achievements. Your orthopedists are restoring hundreds of maimed children to usefulness and self-support; your ophthalmologists are restoring to sight thousands of eyes in every year, and are preventing the beginning of destructive processes in many thousands more; your gynecologists are restoring to health numberless invalid women—wives, mothers and sisters—who would otherwise drag through life a miserable existence or obtain all too early sweet relief in death; and so on through the entire list of your splendidly organized sections. But, in spite of all this, let me implore you to set apart at least one meeting in every month, if not both, where all the splendid talent of these sections shall merge itself for the discussion of problems relating to the prevention of disease; and I venture to hope that these discussions may assume that particular form which will prove valuable to individual physicians who are battling with disease in the smaller towns, hamlets, and remote points in the land, and who are known and properly designated as family doctors. These are the men who need your aid, who deserve the stimulus of your best thought and the inspiration of your exam-

ple. As a final word, let me enter a plea in their behalf, to the end that your literature be sent to them with a liberality so characteristic of your organization, and that they be invited, when practicable, to attend your meetings.

Mr. President, it remains for me to thank you for the distinguished honor you have conferred upon me in inviting me to address this academy at this time. I appreciate it more than mere words can express, yet I regret that I have so inadequately fulfilled the responsibilities of the high office you have so kindly thrust upon me. But I assure you, sir, that I shall carry with me down to the crack of doom the memory of this pleasant visit to the New York Academy of Medicine.

284 FRANKLIN STREET.

MARITIME QUARANTINE.¹

BY WM. A. WHEELER, M. D., U. S. M. H. Surgeon.

I AM DEEPLY conscious of the distinction which an invitation to appear here has conferred upon me, and doubly pleased to be with you because of the personal interest I must always feel in the growth and prosperity of your Alma Mater, a feeling natural to one who was in at the birth, so to speak, as Virgil puts it, "all of which I saw and part of which I was." Your chairman has asked me to make a contribution to this annual symposium of yours, and while I may be surprised at his judgment, you must in no way relieve him from responsibility as to the character of entertainment he provides.

It is of Maritime Quarantine in this Country that I propose to speak for a few moments today, not that I pretend to know so much about the subject, but because, from what I do know, I have derived some very positive opinions, which may or may not be correct, but which, at least, it will relieve my mind to express here before you. It is of no use for me to tell you that the word quarantine does not mean today what it once did. Sanitary inspection is too long, and we will continue to use the word suggestive of the Lenten season. This subject has been brought very forcibly to our minds and, indeed, to all thinking minds, the last two years, and out of the prominence given the subject some good to the public generally ought to come. The public, always ready to criticize, as is right, especially that part of it which gives voice to its

1. Read before the Alumni Association, Niagara University Medical College, May 9, 1894.

sentiments through the columns of the press, is asking the question: Are we abreast of the times in this matter, or do we not cling to methods which belong rather to the dark ages? And England is quoted as a country which has discarded quarantine as unsuited to modern needs.

Before we condemn our system, let us first explain what is meant at the present time by quarantine, and what it is designed to accomplish. It does not imply necessarily a detention, but simply a careful examination of persons and their belongings, to the end that disease may not be brought to us from abroad. There are two methods of fighting epidemic disease—one by preventing, if possible, its entrance to your home; the other by keeping your house so clean and well ordered that it will not stay with you when it comes. We are trying the former plan; England, the latter. She prefers to try and keep her house clean, having a small establishment and perfect control of every part of it; and, depending for her prosperity, as she does, so largely upon commerce, she is unwilling to impose any restrictions upon it. We, on the other hand, have such a large house, or, indeed, so many of them, inhabited by such a variety of tenants, who control their own apartments, that we distrust our ability to keep clean and so bar the gates that disease may not get a foothold. Consider for a moment the extent of our territory and the ease and speed with which communication is kept up between all sections. We have a land three thousand miles in width and two thousand miles deep, if I may be allowed the expression, with a great variety of climate. It is possible for an army of people to arrive in one of our Atlantic ports today, and tomorrow be scattered in fifteen different states. It is a common thing for a thousand people to start out by special train from New York, bound for the West, reaching Chicago in thirty-six hours, and diverging from there in all directions. Can we afford to allow these people, fresh from a crowded ship, which has been their home for the last ten or fifteen days, scatter all over these fifty states and territories without knowing or caring if they are free from disease? Can we keep track of these thousands and watch them in their wanderings throughout this vast country? Now, look at the condition in England. She has, together with Scotland, an area about equal to that of Indiana and Illinois, with a cool temperate climate, all her people under one sanitary system, which is the growth of centuries and the admiration of those familiar with it. She has no immigration, as we understand it,

and her commerce is her very life and must be fostered. The strangers who enter her gates are merely breaking their journey to other lands, and their movements can be and are accurately known. They are passing through by the shortest and quickest routes, often not remaining over night on English soil. She does not need the careful guarding of her gates as with us, and we could not adopt her close and efficient system of sanitary espionage if we would. Commerce seeks us of its own accord, and we feel justified in imposing such slight restrictions as we believe needed for our protection.

In view of the totally different conditions existing in the two countries, and also viewed in the light of experience, it would seem that both countries were wise in their methods. We have a coast line many thousands of miles in extent, included in the domain of twenty-one different states. Along this coast line are found scores of ports through which the foreign commerce of the country is conducted, and it is at these gates that guards, more or less efficient, have been placed. In some cases these quarantine establishments or plants are maintained by the federal government, with the consent of the states in which they are located, and this is especially the case where the revenues would amount to very little. In most instances they are maintained by the states in which the ports are situated, and in some cases the port itself keeps up its own quarantine. In our larger ports the revenues derived from the dues or tax imposed upon shipping is more than sufficient to defray all expenses of maintenance, but in the cases of the smaller ports an annual appropriation must be made by the state or city, and the federal quarantines are directly provided for by Congress. The men in control of these quarantines are federal, state or city officers, as the case may be, all independent of each other, and working on separate lines. Until one year ago they were absolutely free from any supervision save by state or municipal officers, with the result that while some were carefully and honestly administered, and therefore trustworthy, others were quite the reverse. When the expense of maintaining an efficient quarantine must be met by an annual appropriation from a small and impoverished community, there naturally exists a great temptation to curtail its efficiency, and the country at large may be the sufferer. When the income from fees imposed upon shipping largely exceeds the cost of maintaining a first-class quarantine, we have a right to expect the latter, and I am bound to say such is usually the case; but there is a

strong temptation to make use of the revenues thus derived to serve political rather than sanitary ends.

An effective quarantine plant today consists of an inspection or boarding station, at which vessels are stopped and their people examined, and a station of refuge, to which the sick are removed, and all others whom it is necessary to detain, together with their baggage. In many instances these two stations can be very well combined. The diseases for which, by common consent, a sanitary inspection is made, are: smallpox, typhus, cholera and yellow fever, and provision must be made for sterilizing all personal effects, which involves the erection of buildings and expensive apparatus. Besides hospital buildings, houses for the detention of the well until free from danger must be constructed, and wharves or lighters with tugs maintained. Thus you see a very considerable expense is needed for construction alone, to say nothing of maintenance.

Now, why should seaports, or states in which the seaports are situated, be put to this expense when the benefit is for the whole country at large? And, conversely, why should the people of the whole country be content to leave it with the sea coast states and cities to provide such protection as they may see fit? Maritime quarantine deals only with foreign commerce, and the regulation of the latter is by the constitution vested in the federal government. The general government regulates the imposition and collection of all duties; it imposes a tax upon all foreign tonnage; it prescribes the conditions under which, and the manner in which, passengers may be brought to our shores; it imposes a head tax upon foreigners for the purpose of defraying the expenses incident to carrying out its own laws; it goes to the extent of compelling foreign vessels to take on pilots when entering our ports, or, at least, pay pilot dues. It has built a chain of custom houses from Eastport to Brownsville on the Atlantic, and from Port Townsend to San Diego on the Pacific, each with its detectives to see that not a diamond or silk dress gains free admission to this country, assisted by a navy of some twenty-five vessels, all fully officered and manned to prevent the possible smuggling of a box of cigars or a seal skin, and yet it leaves to the State of Florida or Georgia the task of keeping out such a frightful disease as yellow fever, and to New York the duty of repelling cholera. The strange spectacle is presented at our largest seaports, of United States officers waiting for the inspection and release of all foreign vessels by state or municipal officers, before going on board.

I am not ignorant of the dangers which may arise from too great centralization of power in the hands of our National Government, and I am a great believer in the doctrine of allowing each state to mind its own affairs whenever that does not interfere with the affairs of its neighbors ; but we have here an affair which is of vital interest to every one of the states of the Union. It is the whole country which is building up the commerce of Boston, New York, Philadelphia and Baltimore, and a very small percentage of their trade is furnished by the people of their respective states. The general government, at these and all seaports, allows of no state interference with its custom and immigration inspection. Why should it make an exception of the sanitary inspection ? The whole country is aroused to the needs of our sea coast defenses against a foreign foe, and no states are so loud in their demands upon the general government for liberal appropriations for this end as those states in which the defenses will be located. No states are so persistent in their demands for an increased naval force to protect their commerce as these same seaboard states ; but when a revenue is to be derived, as is the case in the quarantines of our larger ports, not only is the government not called upon to provide defenses against disease, but it is requested not to interfere in the matter as regulated by the states. One of the functions of government is to provide protection to the governed against a foreign foe, and we can certainly claim that two, at least, of these contagious diseases are foreign. Cholera and yellow fever are not native, nor have they acquired any rights by reason of long residence.

You are aware that the New York Academy of Medicine has prepared and had offered in Congress a bill establishing a Bureau of Public Health in the Interior Department. This bill does not change practically the status of the maritime quarantines, but leaves them in the control of their respective state or municipal officers, subject only to supervision by the General Government, as is the case now, which supervision is now and will continue to be more or less unsatisfactory and a constant source of irritation, galling to the state officers, who are accountable only to their respective states, and most disagreeable to the federal officers, to whom is allotted the uncongenial labor of supervising the methods and sanitary systems of quarantine officers who are not connected with the general government. I consider the present system weak, in that the responsibility is a divided one ; instead of being

a case of two heads better than one, it is more likely to prove a case of the proverbial broth which was spoiled by too much supervision. To insure a complete system of maritime quarantine, uniform in its methods whether applied at the Atlantic or Pacific or in the Gulf, uniform in its equipment regardless of the revenues of any given port, affording as much protection as is possible in any quarantine, the work must be done by the general government. I am not opposed to the creation of a Bureau of Public Health at the national capital, and it may very properly be attached to the Department of the Interior, and have control in general of all matters affecting the sanitary welfare of our people, though I can foresee the inevitable conflict between state and national authority, which is bound to arise if such a bureau is to have executive powers. Whether it is best, all things considered, for the general government to take away from the several states the responsibility of caring for the health of their own citizens, with all that that implies, is surely a debatable question, but that it belongs to the government to afford us all of the protection possible against the invasion of disease from abroad seems to me to admit of no argument. Our treasury department regulates and controls the importation of all merchandise and peoples into these United States, and to it should be given the absolute control of our sea coast quarantines. If a bureau already exists in the treasury department, familiar with this work and fully capable of conducting it, it is the part of common sense to make use of it for this purpose. If such a bureau exists and it has not fully demonstrated its ability to manage an efficient system of coast quarantines, then let a new bureau be established for this special work. For a number of years the treasury department has maintained in the Gulf of Mexico and on the South Atlantic coast refuge stations, to which state quarantine officers in the vicinity have sent vessels needing purification. These have been built because the Southern States, most of them, have been too poor to provide such facilities, and the revenue would in no way suffice for their maintenance after being built, and the whole South is annually exposed to the introduction of yellow fever from the West Indies. The general government, in addition to these refuge stations, has established, at the entrance to the Delaware and Chesapeake bays, inspection stations for the purpose of examining all vessels coming into these waters, and it is altogether an unnecessary burden upon commerce that the seaports in these bays should require an additional sani-

tary inspection. On the Pacific coast, the national government has already established both inspection and refuge stations for San Francisco, San Diego and Puget Sound. These are fully equipped and thoroughly prepared for any possible demand that may be made upon them.

The treasury department last year, in view of the widespread belief that cholera would again appear in Europe, was enabled with its own officers to establish a quarantine inspection at twelve foreign ports, from which the disease was most likely to reach us. What protection this afforded us I will not attempt to discuss, but it could not have been attempted by any other than the general government. It thus appears that there exists already the nucleus of a federal quarantine, which could readily be developed and extended to afford to all the people of all the states the maximum security possible in any quarantine, with the minimum of delay and expense to commerce under the charge of men specially trained for the work, making of it a profession for life, independent of state influences or party politics, working with a single purpose and for a single object and all responsible to a common head. We have but to look across our northern border to find the condition such as I speak of, the Canadian government having established most admirable quarantines at her principal ports and not leaving to the separate provinces the task of providing defenses for the whole Dominion.

ELLIS ISLAND, N. Y.

Selections.

ESTABLISHING A NEW METHOD OF ARTIFICIAL RESPIRATION IN ASPHYXIA NEONATORUM.¹

BY J. HARVIE DEW, M. D., New York.

(*With Four Illustrations.*)

DESCRIPTION OF METHOD.

MY DIRECTIONS for its practice are : To grasp the infant with the left hand, allowing the neck to rest between the thumb and fore-finger, the head falling far over backward, straightening the mouth with the larynx and trachea, thereby serving to raise and hold open the epiglottis (as demonstrated by Benjamin Howard

1. Read before the New York Academy of Medicine, February 2, 1893, and published in the *Medical Record*, March 11, 1893. Cuts kindly loaned by the *Medical Record*.

in his excellent article, A New and Only Way of Raising the Epiglottis, *British Medical Journal*, November, 1888). The upper portion of the back and scapulæ resting in the palm of the hand, the other three fingers to be inserted in the axilla of the baby's left arm, raising it upward and outward. (See Fig. 1.)

Then, with the right hand, if the baby is large and heavy, grasp the knees in such a way as to hold them with the right knee resting between the thumb and forefinger, the left between the fore and middle fingers. This position will allow the back of the thighs to rest in the palm of the operator's hand. If the infant is small and light, it will be found more convenient and easier to

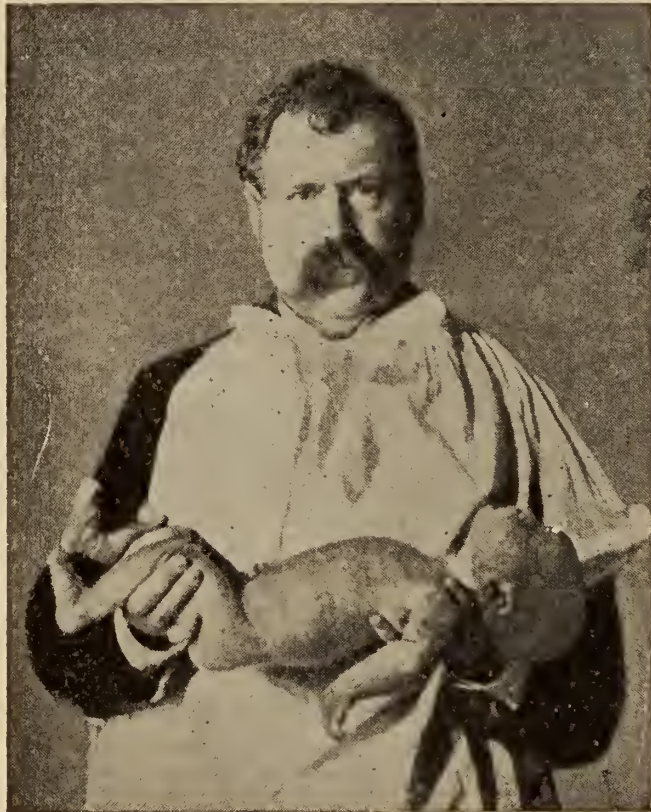


FIG. 1.

hold it in the same way by the ankles instead of the knees, allowing the calves instead of the thighs to rest in the palm of the hand.

The next step is to depress the pelvis and lower extremities, so as to allow the abdominal organs to drag the diaphragm downward, and with the left hand to gently bend the dorsal region of the spine backward. This enlarges the thoracic cavity and produces inspiration. (See Fig. 2.)

Then, to excite expiration, reverse the movement, bringing the head, shoulders and chest forward, closing the ribs upon each

other, and at the same moment bring forward the thighs, resting them upon the abdomen. This movement arches the lumbar region backward, and so bends the child upon itself as to crowd together the contents of the thoracic and abdominal cavities, resulting in a most complete and forcible expiration. (See Fig. 3.)

While this movement is a powerful one, the operator can, by his manipulations, accomplish it without shock and render it as gentle as he pleases.

EXPLANATION OF METHOD.

At birth an asphyxiated infant is perfectly limp and flexible. Its muscles are like so many wet rags, and offer no resistance till stretched out to near or about the limit of their elasticity. In



FIG. 2.

the Sylvester method the ribs are not lifted till the pectoral muscles have been put well upon the stretch, for the accomplishment of which the arms must be forcibly pulled upward.

When this is done, the chest cavity is increased laterally, and the diaphragm is flattened out, pressing the abdominal organs to some extent downward, thus serving, in a measure, to increase the cavity vertically. This produces the suction which every one recognizes, and which has made this method, up to date, the most universally known and adopted.

My method accomplishes exactly the same results in a different way. To understand how it is done, let us consider for a moment the anatomical structure of the chest walls. These walls are supported by, and have their fixed point in the attachment of the ribs to the dorsal vertebræ. They are composed mainly of the ribs, their cartilages, the sternum and the intercostal and pectoral muscles.

The muscles, as stated, offer no resistance and no assistance, except for traction.

The ribs constitute not only the most prominent structure in the formation of the chest walls, but their movements are essentially important in any effort artificially or naturally to draw air



FIG. 3.

into the lungs. It is upon their peculiar arrangement, formation and attachments that the active inspiratory movement of my method depends.

They are twelve in number on each side, and are separated from each other at well-defined distances. They vary in both length and shape from the first to the twelfth. They can be made to very closely approximate, if not to overlap each other, and are capable of as wide a separation as the elasticity of the intercostal muscles will permit. They terminate at the sternum in flexible cartilages, which vary in length and render them very movable.

Posteriorly they have almost a fixed attachment. Their heads are closely bound by a strong ligamentous union to the bodies of the dorsal vertebræ, while their tubercles, located nearly an inch from their heads, are bound with equal firmness to the lateral processes of the same vertebræ. Only a slight rotatory motion exists at this articulation, which, together with the peculiar shape of the ribs and the flexibility of their anterior attachments, enables the normal inspiratory act to be performed, the ribs at each effort being drawn upward and outward.

Now comes the important fact I wish to impress. It is, that in my method of artificial respiration, owing to the firm attachment of the ribs to the bodies and processes of the vertebræ, as soon as the dorsal region is curved backward and the relative position of the bodies and transverse processes is changed, the ribs and their intercostal muscles open out like the segments of a fan, and, at the same time, owing to their peculiar shape, all of the bodies of the longer ribs are forced outward and the diaphragm is flattened. Thus, both the lateral and vertical diameters of the thoracic cavity are increased.

How much air is actually drawn in and how much reflex action is excited by the inspiratory effort of this or any other method in the first few movements it is difficult, from a clinical standpoint, to determine, but after keeping up the operation for a few moments, in any favorable case, it will be easy to recognize unquestioned evidences of suction.

The infant whose photograph I herewith exhibit was born a little before, and died a short while after, 7 P. M. I was not present at its birth, but reached the bedside a few minutes after death. The photographs were taken at 11 A. M., sixteen hours after death. I then performed my method of artificial respiration, and was able to force air in and out of the lungs with each movement. The evidence was made positive by a very audible sound, excited by the escape of air at each expiratory effort.

It is very frequently, if not usually the case, when resuscitating an infant, that a decided grunt is heard with the expiratory movement after once the introduction of air has been established.

The expiratory movement in this method is one of its most perfect and advantageous features. Indeed, I believe that a complete expiration is, for at least two reasons, of equal, if not greater importance than that of inspiration: 1st, because if one cubic inch, or any given amount of air is drawn in, it is most

desirable that all of it shall be forced out in the movement that follows ; 2d, because the expiratory effort in artificial respiration should not serve only for the expulsion of air, but should at the same time be a means of improving and hastening the general circulation.

If the thoracic cavity is thoroughly but gently compressed, the heart and large blood-vessels will be unloaded in the direction of least resistance. This, of course, must be forward and in the right direction, as the cardiac aortic and pulmonary valves will open for its forward and close upon its backward flow. The accomplishment of this result with each expiration cannot be otherwise than most beneficial to the sluggish circulation of an asphyxiated infant. The Schultze method fills this requisite, as pointed out by Dr. Lusk in his article upon this subject ; but the action is too violent and cannot be regulated with gentleness. The Sylvester method and its modifications, the mouth-to-mouth insufflation, and inflation by catheterization, are all deficient in this particular : they, each of them, depend for their expiratory movement on lateral pressure over the lower ribs, upon the epigastrium, or both together. This plan of expiration is objectionable because : 1. It does not expel all of the air from the lungs, if any has been drawn in. 2. It causes the center and posterior portion of the flabby diaphragm to descend, thereby increasing the vertical diameter of the chest cavity. 3. It produces but slight, if any, pressure upon the heart and large blood-vessels which occupy the mediastinum ; certainly not sufficient pressure to be of any material benefit to the circulation.

In the expiratory movement of my method, when the shoulders and chest are brought forward, and at the same moment the thighs are made to rest upon the abdomen, including the epigastric region, the pressure upon the contents of the thoracic cavity can be made as forcible as the operator thinks best. The ribs are crowded upon each other, closing up the intercostal spaces, and the organs of the abdomen are pushed upward upon the diaphragm so as to diminish the vertical diameter as much as it is possible to do. By these combined forces the expulsion of air is complete, and the desired effect upon the heart and large blood-vessels is most favorably secured.

A METHOD MUST BE SELECTED.

Every obstetrician who finds that he has delivered an asphyxiated infant proceeds at once to excite the respiratory act by reflex

stimulus. To do this he moves the infant from side to side, spans it, sprinkles water upon it, and possibly dips it alternately into hot and cold water; but when the asphyxia is too profound to be thus relieved, he is forced to resort to some one of the many methods of artificial respiration.

Of the established methods Sylvester's and the plan of mouth-to-mouth inflation are probably by far the most universally adopted, next that of Schultze, then catheterization and insufflation, and finally the individual plans not commonly known. One or more of these methods must be resorted to by every practitioner. Hence, it is a matter of unquestionable importance to be able to select the best among them, not only for individual use but for instruction in our schools of medicine.

As previously stated, the Sylvester and the mouth-to-mouth plan offer good inspiratory but very imperfect expiratory movements. The Schultze method, though very efficient, is often inconvenient, is too chilling to the infant, and in many instances is too violent in its movements. Catheterization and insufflation is not easy, and is, as a rule, unsafe in inexperienced hands. Of the individual and private methods I have nothing to say except of the one under consideration.

In maternity hospitals where the obstetrician is offered every facility, and in the homes of the wealthy where there are so many conveniences, the difference between the methods of artificial respiration may not be a question of so much importance; but in that very much larger class of cases occurring in the homes of the middle and poorer people, where there are but few conveniences, he must always endeavor to select the most ready and favorable plan for immediate use.

In any prolonged case of asphyxia, the operator will become greatly fatigued in constantly pursuing any one of the methods proposed, and will find great relief in practising first one plan and then another.

ADVANTAGES OF THIS METHOD.

I claim for my method the following facts and advantages:

1. That it is most efficient in all cases where artificial respiration, in asphyxia neonatorum, is indicated.
2. That years of experience have served to prove to others, as well as myself, its unquestioned value.
3. That it can be practised with ease and readiness to the operator.

4. That its movements are easy and can be quickly resorted to at any moment and anywhere.

5. That while its inspiratory movement will be found, by experience at the bedside, to be as efficient as that of other methods, the expiratory movement is far more complete and satisfactory than in any of them.

6. That nearly, or about all, of the air drawn in can be expelled.

7. That, owing to the force and at the same time to the absolute control which the operator has over the expiratory movement, he is able to compress the contents of the thoracic cavity to just exactly that degree deemed by him wisest and best, thereby favoring and hastening the general circulation.

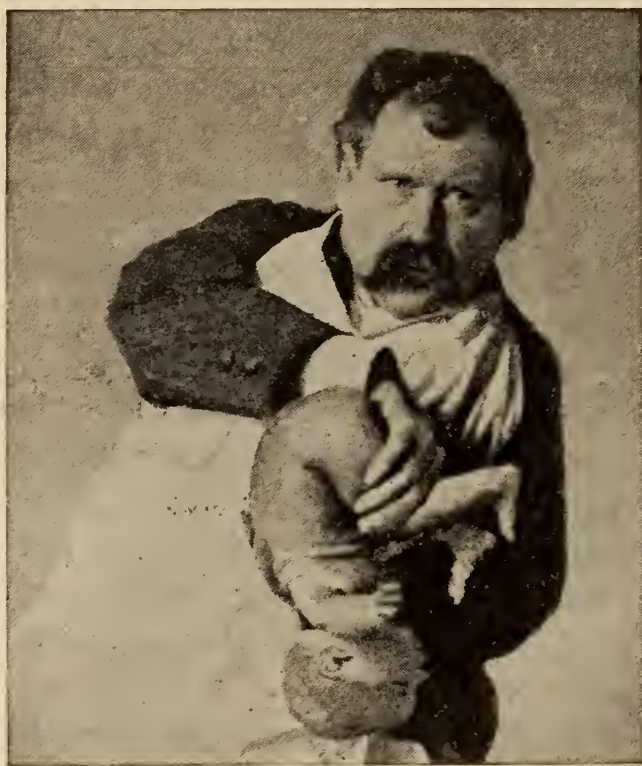


FIG. 4.

8. That this method can be employed before the cord is cut, when it seems important to save as much blood as possible to the infant.

9. That the operator can sit or move from place to place about the room, greatly to his relief from fatigue, still continuing the respiratory movements.

10. That, if thought best, the movements can be kept up while the infant is immersed up to its chin in hot water.

11. That by elevating the buttocks and depressing the head

and shoulders, the expulsion of mucus can be effected, as in the Schultze method. (See Fig. 4.)

12. That for alternating with Sylvester's and other methods it possesses peculiar advantages, affording great relief to tiresome positions in protracted cases.

13. That it possesses all of the advantages of the Schultze method and none of its disadvantages.

14. That the method is prompt, reliable, easy to perform and perfectly safe.

252 WEST FIFTY-FOURTH STREET.

ABDOMINAL SURGERY IN NORTH GERMANY.¹

BY CLINTON CUSHING, M. D.

Professor of Gynecology, Cooper Medical College, San Francisco, Cal.

IN INTRODUCING the following remarks, upon what I saw of abdominal surgery in Dresden and Berlin, during the short time spent in those cities the past summer, I desire to pay a tribute to the courtesy of the gentlemen with whom I came in contact. I saw nothing but the greatest kindness shown to all who applied for privileges and opportunities to see and to investigate in professional matters. Socially, they evinced the most charming hospitality, and among the agreeable memories of the journey are the pictures of pleasant home life of the doctors in their own houses, the predominating features of which were simplicity, naturalness and sincerity.

The Royal Clinic for women, in Berlin, is presided over by Professor Olshausen. It is a substantial brick and stone structure, with all the modern improvements in the shape of electric lights and the best forms of sewerage and ventilation, baths, tiled floors and appliances for cleanliness. Special rooms are set apart for out-patients and for the preparation of patients who are to be confined. The Berlin Gynecological Society holds its meetings in the building.

A fine amphitheater has also recently been completed, where lectures and demonstrations are given by the professor and his assistants. It is scarcely necessary for me to tell you that the most scrupulous attention is paid to every detail, so as to insure cleanliness of places, persons and things. Indeed, I have never

1. Read before the San Francisco Medico-Chirurgical Society.

seen as much attention paid to the details, both before and during an operation, as in North Germany.

Operations are generally done early in the morning, six or seven o'clock, and usually the operation begins at the exact moment that had previously been designated. The operator and his assistants are dressed in clean linen garments, with long white gowns, and when the operation begins the door is locked and perfect silence reigns, broken only by the orders of the chief to his subordinates. No story-telling, laughing or anything else is permitted that might distract the attention of anyone from his duties. From what I could learn, ether is becoming more used in Germany than formerly, except where diseases of the kidneys exist.

Prof. Olshausen is a slender man of medium height, whom I should judge to be about fifty years of age; his black hair is getting a trifle thin on top, and a little gray at the temples. His eyes are bright and quick, and his expression very agreeable. His manner, that of a man whose time is all occupied. He has written one of the best books that we have on diseases of the ovaries. As an operator, he is very careful and painstaking, and he evidently believes that what is worth doing, is worth doing well.

One of the most noticeable features connected with his abdominal surgery is the almost universal use of catgut for ligatures and sutures. In the vaginal extirpation of the uterus and in the ligation of the pedicle after ovariectomy, only catgut ligatures are used. In closing the abdominal wall, three rows of running catgut sutures are made. The first one includes the peritoneum, the second the muscular and fibrous tissues, and the last the skin. In very fat women three or four retention stitches of silk are passed through all the structures of the abdominal wall, as a matter of security. The silk sutures are removed in a week, the catgut is not disturbed and is absorbed in about ten days. Prof. Olshausen showed me numerous cases where the union seemed to be all that could be desired.

The dressing for the abdominal wound is dry benzoate of soda and a layer of absorbent cotton, covered by a bandage. Drainage of the peritoneal cavity is not common in Berlin. Great pains is taken to control all hemorrhage and to cleanse the cavity as well as possible, and then to trust largely to the absorptive qualities of the peritoneum and the powers of the individual to resist any evil tendencies. Personally I do not agree with those who decry

drainage, and am more and more convinced each year of its great value in many cases, especially where the peritoneal cavity has become infected with pus, and where there is much oozing of blood and serum.

The opening in the abdominal wall is made decidedly larger than with us, or by the English operators. This gives a larger field to work in, but it increases the shock and causes greater exposure of the abdominal cavity to cold, in my opinion increasing the risk, especially where the operation is a prolonged one. The Trendelenberg position I saw used but once or twice, and in spite of its manifest advantages in certain cases, operators have found that ordinarily the prone position is the best. I had come to this conclusion two years ago, after having used the Trendelenberg position in several cases, being convinced that the gravitation of blood and fluids into the upper part of the peritoneal cavity was a serious disadvantage.

In the removal of large uterine fibroids by abdominal section, there is a growing disposition to remove the entire uterus, including the cervix, and thus far with very good results. My observation leads me to the conclusion that success by this method rests almost entirely upon the fact of the free drainage below and the prevention of the infection of the site of operation from the vagina. With previous thorough cleansing of the vagina and the removal of the cervix, with its many diseased glands, and the subsequent filling of the vagina with antiseptic tampons, the peritoneal cavity is protected. Whether total removal will be followed by subsequent prolapse of the intestines into the vagina, can be determined only by trial.

If peritonitis develop after an abdominal section, no antiseptic is given. Sufficient opium is used to control pain, and a saline laxative is given every hour, assisted by large rectal enemas, until purgation ensues. Personally, I have found calomel, in two-grain doses every hour, the most practicable and useful remedy in these cases. Reopening the abdomen and washing and draining after the peritonitis has fully developed, has been followed by good results in a few cases; it is usually of little avail.

Dr. August Martin is one of the most prominent figures in gynecology in Berlin, by reason of the large amount of work that he does, and on account of his many writings. His father was the celebrated professor of obstetrics in the University of Berlin forty years ago, and was present at the accouchement of the Princess

Victoria, when the present Emperor was born. Dr. Martin is a very large man, weighing, I should judge, nearly 250 pounds, and is endowed with untiring energy and industry. He has a large private hospital and clinic, and I have seen him do five abdominal sections in one morning. He has private classes attendant upon his operations at certain seasons, and has a large following of students from all parts of the world. He is a typical German in appearance, is very busy, and has little time for anything outside of his professional duties. He is evidently working much too hard, and will break down unless he is more considerate for himself.

His methods in operating are different from any other that I have seen. In doing an abdominal section, he sits on a stool at the end of a low, iron table, with the patient's legs sticking out on each side over the end of the table and unsupported. He opens the abdomen rapidly, and, owing to his position, is enabled to use either hand with equal facility, in exploring the abdominal cavity and in operative manipulation. His assistants stand on each side of the patient, and are so expert that the operator seldom is compelled to ask for any instrument or appliance, for the proper thing is placed in his hand immediately it is wanted. His matron, Frau Horn, a short, thick-set, jolly, gray-haired, motherly-looking woman, always assists him in his work. She is very intelligent, and is the inventor of a number of instruments and appliances in use at the hospital.

As in Olshausen's clinic, catgut is largely used. In extirpating the uterus, *per vaginam*, no compression forceps are used; the broad ligaments are tied in sections with catgut. In laparotomy, he makes a large incision, and, with large, flat sponges, his assistants hold the intestines out of the way. Frau Horn made a suggestion that, in order, to prevent adhesions between the opposing surfaces of peritoneum after operations, a sponge saturated with olive oil, sterilized by boiling, should be introduced into the abdominal cavity, and the peritoneal surfaces given a coating of oil. This has been repeatedly done during the past few years, and apparently with good effects, but the final conclusion as to the value of the method has not yet been arrived at.

Martin's method of dealing with sub-peritoneal fibroids of the uterus is well known. The peritoneum over the tumor is laid open and the mass shelled out with the fingers and the handle of the scalpel, like a pea out of its pod, the sub-peritoneal tissues with

the line of incision in the peritoneum being carefully closed with catgut and a running suture, a satisfactory method of dealing with sessile growths.

Martin is an ardent advocate of vaginal extirpation of the uterus for carcinoma. He has operated over 100 times, and in the last English edition of his book, translated by Dr. E. W. Cushing, of Boston, a most excellent work, he claims that in forty-four cases where it could be shown that the disease did not extend into the tissues outside the uterus, 70 per cent. remained well two years and a half after the operation.

The work of Leopold, of Dresden, is deserving of especial mention. His excellent hospital for women is under the patronage and control of the royal family of Saxony, and was formerly supervised by Winckel, now of Munich, who did much to make it famous. He was succeeded by Leopold, whose record in Cesarean section is remarkable. His last statistics that have come to my notice show forty-one Cesarean sections, with the loss of three mothers and the saving of a large proportion of the children. The frequency of such cases in Dresden is due to the large number of dwarfed and deformed people in Saxony, on account of poor food and overwork. Many of the poor women are brought in carts, long distances and in a deplorable state, and it is wonderful that so large a proportion recover.

Upon entering the hospital, the patient is taken into a large room, all clothing is removed, and a number of nurses set to work upon her, who scrub her with soap and hot water, inside and out. This is followed by antiseptic washes and douches *ad libitum*. The patient is then taken to the operating room, where antiseptic precautions of every kind are observed. The abdomen and uterus are rapidly opened, the child extracted and given to an assistant, the placenta removed and the incision in the uterus closed by deep interstitial silk sutures, unless there is reason to believe that the uterine cavity has already become septic. In this event, a Porro operation is done, the body of the uterus is removed and the stump treated externally, which was the case in the instance where I saw the operation last July.

I also saw Leopold operate in a case of extrauterine pregnancy of two months' standing. His methods are admirable, decisive, clean, rapid, and, what is most important, he is remarkably successful in what he undertakes. He is very cordial to visitors, and is surrounded by a large class of young graduates in medicine,

many of whom reside in the hospital where the material for obstetrical and gynecological work is abundant.

Compared with other parts of the world, the surgery of North Germany gives the impression of being very satisfactory, the most pronounced features being scrupulous cleanliness and the administration of few drugs, the power of Nature and the absence of septic infection being, in the main, relied upon for recovery of the patient.

For the younger men in the profession, it is difficult to appreciate the remarkable advances that have been made in surgery during the past twenty-five years, especially since the era of Lister—an era that will stand out in all future histories of medicine as one of the most brilliant and remarkable, to be compared only with the great era of cellular pathology, and with the introduction into our art of instruments of precision, such as the clinical thermometer and the modern microscope.

The magnificent structure of modern surgery, that is being erected at the present day by active workers in all parts of the field, is likely to be enduring, from the fact that it is based, not so much upon individual opinion and skill, as was so markedly the case in former years, but upon the use of these same instruments of precision which leave no doubt as to the exact facts. There is now no chance for an argument between educated men as to whether a given specimen of sputum contains the bacillus of tuberculosis. The question of the exact temperature of the body in a given case of disease is at once determined accurately, and much speculation prevented and time saved.

We are, indeed, living in a golden age of progress and discovery; and the end is not yet, but great things are promised in the near future to those who are investigating the causes of disease. One of the most hopeful signs of the times is the simplification of methods and of ways and means of managing the sick, especially in surgical matters. In other words, mathematical exactness is slowly but surely taking the place of theory and guess-work.

To whom do we owe, in large part, these modern improvements in exact methods and good results? Undoubtedly to the plodding, painstaking, patient work of the Germans. It does not seem possible that any one can go to their schools of pathology without being filled with admiration for their labor and fidelity in working out problems to a successful issue, that we may the better understand the nature of disease.—*Occidental Medical Times.*

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COLLEGE COMMENCEMENTS AND ALUMNI ASSOCIATION MEETINGS.

BUFFALO UNIVERSITY MEDICAL COLLEGE.

The exercises connected with the annual commencement of this institution fell this year on May 1st, and it was in every way a fit day and a pleasant occasion. For forty-eight years these ceremonies have recurred, and with increasing interest to our citizens as well as the college authorities and pupils.

The Alumni Association began its nineteenth annual session at 11 o'clock A. M., with the president, Dr. W. C. Phelps, of Buffalo, in the chair. The roster was read, and those in attendance responded, after which the minutes of the last annual meeting were read by the recording secretary, Dr. F. B. Willard, of Buffalo.

The committee on necrology reported the following deaths: Dr. William F. Hutchinson, of the class of '73, at Providence, R. I., on September 30, 1893; Dr. Warner C. Bush, Branchport, N. Y., September 29, 1892; Dr. Ganson W. Croff, class '67, at Bethany, N. Y., March 21, 1893; Dr. D. C. Case, class '65, at Howard, N. Y., April 4, 1894; Dr. Charles L. Dayton, class '53, in Buffalo, September 7, 1893; Dr. Charles W. Davis, class '87, at Chautauqua, N. Y., April 9, 1894; Dr. William B. Gould, class '48, at Lockport, June 20, 1893.

Dr. A. L. Benedict suggested an amalgamation of the several alumni associations of the University for the purposes of social entertainment and acquaintance. After a discussion of the subject, a motion prevailed to appoint a committee to confer with the other organizations, and the president appointed Drs. Rochester, Jones and Parmenter as such committee.

In behalf of the committee appointed to secure subscriptions to the college fund, Dr. Rochester, in the absence of Dr. Putnam, reported that \$2,200 had been subscribed, and of this amount \$1,820.85 was available. The committee was discharged and a resolution passed ordering the list of subscriptions and the moneys paid in turned over to the officials of the University. The report of the treasurer showed a balance on hand of \$28.51 and that \$59 had been expended during the year.

The following officers were elected: President, Dr. Ernest Wende, Buffalo; first vice-president, Dr. William Baker, Warren, Pa.; second vice-president, Dr. P. W. Van Peyma, Buffalo; third vice-president, Dr. Jane W. Carroll, Buffalo; fourth vice-president, Dr. D. A. Currie, Englewood, N. Y.; fifth vice-president, Dr. McPherson, Tonawanda;—permanent secretary, Dr. E. L. Frost, Buffalo;—recording secretary, Dr. N. Victoria Chapell;—treasurer, Dr. H. U. Williams;—executive committee, Dr. H. H. Bingham, chairman;—Dr. A. T. Lytle, secretary; Dr. F. B. Willard;—trustee, Dr. Julius Wenz, Lancaster.

At the afternoon session an address of welcome was delivered by Dr. M. D. Mann, Dean, which was responded to by the president. The following program was then carried out: The Etiology, Pathology and Prognosis of Certain Phases of Gonorrhoea,—Dr. George Emerson Brewer, assistant demonstrator of anatomy, College of Physicians and Surgeons, New York, member American Association of Genito-urinary Surgeons. Pancreatitis,—Charles G. Stockton, M. D., professor principles and practice of medicine, University of Buffalo. The Treatment of Several Common Ailments and Particularly the Relationship between Croupous Pneumonia as an Infectious Process and its Therapeutics,—H. A. Hare, M. D., professor of therapeutics in the Jefferson Medical College, Philadelphia. The Medical Examination of the Living Human Body when required by Courts,—Tracy C. Becker, Esq., professor medical jurisprudence, law department, University of Buffalo; president New York State Bar Association and legal editor of a standard Treatise on Medical Jurisprudence, Forensic Medicine and Toxicology.

The commencement exercises were held in Music Hall. After an orchestral selection the exercises were opened by the presentation of the candidates for the degree of Doctor of Medicine to the vice-chancellor, Mr. George S. Hazard, who officiated in the place of the chancellor, the Hon. E. C. Sprague, who was unable to be

present owing to illness. Dr. M. D. Mann administered the Hippocratic oath, which obligated the class to the strict fulfillment of their duties as medical practitioners, after which the members of the class marched upon the stage and received their diplomas from the hands of Mr. Hazard. The graduates in medicine were the following: Nelson O. Brooks, Frank T. Carmer, Eugene T. Caswell, John Chalmers, Timothy T. Clohessy, La Verne C. Colegrove, Myron E. Fisher, Jane North Frear, William Gaertner, Ph. D., Benjamin A. Gipple, Frederick B. Green, Edward R. Hardenbrook, M. D., A. E. Hubbard, J. Grafton Jones, Henry E. Long, Cyrus P. Jennings, A. W. Jackson, M. D., Cora Billings Latten, M. P. Messenger, John L. Miller, Harrison C. Potter, Herriot C. Rooth, Ernest L. Ruffner, George W. Sales, Angeline D. Smith, Amelia Earl Trant, Charles F. Tucker, Frederick J. Tunmore, Lewis A. Twining.

The announcement of the honors then followed, and as the names of Messrs. Myron E. Fisher, William Gaertner, Ph. D., Frederick B. Green, J. Grafton Jones, Cyrus P. Jennings, M. P. Messenger, Herriot C. Rooth, Ernest L. Ruffner, Amelia Earl Trant, Cora Billings Latten and Jane North Frear were called, the audience greeted them with applause, which was especially hearty when the names of the women were announced.

The department of pharmacy granted diplomas to twenty-six, and the department of dentistry to six students.

Dr. Lucien Howe, professor of ophthalmology, then addressed the graduated classes. In the course of his remarks he quoted an editorial comment from the *London Spectator*, which, speaking for England, said that of all who start on professional careers one-third go under, that is, get sick, die or emigrate; one-third barely survive, fighting on without a hope of retiring in old age, and one-third make a decent and comfortable living. Sir James Paget, who had made a study of the subject and had compiled some important statistics, had said that of 1,000 medical students whose careers had been investigated, 23 had obtained eminence, 66 had considerable success, 507 were fairly successful, 124 had exceedingly limited practice, 56 failed entirely, 96 or nearly one-tenth of the number abandoned the profession and 87 died after entering upon the practice of medicine, and 5 of these had committed suicide.

In conclusion, he spoke of the great debt of gratitude the world owed the medical profession for its discoveries and its scientific advancement by means of which human life is prolonged. The

average length of life is now forty years. Seventy years ago it was thirty years, and this extension of ten years, or one quarter of the average life, is due to the persistent investigations of men who worked in their profession for the love of it. His final words to the students were an admonition to them to go forth with the determination to work, and by that means become a credit to their Alma Mater, as well as achieving a grand and glorious success.

The annual alumni banquet was given at the Iroquois under the toastmastership of Dr. F. P. Vandenberg, whose function was discharged with grace and wit. The following is the list of subjects and speakers: The Class of '94, John Chalmers, M. D.; The University of Buffalo, Dr. Roswell Park.; The Environs of Buffalo, the Hon. Cuthbert W. Pound; Tact and Opportunity in Professional Life, Mr. Edward C. Randall; Leisure Thoughts of a Busy Man, Mr. Frank E. Blackwell; Side-lights on Some Topics, Mr. Samuel G. Blythe; The Growth and Prospects of Buffalo, Mr. William C. Cornwell.

Several women physicians lent the grace of their presence at the banquet, which was altogether a most pleasant and inspiring addition to the festive scene.

NIAGARA UNIVERSITY MEDICAL COLLEGE.

The commencement exercises of this institution, like those of its elder sister, began with the annual meeting of the alumni association. The morning session was called to order at 10.30 o'clock, May 9, 1894, in the amphitheater of the medical college, by the president, Dr. John M. Hewitt, of Buffalo, who delivered an address upon medical jurisprudence immediately after Dr. Cronyn's address of welcome.

Then followed a business session, at which the following named were elected officers for the ensuing year: President, Dr. E. M. Dooley, Buffalo; first vice-president, Dr. J. F. Meyer; second vice-president, Dr. F. A. Hayes; secretary, Dr. W. H. Norish; treasurer, Dr. E. E. Martin; executive committee, Dr. J. H. Dowd, Dr. C. J. Reynolds and Dr. S. A. Dunham.

During the afternoon session that convened at 3 o'clock, the following program was carried out:

1. Maritime Quarantine, by William A. Wheeler, M. D., Surgeon U. S. M. H. S., formerly professor of surgery Niagara University. (See p. 659, this journal.)

2. Rhinoplastic Surgery, by Daniel F. Sullivan, M. D., Hartford, Conn.

3. Some Experiences, by Howard L. Hunt, M. D., Orchard Park, N. Y.

The exercises incident to the conferring of degrees were held at the Academy of Music, commencing at 8 o'clock P. M. On the stage were seated the Rt. Rev. Stephen V. Ryan, D. D., the Rev. Henry Elliott Mott, pastor of the Central Presbyterian Church, members of the faculty of the medical department and of the university and guests from out of town.

The ceremonies began with a valedictory address by Harlow C. Curtiss, Esq., professor of medical jurisprudence. [To be published.] Upon the conclusion of Prof. Curtiss's address, Dr. John Cronyn administered the usual pledge, differing in form from the Hippocratic oath, to the graduates. This was followed by the conferring of degrees by the Chancellor, the Rt. Rev. Bishop Ryan, by hooding the candidates, an ancient rite which is practised in many foreign universities.

The graduates to receive diplomas this year were George Edward Albon, Robert Jacob Baxter, Buffalo; Francis Joseph Carr, Greenwood; Jasper Glenn Ernest, Lockport; Fred. S. Hoffman, Johnson's Creek; Max Kaiser, Edward Edwin Koehler, Earl Perkins Lothrop, Daniel Vincent McClure, Buffalo; Francis William McGuire, Mount Forest, Ont.; James William Nash, Henry Osthues, Buffalo; Jeremiah Henry Walsh, Curtiss; Henry James Williams, Buffalo.

The graduates upon whom were bestowed special honors this year were Earl Perkins Lothrop, Max Kaiser and Fred S. Hoffman. Among the graduates in whom more than ordinary interest was felt by his friends and those who understood the obstacles that he has had to overcome, was Henry James Wilson, who has pursued his medical studies while employed by the Government as one of the mounted night collectors of mail for the Postoffice.

After the bestowal of degrees, the address to the graduates was delivered by the Rev. Henry Elliott Mott who quickly aroused the interest and enthusiasm of the audience by saying that physicians are a handy thing to have around once in a while and that he hoped to clinch his hold on them in the unfolding of his theme, which he should entitle, Damon and Pythias, or the Physician and the Parson. He had meant, he said, to introduce a third functionary in the person of an undertaker, but had concluded to

leave him out. Taking the physician and the parson as his theme, the speaker delivered an address of absorbing interest, in which frequent flashes of wit illumined his words of wisdom. His plea was for optimism and a perfect trust in God. The soul, he said, is as sensitive to influences as are the muscles, and he urged the graduates before him not to give away to materialistic philosophy. The exercises were concluded with a few words from the chancellor, the Rt. Rev. Bishop Ryan.

Then followed the annual banquet at the Tift House, where the faculty, graduates and invited guests, to the number of about eighty, sat down to tables laden with good things and handsomely decorated. There were present, as guests of the Association, the members of the Board of Medical Examiners, including Dr. F. W. Ross, of Elmira; Dr. Morris N. Bemis, of Jamestown, and Dr. Edward Torrey, of Allegany. Among the toasts responded to were: Niagara University, by the Rev. L. A. Grace; The Press, by F. W. Kendall; The War of the Experts, by Dr. John A. Miller; The Medical Profession, by Dr. Byron H. Daggett; The Bald-headed Man in Physics, by Dr. Carlton C. Frederick; The Graduating Class, by Dr. Max Kaiser.

Dr. Daggett's response to the medical profession, teeming with wit and brilliancy, is worthy of preservation, and we herewith reproduce it in full:

An invitation to respond at the banquet of the Alumni Association of the University of Niagara was sufficiently flattering to overcome my prudence, and I promptly accepted. A little reflection caused me to repent of my rash promise to attempt to say something new, useful or interesting upon such a subject and to such an audience. The theme is so comprehensive that its contemplation appalled me, and I resolved to follow the example of Nasby who was announced to lecture on the Babes in the Wood, and never said a word about the babes.

Having disposed of the subject, the audience still confronts me, and the only apparent means of escape was a request to the toastmaster not to call upon me until you had reached such a degree of hilarity that you would kindly receive stumbling rhetoric and stale humor.

It is stated that medicine is coëval with man, which reminds me that once upon a time I read of the escapade in the garden, which brought disaster upon our kind, sent our progenitors house-hunting, and made them so ashamed that they covered themselves with a fig leaf. This established a precedent for Anthony Comstock.

In due time after the installation of the lares and pennates of this first family in their new home, the good husband and prospec-

tive father, during the still hours of the night, was nudged in the floating ribs and told to telephone the doctor. There is no evidence that there were skilled obstetricians at that time, as the Medical Department of the University of Niagara had not yet been instituted.

The kind husband evidently administered during this laborious affair, ligated and severed the cord of life, and dropped the "tiny feather from the wing of love into the sacred lap of motherhood." Thus the ancient origin of obstetrical art is established and given most honorable precedent. As this little ootsy-tootsy waxed and grew strong, he, like the modern article, got wind on his stomach, causing tormina and midnight uproar, which were soothed by catnip tea and anise, and we have the beginning of pediatrics.

The record of the profession during the following antediluvian ages is shrouded in the mists of antiquity. Medicine had its birthright in the ancient continent, that breeder of epidemics, that land of dead civilizations and living barbarisms, that mother of religions and home of idolators, whose 800,000,000 of tawny inhabitants vegetate in a pall of mental torpor, whose greatness is moldering in musty sepulture, or towers in broken columns and crumbling capitals in desert wastes,—stony epics of the olden time!—dread harbingers of fate, giving out Memnonian oracles from the else forgotten past.

We find in the débris of these dead civilizations, and in the relics of prehistoric races, abundant evidence of the beneficent activity of the doctor. Lithotomy is older than Hippocrates; mercury, sulphur and stramonium were known long before the days of Esculapius and Galen; long before hundred-gated Thebes had blessed the world with her cult, or Nineveh had donned her swaddling clothes.

The late doctor, Madam Semiramis, Queen of Assyria, was the inventor of orchidectomy and mother of andrology. Andrology has lagged in the procession of the specialties, gynecology is winning the honors and emoluments, but the female physician is abroad in the land, and should she specialize andrology she would find hosts of weeping tubes which bode suppurating woe in Fallopian ways; anticipate and forestall oöphorectomy by doing orchidectomy as a sanitary measure. Posthetomy is as old as the Jews and was common in Egyptian civilization.

Ricord said that in the beginning the heavens, the earth, man and venereal diseases were created, and ancient history shows that devotees of Venus early sought penance at the throne of Mercury. Moses as a sanitary measure commanded the slaughter of 24,000 people who had worshiped at the shrine of Baal-Peor. The modern Moses is less sanguinary in his methods; he leads not the infected to slaughter by the sword; he pickles the infection by baptism in bromin.

We read in sacred history of the good doctor Luke, whose praise is in the gospel of all the churches; also of Asa, who became

sorely afflicted in the feet. He sought not the Lord, but the physicians, and Asa slept with his fathers.

A wise physician, skilled our wounds to heal ;
Is more than armies to the public weal—

sang the poet of the Trojan war.

During the late Civil War, our victorious armies marched safely through the malarious valleys of the South attended by the skilled Yankee doctor, who was indeed "more than armies to the public weal." Paul F. Eve, medical director of the Confederate Army, stated that the want of quinine contributed powerfully to the overthrow of the Confederate forces, and that he tried, in vain, sixty substitutes for this remedy. Ben Butler and his medical staff made New Orleans a respectful and healthful city in spite of the rebel confession and boast that yellow jack was mightier than Confederate hosts.

Westward the course of medicine, like empire, takes its way, and its grandest triumphs have risen in Western civilization. William Pepper asserted at the Pan-American Medical Congress that medicine had advanced more in the past twenty years than in the previous 2,000.

Unfortunately modern medicine is hampered by "isms" and "pathies." The so-called allopathic or regular system is truly eclectic and accepts any rational remedy, whether derived from the earth, the air, or the waters under the earth,—a platform broad enough for all.

The homeopathic system, sir, just suits me to a tittle,
Anyhow, it proves of physic you cannot take too little ;
If it be good in all complaints to take a dose so small,
It must be better still to take no dose at all.

The following gems are taken from the *American Homeopathist* for April, 1893 :—

If patient has head always turned to one side, cina is indicated.

If patient sleeps with knees apart, chamomilla.

If patient sleeps with legs stretched out at full length, pulsatilla and rhus are indicated.

If patient bends the head forward, staphisagara ; if backward, hyoscyamus.

If patients lie with hands on the abdomen, pulsatilla.

If patient sleeps with one leg drawn up and the other stretched out, stannum is indicated. (I am not up enough in therapeutics to know whether tin draws up stretched-out legs, or stretches out drawn-up legs.)

If a woman sleeps with her hands over her head, pulsatilla.

If a man sleeps with his hands over his head, nux.

If a patient has a cold red cheek and a pale hot cheek, moscus.

If a patient gets suddenly very much better, it is a bad sign.

If a patient "cusses you," spits in your face, and pulls your whiskers, chamomilla.

We have also the faith cure and the mind cure, which were aptly differentiated by Dudley Warner, when he said: "The faith cure requires no mind, and the mind cure requires no faith."

Hydrotherapy is a valuable annex, which received a fitting tribute from the dying Dumoulin, who said, "I leave behind me three excellent physicians." His weeping colleagues bowed, when to their consternation he named, water, exercise and regimen. Through all the ages and through all the 'pathies these remedial agents have stood the test.

Modern medicine is preëminently preventive. The tireless energy of skilled medical endeavor is constantly laboring to solve the problems of life and of health; studying ways of rendering the system immune; developing methods of relieving existing disease; promoting longevity, so that man's days shall be 120 years, and wooing Euthanasia, in order that old age may bear neither pain, passion nor sorrow, as step by step the intellect wanes and activity lapses into repose. "The merry sounds of youth and the hum of the busy world only rock gently to sleep as consciousness gradually ceases; death suggesting no terror, inflicting no pain, bringing no agony."

Modern medicine has formed the profession in the right of the line of that grand army of the arts and sciences which have budded and blossomed in the brilliant, electrical splendor of the Christian civilization of the nineteenth century, and which are preparing man for that perfect day, when the nations of the earth shall beat their swords into plow shares; their scalpels into pruning hooks; throw physic to the dogs, and never more know war, pestilence, pain or sorrow.

This clever speech was frequently interrupted by outbursts of hearty applause.

TOPICS OF THE MONTH.

THE Women's Medical Club of Buffalo held their banquet at the Hotel Niagara, Monday evening, April 30, 1894, which was, as usual, well attended. Mrs. Cora Billings Lattin, the president, acted as toastmaster. The toasts were responded to by Dr. Maud J. Frye, who spoke to Women as Clinicians; Mrs. Amelia E. Trant to The Quiz Masters; Dr. Ida C. Bender to The Physician to Reform Education; Dr. N. Victoria Chappell, The Evolutions of Practice; Dr. Jane W. Carroll responded to The Microbe; Dr. Frear, Our Returned Surgeon; Dr. Electa B. Whipple, The Specialist; Dr. Lillian Craig Randall, The Mother as a Medical Woman; while Miss Westlake responded to The Boys, and Miss Ella M. Braids answered to The Graduates. The speeches were bright, witty and entertaining. These are among the most enjoyable dinners of the doctors' festive season.

THE Craig colony for epileptics to be established at Sonyea, Livingston county, is a step forward in a direction that has long been needed in this State. The bill passed by the legislature, now become a law, appropriates \$140,000 for this purpose. It is a significant fact that it received but four negative votes in the assembly and passed the senate unanimously.

For some time past, alienists, neurologists and philanthropists have been agreed as to the fact that epileptics should be removed from the county poorhouses and grouped in colonies specially prepared to meet their necessities for employment, education and medical treatment. Such colonies have long existed in foreign countries, but the first State institution for epileptics in this country was founded in Ohio in 1891. Many other states are now moving to accomplish the same purpose. The 600 or 700 epileptics now scattered throughout the State will be grouped in this colony, which is to be established on the cottage plan. The institution will be named after the late Oscar Craig, of Rochester, who, as president of the State Board of Charities, was instrumental in its establishment.

Governor Flower has appointed the following named board of managers: Dr. Frederick Peterson, New York City; Mrs. C. F. Wadsworth, Geneseo; George M. Shull, Mount Morris; Dr. C. E. Jones (homeopath), Albany; W. H. Cuddeback, Buffalo. The board has organized by the selection of Dr. Peterson as president, and Mr. Shull as secretary. The managers serve without salary and meet at the colony once a month, or oftener, though it is not expected to be in readiness to receive patients before the Autumn of 1895.

THE Post-Graduate Medical School and Hospital formally opened its new building at Second avenue and Twentieth street, New York, during its jubilee week, beginning April 23, 1894. This handsome structure is admirably adapted to the purposes of post-graduate instruction, which, of course, is entirely of a clinical nature. During the twelve years that this institution has been in operation, its success has been almost phenomenal. The projectors and the supporters of the scheme, together with the present faculty, are to be congratulated upon occupying this model home for teaching and treating disease. To the distinguished president of the Post-Graduate, Dr. D. B. St. John Roosa, the JOURNAL particularly desires to extend its congratulations at this time upon the fruition of his long-cherished hopes.

DR. GEORGE F. SHRADY, editor of the *Medical Record*, through the columns of that journal, has raised over \$8,000 for a statue to the memory of Dr. J. Marion Sims, the founder of gynecology as a separate branch of medicine, and of the first Woman's Hospital in the world. The statue, which is now in the custody of a safe deposit company, was made by DuBois, the great French sculptor. It is a figure of heroic size, seven and one-half feet from the plinth, cast in standard bronze, at the works of Borbordienne, in Paris. The pose and figure reveal a man of more than average stature, slender rather than of full habit, clad in a Prince Albert coat, with open light-weight overcoat, flaps doubled back on the breast, the right hand seeking rest and seclusion below the lower buttons of the body coat, the attitude being self-confident, firm and commanding; the body sustained by strong legs, the head uncovered, the forehead high and the hair combed back. The figure will be placed in Bryant Park, New York City, before cold weather sets in, by decree of the park board. The pedestal is being built by the New England Granite Company.

THE small-pox excitement consequent upon its prevalence in Chicago, and the possibility of its importation into Buffalo, apparently has subsided. The wise and prompt precautions taken by Dr. Ernest Wende, Health Commissioner, are commendable, and seem to have proven efficient. There is no question about the propriety of quarantine and vaccination at such times and their rigid enforcement.

DR. CHARLES S. HOYT, secretary of the State Board of Charities, presented a report on Immigration at the National Conference of Charities and Correction, held at Chicago, June 9, 1893. Dr. Hoyt was chairman of the committee on immigration, and his report is both interesting and exhaustive. From it we learn that the New York State Board of Charities has, since 1880, removed 1,879 alien paupers to their European homes, as follows: To England, 445; to Ireland, 405; to Scotland, 78; to Germany, 526; to Norway, 13; to Sweden, 50; to Denmark, 23; to Holland, 13; to Belgium, 1; to France, 34; to Switzerland, 68; to Italy, 91; to Austria-Hungary, 95; to Russia, 38. The whole expenditure for these removals has been \$40,916.40; the expense per person, \$21.78. These removals have effected a great saving

to the State, and have been made without any well-founded grounds of complaint from the countries to which the persons were sent.

THE Cincinnati Hospital has presented its thirty-third annual report, which is for the fiscal year ending December 31, 1893. This hospital is not dependent upon charity, but receives annually an appropriation from the municipality sufficient to cover its expenses. The amount appropriated for the hospital for the year 1893 was \$125,660, and the earnings from paying patients during the year were \$4,102.85. The gross expenses for all purposes was \$109,268.96. The hospital treated 4,954 patients at an average net cost per patient of 81.1 cents per day, or \$5.67 per week. We have referred to these figures to show the proper basis on which a hospital should be managed, namely—on municipal appropriations and not the insecure and uncertain foundation of a dependency on private charity.

IF ALL the time, space and money expended by the medical journals in discussing, pro and con, the revision of the code of medical ethics had been devoted to the discussion of questions relating to the prevention of disease or some other equally important scientific subject, it is probable that greater progress would have been made in the science and art of medicine.

THE importance of membership in county medical societies is admirably set forth in an address delivered before the Allegheny (Pa.) County Bar Association, May 5, 1894, by Dr. J. C. Lange, of Pittsburg. From this admirable address, published in part in the *Pittsburg Medical Review*, we quote as follows :

Essential to the welfare of scientific medicine are medical associations and societies ; these are numerous and noted especially for their excellent transactions and work in Allegheny county. Among the medical societies in the county, there is but one, however, which is officially representative of scientific medicine. It is the Allegheny County Medical Society. Many other societies embrace members of the County Society, or are constituted entirely of such members. Those of their members who do not also hold membership in the County Society possess no credentials as to their standing. It does not follow from this that they are ineligible and could not obtain membership ; the County Society would gladly welcome many who do not join its

ranks from failure of appreciation on their part or carelessness or neglect; many who are out would be heartily appreciated in the pale of the Society. The fact remains, however, that the physician who is not a member of his County Society has no professional standing, no credentials, however well he may deserve both and however easily he might acquire them. Membership in the Allegheny County Medical Society is the only guarantee of medical respectability in the county.

Personal.

DRS. C. E. LONG and A. H. Macbeth, of Buffalo, have been appointed by the Health Commissioner, Dr. Wende, as sanitary inspectors of the Board of Health, and were assigned to duty early in May to inspect trains at Niagara Falls as a precaution against the importation of smallpox from Chicago. Dr. John A. Pettit, Deputy Health Commissioner, and Drs. F. A. Harrington and Edward L. Frost were assigned to a similar duty at the Buffalo railway stations, and Drs. Monroe Manges and Harry Mead performed a corresponding duty in relation to the incoming boats.

DR. AND Mrs. George H. Rohé, of Catonsville, Md., sailed for Europe, April 28, 1894, by the Etruria, to be absent about three months. Dr. Rohé went as the official delegate from the American Association of Obstetricians and Gynecologists to the Berlin Society of Obstetricians and Gynecologists at its fiftieth anniversary, celebrated May 9 and 10, 1894. Dr. Rohé will also investigate the construction and management of insane hospitals during his European tour.

DR. J. B. MURPHY, of Chicago, has been appointed honorary president for America of the surgical section of the twelfth International Medical Congress, to be held in St. Petersburg. The other appointments in this section were v. Bergmann, of Berlin, for Germany; Kocher, of Berne, for Switzerland; Sir William Stokes, of Dublin, for Ireland; Sir William MacCormac, of London, for England; Macewen, of Glasgow, for Scotland, and Mikulicz, of Vienna, for Austria.

DR. IRA C. BROWN, of Buffalo, is making a tour to California, having left Buffalo May 14th, to return about June 20, 1894, during

which time he will attend the meeting of the American Medical Association in San Francisco.

DR. H. Y. GRANT announces the removal of his office from 50 West Tupper street to 414 Delaware, corner of Edward street, Buffalo. Hours, 9 A. M. to 12.30 P. M., 3.30 to 4.30 P. M.

DR. N. G. RICHMOND, of Fredonia, attended the commencement exercises of Niagara University Medical School, including the Alumni dinner, in this city, May 9, 1894.

DR. ANDREW F. CURRIER has removed from 159 East 37th street to 138 Madison avenue, New York. Hours, 11 to 1. Residence, 104 Cottage avenue, Mt. Vernon.

DR. WILLIAM G. TAYLOR, clinical assistant in obstetrics at Niagara University, has removed from 66 West Chippewa street to 199 Franklin street, Buffalo.

DR. ALBERT L. D. CAMPBELL, of Mount Morris, N. Y., has been appointed health officer of that village for the ensuing year.

DR. W. S. TREMAINE has removed from 217 Franklin street to 410 Elmwood avenue. Hours, 10 to 12 A. M., 7 to 8 P. M.

DR. JOHN D. FLAGG, of Buffalo, has removed from 93 West Mohawk street to 322 Pennsylvania street.

DR. F. W. HINKEL, of Buffalo, has removed from 305 Delaware avenue to 274 Delaware avenue.

DR. J. M. HEWITT, of Buffalo, has removed from 342 Swan street to 55 West Mohawk street.

DR. A. M. EWING, of Buffalo, has removed from 187 Delaware avenue to 143 Allen street.

DR. J. J. FINERTY, formerly of Erie, Pa., has removed to 179 Franklin street, Buffalo.

Obituary.

DR. MAITLAND L. MALLORY, of Rochester, died at his home in that city Saturday, April 28, 1894, from an overdose of chloral, at the age of forty-six years. He had been giving much time of late to microscopic investigations, and it is believed that overwork brought on insomnia. Dr. Mallory had devoted himself especially to bacteriology and microscopic work of various kinds. He was a member of the British Royal Microscopic Society, of the American Microscopical Society and of several smaller scientific bodies. He had served for two years as a member of the Rochester Board of Health, and had particularly interested himself in the recent efforts to eradicate tuberculosis.

DR. GEORGE W. NESBITT, of Sycamore, Ill., died at his home April 27, 1894. Dr. Nesbitt was an alumnus of Buffalo University Medical College, class of '66. He became a leading physician in Illinois, and was prominent in the counsels of the State Medical Society, having at one time been elected its vice-president.

Society Meetings.

THE Association of Erie Railway Surgeons will hold its next meeting at the International hotel, Niagara Falls, July 18, 1894, under the presidency of Dr. C. B. Kibler, of Corry, Pa. Drs. Outten, of St. Louis, Murdoch, of Pittsburg and J. B. Murphy, of Chicago, are expected to attend the meeting. Special rates will be extended to surgeons and ladies for both hotel and carriages. In order that all members may attend, it is important that they ask their division superintendent for transportation at least thirty days before the meeting.

THE Michigan State Medical Society, at its recent annual meeting, elected the following named officers to serve for the ensuing year: President, H. O. Walker, Detroit; first vice-president, Victor C.

Vaughan, Ann Arbor; second vice-president, C. H. White, Reed City; third vice-president, Nina Logue, Adrian; fourth vice-president, C. H. McKain, Vicksburg; secretary, C. W. Hitchcock, Detroit; treasurer, William G. Henry, Detroit; judicial council, Fleming Carrow, Ann Arbor; Frank Garber, Muskegon; E. L. Shurly, Detroit.

THE American Association of Obstetricians and Gynecologists will hold its seventh annual meeting at Toronto, Ont., Wednesday, Thursday and Friday, September 19, 20, 21, 1894. All physicians interested in the association, or the nature of its work, are cordially invited to attend the meeting. By order of the executive council.

THE Medical Society of the County of Erie will hold its regular semi-annual meeting in the Academy of Medicine rooms, Market Arcade, Main street, Buffalo, Tuesday, June 12, 1894, under the presidency of Dr. William H. Gail, of East Aurora. The program will be issued soon.

Hospital Notes.

AT THE Fitch Hospital, Edward R. Haydenbrook, M. D., has been appointed senior house surgeon, and John Chalmers, M. D., has been appointed junior house surgeon; J. A. Jackson and George J. Hallen have been appointed ambulance surgeons to November 1, 1894, and R. V. Crittenden has been appointed substitute; W. G. Russell and U. B. Stein have been appointed ambulance surgeons, November 1, 1894, to May 1, 1895, with W. C. Keys as substitute.

AT THE Sisters of Charity Hospital, Drs. Max Keiser and Jacob R. Baxter passed highest in the competitive examination for house physicians, and have been appointed as such. These two men are graduates of Niagara Medical College. Dr. Baxter is the only son of Dr. Jacob Baxter, speaker of the Ontario House of Commons.

AT THE Buffalo General Hospital the following appointments have been made: John Riordan, M. D., house surgeon, promoted from junior assistant; Ernest L. Ruffner, M. D., junior house surgeon; Chauncy Lamb, M. D., house physician, promoted from junior assistant.

Academy of Medicine Notes.

THE election of officers occurs Tuesday, June 26th, 4 P. M. to 6 P. M., in the Academy rooms. The only ticket put in nomination is the following: For president, P. W. Van Peyma, M. D.; for secretary, A. L. Benedict, M. D.; for treasurer, E. A. Smith, M. D.; for trustee, H. R. Hopkins, M. D.

THE annual meeting of the Academy will be held Tuesday, June 26, 1894. Mr. George W. Rafter, of Rochester, the distinguished sanitarian, will deliver an address on Intermittent Filtration in its Application to Domestic Filters.

THE meetings, sections and general, for June are: Surgery, June 5th; medicine, June 12th; stated meeting of the Academy, June 19th; annual meeting of the Academy, June 26th.

THE next stated meeting of the Academy occurs Tuesday, June 26th, under the auspices of the section on anatomy, physiology and pathology.

THE section on general medicine elected C. C. Wyckoff, M. D., president, and D. H. Sherman, M. D., secretary, at its last meeting.

Book Reviews.

A PRACTICAL TREATISE ON MEDICAL DIAGNOSIS, for Students and Physicians. By JOHN H. MUSSER, M. D., Assistant Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia; President of the Pathological Society of Philadelphia. Octavo, 873 pages, 162 engravings and two colored plates. Cloth, \$5.00; leather, \$6 00. Philadelphia: Lea Brothers & Co. 1894.

The importance of a thorough training in medical diagnosis is everywhere recognized as a necessary foundation to the intelligent application of the principles and details of treatment. Diagnosis is a neglected part of medical science—neglected by teachers, neglected by students. For a long time Da Costa's classic work held sway in this field, and was almost the only text-book on medical diagnosis referred to in college announcements. Of late years,

however, several treatises on the subject have appeared, and we feel sure that Musser's work will take rank with the best of these.

The author divides his subject into two parts, namely—general diagnosis and special diagnosis. General diagnosis is treated of in Part I., comprising the first six chapters of the book. Special diagnosis forms the subject matter of Part II., comprising eleven chapters. Under general diagnosis are considered general observations, the data obtained by inquiry, the data obtained by observation, bacteriological diagnosis, the examination of exudations, transudations and cystic fluids and the morbid processes and their symptomatology. A new impetus has been given to medical diagnosis by modern instruments and bacteriological research, hence the chapter on bacteriological diagnosis will challenge the attention of all who place reliance on that important collateral science as a factor in placing the determination of disease on a basis of scientific certainty. The photograph, too, is made to play an important part in the diagnosis of certain diseases, especially those of a neurotic origin and in deformities due to structural change.

In the second part of the book the various regions of the body are considered and made to tell their several tales with reference to morbid processes that may have seized upon them. Finally, constitutional diseases, the infectious diseases and diseases of the nervous system are considered in the order of sequence named. An excellent index is added to facilitate reference. This author's experience as a teacher is such as to attract attention to his work at once, and a careful examination of his book will convince anyone familiar with the subject that its excellent qualities are many, that its defects are few and that it must take rank as one of the best American treatises on the subject, and that, besides, it has no superior in any tongue or country.

LECTURES ON AUTO-INTOXICATION IN DISEASE, OR SELF-POISONING OF THE INDIVIDUAL. By CH. BOUCHARD, Professor of Pathology and Therapeutics, Member of the Academy of Medicine, and Physician to the Hospitals, Paris. Translated, with a preface, by Thomas Oliver, M. A., M. D., F. R. C. P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, Newcastle-upon Tyne; and Examiner in Physiology, Conjoint Board of England. In one octavo volume; 302 pages. Extra cloth, \$1.75 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry street. 1894.

The author of this work begins with an assertion that has a volume of common sense in it. He says that medicine, after hav-

ing devoted herself for many years to the verification of symptoms, to the research of anatomical lesions, and to the study of pathological physiology, comes finally to the study of the origin of disease. It is only lately that physicians have begun to recognize that putrefactive processes in the intestinal canal, and the development of physiological and pathological alkaloids, play an important part in causing many diseases, the origin of which has been hitherto little understood or greatly misunderstood. How often it happens that comparatively sudden death occurs in individuals in apparent good health, where carefully conducted autopsies fail to reveal lesions that account for the fatality. In many such cases, no doubt, toxins enter the blood, and pervert or destroy its nutritive qualities.

Bouchard has covered a great field in these lectures, and they should be carefully studied by every physician. Here he will find explained the causes of the toxicity of urine, and the part toxic principles play in producing uremia. So, too, are discussed the toxicity of the feces, and an entire lecture is devoted to intestinal antiseptics. One of the most interesting parts of the work is that where the author discusses the relation of auto-intoxication to typhoid fever. The pathogenic therapeutics of typhoid fever, the antiseptics of the intestinal canal, the treatment of high temperature, modes of bathing in fevers and the dieting of fever patients, receive most elaborate and careful handling. If physicians would study this kind of literature more, they would better fit themselves to cope with typhoid disease than when cursorily examining a book of formulæ for ready-made prescriptions.

The pathogenesis of jaundice receives detailed and finished attention, and the method of auto-intoxication by bile is explained. Cholera forms the subject of three lectures, which is taken as a type of those diseases caused by poisoning, though Bouchard looks upon it as an infectious disease, but doubts whether Koch's pathogenic agent is the true one. He believes that the cholera poison is eliminated by the urine, but has not been able to make cultures of the urine of cholera patients.

Not the least interesting portion of this book is the preface by the translator, and it also possesses a carefully prepared index. This is one of the modern classics of medical literature and will easily find its way into the hands of every studious physician.

A MANUAL OF NURSING IN PELVIC SURGERY. By LEWIS S. MCMURTRY, A. M., M. D., Professor of Gynecology in the Hospital College of Medicine, Louisville; Surgeon-in-Charge of the Jennie Cassady Infirmary for Women; Gynecologist to Sts. Mary and Elizabeth Hospital, etc. Duodecimo, pp. 92. Morton's Pocket Series, No. 3. Louisville: John P. Morton & Company. 1894.

Though a number of books have been published giving instructions to nurses on general as well as special departments of their profession, this is the first that has been issued with the special object of giving instructions on the duty of nurses with reference to surgical operations exclusively in the pelvic cavity.

The distinguished author of this little treatise was one of the first surgeons in America to differentiate pelvic from abdominal surgery, and to classify operative gynecology under the latter head. This treatise has this differentiation as an underlying principle running all through it, which makes it distinctive, original and unique. As might be expected, it betrays the master's hand in every page and paragraph, and is one of the most concise, instructive and useful manuals that has been issued, and, so far as we know, is the only one especially adapted to nursing in pelvic surgery.

It should be found in every nurse's hands who essays to do such work, and, if followed, will constitute a safe guide in every detail. One aphorism the author quotes from Dr. Weir Mitchell, deserves to be written as a motto over every book on nursing, and we cannot resist the temptation to reproduce it here. Mitchell gives as prime qualifications, "good breeding and loveliness of manners;" and another from Mr. Greig Smith, also quoted by McMurtry, deserves to be placed alongside of it. Smith in his classic treatise on abdominal surgery says: "A perfect nurse is a perfect woman," and he mentions among her most essential characteristics, "good temper, gentleness and cleanliness." To these qualities McMurtry would add, "a keen sense of personal responsibility and conscientious appreciation of duty," to all of which we further add our most hearty approbation.

THE JOHNS HOPKINS HOSPITAL REPORTS. Report in Gynecology, II. Volume III.; Nos. 7, 8, 9. Imperial octavo, pp. 461. Illustrated. Baltimore: The Johns Hopkins Press. 1894.

This book is mainly the record of the work of Dr. H. A. Kelly, professor of gynecology in Johns Hopkins University. Some of the articles are especially interesting, by reason of the

rare conditions that they record. As such we may mention one on prolapsus uteri, without vesical diverticulum and without anterior enterocele; and another on lipoma of the labium majus. Dr. Kelly has grouped twenty such cases that he has found in medical literature, one of which was his own. This occurred in a negress, aged twenty-seven years, occupied the right labium majus, in size $2 \times 1\frac{1}{2} \times 1$ cm., and was cured by extirpation.

Dr. Kelly is a believer in operations for the suspension of the retroflexed uterus, and abandons the name hysterorrhaphy that he first gave to this operation, objects to the terms ventrofixation and hysteropexy and adopts the term suspensio uteri as being more descriptive. He gives a table of forty-five cases, which all recovered from the primary operation, and describes in detail their subsequent condition. One of the most interesting chapters in the book treats upon some sources of hemorrhage in abdominal pelvic operations, but this might be considerably enlarged with benefit.

Photography applied to surgery is an interesting subject discoursed upon by A. S. Murray. Resuscitation in chloroform asphyxia is an absorbing subject, but is also too briefly handled by Dr. Kelly. A very important part of this report is a record of deaths without operation, in which detailed autopsies are given, showing pathological findings and demonstrating, in many instances, the propriety of early operation as a life-saving means.

The work is copiously illustrated and contains many elaborate tables of a statistical character. The price is \$3.00, and can be obtained from the Johns Hopkins Press, Baltimore.

THE PHYSICIAN'S WIFE, AND THE THINGS THAT PERTAIN TO HER LIFE. By ELLEN M. FIREBAUGH. With portrait of author and forty-four photo-engravings of original sketches. In one crown octavo volume of 200 pages. Extra cloth, \$1.25 net. Special limited edition, first 500 copies numbered, and printed in photo-gravure ink, on extra fine enameled paper; bound in half-leather and vellum cloth, \$3.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry street. 1894.

While this book can hardly be said to be a contribution to medical literature, it may serve as a light diversion to the practitioner from his more serious and too often wearying anxieties and studies. It is true, the work cannot be classed among the models of literary skill or artistic finish, but there is a breezy earnestness about it that makes it far from commonplace, and we may be sure that it comes from a head and a heart that are both where they ought to

be. It is curious to note the different view of life taken by the successful doctor's wife, whose experience is limited to a more or less bucolic environment from that of the city physician's help-mate. The amusing anecdotes and clever illustrations, with which the book abounds, all trend in one direction—namely, to show that a doctor's life is a hard one, and that his wife's is harder still. We cannot but be amused at the reasons given for the necessity of not calling another physician in case of her own illness, though she may very much desire to have one—namely, that it would injure her husband's practice!

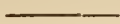
Taken all in all, we can heartily recommend Mrs. Firebaugh's book as a pleasant, spicy and amusing production, likely to be highly enjoyed by her for whom it seems to be especially written—the country physician's wife.



SYLLABUS OF LECTURES ON THE PRACTICE OF SURGERY, arranged in conformity with the American Text-book of Surgery. By N. SENN, M. D., Ph. D., LL. D., Chicago, Professor of the Practice of Surgery and Clinical Surgery in Rush Medical College; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital, etc., etc. Philadelphia: W. B. Saunders, 295 Walnut street. 1894.

A two-fold aim actuated the author in preparing his syllabus of surgery. In the first place, the work was designed to assist teachers of surgery, by placing at their command a systematic and condensed presentation of the various subjects included in a surgical course. In the second place, the work was to aid the student in his note-taking and memorizing of facts, and the author has endeavored to assist him in this by giving subjects their relative place in the scale of importance and worth. In the main the aim of the book has been accomplished, and it can be thoroughly recommended to teachers and students, who will find it most useful to them.

J. P.



OPERATIVE SURGERY. By TH. KOCHER, M. D., Professor at the University and Director of the Surgical Clinic at the Berne University. Octavo, 288 pages, 163 illustrations. Extra muslin, price, \$3.00. New York: William Wood & Company. 1894.

The object of this work is to assist surgeons in acquiring a mastery of operative technique. The modern antiseptic treatment of wounds has so materially modified operative technique that it

has been necessary to rewrite much of the surgery that stood in the pre-Listerean period; either this or to supplement standard works by a working manual devoted specially to technique, like the book under consideration.

The personal equation enters largely into this treatise, since Kocher describes and advises only those methods that he has thoroughly and practically tested. It, therefore, becomes a very readable book even if, in some instances, his opinions are not accepted. One of its chief advantages is, that the surgeon may quickly inform himself on a particular point without reading through a mass of literature that would consume much time. The illustrations are well drawn in many instances, but there is here yet room for improvement. This is especially the case with reference to illustrations bearing on regional surgery. It goes without saying that every surgeon will make haste to possess this work.

VENEREAL MEMORANDA. A Manual for the Student and Practitioner. By P. A. MORROW, A. M., M. D., Clinical Professor of Venereal Diseases in the University of the City of New York; Surgeon to Charity Hospital; Attending Surgeon to the Bellevue Hospital Outdoor Relief, Department of Skin Diseases; Member of the American Dermatological Association; Member of the New York Dermatological Society, etc., etc. Double duodecimo, pp. iv.—332. Second edition. New York: William Wood & Co. 1894.

The object of this work is to present to the profession a concise exposition of the nature and treatment of venereal diseases. The first edition, issued in 1886, was exhausted some time ago, and this second edition has been delayed to enable the author to make such changes as would bring the book fully up to date. It is a convenient reminder of methods of treatment to be employed in venereal diseases, but is not intended to supplant more elaborate treatises.

PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY. Volume XIV. Session of 1893. LEWIS H. ADLER, JR., M. D., Editor. Octavo, pp. xxviii.—484. Philadelphia: William J. Dornan. 1893.

The annual volume issued by this society is always full of excellent literature. In fact, the Philadelphia County Medical Society is one of the most active and best disciplined county societies in the country. Many of the papers contained in this book have been published in the medical journals, but it is always well to have society proceedings bound in annual volumes for refer-

ence. Once let a society fail to do this and its literature is scattered to the four winds, its usefulness is detracted from and its cohesiveness impaired. Such volumes as this should be found in every medical library.

A MANUAL OF MINOR SURGERY AND BANDAGING, for the Use of House-Surgeons, Dressers and Junior Practitioners. By CHRISTOPHER HEATH, F. R. C. S., Surgeon to University College Hospital and Holme Professor of Clinical Surgery in University College, London; Member of the Council of the Royal College of Surgeons of England. Tenth edition. Illustrated, 16mo, pp. xvi.—389. Price, \$2.00. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1894.

This little work is an old friend and needs very little further notice at this time beyond the mere announcement that the tenth edition is now ready on the shelves of the book stores for purchasers. In this edition the distinguished author has embodied the latest teachings regarding antiseptics, and in various other ways has modernized it to keep pace with the progress that the newer surgery is making. It is intended as a manual for the guidance of those who are constantly employed as assistants, and it would also be a useful book for nurses.

BOOKS RECEIVED.

Essentials of Anatomy, Including the Anatomy of the Viscera. Arranged in the form of Questions and Answers; prepared especially for Students of Medicine. By Charles B. Nancrede, M. D., Professor of Surgery and of Clinical Surgery in the University of Michigan, Ann Arbor; Corresponding Member of the Royal Academy of Medicine, Rome, Italy, etc., etc. Saunders' Question Compends, No. 3. Fifth edition, with an appendix and 180 illustrations. Duodecimo, pp. x.—388. Price, \$1.00. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

Essentials of Nervous Diseases and Insanity. Their Symptoms and Treatment. By John C. Shaw, M. D., Clinical Professor of Diseases of the Mind and Nervous System, Long Island College Hospital Medical School; Consulting Neurologist to St. Catharine's Hospital and Long Island College Hospital. Saunders' Question Compends, No. 21. Second edition. Crown 8vo, 186 pages. Forty-eight original illustrations, mostly selected from the author's private practice. Price, cloth, \$1.00; interleaved for notes, \$1.25. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Ophthalmology, Laryngology, Otology and Dermatology. By professors and lecturers in the leading medical colleges of the United States, Great Britain and Canada. Edited by Judson Daland, M. D.,

Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the University Hospital; Physician to the Philadelphia Hospital and to the Rush Hospital for Consumption. J. Mitchell Bruce, M. D., F. R. C. P., London, England; Physician and Lecturer on Therapeutics at the Charing Cross Hospital. David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to, and Lecturer on, Clinical Medicine in the Aberdeen Royal Infirmary; Consulting Physician to the Royal Hospital for Diseases of the Chest, London. Volume I. Fourth series. 1894. Royal 8vo, pp. xii.—363. Philadelphia: J. B. Lippincott Co. 1894.

Diseases of the Skin; An Outline of the Principles and Practice of Dermatology. By Malcolm Morris, F. R. C. S., Surgeon to the Skin Department, St. Mary's Hospital, London, etc. In one 12mo volume of 572 pages, with 19 chromo-lithographic figures and 17 engravings. Cloth, \$3.50. Philadelphia: Lea Brothers & Co. 1894.

Report of the Commissioner of Education for the Year 1890-91. Volumes I. and II. Washington: Government Printing Office. 1894.

An International System of Electro-therapeutics, for Students, General Practitioners and Specialists. By Horatio R. Bigelow, M. D., and Thirty-eight Associate Editors. Thoroughly illustrated. In one large royal octavo volume, 1,160 pages; extra cloth, \$6.00 net; sheep, \$7.00 net; half-Russia, \$7.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry street.

Literary Notes.

MR. W. B. SAUNDERS, Medical Publisher, Philadelphia, is pleased to announce, as in active preparation, his New Aid Series of Manuals for Students and Practitioners. As publisher of the Standard Series of Question Compendes, together with an intimate relation with leading members of the medical profession, Mr. Saunders has been enabled to study, progressively, the essential *desideratum* in practical self-helps for students and physicians.

This study has manifested that, while the published Question Compendes earn the highest appreciation of students, whom they serve in reviewing their studies preparatory to examination, there is special need of thoroughly reliable hand-books on the leading branches of medicine and surgery, each subject being compactly and authoritatively written, and exhaustive in detail, without the introduction of cases and foreign subject-matter which so largely expand ordinary text-books.

The Saunders' Aid Series will not merely be condensations from present literature, but will be ably written by well-known authors and practitioners, most of them being teachers in repre-

sentative American colleges. This new series, therefore, will form an admirable collection of advanced lectures, which will be invaluable aids to students in reading and in comprehending the contents of "recommended" works.

Each manual, comprising about 250 pages ($5\frac{1}{2}$ x 8 inches), will be distinguished further by the beauty of the new type; by the quality of the paper and printing; by the copious use of illustrations; by the attractive binding in cloth; and by the extremely low price, which will uniformly be \$1.25 per volume.

THE TRANSACTIONS OF THE PAN-AMERICAN MEDICAL CONGRESS.—The proceedings of the first Pan-American Medical Congress were compiled by the Secretary-General, Dr. Charles A. L. Reed, and transmitted to the Department of State in November, 1893. By recent joint resolution of the Senate and House of Representatives, the manuscript was transmitted to Congress and a concurrent resolution has been adopted directing the public printer to print the same. The manuscript is now in the office of the public printer and will be put to press at once under the supervision of the editorial committee, of which Prof. John Guiteras, of Philadelphia, is chairman.

THE Medical Society of the Women's Medical College of Baltimore has commenced the publication of a bulletin, in which it is proposed to publish the papers, cases and proceedings that come before the society. The first number was issued February 15, 1894, as a four-page double-column quarto sheet. The officers of the society are: President, Fannie E. Hoopes, M. D., D. D. S.; Vice-President, Ida Pollack, M. D.; Recording Secretary, Sue Radcliffe; Corresponding Secretary, Ella J. Reed; Treasurer, Louise Eaton.

MESSRS. WILLIAM R. WARNER & COMPANY, of Philadelphia, received the award of a silver medal at the late International Medical Congress at Rome.

NOTICE TO CONTRIBUTORS.—We are glad to receive contributions from every one who knows anything of interest to the profession. Articles designed for publication in the JOURNAL should be handed in before the first day of the month. The Editors are not responsible for the views or opinions of contributors. All communications should be addressed to the Managing Editor, 284 FRANKLIN ST., BUFFALO, N. Y.

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Original Communications.

THE VALUE OF HEGAR'S SIGN OF PREGNANCY.¹

By J. W. LONG, M. D., Richmond, Va.,

Professor of Diseases of Women and Children in the Medical College of Virginia.

PERHAPS the first problem which confronts every gynecologist, when called upon to diagnosticate the nature of a pelvic or abdominal tumor, is that of pregnancy. I am sure it is the first thing which enters my mind, for I have a painful recollection of being beguiled, by a designing woman, into passing a probe into a pregnant uterus, with the natural result of producing an abortion. This occurred when I was younger than I am now, when I knew more, and was more credulous of womankind.

Of course, to the man who is willing to simply wait "for Nature to take her course," it is immaterial as to whether a given tumor is a pregnant fundus or a fibroid, for "time will tell"; but to the man who feels the keen necessity of distinguishing the nature of these tumors, any sign which may be relied upon is a welcome addition to his resources.

The ordinary so-called certain signs of pregnancy develop so late, and many times not at all, that we turn with great expectation to a sign which promises to indicate with certainty the presence of pregnancy at an early period.

Hegar's sign consists essentially of *a softening and compressibility of the lower zone of the uterine body*. It has been erroneously stated to be a "softening of the upper part of the cervix"; but this is not true, for the hard cartilaginous-like cervix can be easily distinguished from the softened tissues above. The sign is obtained by bimanual palpation, the hands being placed in either of the several positions shown in the cuts taken from Sonntag, *American Journal of Obstetrics*, August, 1892.

1. Read at the annual meeting of the North Carolina State Medical Society, May 17, 1894.

Fig. 1 shows the intra-vaginal finger pressed into the anterior vaginal fornix, and the abdominal hand forced down behind the fundus and in front of the sacrum. In this way the *lower zone of the body of the uterus* is grasped between the opposing fingers, and it is astonishing to find how (apparently) thin the tissues are at this point. One can feel and distinguish the opposing fingers as readily as if only the lapel of his coat was interposed between them. I do not think one can fully realize how soft and bag-like the lower zone of the body of the pregnant uterus is until he has

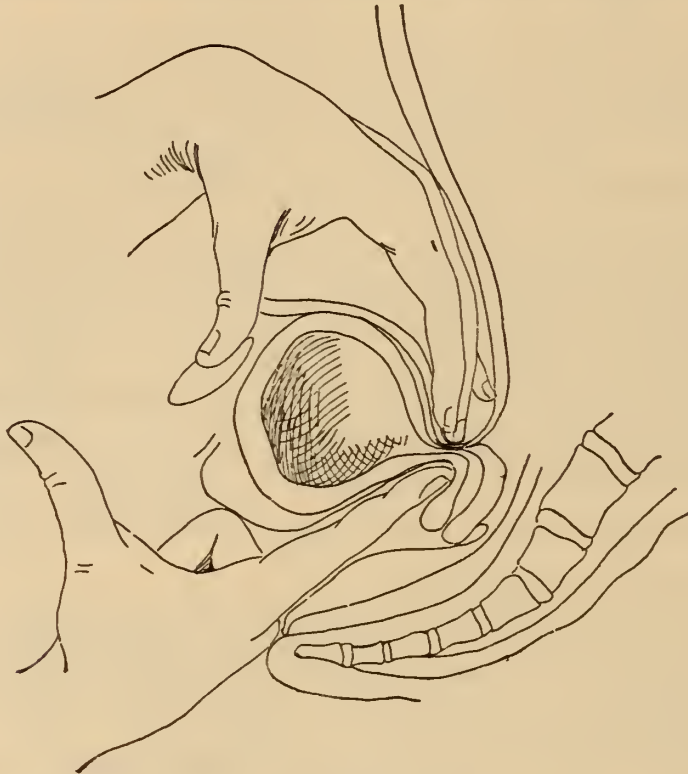


FIG. 1.

actually seen, as well as touched, such a uterus while *in situ*. I had occasion to *see* and *feel* a three months pregnant uterus while doing a hysterectomy for fibrous tumors, complicated by pregnancy. This occurred in the practice of Drs. Cox and Staunton, of High Point, and is fully reported in the April number of the *Virginia Medical Monthly*.

So flaccid was the lower part of the uterus, that I would not believe it was not the half-full bladder, until a catheter was introduced, proving the bladder to be empty.

Fig. 2 illustrates the second method of obtaining this sign, the intra-vaginal finger being behind the cervix, and the abdominal hand being pushed down between symphysis and fundus.

Fig. 3 shows one hand on the abdomen between the symphysis and fundus, and one finger in the rectum, with the thumb in the vagina,

controlling the cervix. This method may be facilitated by hooking down the cervix with a tenaculum. In fact, with the cervix

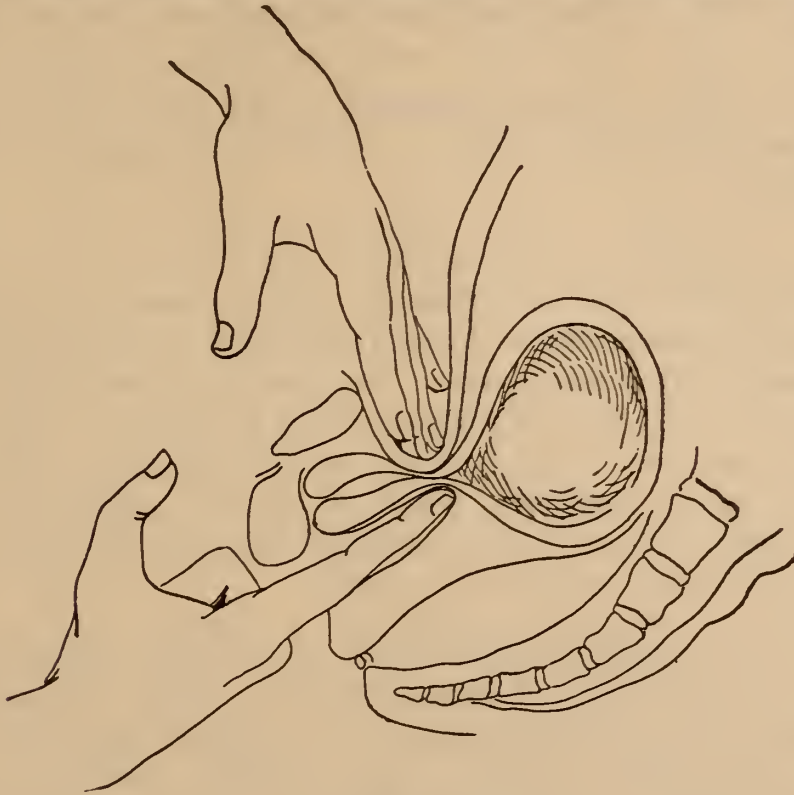


FIG. 2.

pulled down, the sign may be obtained by means of the thumb in the vagina and the finger in the rectum.

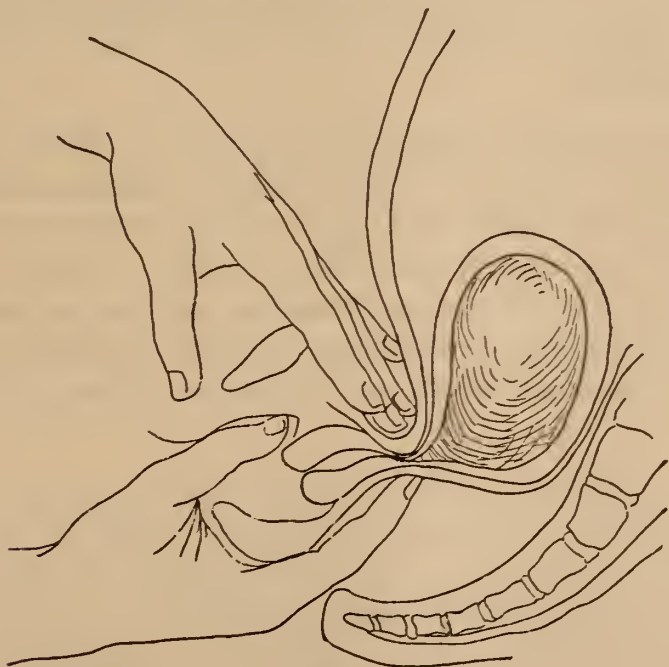


FIG. 3.

When the woman is very tender, or nervous, or the abdominal walls thick or rigid, it is necessary to employ anesthesia.

This paper is based upon the careful study of nine cases. The period when this sign may be observed, is from the eighth week to the sixth month. Other observers claim to have detected this sign at the fifth week. It hardly seems probable that the softening can be felt prior to this period, while after the beginning of the sixth month the uterine globe is so full that it cannot very well be compressed.

CASE I.—*Pregnancy diagnosticated at the eighth week.*—Case seen in connection with Prof. L. C. Boshier. Miss J., aged 19, having been led astray is anxious to know if she is pregnant. Says her periods have always been scanty and irregular. The last one appeared on March 10th and continued two days. Examination May 12th. *Hegar's sign* pronounced and made out by both Dr. Boshier and myself. The fundus is enlarged antero-posteriorly, which, of itself, is significant; breasts enlarged; areolar dark; papillæ elevated; patient complains of morning sickness and believes she is pregnant.

CASE II.—*Pregnancy diagnosticated at the ninth week.*—S. D., an intelligent colored girl of 18 years, single, no child, one abortion at third month, comes to get something to “bring on her spells.” Says she has “took cold.” Periods always regular, last one occurring November 24, 1893. Examination January 31, 1894. Slight cervical tear, os patulous and contains plug of mucus; mucosa soft. Lower zone of body compressible, the opposing fingers being easily felt through the uterus. Confronted with the diagnosis of pregnancy, she admitted intercourse. This girl returned at the third month fully convinced that she is pregnant.

CASE III.—*Pregnancy diagnosticated at the third month.*—Case seen with Dr. D. A. Stanton. Young colored woman; married, but husband has been in the asylum for a year. Has missed three periods. Examined under chloroform December 26, 1893. *Hegar's sign* made out with finger in rectum, thumb in vagina, and cervix hooked down. Confronted with pregnancy, admits intercourse. Diagnosis verified by operation (hysterectomy for fibrous tumor and pregnancy) on the same day.

CASE IV.—*Pregnancy diagnosticated at three and a half months.*—Case seen with Prof. J. A. Hodges. Mrs. H., aged 31, two children, last one eighteen months old. Periods reappeared in May, 1893, and continued at irregular intervals until January 10, 1894, when last one stopped. Has no nausea or any symptom of pregnancy, except, possibly, a little enlargement of breasts and abdomen. Examination May 2d. *Hegar's sign* pronounced. Vaginal discoloration, and cervical changes present. Fundus markedly enlarged.

CASE V.—*Pregnancy diagnosticated between the third and fourth months.*—Dispensary case. C. E., colored, aged 35 years, married eight years, four children, last pregnancy five years ago. Examined _____ . Has missed three periods. *Hegar's sign.* Small fibroid on posterior surface of fundus.

CASE VI. *Pregnancy diagnosticated between third and fourth months.* Dispensary case. J. J., colored, aged 27 years, single, three children, two abortions. Last pregnancy two years ago. Examined _____ . Has missed three periods. *Hegar's sign.*

This case was the subject of a clinical lecture delivered before the Summer school at the hospital of the Medical College of Virginia. Drs. J. Allison Hodges, George Ross, W. Augustus Lee and William P. Mathews were present, examined the patient, and all made out the sign without any trouble.

CASE VII.—*Pregnancy diagnosticated at the fourth month.*—This case was a private patient of Prof. Johnston's, and came with the evident purpose of deceiving him, as her history and sequel will show: Mrs. L. O., aged 25, married at 16, had a child one year later, aborted at third month one year after birth of child. About this time her husband left her and has not been with her since. Health good as a rule, except occasional attacks of kidney colic. Says that last June, while living in Philadelphia, she was accidentally pushed from a stoop and fell down six or eight stone steps, falling on her back, hurting her badly. Was in bed three months and had to be kept continually under opiates, so great was the pain. Her period came on the last of June, and again in July, but has not appeared since (six months). After getting out of bed she applied to several prominent physicians in that city, all of whom diagnosticated ovarian "trouble" or "tumor," and advised a celiotomy. This she declined and returned to Richmond, and later placed herself under Dr. Johnston's care, saying she had made up her mind to have the operation done, and desired him to operate. January 17th Dr. Johnston asked me to see the case with the view of diagnosis. The patient states further that she has paroxysms of pain occurring at irregular intervals, sometimes daily, sometimes several days apart; one just before Christmas threw her into a convulsion, as did another one on January 1st, since which time she has had no paroxysm of pain. She complains of profuse fetid leucorrhœa, which is worse at times. She was so tender I could not make a satisfactory examination. I could discover a tumor, but could not make out what it was, so with her consent we gave her chloroform. Under anesthesia we determined: absence of leucorrhœa, cervix hard, mucosa soft, os patulous and contains plug of mucus, fundus size of four months pregnancy, *Hegar's sign marked*, fibroid size of lemon and with broad face situated on right

side of fundus. This patient was of such good standing that it was with difficulty I persuaded Dr. Johnston to confront her with pregnancy, but finally he did. She denied it indignantly, but the doctor was emphatic, and finally she admitted intercourse in September, just four months prior to date of examination. She was sent out of the hospital and miscarried ten days afterward.

CASE VIII.—*Pregnancy diagnosed at four and a half months.*—This case also occurred in Dr. Johnston's service. Mrs. H., age about 30, a most excellent lady, mother of one child two years old. The only periods she has had since the birth of her child occurred in April, July and October (15th) of last year. For nearly a year she has suffered with pain and soreness in left ovarian region, now has a marked abdominal enlargement. She has had no morning sickness, no enlargement of breasts, no appearance of milk, indeed nothing to cause her to suspect pregnancy. March 6th, Dr. Johnston asked me to examine her. It was necessary to use chloroform. We found: cervix hard, mucosa soft, os patulous and contains plug of mucus, fundus enlarged, *Hegar's sign* present, left cystic oöphoro-salpingitis. Both patient and husband were delighted with the diagnosis of pregnancy, which was confirmed two weeks later by quickening.

CASE IX.—*Pregnancy of five or six months in which I failed to get the sign.*—Case seen with Dr. Bulla, of Randolph. Mrs. K., a lady living in North Carolina; age 35; married sixteen months; no children; periods always regular and very profuse until June, 1893, the flow was scanty, but began again in July and was nearly continuous until the middle of October, when she passed a large quantity of clots and shreds, whereupon her abdomen, which was the size of a four or five months pregnancy, rapidly subsided to normal size. After this her periods did not appear again until February, since when she has had a continuous bloody flow. She has had no enlargement of breasts, no nausea, and does not believe she is pregnant. Examination, March 17th, under chloroform, when we discovered: cervix pushed to left side, mucosa soft, os patulous, fundus size of four and a half or five months pregnancy, rythmical contractions of fundus, hard tumor size of fundus, situated behind and to the right, numerous small tumors in and around upper part of cervix and lower zone of body, *Hegar's sign* could not be elicited, due either to presence of the tumors, or to the advance stage of pregnancy. Diagnosis: pregnancy and fibroid tumors. The second night afterward the woman miscarried.

My conclusions then are:

1. That between the second and fifth months *Hegar's sign* of pregnancy is one of great value, its presence always indicating pregnancy.

2. It is applicable to any case where the abdominal walls are thin and flaccid enough to grasp the uterus between the two hands, as detailed above.

3. Fibroid tumors are the most misleading complication (two cases, *supra*).

4. Anesthesia is often necessary.

Since reading this paper before the North Carolina Medical Society, at Greensboro, May 17, 1894, I was asked to examine :

CASE X. Mrs. H. ; age, 22 ; periods painful and profuse ; last one, February 20th, lasting four or five days. Never pregnant and does not believe she is pregnant now. Examination under chloroform, May 18th, found *Hegar's sign* ; also mucosa soft, fundus size of three months pregnancy and areola slightly darker than normal. Diagnosis : *pregnancy of three months*.

412 EAST GRACE STREET.

WHAT KILLS THE PATIENT—PERITONITIS OR INFECTION ?

BY BYRON ROBINSON, Chicago, Ill.

IN CONVERSATION with a gynecologist the other day, he remarked that his patient died on the fifth day from peritonitis. A curious view prevails among physicians that peritonitis causes death ; that if peritonitis can only be avoided the patient is safe. The dread of many a physician is peritonitis ; as if the patient hung on a thread and peritonitis would snap it ruthlessly asunder. A few careful autopsies on patients who have died from peritonitis would soon dispel this illusion. One sees bands, adhesions and barriers of exudate here and there. Partitions and departments have been formed in the abdominal cavity. Pools of pus have been coralled and circumscribed. Viscid, jelly-like substances surround ill-appearing localities. The most angry complaining viscera have become the most imbedded and fixed. Yet the physician says the patient died of peritonitis. What a grand mistake. The peritonitis made wonderful efforts to save the patient's life, or had it not been for the peritonitis the patient would have long before passed to the tents on the greensward whose curtains never swing backward.

An example will suffice to illustrate that peritonitis attempts to save life instead of destroy it :

Mrs. A. came to the hospital with hernia strangulated for three days. Pulse 110, and shortly after the operation temperature 103. The

operation removed a gangrenous gut strangulated by Poupart's and Gimbernat's ligaments. The gut was reduced so far as Poupart's ligament was concerned, but the strangulation was not relieved for a second constriction tightly embraced the gut-loop from the chronic inflammation, which had existed for three years previous. Abdominal section was made and the loop in intestine forcibly pulled out from the inside of the peritoneal sac. Six inches of the blackened bowel resected and a Murphy's button inserted. The peritoneal redness, the vascular congestion, the deranged pulse and temperature, showed that she had peritonitis. The lower half of the peritoneum presented the suffused tint of a setting sun. The patient quickly rallied. The temperature became normal, the pulse became 80 and she was hungry. All was going well until about the seventieth hour, when a sudden disturbance arose and she became pale. The temperature fell to 98, the pulse flew up to 140. She became restless. Tympanitis rapidly arose and she died about ninety hours after the operation. The autopsy revealed a perforation at the side of the button on the distal side of the mesentery.

The autopsy, performed by Dr. Brown, of the Post-Graduate School, revealed only a few square inches of what one would call peritonitis, but several square inches of dull, dark peritoneum around the seat of perforation. No adhesions were formed. What killed this patient—peritonitis or infection? It is easy to answer that infection was the head and front in the cause of death. If peritonitis could have arisen, the woman's life might have been saved by barriers of exudate. Inflammation is the mode that the peritoneum takes to preserve life. Peritonitis is the standing army against the invasion of infection, and the omentum is like a man-of-war, ready at a moment's notice to go to the points of peritoneal infection to capture the invader. Observe, for a moment, the three regions of the peritoneum where infection invades—namely, between the colon and diaphragm, around the appendix and in the pelvis,—and note how adhesions promptly check invasions.

Few autopsies are done without peritonitic adhesions being found in the pelvis around the cecum or in the region of the gall-ducts. In such cases, life was absolutely saved by inflammation, by peritonitis throwing out barriers of exudates,—advance guards against foreign invasion of merciless soldiers, whose sole purpose is destruction and death. Now, turn attention to the small intestines, around which are found but few exudates or adhesions, for the simple reason that death occurs before peritonitis can form barriers to stop death on its way, which is simply infection (the colon bacillus). If the peritoneum on the small intestines had

time to inflame, it would throw out exudates to surround and capture the invader. Peritonitis would save life by starving out the infectious invader by coralling him in a limited space, *e. g.*, a pool of pus, whence sterility of the pathogenic microbe arises. Modern research asserts that microbes are the cause of peritonitis, but the adhesions, bands and exudates show how hard the peritoneum tries to stop the advances of such enemies of mankind. If it were not for peritonitis death would soon end the scene. But, while blood corpuscles swarm to the seat of invasion and quickly attempt to surround the infectious invader by burying him with the dead of the battle, infection is only conquered by being buried in the *débris* of its own devastation. As a proof that peritonitis saves life, observe that the most favorable cases of abdominal section are those where collections of pus are circumscribed. The infection has been checked by peritonitis, *e. g.*, in the pelvis, around the cecum, or gall-bladder. The circumscribed invader has been starved out by cutting off supplies of food or space. Hence, infection is the dreaded foe, while peritonitis is the savior of life.

Peritonitis builds solid forts around the ends of the Fallopian tubes, the appendix and the gall-bladder, which alone insure liberty of life to the viscera. We are just beginning to interpret the wonderful workings of the peritoneum. I was once infected in my finger, and my whole arm readily served as a test-tube of culture medium in a few hours. There was no peritoneum to protest by inflaming against the invader, and I was soon delirious. Finally, the white blood-corpuscles arose in sufficient numbers to overcome the intruders and starve them out. It required some six weeks to rout the infectious invader. A peritoneum would have likely coralled the infection by an exudate in a few days. Peritonitis tends to save life. Infection tends to destroy it.

34 WASHINGTON STREET.

THE MARRIAGE OF SYPHILITICS.—In general the advice to syphilitics would be not to marry, but Dr. William G. Porter believes in doing the syphilitic justice, and for this reason he looks at the subject with very lenient eyes. He divides the disease into the benignant, the moderate and the malignant variety. The stages explain themselves. The first form recovers with no treatment, while the second and third need a skilful physician's advice, and after all disappearance of the symptoms the patient may safely marry in two years.—*Maryland Medical Journal*.

BLADDER GYMNASTICS AND AUTO-IRRIGATION.

BY BYRON H. DAGGETT, M. D., Buffalo, N. Y.

AT THE regular meeting of the Lake Erie Medical Association, July 15, 1892, I read an article describing a method of irrigation of the deep urethra and bladder without the use of a catheter, which was published in the *BUFFALO MEDICAL AND SURGICAL JOURNAL*, March, 1893. After the lapse of nearly two years' time, and the additional experience of continual tests, I feel warranted in asserting that nineteen out of twenty patients may be taught to irrigate in this way. The failures will be due to a very small stricture or a very large prostate.

I will briefly refer to a few notes taken since the publication of that paper, and preface these memoranda by repeating the technique of bladder irrigation without catheterization. The materials are a four-quart bag, a tube six feet long with a shut-off within easy reach. The tube is attached to the inlet of the double canula (Fig. 1), its bore being twenty per cent. larger than that of the outlet. The

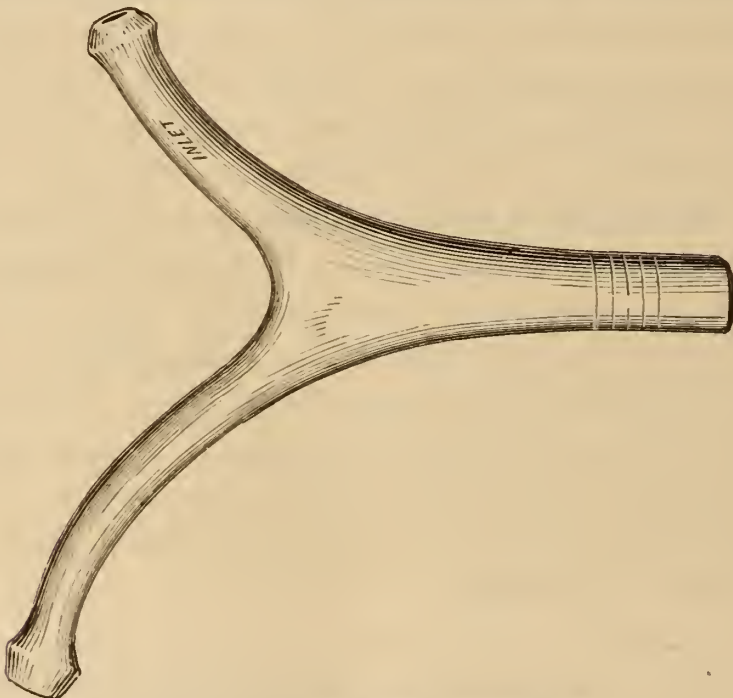


Fig. 1.—The Daggett canula.

nozzle of the canula is introduced from one to two inches, according to the size of the meatus, and is made wedge-shaped, in order to fill the varying calibers of urethral meati. It is sufficiently long to be conveniently held in place by grasping the penis behind the glans, at the same time drawing the pendulous portion in line with the fixed urethra. The bag is filled with water, at a temperature of 115 degrees, to insure more than blood warmth as it flows, and

is made bland by the addition of a little glycerine, mucilage, a few grains of salt or soda carb., and elevated two or three feet above the plane of the pelvis.

The patient must assume a reclining position—a reversed squatting posture—since flexure and gravity are essential factors. He may do this in an ordinary bath tub by resting his back along the incline at its head, so that the trunk is at an angle of forty-five degrees from the horizontal line, flexing the thighs at right angles with the body and supporting the legs at right angles with the thighs. If there is no bath tub at hand, a hip bath may be arranged for this purpose, or the patient may posture himself in a low rocking chair, tilted and blocked (Fig. 2), so that his body assumes the position described, his legs resting upon another chair or upon a stand.



Fig. 2.—Posture for auto-irrigation of the bladder.

The nozzle of the irrigator is then introduced, the penis grasped and drawn in line with the fixed urethra, the stop opened and the water allowed to run if necessary until the bag is empty ; if it has not passed into the bladder, try again. A peculiar feeling gives warning of the passing of the water through the posterior urethra, the return flow diminishes and escapes in a pulsating stream, when a finger of the right hand is placed over the exit, to divert the entire flow into the bladder, which at first resents the intrusion

and ejects after receiving two to three ounces. Repeat this and the bladder becomes more tolerant each time. Three to four flushings are sufficient at each séance and the séances may be repeated three times daily if necessary. The novelty and comfort afforded by irrigation sometimes induce patients to overdo, at the beginning, before tolerance is established. The diminished, pulsating outflow would seem to indicate an anti- or retro-peristaltic action of the accelerator muscle. This process is a coaxing one, in which the gentle pressure of the continuous flow of the hot, non-irritating current and the posture described are essential conditions. The patient acquires a knack at the first success, which he realizes and which I can scarcely describe, that gives him an abiding faith in his ability to flush his bladder at will.

MEMORANDA.

CASE I.—R., 63 years of age, gives me the following history of his sufferings: In a mining camp, twenty-three years ago, he had a very severe attack of cystitis, caused by drinking alkaline water. He came home on this account, was ill several months, and never fully recovered. He had been confined to his room four weeks; drugs failing to bring relief, irrigation by double catheter was employed; still his condition grew steadily worse. His attending physician, realizing that a crisis was at hand, proposed to call in a surgeon to do cystotomy. R. declined this service, and called me to take charge of his case. At this time, he presented all the phenomena of septic infection. His urine was strongly alkaline, offensive, depositing one quarter part, by volume, solid matter, consisting of pus and inflammatory débris. R. readily learned self-irrigation without the catheter, and cleared his urine in five days, and was able to attend his office. There still remained a tendency to relapse, which was controlled by irrigation.

It was noted that irrigations not only warded off this tendency, but they also relieved soreness and pain, as he expressed himself, were luxurious, and enjoyed three times each day. R. would completely empty his bladder, as he supposed, placing himself as described. The first washing would show straw or amber color, the third would be clear. He passed into his bladder half a pint of hot milk, and maintained that, as hot milk was good for sore eyes, therefore it ought to be good for sore bladders. After micturating, he irrigated, and the first washing was very milky, the third showed up clear. These tests indicated residuum, which, becoming disturbed, caused cystitis. The prostate is not perceptibly enlarged, and he has never had retention. He firmly refused permission to pass the catheter to test the question of residual urine, alleging that he had already suffered sufficiently from the use of that instrument for irrigation.

After doing bladder gymnastics by three daily irrigations for six weeks, it is evident that this viscus is completely evacuated by normal urination, and, more than this, the rising stream is ejected with sufficient force to menace facial autonomy. Gymnastics of the lower urinary apparatus had relieved urinary stasis and its ever-attending threat.

CASE II.—B., 20 years old, a railroad fireman, had been confined to his bed five days, suffering from prostatocystitis, caused by gonorrhoea, passing thick decomposing urine every ten to fifteen minutes. He succeeded, in the second trial, in flushing the bladder. The swelling of a prostatic abscess interrupted or blocked deep irrigation for eighteen hours. Immediately following the rupture of the abscess, irrigation was successful and uninterrupted to the end. Pain practically ceased in three days, and within a week he could hold his water for six hours. For three days following the rupture, he passed masses of macerated blood coagula, which was made possible by flooding the bladder and evacuating its contents by normal urination. Recovery was speedy and complete.

Two cases of recurring attacks of orchitis due to chronic irritable posterior urethritis have been promptly relieved and relapses forestalled by irrigation pending other measures.

Dr. T. S. Stuart, of Buffalo, kindly permits me to include in this paper a synopsis of a report of one of his cases of prostatic hypertrophy, which caused stillicidium and retention of urine :

W., a house painter, 61 years old, states that for five years his urine has passed away by dribbling, constantly necessitating the use of protectives. April 20, 1894, he had a severe attack of strangury, and his physician being unable, after repeated efforts, to pass a catheter, palliated the symptoms by the administration of drugs. W. continued to suffer from distension and tenesmus. Dr. Stuart was called April 28th, and, after making diligent efforts, failed to pass a catheter. The case becoming urgent, Dr. Stuart says: "I determined to test the method proposed by Dr. Daggett—namely, relaxation by posture and hot water irrigation. My patient was seated in a low rocking chair, tilted as described in this method, and his legs placed on the tops of two other chairs. The canula was introduced, and within a short time he expressed a desire to urinate; the canula was then removed, and he passed nearly a pint of fluid. Irrigation was used twice daily for a week, then once daily since that time. Convalescence has been uninterrupted, and his power to void urine has steadily improved. At present W. has no difficulty in urinating, dribbling has ceased, and he feels better than for several years past."

Another interesting phenomenon is developed by this process, and that is the restoration of impaired procreative functions.

After several years experience and two score cases as they occur in the rounds of a general practice, I feel warranted in asserting that more than ninety per cent. of these patients may be taught to irrigate the bladder without a catheter.

Success is attained by technique, posture and perseverance.

258 FRANKLIN STREET.

Clinical Reports.

CLINICAL MEMORANDA FROM THE SISTERS' OF CHARITY HOSPITAL.¹

BY HERMAN MYNTER, M. D.,

Professor of Surgery, Niagara University, Buffalo, N. Y.

CHOLECYST-DUODENOSTOMY AND GASTRO-ENTEROSTOMIES BY AID OF MURPHY'S BUTTON.

WHILE operations on the gall-bladder have been performed as long ago as in the middle of last century, it is first during the last ten or fifteen years that improved methods have been devised, by aid of which a moderately favorable prognosis could be obtained. And yet the progress has been so rapid, that operations, which but a few years ago were universally employed, are obsolete now or will soon be considered so.

We owe this progress, as so many other advances in surgery, to American surgeons ; in this case to Dr. John B. Murphy, of Chicago, whose anastomosis button, by its simplicity and mechanical perfection, and the ease and celerity with which it may be applied, seems to fulfil all indications for a safe and reliable removal of gallstones from the gall-bladder itself.

The question arises, When ought we to operate in cases of jaundice? It is impossible to give a distinct diagnosis in each case. Jaundice may be the result of gallstone impaction in the common duct, or of cancer of the pancreas or liver, involving the duct, or simply of a gastro-duodenal catarrh. In many cases, of course, the symptoms will be sufficiently prominent to give a differential diagnosis ; in others the diagnosis will be obscure, unless we open the abdomen.

1. Read before the Surgical Section of the Buffalo Academy of Medicine, Tuesday evening, June 5, 1894.

I need scarcely mention that an impacted gallstone, if sufficiently large, in the common duct gives jaundice, and, secondarily, swelling of the gall-bladder, while an impaction in the cystic duct is not followed by jaundice, and may not be followed by swelling of the gall-bladder, unless cholecystitis supervenes. On the other hand, swelling of the gall-bladder, with or without jaundice, may be the result of a carcinoma of the gall-bladder itself, or neoplasms in the pancreas and liver, involving the common duct, or of an empyema, the result of a cholecystitis with or without gallstones.

When ought we, therefore, to discard medical treatment, and have recourse to the only means which can clear up the diagnosis—laparotomy?

I believe that jaundice ought to be treated by laparotomy after a course of medical treatment of several weeks has demonstrated the improbability of relieving the trouble by this means.

The abdomen having been opened by a vertical incision at the outer edge of the rectus muscle, we may examine the gall-bladder for stones in the common, cystic or hepatic ducts, and if found, particularly in the gall-bladder, remove them with scarcely any danger to the patient. If carcinoma of the gall-bladder should be found, it is entirely feasible to remove the gall-bladder by cholecystectomy. If the common duct should be found obstructed by a neoplasm, we may, at least, relieve the jaundice by a cholecystenterostomy, without any more danger to the patient than accompanies an explorative antiseptic laparotomy, and that is *nihil*.

The older operations for gallstones consisted in: (1) suture of the gall-bladder to the parietal peritoneum with secondary incision, *i. e.*, cholecystotomy in two sittings; (2) suture with immediate incision, *i. e.*, cholecystotomy in one sitting; (3) incision of gall-bladder followed by immediate suture and reposition in abdominal cavity, *i. e.*, ideal cholecystotomy. Of these three operations, the first has given the most favorable results, the mortality being ten per cent., six deaths in fifty-nine cases.

The second operation has given a mortality of 19 per cent. in 201 cases, but both the first and second operations have the great disadvantage that a biliary fistula is left in a large number of cases, estimated at 31 per cent., so that perfect recovery has only been obtained by these operations in about 50 per cent. The third operation, ideal cholecystotomy, has given a mortality of 23 per cent. Compare the results of these operations with the most

modern operation, scarcely as yet known to physicians, the cholecyst-enterostomy, or cholecyst-duodenostomy, by aid of Murphy's button, with a mortality of *nihil* and a complete recovery of 100 per cent. in seventeen cases, or if I add one of my own, eighteen cases, and you will probably agree with me, that the problem of removing gallstones by operation has been most ably and brilliantly solved by this new device.

The operation is performed in the following way: after the abdomen has been opened and the gall-bladder isolated and drawn out of the wound, a running thread is inserted around a line one-third longer than the incision to be made, and going through all the layers of the organ. The incision is thereafter made and the gallstones removed. It is not necessary to remove all the gallstones, as they will pass away after the button has been passed. One-half of the button is now inserted with a forceps and the running thread tied around the cup. A similar thread and incision is made in the duodenum, opposite the mesentery and below the head of the pancreas, the button inserted and the two halves firmly pressed together. The spring in one of the cups maintains pressure till the button sloughs off, and it is voided by rectum in from seven to twenty or twenty-five days. The gall-bladder shrinks thereafter, forming a canal of the size of the common duct. This operation is, according to Murphy, indicated: (1) in all cases in which it is desired to drain the gall-bladder; (2) in all cases of cholelithiasis with obstruction of the common duct; (3) in all cases of cholecystitis, with or without gallstones; (4) in all profusely discharging biliary fistulas. It is contra-indicated: (1) when the gall-bladder is too small for insertion of the button; (2) where adhesions are so extensive that the bladder and duodenum cannot be approximated; (3) where the ductus cysticus is obliterated, in which cases cholecystectomy is indicated.

When a stone is impacted in the common duct, attempts have occasionally been made of removing it either by crushing it through the walls with instruments protected by a rubber covering, or by dividing it by a needle introduced through the wall, or, lastly, by incising the duct, removing the stone and closing the wound by suture. This last operation is very difficult, on account of the deep position of the duct, and the mortality is about forty per cent.

The Murphy button may be used to advantage on other organs than the gall-bladder. In a recent case, operated seven weeks ago, I made an anastomosis between the stomach and the duodenum, on

account of cancerous stricture of the pylorus. The case was entirely successful, all vomiting stopped, and the patient left the hospital in three weeks greatly improved, able to eat and retain his food. His life will, probably, be lengthened a good many months by this operation. In another case of cancer of the pylorus, in which the patient was extremely exhausted from starvation from vomiting, death occurred twelve hours after the operation. The operation was performed in less than fifteen minutes, and she died simply from exhaustion. In a third case of cancer of pylorus, in which the patient was in a state of extreme inanition, I made a gastro-duodenostomy a few weeks ago, using the smallest of Murphy's buttons, as the others of my set were all in use. For seven days everything went well, vomiting had ceased, and the patient was improving and feeling well, when she suddenly complained of severe burning pain in the abdomen, as if "melted lead was being poured down among the bowels." She collapsed and died in two hours. The *post-mortem* showed that the button had slipped out of the stomach, leaving a large opening, through which the contents had entered the abdominal cavity. The small diameter of the button necessarily allowed only a small brim of the hypertrophied wall of the stomach to be compressed between the cups, and the accident occurred partly on this account, partly from muscular contractions of the stomach. I consider it of the utmost importance to publish this case, and shall, in all future gastro-enterostomies, use a running suture around the button as a means of safety. I do not believe it could have occurred in a cholecyst-enterostomy, where the muscular force, probably, is lacking.

I question whether a gastro-duodenostomy may not be the proper thing to do in recurrent ulcers of the duodenum. We do not, of course, know in a given case whether the ulcer is duodenal or gastric, but both result in stenosis with consecutive dilatation of the stomach, hypertrophy and, later, atrophy of the wall.

Dr. Carle, of Turin, in the last international congress, at Rome, reported fourteen operations on the stomach for non-malignant affections, of which only one died. Eleven were pyloro-plastic operations, one a gastro-enterostomy for stenosis with hemorrhages, one a divulsion and one a resection of the pylorus. His conclusions are: (1) In rebellious chronic gastric catarrh it is permissible to resort to exploratory laparotomy. (2) When a condition is found to exist rendering evacuation of the stomach difficult or impossible, it is necessary to perform some operation to remedy the defect.

(3) It is absolutely essential to provide for free evacuation of the stomach, for it is better that the organs should be incontinent than that stagnation of the gastric contents should exist. (4) The successful result in the case of gastro-enterostomy proved to his satisfaction that ulcer with hemorrhage can be treated in this way more satisfactorily than by resection.

Mikulicz's pyloro-plastic operation is difficult, and takes a long time, probably several hours, to perform. Loreta's operation of divulsion has the same disadvantage as divulsion in strictures,—that there is nothing to prevent a return of the constriction. With Murphy's button, on the other hand, we can establish a new communication in a very short time (about ten minutes), without danger of shock from long exposure of the abdominal organs, and I should, therefore, consider this method preferable. In cases of ulcer with hematemesis and stenosis we may expect, it seems to me, the ulcer to heal and form a firm cicatrix, as it will not be continually irritated by the passage of food and fermentation.

Lastly, I wish to report two cases of cholecyst-enterostomy :

CASE XVII.—Mr. M., aged 24, entered the Sisters' hospital in March, 1894, with the following history: He had been taken sick fourteen months previously with a deep-seated, heavy, dull pain in the epigastrium, followed, at irregular intervals, by sharp, crampy pains, beginning in the same region and extending all over the abdomen. Jaundice occurred shortly after, and had continued since in increasing degree, so that he was now of a deep yellow, or rather greenish, color. He had continually had clay-colored stools, dark urine, intense itching, nose-bleeding. He had complained of increasing emaciation and weakness, and I do not remember to have seen a more utterly prostrated and cadaverous-looking patient. The liver was enlarged, extending three inches below the lower border of the ribs. A rounded tender swelling was felt to the right of the median line in the epigastrium.

That we here had a case of stenosis of the common duct admitted of no doubt, but the cause was unknown, although the probable cause, judging from the history, might seem to be gallstones. Laparotomy was, therefore, performed along the right border of the rectus muscle. An enormously dilated gall-bladder, as large as the head of a child, was seen, strongly adherent to transverse colon. The adhesions were loosened and the gall-bladder drawn out through the wound and punctured. It contained about a pint of thin, yellow-greenish fluid mixed with mucus. No stones could be felt, but a deep hard tumor was felt behind, probably in the pancreas. A cholecyst-duodenostomy was thereafter made with Murphy's button, No. 2, and the wound closed.

He lived six days after the operation, and died of prostration without peritonitis. On the second day the stools commenced to become brownish in color, the urine cleared up considerably, and he complained only of extreme weakness.

Post-mortem showed cancer of pancreas infiltrating and closing the common duct, and disseminated cancerous foci in the liver.

CASE XVIII.—Mrs. K., sixty years of age, had for nine years suffered from periodical pain in the region of the liver, followed by severe vomiting, and treated for neuralgia of the stomach. She had never suffered from icterus. In February, 1894, she was taken sick with what was supposed to be an attack of appendicitis, had pain, vomiting, fever and a tender painful swelling in the right ileo-cecal region. She recovered, but had another attack in the beginning of April, 1894, which also was treated for appendicitis.

I was called to see her on April 14th, as she continued to have pain in the ileo-cecal region. There was felt here a deep-seated, oblong, movable and painful tumor, extending from McBurney's line downward and inward. The tumor was about three inches in length and, apparently, a couple of inches broad, and could be indistinctly followed upward toward the liver. An exploratory incision was made, on April 17th, by the usual oblique incision for appendicitis, and the tumor proved to be an enlarged, thickened and elongated gall-bladder, full of pus and gallstones, and adherent to colon ascendens and transversum. The usual suture was applied and the gall-bladder opened, and 126 gallstones removed, of different sizes, the largest as large as a hickory nut. Duodenum was found with difficulty and only by following the ileum upwards from the ileo-cecal valve. The button was thereafter inserted and the abdomen closed. The further course was favorable, and she left the hospital on the fourteenth day, stating that she had not felt so well for many years. The button could then still be felt beneath the scar. On the twenty-second day the button could not be felt any more, and she passed it on the twenty-third day. She has since felt in perfect health.

PUERPERAL CONVULSIONS WITH ALBUMINURIA.¹

By BENJ. G. LONG, M. D., Buffalo.

Mrs. T., American, aged 30, married; seen first June 15, 1892. Pale and waxy in appearance; face puffy; feet and limbs very edematous; coughing almost persistently, headache, sleeplessness, and some impairment of vision; reports that she is about eight months pregnant; second pregnancy; first child born dead, labor

1. Reported to the Section in Obstetrics and Gynecology, Buffalo Academy of Medicine, April 24, 1894.

normal. Family history good. Physical examination shows moist rales throughout lung and some edema. Examination of urine showed specific gravity 1010, no sugar, albumin so abundant that, upon boiling, the urine became so solid that it would not run from the test-tube when inverted. Hyaline and granular casts abundant. By the use of cathartics, diuretics, hot baths, and milk diet, the amount of urine was increased, the albumin diminished, as was also the edema of extremities and lungs, with consequent improvement of the cough and the wellbeing of the patient generally. On the evening of July 4, 1892, she was delivered of a healthy child, the labor being normal, and chloroform administered. After the birth of the child, the patient seemed less bright than before, but there were no convulsions. The next day, July 5th, the patient was not quite clear in her head, but seemed to be somewhat improved mentally, had passed her water freely, which, upon examination, showed much albumin and also casts.

The second day after delivery, July 6th, I was summoned early in the morning, on account of her having had a convulsion. I found her comatose, breathing stertorously, face livid, lips and nails blue, and with a rapid, full pulse. My brother, Dr. Eli H. Long, now saw her with me. By the use of full doses of chloral, croton oil and the steam bath, further convulsions were prevented, but the condition of the patient was so unpromising that an unfavorable prognosis was made. The condition of the patient gradually improved, however, but her mind was clouded for at least two weeks. She was soon up and about, and after a couple of months resumed her avocation of conducting a stall for baked goods on the market. The albumin in her urine diminished and she soon appeared as well and hearty as ever.

I warned her husband and herself of the danger which would be incurred in the event of her becoming pregnant again, and cautioned her to be careful of exposure to wet and cold, etc.

About September 1, 1893, I was informed by Mr. T. that his wife was again pregnant and about three months advanced. I obtained a sample of urine for examination, and found it normal in every particular. Frequent tests, at regular intervals, showed the urine always to be normal. The patient was delivered of her third child, February 27, 1894, by a precipitous labor, the child being born upon my arrival at the house. The child was healthy, but small, and the mother made an excellent recovery, with no

untoward symptoms. Frequent urinary analyses after labor showed the urine to be normal, save on the second day only a trace of albumin was found.

520 ELMWOOD AVENUE.

Society Proceedings.

THE MEDICAL SOCIETY OF THE COUNTY OF ERIE.

Reported by FRANKLIN C. GRAM, M. D., Secretary.

THE semi-annual meeting of the Medical Society of the County of Erie was called to order at 11 o'clock A. M., on Tuesday, June 12, 1894, by the President, Wm. H. Gail, M. D., at the rooms of the Buffalo Academy of Medicine.

In opening the proceedings the president stated that as he had not been present when elected to office he would take this opportunity to thank the members for the honor conferred on him. He then called for the reading of the minutes of the annual meeting held January 9th, and the special meeting held January 23, 1894. These were read and confirmed.

Dr. G. W. McPHERSON, of the committee on membership, reported favorably on the names of Drs. Ludwig Schroeter, William G. Taylor and Helene J. C. Kuhlman. They were unanimously elected members of the society. He also reported favorably upon the names of Drs. Wm. Meisburger, Maud J. Frye and Wm. C. Fritz, but stated that he had not been able to obtain the signatures of the remainder of the committee to the applications. On motion of Dr. Abbott these three applicants were also elected to membership, subject to the committee's completion of the necessary formality.

Applications for membership were received from Drs. N. Victoria Chappell, Albert H. Macbeth, G. B. Hepp, Charles A. Clements, Wm. G. Bissell and Arthur T. O'Hara. They were referred to the committee on membership.

Dr. W. C. CALLANAN moved for the appointment of a committee of three to draft a circular to be sent to all members, asking them to donate medical works to the society's library. The motion was adopted and the chair appointed Drs. Callanan, Eli Long and the Secretary.

Dr. JOHN J. WALSH moved that this society endorse the bill relative to the office of coroner, now pending before the constitutional convention. Carried.

Papers were then read on *The Purely Physical Examination of the Digestive Organs*, by Dr. A. L. Benedict; *Treatment of Neurasthenia*, by Dr. Wm. C. Krauss; *Clinical Experience with Smallpox During the Epidemic of 1888-9*, by Dr. C. B. Le Van, ex-resident physician to the Buffalo Quarantine Hospital. Dr. McPherson also read an original poem.

A discussion followed, after which a vote of thanks was tendered to the essayists.

The secretary reported that he had received a communication from the Medical Society of the State of New York calling attention to the fact that the Medical Society of the County of Erie is now entitled to six delegates in the State society instead of five as formerly; also that the president of each county society is now an ex-officio member of the State society. He had also been requested to call the society's attention to the Merritt H. Cash prize for the best original essay on any medical or surgical subject. The conditions are that the competitor must be a member of a county medical society in this State, and the essay must be sent to the chairman of the committee, Dr. Franklin Townsend, 2 Park place, Albany, prior to January 1, 1895. The secretary reported that the by-laws and membership list of the society had been printed and a copy mailed to each member.

There were no reports from the board of censors or from the committee on hygiene.

The treasurer called attention to a resolution adopted at a previous meeting, by which all members who are three years in arrears with their dues will be dropped from the list.

Dr. ELI H. LONG reminded the society that the Central New York Medical Society would meet in Buffalo next October, and that it will be necessary to appoint delegates and also to make arrangements to entertain the society. Dr. Bartlett stated that much valuable time had been lost at other places through formal dinners and thought that a luncheon would be better. Other members concurred in this opinion, and on motion of Dr. Krauss the sum of \$50 was appropriated for this purpose. The chair appointed Drs. Krauss, Benedict and Eli Long as the committee to make the necessary arrangements.

The society then adjourned.

Selections.

SURGICAL PROBLEMS IN INTRA-PELVIC AND ABDOMINAL DISEASES.

BY A. H. CORDIER, M. D., Kansas City, Mo.

[From the *Kansas City Medical Recorder*, March, 1894.]

SOME time ago, while doing special work in a large Eastern city, I had many opportunities to see the work of the various operators, and it was a noticeable fact that, while one operator would have a mixture of the worst neglected and complicated cases imaginable, including old adherent and caseous Fallopian tubes and ovaries in emaciated and septic patients, another operator's cases would be confined to the removal of cystomas and plastic vaginal and cervical cases. This led me to inquire of one of the operators why he did not have so many "pus cases" as some of his *confrères*. He replied that he believed that "the woods are *not* full of them," as some would have us believe. A few days later I visited this same gentleman's clinic, which is a large one, and in two hours I found six pairs of old, sequestered Fallopian tubes, full of pus, carried around by six of the most careworn and miserable-looking women imaginable. They had their vaults frescoed with Churchill and were directed to return for another decoration the following week.

Conservatism is a grand principle, but, unfortunately, in the hands of skilful men the application of this rule is only too frequently responsible for destructive or complicative delays, if I must use such a term. Conservatism is a prophylactic if early and intelligently carried out or applied. It is equally injurious if used with this same idea in view, in cases where time and experience have demonstrated its futility.

Occasionally an article appears in some of the many valuable medical journals of our country, entitled *A Plea for Conservatism*, etc., etc. That these articles are *well worded* by conscientious practitioners, in most instances, no one will doubt, and to one unaccustomed to seeing the true pathology from a practical standpoint, they carry with them weighty evidence that, with rare exceptions, all surgical procedures for the relief or cure of same are unnecessary and unwarrantable; but to him who has handled these cases surgically, and understands their progress, the position of the so-called conservative is not well taken. Many are attempting to do this class of surgery (pelvic) who have not the anatomi-

cal or pathological knowledge or practical experience to enable them to make a diagnosis between an operable or non-operable case. To this class, sermons on qualifications and attainments should take the precedence of lectures on operative conservatism.

Good missionary work is being done in this field by educating the general practitioner and the specialist that they should go hand in hand in their work. By friendly discussions and exchange of views on topics of vital import to both, the patients reap the benefit of the combined council.

We have men of renown in this country as operators and authors, whose utterances along the line of so-called conservatism are producing much mischief and causing many deaths by the adoption of these false doctrines by lesser lights. After seeing much of the work of some of these men, I am surprised to see some of their ideas in print so foreign to the practice actually pursued by them in their work.

One is almost tempted to doubt the sincerity of some of their utterances.

We should advise against the removal of sound organs, but, at the same time, endeavor to impress upon our associates the necessity for early surgical work where experience with like cases has demonstrated the futility of any other course.

Operations for the removal of diseased appendages are not followed by the same amount of reflex disturbance as are those cases where sound organs are removed to cure (?) a *clavus hystericus* or a *globus hystericus*, etc., etc.—an unwarrantable procedure. Most women with suppurating, diseased tubes and ovaries are unsexed by the pathology, and I have had women with these diseases at an age too early for a normal menopause, to present all the climacteric phenomena. In many cases it is not a question of, “Will this woman have an exaggeration of the menopause phenomena if we operate?” so much as, “Will she be free from pain after the operation, and can she recover without the aid of surgery?” These questions have been answered many times, both by non-interference in the cases, with failures and by demonstrations at the operating-table,—the successes. Women whose appendages are diseased to such an extent as to require removal are sick women, and are necessarily in that low vital state that where there is an inherent tendency to insanity or neurasthenia, the surgical procedure for the removal of the diseased structures may precipitate the mental phenomena to an exaggerated and disagreeable degree.

If we are not to remove life-endangering and comfort-breaking pathological processes when found, pray tell us what are we to do? Fold our hands and let nature (pathology) take its course? Or do worse, visit these cases with poultices, Churchill and hypodermics? We can illy afford, as true surgeons, to cater to the plea that the poor sufferer will be robbed of her womanly traits; that she will be despondent, lose her sexual desires, suffer from flushes and flatulence, and that her husband (too often responsible for the wife's sufferings) will become dissatisfied with the post-operative condition of his wife. I have never seen a woman suffering with diseased appendages, where the disease was of sufficient severity to require the removal of the organs, who was not a sexually useless and despondent wife, and a sick woman as well. Sound organs should not be removed. Any condition that may be induced by the surgical procedure may likewise be induced by a continuance of the disease requiring the surgery.

I believe the sexual system is located elsewhere than in the tubes and ovaries. The nymphomaniac manifests not only an increased sexual desire, but a loss of self-control, often with hallucinations and delusions, the whole cycle having its origin in the cerebrum.

Radicalism is a dangerous expression to use; equally harmful is the term conservatism applied to a disease the tendency of which is to destroy function, make life miserable or produce death if too long a delay of a proper procedure for its cure is permitted.

Many cases early in the history of the malady are prematurely cured by intelligent and skilled surgery. The same case, if allowed to run an uninterrupted course for any length of time, may assume proportions or characters of such magnitude or danger that to attempt to relieve the same would not only be fraught with danger from the operation, but the crippled surrounding organs would preclude the possibility of a complete restoration to health.

These are cases that bring disappointment to the patients and friends, as well as to the sanguine physician and surgeon, run up the mortality and give surgery a "black eye."

It is the early removal of diseased structures, the history of which is to continue a downward course, that gives us a *nil* mortality, the patient renewed health and the family physician increased confidence in the justifiability of the operative procedure.

Early operations are not only curative measures, but prophylactic methods as well. It is not only the diseased and worse than

useless organs and structures the true abdominal surgeon is removing, but he is liberating sound imprisoned organs, the function of which is essential to life. This is not only life-saving work, but a comfort-giving procedure. No *true surgeon* is clamoring for a thousand or ten thousand laparatomies, but is ever pleading for timely needed work—is ever pleading for the recognition of the necessity for quick surgery in cases where surgery at some time in the history of the malady becomes necessary.

No one at this time would think of advising a woman to wait until the growth was so large or her physical condition such that she could not walk a mile, before having the tumor removed, as was done a few years ago by a great writer. This would be dangerous conservatism.

It is as absurd to call the removal of a sequestered Fallopian tube and ovary a mutilation as it is to call an amputation of a hopelessly injured leg a mutilation. These operations are performed to fulfil strictly surgical indications—saving life and relieving suffering. It is a daily occurrence to see reported that a case diagnosticated as appendicitis has recovered. That this is true no one will doubt. Many cases reported as recovered have since died from recurrence of the disease, and many an appendix, supposed by the medical attendant to be dangling healthfully in the peritoneum of his patient, is saturated with Muhler's fluid or alcohol, in a specimen jar, while the patient has long since died from a perforation, or has been saved by good, timely surgery. No operation in surgery has a higher mortality than that of the delayed operations for the removal of a diseased vermiform appendix, but if done early, the procedure has an almost *nil* mortality. A late writer reports twelve cases treated on the expectant plan with two deaths (16 per cent. mortality) and two cases with recurrent attacks (16 per cent. of recurrences). The writer says of the two who died that they were almost in *articulo mortis* when first seen by him. He does not tell us whether he put on a fresh poultice and hid from view the big abscess bulging in the right iliac fossa, or gave the patient an extra dose of opium to relieve the pain of the patient and obtund the senses of the doctor. These cases should have been seen by a good surgeon, who would have stopped all opiates and let out the pus, applying the same surgical principles to this locality as to other parts of the body. "When you find pus, let it out." Appendicitis is a surgical disease, and the surgeon should see the case with the physician as soon as the diag-

nosis of appendicitis is made. Let the physician and the surgeon watch the case together.

The modern application of the principles of surgery as applied to diseased Fallopian tubes is the same that has been practised for ages as applied to the surface of the body. A felon is lanced—the earlier the better. The good surgeon does not advise delay and, while waiting, paint the finger with Churchill or apply hot irrigation. As soon as evidences are present that pus is forming, he lets it out.

How thankful the abdominal surgeon would be could he lift up a pus-filled Fallopian tube without entering the peritoneum, “rip it up the back” (as suggested by a late writer), scrape it out, destroy all the remaining epithelium, and by redressing it restore its caliber so that the spermatozoa may throng its canal and pregnancy take place, just as though this culture tube had not been a hotbed for gonococci and other pathogenic bacteria for months previous.

All cases of salpingitis are not operable cases, but the majority of cases seen by the specialist are old purulent cases with tubes filled with pus and caseous débris strictured in one or more places, uterine and abdominal ostii closed. Here it is conservatism to remove these dangerous sequestræ.

Hardly a week passes without seeing one or more cases of far-advanced cancer of the cervix uteri extending into the broad ligaments, bladder or rectum. These are inoperable cases when so far advanced. Again, I see cases where a diagnosis of a cauliflower growth has been made, which proves to be a badly lacerated cervix, with the resulting local mischief attending an unhealed tear in this locality. Surgical diseases should be attended by the surgeon in conjunction with the regular medical attendant. The time to operate, if necessary at all, could then be arrived at *mutually* and *timely*.

When the masses are educated in every sense, when gonorrhœa is stamped from the face of the globe, when the perniciousness of criminally induced abortions and the dangers of the indiscriminate use of the sound are understood, then there will be less necessity for the practitioner to hurl at the specialist his “bucket or barrel of ovaries” (?); then the specialist will cease his cry against needless tinkering and dangerous procrastination; then our women will have their babies at full term, in the good old way. Until this goal is reached, the use of the knife will be found necessary in

properly selected cases to relieve the suffering and save the lives of these unfortunate women with diseases the result of the above mentioned causes.

A CASE OF EXTIRPATION OF THE RECTUM BY THE KRASKE METHOD.

BY DR. X. O. WERDER, Pittsburg.

I WISH to present to you a brief report of an extirpation of the rectum by the sacral method, or Kraske operation. The patient, John C., 43 years old, was perfectly healthy until about eight months ago, when he was seized with a very profuse hemorrhage from his bowels. A month or so later he had considerable straining at stool, with bloody discharges, returning at short intervals. These attacks were treated as dysentery. Between these paroxysms of tenesmus, accompanied by mucous and bloody discharges, he had normal evacuations.

When I saw him in consultation, January 11th of this year, I found on the interior wall of the rectum a mass, beginning about one and one-half inches above the external sphincter, of oval shape, and involving about half of the lumen of the rectum; its upper margin could hardly be reached by the examining finger. The examination was not particularly painful and did not cause much bleeding. There could be no doubt as to the nature of the neoplasm, and extirpation of the rectum by Kraske's method was advised.

The operation was performed January 16, 1894, in Mercy Hospital. The patient was placed upon his left side, in Sims's position. An incision from the point near the anus was carried to the middle of the sacrum, the soft parts detached from the left side of the bone. The sacro-sciatic ligament divided, and then the coccyx completely enucleated, and a section of the fifth, fourth and third sacral vertebræ removed with bone forceps. The whole rectum was now fully exposed and the organ separated from its attachments. As these were exceedingly firm, at least over the anterior wall, in which the neoplasm was situated, the enucleation was tedious and very difficult, and accompanied by considerable bleeding. After all adhesions around the rectum had been broken up, a ligature was placed around it above the cancerous growth, and the whole organ removed, including the external sphincter. The artificial anus was attached to the upper angle of the wound, immediately under the

remaining portion of the sacrum, by sutures. The wound over the sacrum and coccyx united by sutures, and the pelvis cavity firmly packed with iodoform gauze, the ends allowed to protrude at the lower angle of the wound where the anus had been removed. The patient stood the operation well and rallied nicely from the shock. His recovery was uninterrupted. He never suffered much pain, and the highest temperature was $101\frac{4}{5}^{\circ}$. His bowels were allowed to move on the seventh day. He was able to leave his bed at the end of the third week, and left the hospital five weeks after the operation. He is feeling perfectly well. The only inconvenience he experiences is the fact of not having control of his bowels. He is wearing an apparatus similar to a truss worn for an umbilical hernia, which closes the artificial anus temporarily. Unfortunately I was ignorant at the time of the operation of Gursun's device of twisting the end of the bowels, which is said to give a sphincter-action to the artificial anus, thereby obviating the unpleasant result of such operation, *i. e.*, loss of control over the action of the bowels.—*Pittsburg Medical Review.*

HEMATOMA OF THE OVARY.¹

BY GEORGE H. ROHÉ, M. D., Catonsville, Md.

ABDOMINAL surgeons not infrequently find, in extirpated ovaries, small blood-clots, varying in size from a pea to a hazel nut. The nature of these clots seems not very clearly understood. In most cases they are believed to be due to excessive hemorrhage into the Graafian follicle after rupture, and the escape of the ovule. This view seems to me not tenable, because in not a few instances no rupture of the follicle has occurred. Besides, the corpus luteum, the successor of the ovule in the occupancy of the Graafian follicle, frequently contains no blood. Indeed, the view seems not irrational that hematoma of the ovary, no matter how small it may be, should always be regarded as a pathological formation, having no essential connection with the physiological process of ovulation. In such a specimen as that here shown, in which the blood-clot in the fresh state of the specimen was as large as a small chestnut, we have to deal with a pathological condition. The specimen is from a case of hystero-epilepsy of over eight years' duration, in which both ovaries and tubes were removed by abdominal section in 1891. The patient recovered, and has had no recurrence of the

1. Read before the Gynecological and Obstetrical Society of Baltimore.

epileptic attacks for over two years. Ovaries presenting this appearance are not rarely seen in abdominal section. I am informed that some surgeons simply extirpate the hematoma, stitch up the wound in the ovary, and drop the organ back into the pelvis. I may be permitted to express doubt whether any good purpose is served by this so-called "conservative" surgery. In all cases of this kind that have come under my notice, there were either adhesions or displacements of the ovaries, which are among the recognized indications for removal of these organs. Dr. B. F. Baer, who is known as a very careful and conservative surgeon, says in reference to these cases: ¹ "Diseased ovaries, when due to hemorrhage into the Graafian follicles to such an extent as to produce the condition known as ovarian hematoma, should be removed. They cause intense suffering and there is no other means of relief."

Dr. Mary A. Dixon Jones, of Brooklyn, and Dr. Francis Foerster are of the opinion that hematoma of the ovary is preceded by conditions termed by them "Gyroma" and "Endothelioma." Indeed, the latter writer, basing his opinion upon somewhat extended microscopical study of ovaries, normal and pathological, claims that "what previously was called a corpus luteum is invariably an endothelioma." That the corpus luteum is an endothelial structure, may be accepted without dispute; that it should be called by a name heretofore applied to a malignant new formation, or that the consequences attributed by Foerster to this body hitherto considered so innocent, really follow in many cases, is, I think, open to grave doubt. Chronic oöphoritis and peri-oöphoritis, endarteritis and sclerosis are mentioned as histological findings, and pain and distress as clinical manifestations due to ovaries undergoing these morbid changes.

Dr. Foerster connects the corpora lutea with the production of hematoma as follows: "In my own experience a large number of so-called corpora lutea of menstruation are endotheliomata of a pathological type. They grow under the influence of a chronic oöphoritis without coming to a typical end, or gradually increasing in bulk and frequently leading to the formation of hematoma under incessant local and constitutional trouble.

It will, I think, be generally conceded that a hemorrhage into an ovarian follicle, or into ovarian stroma, does not take place when the ovary or the blood-vessels preserve their normal structural integrity. Some nutritional change must have preceded the hemorrhage. It is most reasonable to believe that this change is

in the blood-vessels of the ovary. Whether this nutritional disturbance is due to new formations properly dignified by the names "gyroma" and "endothelioma," or whether it is simply the result of chronic inflammation, is a question that must be referred to the pathologists for further investigation. Rollin², who has recently made a study of ovarian hematoma, gives chronic oöphoritis as a local condition antedating the hemorrhage.

While the occurrence of small collections of blood in the Graafian follicles and minute extravasations in the ovarian stroma is not infrequent, the cases of so-called ovarian apoplexy, where the entire ovary is converted into a blood-cyst, varying from a billiard-ball to a fetal head in size, are much more rare. The case presently to be related shows, however, that there is no essential difference between the two classes of cases.

The case referred to is as follows :

E. L., born in United States, white, aged 21 years, single, was admitted to the Maryland Hospital for the Insane, November 18, 1893. Until a month before admission there had been no mental disturbance beyond a few hysterical attacks of varying severity, sometimes accompanied by convulsions. Her disposition was usually amiable, although she was of rather unstable temper. Her habits were always industrious. So far as was ascertained there was no hereditary pre-disposition to insanity. The hysterical outbreaks were usually coincident with the menstrual periods, and have only been present for the past four or five years. Up to a year ago her physical condition was very good, but for three years she has suffered with a good deal of pain during the catamenia. About a year ago she consulted a gynecologist, under whose care she remained for several months with apparent improvement. During the last three or four weeks before admission, a great change in her behavior was noticed. She became exalted, talkative, silly in conversation and action. When admitted, she carried a large doll, which she caressed and talked to in a childish manner. She was neat and cleanly in dress and habits and never noisy or maniacal. No apparent sexual excitement. At the end of two weeks she had lost all her delusions and was apparently restored to her normal mental condition. At the approach of the next menstrual period she became hysterical, had several convulsions, foamed at the mouth, screamed, or lay with eyes staring or closed. Reflexes normal. During these attacks she was unquestionably conscious of what was going on around her. One evening she set fire to her clothing, but the fire was promptly extinguished, and only a slight superficial reddening of small areas of the skin was produced. No serious results followed this attempt at self-destruction.

After the period was over, her normal mental condition returned, but she did not improve physically. She lost appetite, had nausea and became thin and anemic.

The pains in the iliac region persisted and became especially severe on the left side. Occipital headache, rhachialgia and pains in the limbs, with attacks of nausea and vomiting, were also present.

On January 18, 1894, a vaginal examination demonstrated an elastic swelling behind and to the left of the uterus, which was exquisitely sensitive to the touch. To the right there appeared to be an enlarged and prolapsed ovary. The uterus was adherent posteriorly, but somewhat movable.

The clinical diagnosis of adherent uterus, prolapsed ovary on the right and cystic ovary or ovarian abscess on the left side was made, and an operation for the relief of these conditions recommended to her, and her consent readily obtained. Inasmuch as she was, and had been for some weeks, entirely rational, her own consent was considered sufficient authority to proceed.

Abdominal section was done on January 28, 1894. Passing two fingers through the incision down to the fundus, this was found adherent, the tubes and ovaries on both sides being also bound down by adhesions. After carefully separating the latter, the right ovary, enlarged to the size of an English walnut, was brought up, ligated together with the thickened tube close to the uterus, and removed. In place of the left ovary was a cystic tumor as large as a mandarin orange, which ruptured as it was brought out of the abdominal wound, and discharged a lot of softly-coagulated blood. My first thought was of an ectopic pregnancy, but, as an examination of the specimen will show, this was a mistake and an unjust suspicion. After the tube and remains of the cyst were ligated and removed, the peritoneal cavity was flushed out with hot, distilled water, and the abdominal wound closed with silkworm gut sutures. No drainage.

The subsequent course was uneventful, except that on the second day the temperature rose to 101 degrees F., and the pulse to 102. After a purgative enema of magnesium sulphate and glycerine, this slight disturbance vanished.

The stitches were removed on the seventh day and the wound was found dry and thoroughly united. Patient out of bed on the twenty-first day.

Since the operation the patient has suffered no pain, is cheerful and industrious, not hysterical and has gained flesh. Her mental condition apparently normal. The patient was discharged entirely recovered March 15, 1894.

The walls of the blood cyst are apparently composed of ovarian stroma; the tube is somewhat thickened, but contains no pus.

The right ovary, on section, shows two blood-clots about the size of hazel nuts, apparently occupying unruptured Graafian follicles. This case seems to show, on the two sides, examples of two forms of ovarian hematoma which are, however, rarely associated in the same individual. If any conclusion can be drawn from a single case, it is that the rather common follicular hematoma and the infrequent ovarian apoplexy are identical in origin.

Winckel³ refers to three cases of follicular hemorrhage into the ovaries after severe burns. The burn which my patient received about a month before the operation might be considered suggestive, if it had been more serious. The firm adhesions were, however, evidence of a longer duration, at least of the local inflammatory condition.

Of the more recent cases reported, is one by Doran in Vol. XXXII. of the Transactions of the London Obstetrical Society. Doran considered it a hemorrhage into the ovarian stroma from rupture of a follicle. The cyst wall was one-eighth of an inch thick and consisted of ovarian stroma. Dr. Mundé⁴ briefly reports a case of hematoma of both ovaries, one being the size of an orange and the other of a hen's egg. Dr. E. E. Montgomery,⁵ in commenting on this case, refers to a similar one under his observation. Duncan reports a case in which there was hematosalpinx in connection with the ovarian hematoma. The history of the case suggests ectopic pregnancy, which seems, however, to have been excluded.

I am reminded here of a case which I saw about twelve years ago in the service of late Dr. A. F. Erich at the Maryland Woman's Hospital. The patient was a white, single woman, 35 years of age. The tumor, supposed to be an ovarian cystoma, was about the size of a fetal head, and when brought to the abdominal incision and tapped with the trocar, thick, black blood was evacuated. The patient died of purulent peritonitis about the fifth day, and at the autopsy a perforation of the rectum was found. How this was produced could not be cleared up. It may have been torn through in separating adhesions. A number of apparently similar cases, in which the cyst ruptured and caused death from septic peritonitis, are recorded by Bernutz and Goupil, but most of these were probably cases of extra-uterine pregnancy.

An ovarian hematoma may rupture and give rise to a pelvic hemocele. In other cases the bleeding may continue and the patient die of hemorrhage. The most serious danger from rupture is, however, peritonitis and sepsis. I am informed by Dr. Joseph

Price that the contents of an ovarian hematoma are usually exceedingly virulent and liable to cause septic peritonitis, if the blood-cyst is allowed to rupture within the peritoneal cavity.

The diagnosis of ovarian hematoma cannot be definitely made before abdominal section. Even when rupture occurs and a hemothecoele is formed, the diagnosis rests between several conditions, often differentiated with the greatest difficulty, even after operation.

The only rationally indicated procedure is removal of the affected organ by abdominal section.

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2. *Frauen Krankheiten*, 2 Aufl., p. 700.
3. *American Journal of Obstetrics*, June, 1890, p. 638.
4. *Sajous' Annual*, 1891, II., G. 46.
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—*Maryland Medical Journal*.

BREECH PRESENTATIONS.—Etienne reports a series of fifty breech labors, with viable fetuses, with no infantile mortality—a remarkable result, considering the usually accepted mortality of 10 per cent., or even 25 to 33 per cent. (Hegar) in primiparous cases. Etienne's cases were conducted in the Nancy lying-in hospital between 1883 to 1891; there were seventy-six cases in all; but twenty-six were rejected in which the fetus was either dead ante-partum or non-viable. The secret of the success in the Nancy clinic is a skilfully exerted suprapubic pressure during the extraction, whereby the extension of the head and the slipping up of the arms are prevented. This is no new manœuver; it has long been taught in the best schools, and its importance is occasionally emphasized in journal articles. It is probable that the usual mortality, while partly due to a general want of obstetric skill, is almost entirely attributable to the want of intelligently applied *vis a tergo* while the operator is making traction on the child's legs and trunk. Unquestionably well directed pressure in the proper axis on the fundus uteri through the abdominal walls will almost invariably prevent the extension of the head and the upward displacement of the arms; and consequently it should be an invariable rule of practice that the obstetrician should have with him, during the second stage of breech cases, a skilled assistant. It is not enough to send for assistance after the arrest of the head has taken place, for then it is too late. We are confident that if the above rule is conscientiously followed, the fetal prognosis in breech cases will be greatly improved.—*Columbus Medical Journal*.



H. Van Arman

BUFFALO MEDICAL AND SURGICAL JOURNAL

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THE NATIONAL MEDICAL SOCIETIES.

THE Spring meetings for the year 1894 have been held, and the work of the societies has passed into history. The medical journals are publishing the papers, and will continue to do so until all have appeared, which, probably, will occupy most of the available space for the remainder of the year.

Whether the work accomplished will constitute a contribution to medical literature that will advance the science and art of medicine, remains to be determined when the record shall be completed and the transactions published. Some idea, however, as to the quality of the work done has been foreshadowed by the synopsis published in the several medical weeklies.

The Congress of American Physicians and Surgeons, that embraces several of the special associations, met in Washington, May 29, 30, 31 and June 1, 1894, and gathered together something over 400 of the representative specialists of the country, and this organization may properly be designated as the medical "Four Hundred." It may be expected that the work done in Washington will prove, for the most part, of a scientific nature, yet there must be necessarily some chaff even among the best quality of wheat, but the separator—the medical journals of the land—will soon get in its work.

This Congress has one great essential feature of commendation—namely, that it devotes its entire time to the consideration of scientific papers, and does not allow medical politics to interfere with its work. It has no code of ethics to wrangle over, and yet its members are gentlemen! Its executive committee performs the entire business part of its work, even to the choosing of its

officers and to designating its subordinate committees. It permits no sideshows to attract its members, and its model is worthy of imitation.

Let us turn to the other side of the picture. The American Medical Association goes junketing across the continent and appoints its meeting in San Francisco, in the year of the greatest financial distress that the country has experienced since antebellum days. Ordinarily speaking, from a business standpoint it would be considered poor policy to appoint a meeting at such a distance in such a year. But one need not go so far in search of the real object without finding it. Last year, at Milwaukee, it found itself confronted with constitution and code amendments that its old masters feared to meet in the East, where the majority has been steadily growing against them.

If there is anything the Nestors of the American Medical Association dread, it is a change in its code of ethics. These men cannot recognize or contribute to the progress that is everywhere around them taking place. So it seeks to dodge the question by appointing the meeting in San Francisco, in the expectation that few from the East would attend, and, as if to make this more certain, the date was fixed so near the meeting of the Washington Congress as to practically prevent attendance upon both. At San Francisco, a majority of the committee was in favor of revision, and so, as it proved, was a majority of its members. This was shown by the fact that 151 votes were cast in favor of, and 64 against, revision, but the astute chairman, one of the old hardshells of the Association, announced that a three-fourths vote was required to change the constitution; so the proposition was defeated, hence everything stands as before the San Francisco meeting.

The aggregate attendance was about 600, a large proportion of which came from the Pacific slope. Some of the section meetings were poorly attended, necessitating the consolidation of a few, and the work of the Association, as a whole, fell below the average standard.

Dr. Donald Maclean, of Detroit, was chosen president, and the next meeting was appointed to be held in Baltimore, beginning on the first Tuesday of May, 1895, with Dr. Julian J. Chisholm, of Maryland, as chairman of the committee of arrangements. Let us hope that the Baltimore meeting will result in a work of redemption for the American Medical Association.

TOPICS OF THE MONTH.

THE New Orleans sewerage system was inaugurated April 18, 1894, with imposing ceremonies in the presence of the mayor, public officials and a large concourse of representative citizens. It seems strange that this delightful and populous city should have surface drainage until the closing years of the nineteenth century. This has been a great drawback to its advancement, but we now predict that within a few years New Orleans will become the most populous and representative city in the South. The establishment of this new system of sewerage is largely due to the efforts of Dr. Joseph Holt, whose fame as a sanitarian is known throughout the world. He has been very properly selected as the president of the new sewerage company, which is a guarantee that its work will be prosecuted with promptitude to a successful issue.

THIS journal has worked hard for many years to deserve the confidence of the profession at home and abroad, and particularly has it aimed to further the interests of medicine in Western New York. Its loyalty to Buffalo and the physicians who reside here cannot be questioned, as its record for nearly fifty years indicates. Our friends will bear testimony to the fact that we rarely refer to ourselves in the JOURNAL pages, but we cannot refrain from printing the delicate and appreciative compliment that the *Kansas City Medical Index* pays us in its issue of May, 1894, in the following paragraph :

Dr. H. Bronson Gee, of Rochester, N. Y., has begun the publication of the *New York State Medical Reporter*, under the plea that the medical profession of that section of the State has no "medium" in which to present report of the work of excellent local practitioners. One is at a loss to understand why the BUFFALO MEDICAL AND SURGICAL JOURNAL (one of the best medical journals in America) should not be regarded as a representative of the physicians of Western New York ; but if Dr. Gee can make his journal pay, there is no reason why it should not be published. The initial number is a very creditable one.

THE Health Department of New York City has issued an important circular relating to tuberculosis. The circular contains the report of Dr. Herman M. Biggs, made last year, together with certain orders and recommendations issued by the health department. The trend of the circular is to furnish information to the people

relating to the communicability and preventability of consumption. There is much food for thought in the following paragraph taken from the letter of Dr. Cyrus Edson, chairman of the sanitary committee of board of health, addressed to the Hon. Charles G. Wilson, president, and made a part of the report :

First. Tuberculosis is a communicable disease and is distinctly preventable. Second. It is acquired by direct transmission of the tubercle bacilli from the sick to the well, usually by means of the dried and pulverized sputum floating as dust in the air. Third. It can be largely prevented by simple and easily applied measures of cleanliness and disinfection.

Among the important features of this report is the action taken by the board of health in regard to apartments occupied by consumptives, which embraces the following order :

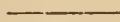
Consumption is a communicable disease. This apartment has been occupied by a consumptive, and has thus become infected. It must not be occupied by persons other than those now residing here until an order of the board of health, directing that it be cleansed and renovated, has been complied with.

Name of occupant.....

Floor.....No.Street.

This notice must not be removed until the order of the board of health has been complied with.

The department proposes to issue circulars from time to time covering all the various phases of the question of tuberculosis and its prevention for the education of the people in regard to these matters. This is a wise and timely precaution and similar action ought to be taken in Buffalo.



THE New York Academy of Medicine has appointed a committee, composed of Drs. Daniel Lewis, George Henry Fox and S. T. Armstrong, to confer with the Constitution Convention now in session in regard to such changes in the constitution as may be necessary to protect medical interests in the State of New York. We should like to see this committee augmented by one representing medical societies in Buffalo and Erie county. There are many changes that ought to be made with reference to the conduct of the public health offices throughout the State as well as the office of coroner. It is high time that medical men bestirred themselves on these and other questions pertaining to the public health and the prevention of

disease, and we consider it opportune to confer with the constitutional revisors, to the end that any essential changes in the fundamental law may be made under the sanction of that astute body.

IT WOULD be a great pity to have the annual appropriation for the library of the Surgeon General's office reduced by \$3,000, which is proposed by the present appropriation committee of the House of Representatives. It has become pretty well known that the present Congress, feeling itself unable to cope with large questions, has turned to the consideration of petty details, upon which it is wasting much valuable time. But it is beyond the comprehension of even the best friends of this body that it should propose to do so contemptible a thing, as to curtail the valuable educational work of the Surgeon General's office.

THE second annual report of the Jennie Casseday Infirmary for Women, a private hospital, located at 912 Sixth street, Louisville, Ky., is received. It was established in 1891, and formally opened April 12, 1892, for the treatment of women suffering from diseases peculiar to their sex. Dr. L. S. McMurry is the surgeon in charge, and during the year covered by this report eighty-nine surgical operations have been made, with but two deaths. A number of these patients were brought to the Infirmary upon mattresses, in extreme conditions, but operation was refused in no case, no matter how perilous the state. The two deaths occurred after abdominal section in extremely desperate cases, one suffering with a large cancerous tumor.

This record is one that demonstrates the propriety of special training and preparation for the work, and indicates that a skill has been exercised in this hospital that is fully up to the requirements of the most modern standard of abdominal surgery.

THE Board of Regents of the University of the State of New York held a meeting at the capitol, in Albany, on Tuesday, June 5, 1894, at which the following-named regents were present: The Chancellor, the Rev. Dr. Anson J. Upson; the Vice-Chancellor, the Rt. Rev. W. C. Doane, Protestant Episcopal Bishop of Albany; Martin I. Townsend, William L. Bostwick, Charles E. Fitch, Orvis H. Warren, Whitlaw Reid, William H. Watson, Hamilton Harris,

Daniel Beach, Willard A. Cobb, Pliny T. Saxton, T. Guilford Smith and the Rev. Father Malone.

An additional interest in the meetings of the regents is taken by physicians since they have become the governing body in relation to State examinations for license to practise medicine. At the June meeting the regents took the following action in regard to the State medical examiners: Drs. William Warren Potter, of Buffalo, W. S. Ely, of Rochester, and Maurice J. Lewi, of New York, were reappointed on the State board. Dr. Asa S. Couch, of Fredonia, was reappointed, and Drs. J. Willis Candee, of Syracuse, and John M. Lee, of Rochester, were appointed on the Homeopathic board. Dr. Lee H. Smith, of Buffalo, was reappointed, and Drs. Orlando Webb Sutton, of Bath, and Melvin H. Nichols, of Wooster, were appointed on the Eclectic board.

We notice that an amendment has been introduced in the constitution convention proposing to merge the Department of Public Instruction with the University, thus doing away with the present two-headed educational system. It would appear from every standpoint that this is a wise measure and ought to receive the unanimous support of the convention. Any plan that removes the administration of educational methods from the whirlpool of politics ought to receive the universal commendation of right-minded citizens.

The Department of Public Instruction should be a bureau in the regents' office, and the superintendent should be appointed by the regents and be made responsible to that body for the faithful performance of his duties.

The work of the regents is everywhere receiving commendation for its high standard in improved educational methods. This is equally true at home and abroad. European educators are constantly watchful of this meritorious work, and are not slow to adopt such portions of it as are applicable.

Obituary.

DR. HENRY VAN AERNAM, of Franklinville, N. Y., died at his residence in that village on Friday, June 1, 1894, at the age of seventy-five years.

Dr. Van Aernam was, for more than a third of a century, a man of prominence, and had lived in Franklinville for forty-six years.

From the very earliest period of his professional career he took a prominent place in medicine and enjoyed a large practice. Prior to the outbreak of the civil war he served one term in the State assembly, declining a reëlection on account of his professional engagements. When the war came, General Patrick H. Jones raised the 154th regiment in the Southern tier and Dr. Van Aernam offered his services as surgeon, which were promptly accepted by Governor Morgan. The military authorities were not slow to recognize Dr. Van Aernam's ability as a surgeon, as well as his capacity as an organizer, hence he moved rapidly forward from regimental to brigade and division duty, in all of which he served faithfully and meritoriously. The writer met him in the woods of Chancellorsville on the night of May 2, 1863, after the 11th corps had been driven in on the Union right and was in utter rout; but Dr. Van Aernam was then, as always, calm, self-possessed, hopeful and even aggressive. Later the 11th army corps was sent to the West and Dr. Van Aernam performed his final military duty when Sherman marched to the sea and thence through the Carolinas to Bentonville. He was elected to the Thirty-ninth Congress as a republican and was reëlected to the Fortieth Congress, serving with conspicuous prominence during the reconstruction period. General Grant, upon his inauguration as president, appointed Dr. Van Aernam as commissioner of pensions, and during his administration of the office many improvements were instituted and the basis of all that is good in the present system was developed. It is not saying too much to assert that Dr. Van Aernam was the best commissioner of pensions who has ever held that office. In 1878 he was again sent to Congress only to be reëlected two years later.

A few years ago he had a paralytic stroke and has been in feeble health since that time. Dr. Van Aernam was a power in politics, always standing for everything that was pure and of the better sort, while in medicine he was easily the most conspicuous physician in his region of the country. His advice was often sought by patients from a great distance and his consulting practice was a large one. His door was always open to his professional, political and soldier friends, and they often flocked to his house in great numbers to pay their respects or to consult with him on personal or public affairs.

Dr. Van Aernam was married nearly fifty years ago, his wife and two children surviving him. His son, Charles D. Van Aernam, is the present supervisor of Franklinville, and his daughter is the

widow of the late surrogate, Hon. James D. McVey. His funeral was held on Monday, June 4th, and was largely attended by veteran soldiers, civilians, men in public life, physicians and friends. The bearers were A. P. Adams, Dr. H. D. Walker, Wm. Ely, Dr. R. Terry, Wm. Swinton and Dexter C. Weed, all old and warm friends of the deceased.

As a mark of respect, nearly all the business places in Franklinville were closed during the funeral, as was also the first room of the district school. Ten Broeck Academy, of which Dr. Van Aernam was one of the honored trustees, was kept closed all day.

He was buried in the family lot in beautiful Mount Prospect cemetery, which is located on a hill overlooking the fine little village he was pleased to call his home. Messages and letters of sympathy and condolence were received by the family by telegraph and post from his former colleagues in public life, and from warm personal friends residing in all quarters of the United States.

RESOLUTIONS OF RESPECT.

At a meeting of the physicians of Cattaraugus county, held in Franklinville on June 4th, Dr. E. S. Stewart, of Ellicottville, chairman, and Dr. H. D. Walker, of Franklinville, secretary, the following resolutions were unanimously adopted :

WHEREAS, Death having removed from among us our esteemed friend and fellow-physician, Dr. Henry Van Aernam, we, here assembled, desire to express our high appreciation of his worth as a citizen, a friend and a physician.

RESOLVED, That in his death our profession has sustained the loss of an honest and skilful physician and surgeon, whose counsel we shall hereafter greatly miss.

RESOLVED, That we extend to his family our heartfelt sympathy in this their sad bereavement.

RESOLVED, That a copy of these resolutions be sent to the family of the deceased, to the *BUFFALO MEDICAL AND SURGICAL JOURNAL* and the local and county papers.

Signed, Drs. E. S. Stewart, C. H. Bartlett, J. L. Eddy, J. P. Colgrove, C. D. McLouth, F. Findlay, Ranson Terry, H. D. Walker and J. W. Kales.

DR. ELIJAH S. ELDER, of Indianapolis, Ind., died May 9, 1894, of peritonitis following intestinal obstruction, aged fifty-three years. Dr. Elder was president of the Indiana State Medical Society, Dean and Professor of Principles and Practice of Medicine in the

Medical College of Indiana and had been for many years connected with the *Indiana Medical Journal*. Dr. Elder was a man of prominence in the medical profession, of great integrity of character and a physician who will be greatly missed not only in the city of his home, but by a large circle of friends and acquaintances widely scattered throughout the country.

Personal.

DR. J. B. MURDOCK, of Pittsburg, Pa., deserves the sympathy of the profession and his large circle of friends by reason of two calamities that have lately befallen him. The first and most serious was the death early in May of his son, John, who was a senior at Princeton. This promising young man was beloved by a large circle of friends, and his loss is, indeed, an irreparable one. Dr. Murdock was compelled to have the middle finger of his left hand amputated on May 25, 1894, the result of sepsis following a wound received while amputating a gangrenous limb a few weeks since. Truly affliction never comes single-handed, and Dr. Murdock is entitled to a full measure of sympathy from all who know him.

DR. EMORY LANPHEAR, for many years editor of the *Kansas City Medical Index*, has resigned the chair of Operative Surgery and Clinical Surgery in the Kansas City Medical College and has removed to St. Louis. He makes the change in order to become Professor of Surgery in the St. Louis College of Physicians and Surgeons, one of the oldest and strongest medical schools of the West. The JOURNAL extends its congratulations to Dr. Lanphear in view of his proposed change, and particularly to the St. Louis College of Physicians and Surgeons on its good fortune in securing such an accomplished addition to its faculty.

DR. JULIUS POHLMAN, of Buffalo, has gone to Philadelphia to remain during the months of June, July and August. He was invited by Dr. George M. Gould to assume his ophthalmic practice during the absence of the latter in Europe for his summer vacation. The JOURNAL offers its congratulations to both Drs. Pohlman and Gould; to the former on account of the pleasant change he will

enjoy, and to the latter for his good judgment in selecting one of our prominent Buffalo ophthalmologists to take charge of his great work.

DR. LEWIS S. McMURTRY, of Louisville; Dr. Charles A. L. Reed, of Cincinnati; and Dr. A. L. Hummel, of Philadelphia, have been appointed by the American Medical Association as delegates to the British Medical Association. The latter will hold its annual meeting in Bristol, England, early in August, 1894.

DR. CHARLES G. STOCKTON, of Buffalo, attended the meeting of the Ontario Medical Association, at Toronto, June 8, 1894, where he read a valuable paper on Gastrutasis. Dr. Stockton also made a clever speech at the banquet, on the last day of the meeting, which merited and received the applaudits of his hearers.

DR. S. W. WETMORE and his wife, Dr. Mary Berkes Wetmore, who have been in California for the past year, have returned to Buffalo to resume the practice of medicine. The Drs. Wetmore have contracted for the building of a fine residence up town, to be located on Woodlawn avenue.

DR. THOMAS LOTHROP, one of the editors of this journal, sailed for England on the 14th day of June, 1894, by the *Fuerst Bismarck* of the North German Lloyd line. Dr. Lothrop expects to be absent altogether about six weeks for a needed rest.

DR. A. F. VANDEBONCOEUR, of Syracuse, delivered an interesting address to the Alumni Association of the College of Medicine of Syracuse University on Thursday, June 14, 1894. The address is published in full in the *Syracuse Courier*.

DR. B. H. GROVE, of 334 Pearl street, Buffalo, announces that he has opened a private hospital for the treatment of patients affected with diseases of the eye, ear, nose and pharynx.

DR. JANE W. CARROLL, of Buffalo, who has been spending several weeks in New York, has returned and resumed her professional work.

DR. D. A. MORRISON, of Buffalo, has removed from 610 Main street to 509 Virginia. Hours, 8 to 10 A. M., 2 to 4 and 7 to 8 P. M.

DR. JOHN CRONYN, of Buffalo, was elected an honorary member of the Ontario Medical Association at its recent meeting in Toronto.

Society Meetings.

THE Medical Society of the County of Chautauqua will hold its annual meeting at the Thompson House, Mayville, and the Hotel Atheneum, Chautauqua, on Tuesday, July 10, 1894, under the presidency of Dr. Nelson G. Richmond, of Fredonia. The scientific program includes a discussion on diphtheria, in several prepared papers and a number of appointed referees. Dr. C. A. Ellis, of Sherman, is secretary, and deserves great credit for the preparation of such an interesting program. The society is rapidly going to the front among the very best county medical societies in the State.

THE Medical Society of the County of Cattaraugus held its annual meeting at Little Valley on Thursday, May 24, 1894. The following officers were elected: President, Dr. W. B. Johnson, Elliptonville; vice-president, Dr. Edward Torrey, Allegany; secretary and treasurer, Dr. M. C. Hawley, East Randolph; censors, Dr. J. E. K. Morris, Olean; Dr. F. C. Beals, Salamanca; Dr. E. M. Shaffner, Great Valley; committee on program, Dr. Edward Torrey, Allegany; Dr. J. C. Clark, Olean; Dr. L. L. Deck, Salamanca.

THE International Congress of Obstetrics and Gynecology will hold its second session at Geneva, Switzerland, in September, 1896. The questions for discussion are: (1) The Treatment of Eclampsia; (2) Surgical Treatment of Uterine Retrodeviations; (3) Relative frequency of different kinds of Narrowing of the Pelvis in different countries; (4) The Best Way of Suturing the Abdominal Parietes in order to avoid Eventration; (5) Treatment of Pelvic Suppurations.

THE American Academy of Medicine will hold its next annual meeting at Jefferson, N. H., August 29 and 30, 1894. This society

has acted wisely in severing itself from the American Medical Association, to which it has served as an appendage quite long enough.

Hospital Notes.

AT A recent meeting of the trustees of the Woman's Hospital and Foundlings' Home, Detroit, the following resolution was adopted :

WHEREAS, The arrangement providing that nurses from the Correspondence School of Health and Hygiene be allowed to practise in the Woman's Hospital and Foundlings' Home was made without due consideration ; therefore,

Resolved, That such arrangement be and is hereby discontinued from this date, and that a resolution to the effect that no relation whatever exists between the said Correspondence School of Health and Hygiene and the Woman's Hospital and Foundlings' Home be published in the medical journals already specified.

Academy of Medicine Notes.

THE general attendance at the Academy and section meetings, during the past year, has been very satisfactory, and the meetings, as a whole, have been very instructive and beneficial. Still, great improvements can be made, both by the officers and members, and the meetings of 1894-95 should be superior to the ones of 1893 and '94. The Academy is a success and the profession of Buffalo should give it a warm and hearty support.

AT THE last stated meeting of the Academy, the following amendment to the constitution and by-laws was adopted :

Resolved, That the council of the Academy shall act and perform the duties of the committee on legislation of the Academy of Medicine.

OWING to the absence from the city of the president, the address at the annual meeting, June 26th, was delivered by Mr. George W. Rafter, of Rochester, on Intermittent Filtration in its Application to Domestic Filters.

THE Academy elected Dr. P. W. Van Peyma president ; Dr. Eugene A. Smith, treasurer ; Dr. A. L. Benedict, secretary, and Dr. H. R. Hopkins, trustee, at the annual meeting, June 26, 1894.

THE section on surgery elected Dr. Marcell Hartwig president ; Dr. H. Mynter, vice-president, and Dr. E. J. Gilray, secretary, at its last meeting.

THE section of anatomy, physiology and pathology elected Dr. S. Y. Howell president and Dr. F. T. Metcalfe secretary for the ensuing year.

DRS. HURD, Matzinger and Bussman were elected fellows of the Academy at the meeting held June 19, 1894.

THE sections of the Academy have adjourned until September.

Medical College Notes.

THE Medico-Chirurgical College, of Philadelphia, has had its teaching faculty increased by the following appointments lately made by the board of trustees to various chairs in that institution : Dr. Isaac Ott, of Easton, Pa., professor of physiology ; Dr. William E. Hughes, professor of clinical medicine ; Dr. Albert E. Roussel, assistant professor of clinical and of practice of medicine ; Dr. Charles W. Burr, clinical professor of nervous diseases ; Dr. William C. Hollepeter, clinical professor of diseases of children and pediatrics ; Dr. Arthur H. Cleveland, clinical professor of laryngology ; Dr. Edward B. Gleason, clinical professor of otology, and Dr. William Blair Stewart, lecturer in therapeutics.

MR. WILLIAM DEERING, of Chicago, the harvest machine manufacturer, has given the Northwestern University \$50,000, to found a new professorship in the medical school. This is a benefaction that is to be commended.

Book Reviews.

AN AMERICAN TEXT-BOOK OF THE DISEASES OF CHILDREN, including special chapters on Essential Surgical Subjects ; Diseases of the Eye, Ear, Nose and Throat ; Diseases of the Skin ; and on the Diet, Hygiene and General Management of Children. By American teachers. Edited by LOUIS STARR, M. D., Physician to the Children's Hospital, and Consulting Pediatricist to the Maternity Hospital, Philadelphia ; Late Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania ; Member of the Association of American Physicians, and of the American Pediatric Society ; Fellow of the College of Physicians of Philadelphia, etc. Assisted by Thompson S. Westcott, M. D., Attending Physician to the Dispensary for Diseases of Children, Hospital of the University of Pennsylvania ; Physician to Out-Patient Department, Episcopal Hospital ; Fellow of the College of Physicians of Philadelphia. Royal 8vo, pp. xiv.—1,190. Illustrated with wood-cuts and twenty-eight half-tone and colored plates. Sold by subscription only. Price, cloth, \$7.00 ; sheep, \$8.00 ; half Russia, \$9.00. Philadelphia : W. B. Saunders, 925 Walnut street. 1894.

There is no department of medicine in the successful practice of which greater tact, skill, ingenuity and acumen are required, than in the branch now generally known under the name of pediatrics. During infancy and childhood many diseases are contracted or developed, which, if neglected, lay the foundation for early decay or later years of chronic invalidism. On the other hand, if these diseases are arrested promptly, through the agency of a skilful physician or an accomplished nurse, not only is future suffering avoided, but children become self-supporting who would otherwise be a tax on the public treasury. Physicians and nurses are often jointly needed to contribute to this success, and we regard the training of a nurse for the care of children who are ill as much of a specialty as is the practice of pediatrics by the physician.

The appearance of this treatise has impelled us to offer the foregoing as a prelude to what we may say in regard to the work itself. Indeed, it embraces nearly all we shall say on the subject, for it is a book that is beyond the requirements of a technical or analytical review. The editor has endeavored to cover nearly the entire field of pediatrics in a single volume. Inasmuch as the work is of an encyclopedic character, we think this a mistake. It is difficult to condense some of the subjects sufficiently to meet the limitations of such a work, and at the same time make the treatment of them sufficiently exhaustive to meet adequately the require-

ments of the present age. This would seem to be especially the case with such subjects as tuberculosis and hereditary syphilis.

Moreover, the book is now a cumbersome one to handle, which difficulty might have been avoided by breaking it up into two or three volumes, which would also have permitted a greater elaboration of some of the subjects. Notwithstanding all this, we feel impelled to say that Starr has produced by far the best treatise on diseases of children that has appeared in the English language. He has carefully considered such practical points as etiology, symptomatology, diagnosis and treatment, including feeding, hygiene, therapeutics and the prevention of disease, while avoiding as far as possible the insertion of references to journals or authorities. This increases the interest in the work of those for whom it was especially prepared—namely, physicians in active professional practice.

A large staff of contributors has been employed, who are, for the most part, either distinguished in the department of pediatrics, or well known as authors on the subjects upon which they write. They, too, are well distributed, geographically speaking, throughout the country, thus giving the treatise a breadth that should characterize such a work, making it a national expression of professional opinion.

The illustrations are of a character to merit approbation. They embrace almost every kind of reproductive art and are a great help to a better understanding of the text in the majority of instances. Most of them are sufficiently new to attract attention, and this is especially the case with the photographic plates. We are of the opinion that greater attention should be paid to the illustration of medical books than is frequently the case. A well-executed drawing or especially a good photographic reproduction arrests the attention of the eye at once, even of the busiest physician, and often leads him to a closer examination of the text.

One of the most important parts of a text-book is the index. This one contains an elaborately prepared index covering forty pages in three columns, making it easy of reference and greatly enhancing its value.

In conclusion we commend this work to the careful examination of every family physician. It ought to be found on his bookshelves, and it ought also to be frequently consulted.

MEDICAL JURISPRUDENCE. Forensic Medicine and Toxicology. By R. A. WITTHAUS, A. M., M. D., Professor of Chemistry, Physics and Hygiene in the University of the City of New York, etc., and Tracy C. Becker, A. B., LL. B., Counselor-at-Law and Professor of Criminal Law and Medical Jurisprudence in the University of Buffalo. In four volumes. Volume I. Large 8vo, 845 pages, illustrated with wood-cuts and two lithographic plates in colors. Price, in muslin, \$5.00; in brown sheep and in law style, \$6.00 per volume. Sold by subscription only. New York: William Wood & Company. 1894.

This treatise has been heralded by advance press notices, setting forth its scope and purpose in detail. An examination of the first volume indicates that the promises made by the editors and publishers were not extravagant. The legal relations of physicians and surgeons, including their acquirement of the right to practise medicine and surgery, their legal duties and obligations, their right to compensation, their privileges and duties when summoned as witnesses in courts of justice and their liability for malpractice forms the first section of the book, and is written by Mr. Tracy C. Becker, the well-known counselor-at-law of Buffalo, one of the editors-in-chief. In view of the action by a number of the states providing for separate license to practise medicine, it is interesting to read in Mr. Becker's opening chapter that the importance of prescribing certain educational qualifications for physicians was recognized as early as the year 1422, when, during the reign of Henry the V. in England, an act of parliament forbade anyone, under a penalty of both fine and imprisonment, from practising medicine as a means of livelihood, "unless he hath studied it in some university and is at least a bachelior of science."

The legal status of physicians is too little understood by themselves, and much information not to be found elsewhere may be gleaned by a study of the five chapters that Mr. Becker devotes to the consideration of this subject.

The next section, relating to the law of evidence concerning confidential communications between physician and patient, is treated of by Charles A. Boston, of the New York City bar. It is important that every physician called to the witness stand shall be familiar with the details given in this section.

Beginning with page 137 and ending with page 291, is a section containing a synopsis of the existing statutes which regulate the acquirement of the right to practise medicine and surgery in the United States, Great Britain and Ireland, and the Canadian Provinces. The value of this treatise as a work of reference is

very great, but it is worth the price alone to possess it for the examination of these pages, eighty-seven of which are devoted to laws of the United States, and the remaining sixty-seven to those of the other countries named. This section closes the division of medical jurisprudence.

The division of forensic medicine begins here. It is subdivided into three heads: first, thanatological, including those branches in which the subject of inquiry is a dead body; second, bio-thanatological, relating to questions concerning both dead bodies and living persons; third, biological, relating to living persons. In this volume the thanatological branch of the subject is considered and begins with the legal status of the dead body, the disposal and obligation to dispose of the same, how and by whom it may be exhumed or removed, the rights of relatives and accused persons, and includes an appendix containing a synopsis of the statutes of the different United States and territories concerning the same. This section is also written by Mr. Tracy C. Becker, co-editor-in-chief.

The next sections are as follows: The powers and duties of coroners, medico-legal autopsies, personal identity, determination of the time of death, medico-legal consideration of wounds, medico-legal consideration of gunshot wounds, death by cold and heat, medico-legal relations of electricity, medico-legal consideration of death by mechanical suffocation, death by submersion or drowning, and death from starvation. Each one of these sections is written by an author specially fitted to prepare the same, and who may be deemed an expert either in law, medicine or surgery.

A TEXT-BOOK OF THE DISEASES OF WOMEN. By HENRY J. GARRIGUES, A. M., M. D., Professor of Obstetrics in the New York Post-graduate Medical School and Hospital; Gynecologist to St. Mark's Hospital in New York City; Gynecologist to the German Dispensary in the City of New York; Consulting Obstetrician to the New York Infant Asylum; Obstetric Surgeon to the New York Maternity Hospital; Fellow of the American Gynecological Society; Fellow of the New York Academy of Medicine; President of the German Medical Society of the City of New York, etc. Octavo, pp. 690, containing 310 engravings and colored plates. Price, cloth, \$4.00 net; sheep, \$5.00 net. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

We approach examination of this work with much trepidity. There are many reasons why the appearance of another treatise on diseases of women at this time is not recognized as a necessity.

Nevertheless, the ability of the present author challenges everywhere admiration and respect and a patient investigation of his writings.

Garrigues offers among the reasons for writing this book: First, that he had in view those physicians who, without previous hospital training attend a post-graduate school to learn gynecology; second, those who would like to go to such an institution, but who find it impossible to leave their practice; third, general practitioners in country places; fourth, under-graduates studying in medical colleges. As these groups make up a large proportion of medical men, it is quite probable if the book reaches them all that the first edition will promptly be exhausted.

The author divides his treatise into two general parts, which he calls general division and special division. Under the first he groups the anatomy, physiology and development of the female genitals and pelvic organs, etiology in general, examination in general, treatment in general, abnormal menstruation, and metrorrhagia and leucorrhœa. In the special division may be found grouped diseases of the vulva, diseases of the perineum, diseases of the vagina, diseases of the uterus, diseases of the Fallopian tubes, diseases of the ovaries, diseases of the pelvis and in an appendix sterility.

This classification is quite novel and appeals to the practical man. Indeed, Garrigues asserts that his aim has been to write a practical work and he has done so, hence has omitted the historical development of gynecology as well as reports of special cases. In the first place we desire to speak a friendly word for the author's good judgment in omitting diphthongs wherever practicable. We hope soon to see an end of such spelling as *gynæcology*, *leucorrhœa*, *dysmenorrhœa*, and the like. The illustrations, too, deserve a mead of praise, though in many instances they are old friends borrowed from familiar sources. The photograph, too, might have been used to greater advantage in depicting many important conditions, especially those of an operative nature. We are glad to see a proper table (Daggett's), and no chair recommended for the purposes of examination and operation. We are at a loss, however, to understand why Fitch's abdominal supporter should be given a place in such an excellent treatise. And, again, we cannot condemn too strongly the use of such a so-called uterine and abdominal supporter as is illustrated on page 443, figure 240.

Many of the illustrations in the work, however, merit the praise of originality, having come from the author's own operations, dissections and microscopical examinations. The illustrations, as a whole, form a complete atlas of the embryology and anatomy of the female genitalia, and represent numerous operations and pathological conditions. The author states in his preface that he expects to be criticised for having devoted special chapters to hemorrhage and leucorrhea. We do not think he deserves criticism on that ground. Both of these conditions, though symptoms, are yet of such great moment as to stand even far beyond many diseases. Again, they are often the expression of states that need no treatment beyond the arrest of these symptoms.

An elaborate index of twenty-two pages closes this most interesting volume, which deserves the careful examination and patient reading of the profession.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Otology and Dermatology. By professors and lecturers in the leading medical colleges of the United States, Great Britain and Canada. Edited by JUDSON DALAND, M. D., Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the University Hospital; Physician to the Philadelphia Hospital and to the Rush Hospital for Consumptives. J. Mitchell Bruce, M. D., F. R. C. P., London, England; Physician and Lecturer on Therapeutics at the Charing Cross Hospital. David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland; Professor of Practice of Medicine in the University of Aberdeen, Physician to, and Lecturer on, Clinical Medicine in the Aberdeen Royal Infirmary; Consulting Physician to the Royal Hospital for Diseases of the Chest, London. Volume IV., Third series, 1894. Royal 8vo, pp. xii.—363. Philadelphia: J. B. Lippincott Co. 1894.

This volume of this interesting series opens with a memorial of Dr. John M. Keating, late editor-in-chief, written by his successor, Dr. Judson Daland. This touching tribute inspires one with the feeling that the world does not possess too many men like Dr. Keating and that it could ill afford to spare him.

The first lecture is on enteric fever by Sir Dyce Duckworth. The local contributors to this volume are Dr. Charles Cary, who lectures on *Rupia Syphilitica*, and Dr. Roswell Park, who delivers a conglomerate lecture on Chondro-Sarcoma of the Sternum, Cysto-Sarcoma of the Lower Jaw, False Ankylosis of the Shoulder, Abscess of the Temporal Bone and Basilar Meningitis, Amputation

of the Forearm for Tubercular Disease of the Wrist, Recurring after Resection. Several authors of this volume also have compound titles. We think this a mistake. Single titles should be adhered to for lectures to be published in a book of this kind. This defect has occurred all through the series thus far, and we hope to see it corrected in future. The teacher loses the force and impact of his work if he fires a mitrailleuse, whereas, by a carefully prepared lecture on a single topic he leaves something substantial to the literature of medicine.

These clinics have been improved by an increase of illustrations, but there is still room for advancement in this regard.

A MANUAL OF PRACTICAL HYGIENE, Designed for Sanitary and Health Officers, Practitioners and Students of Medicine, By W. M. L. COPLIN, M. D., Adjunct Professor of Hygiene, etc., etc., Jefferson Medical College, and D. Bevan, M. D., Instructor in Hygiene, etc., etc., Jefferson Medical College, with an introduction by H. A. Hare, M. D., Professor of Therapeutics, Materia Medica and Hygiene, in Jefferson Medical College. With 140 illustrations, many of which are in colors. Philadelphia: P. Blakiston, Son & Co.

This book is the first earnest attempt that we have seen to distribute the new wine of modern hygiene in a new bottle—a modern book—and we sincerely congratulate the authors upon their effort. Men who begin a work on hygiene by a thoughtful consideration of such topics as heredity, temperament, proclivity, immunity, idiosyncrasy, are not likely to have their work run dry, bloodless and lifeless from over much bacteriological technology. Busy students and practitioners will find in this book a happy blending of the practical matters of hygiene with a due regard for its more advanced and theoretical questions.

Unquestionably, the future is to produce many books upon this subject, and any book will require frequent revision in order to keep apace with the rapidly advancing line of progress. Our authors seem to understand this sign of the times, and have written a book along lines both ancient and modern, showing our art at its very best neither an art or a science, but artistic in purpose and scientific in method.

We notice the book as one to be commended to all students of medicine, candidates, graduates or practitioners. The questions before the hygienist are today the most practical questions of the age, and no man can afford to fall far behind the procession.

H. R.

SYLLABUS OF THE OBSTETRICAL LECTURES in the Medical Department of the University of Pennsylvania. By RICHARD C. NORRIS, M. D., Demonstrator of Obstetrics, University of Pennsylvania ; Assistant Obstetrician, University Maternity, etc., etc. Third edition. Duodecimo, pp. xviii.—222. Price, \$2.00 net. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

The popularity of this lecture syllabus is testified to by the fact that a third edition is so soon demanded. It is not easy to take full lecture notes unless a satisfactory guide thereto is obtained. With this book in the hands of the student it becomes much easier for him to retain the mental imprint of the work of the teacher. The improvement everywhere apparent in the teaching of the obstetric art is very gratifying. With the aid of the manikin, plates to illustrate the subject, a good lecture syllabus like the one before us and plenty of good clinical material to draw upon, a teacher ought to be able to so equip a student as to enable him to pass the State medical examining and licensing board without possibility of doubt.

The teaching of obstetrics with reference to its essential points ought to be uniformed and standardized so that there need be no misunderstanding in regard to the proper methods of conducting either a normal or an instrumental labor. By the publication of lecture syllabi the obstetric teachers in medical colleges will contribute much to this desirable end.

THE JOHNS HOPKINS HOSPITAL REPORTS: Vol. III., Nos. 4, 5, 6. Report in Pathology. Baltimore: The Johns Hopkins Press. 1893.

This volume of Reports is devoted to pathological investigations made at the pathological laboratories of the Johns Hopkins Hospital. Dr. Simon Flexner contributes a valuable article on The Infectious Nature of Lympho-Sarcoma, based upon the study of two cases which were treated and examined at the hospital.

Dr. Henry T. Berkley contributes an excellent article on The Cerebellar Cortex of the Dog, and, as a result of his examination of the nerve elements, concludes that the cerebellum is a sensory and not a motor organ, and that lesions of the organ, with the exception of the middle lobe, are without objective symptoms. An article on Chronic Nephritis in a Cow, by Dr. W. T. Councilman ; Bacteria in Their Relation to Vegetable Tissue, by Dr. H. L. Russell ; and an Analysis of 105 Cases of Heart Hypertrophy

from the Autopsy Records of the Johns Hopkins Hospital conclude the report.

These Reports are the results of original investigations undertaken in the Johns Hopkins Hospital and Medical College, and give some idea of the excellent work done at this excellent school.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Volume VI. Sixth session. Held at New Orleans, La., November 14, 15 and 16, 1893. Octavo, pp. xlvii.—392. Edited by W. E. B. DAVIS, M. D., Secretary. Published by the Association. Philadelphia: W. J. Dornan, Printer. 1894.

This volume contains thirty-two papers, including the address of the president, most of which treat of surgery of the several cavities of the body. The president's address, by Dr. Bedford Brown, of Alexandria, Va., is an able and learned exposition of the origin, objects and aims of the association. It was well received and merited the thanks of the Fellows which were unanimously given. The second paper is a memorial address in honor of Dr. Ephraim McDowell, delivered in accordance with a resolution of the association by Dr. L. S. McMurty, of Louisville. It deserves the careful reading of every gynecologist.

The discussions in this volume are up to their usual standard of excellence, but the illustrations are hardly what they should be in such a treatise. Authors would find it to their decided advantage to pay greater attention to the illustration of surgical papers. The book is carefully edited by the accomplished secretary of the association.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Fortieth annual meeting, held at Raleigh, N. C., May 9, 10 and 11, 1893. Octavo, paper, pp. 154. Wilmington, N. C.: Jackson & Bell. 1893.

The annual volume of transactions of this society always possesses interest and the present one is no exception to the rule. One of the best papers in the book is a discourse upon appendicitis viewed from a personal standpoint, by Dr. J. W. Long, formerly of Randleman, now of Richmond. Dr. Long treats the subject from the surgical side of the question and in accordance with the most advanced knowledge.

We question the propriety of presenting reports on gynecology, obstetrics, surgery, etc., a plan which is still adhered to in this

society. In these days of medical journals and of profuse periodical medical literature we think it would be better to abolish this plan.

The volume contains the annual reports of the State board of medical examiners and the State board of health, and ought to be more substantially bound.

CLINICAL LECTURES ON PEDIATRICS, delivered in the Vanderbilt Clinic during the Session of 1892-93. By A. JACOBI, M. D., Clinical Professor of the Diseases of Children in the College of Physicians and Surgeons of New York, etc., etc. (Stenographic reports) Reprinted from *Archives of Pediatrics*, Volume X., 1893. Octavo, pp. 195. New York: Bailey & Fairchild. 1893.

These lectures are delivered by one of the ablest and best-known authorities on diseases of children in the United States. They are epigrammatic in style and possess a charm that a more studied form would be deficient in. Each lecture teaches a valuable lesson on the subject or subjects of which it treats and forms most instructive reading to every physician interested in the management of diseases in children. One commendable feature of these clinical lectures is the fact that the date of the delivery of each one is given, and we assume that each gives the most advanced instruction up to the date borne at its head.

It is a great mistake for clinical teachers to omit the date of their lectures when they are published in the journals or in book form.

A MANUAL OF THERAPEUTICS. By A. A. STEVENS, M. D., Lecturer on Terminology and Instructor in Physical Diagnosis in the University of Pennsylvania; Demonstrator of Pathology in the Woman's Medical College, Philadelphia, etc., etc. Small 8vo, pp. 435. Price, \$2.25. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

This manual is intended particularly for the use of students and has been prepared to serve as an outline of the study of modern therapeutics to be filled in by more systematic reading of larger treatises. The drugs are arranged alphabetically and to each is given its chemical formula or synonym, a brief statement of its therapeutical application and methods of its administration. Where admissible, too, its physiological action is stated and any other facts essential to an understanding of its therapeutics. A

table of doses is added and an extensive index embracing remedies and diseases closes the volume.

It will be found a handy book of reference for the medical practitioner who does not care to grope through the mass of reading in a larger text-book to get at the meat or kernel of a particular remedy.

ESSENTIALS OF PHYSICS. Arranged in the form of questions and answers. Prepared especially for students of medicine. By FRED. J. BROCKWAY, M. D., Assistant Demonstrator of Anatomy at the College of Physicians and Surgeons, New York. Saunders' Question-Compend, No. 22. Second edition, revised. With 155 illustrations. Duodecimo, pp. 330. Price, \$1.00 net. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

The first edition of this valuable little book was soon exhausted, hence we are called upon to notice this second edition in just two years after we wrote a notice of the first. We said at that time (June, 1892, page 699,) that there are many reasons why medical students cannot devote as much time to the study of physics as they should, hence the value of such intelligent condensations of the subject as Dr. Brockway has given. He has been able to do this without doing violence to the subject or otherwise belittling its importance. It is one of the best books of the Saunders' Question-Compend Series.

MANUEL DE MEDECIN PRACTICIEN, la Pratique Journalière de la Chirurgie, dans Les Hopitaux de Paris, Aide-Mémoire et Formulaire de Thérapeutique Appliquée par le Professeur Paul Lefret. Paris Librairie J.—B. Baillié et Fils. 1894.

This little book is an exhibit of the daily practice of surgery in the hospitals of Paris and an aid to the memory of the formulæ of the therapeutics there in use. It is a valuable work for the purposes intended, and contains an index of authors as well as of diseases.

BOOKS RECEIVED.

Treatment of Typhoid Fever. By D. D. Stuart, M. D., Lecturer on Clinical Medicine in the Jefferson Medical College of Philadelphia; Physician to the Medical Dispensary of the Episcopal Hospital, etc., etc. The Physicians' Leisure Library Series, pp. 104. Price, paper, 25 cents; cloth, 50 cents. Detroit, Mich.: George S. Davis, 1893.

The Nurse's Dictionary of Medical Terms and Nursing Treatment. Compiled for the use of nurses and containing descriptions of the principal medical and nursing terms and abbreviations, instruments, drugs, diseases, accidents, treatments, physiological names, operations, foods, appliances, etc., etc., encountered in the ward or sickroom. By Honner Morten, Author of Sketches of Hospital Life, How to Become a Nurse, etc. 32mo, pp. 139. Second edition. Price, \$1.00. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

A Clinical Manual. A Guide to the Practical Examination of the Excretions, Secretions and the Blood, for the Use of Physicians and Students. By Andrew MacFarlane, A. B., M. D., Instructor in Neurology and Diseases of the Chest in the Albany Medical College; Physician to St. Peter's Hospital Out-patient Department, and Physician to Albany's Hospital for Incurables. Duodecimo, pp. xii.—139. Price, \$1.25. New York: G. P. Putnam's Sons, 27 West Twenty-third street. 1894.

Transactions of the Indiana State Medical Society. Forty-fourth Annual Session, held in Indianapolis, Ind., May 11 and 12, 1893. Octavo, pp. 378. Indianapolis: Wm. B. Burford, Printer. 1893.

An Illustrated Dictionary of Medicine, Biology and Allied Sciences, including the Pronunciation, Accentuation, Derivation and Definition of the Terms used in Medicine, Anatomy, Surgery, Obstetrics, Gynecology, Therapeutics, Materia Medica, Pathology, Dermatology, Pediatrics, Ophthalmology, Otology, Laryngology, Physiology, Neurology, Histology, Toxicology, Dietetics, Legal Medicine, Psychology. Climatology, etc., etc., and the various Sciences closely related to Medicine, Bacteriology, Parasitology, Microscopy, Botany, Zoölogy, Dentistry, Pharmacy, Chemistry, Hygiene, Electricity, Veterinary Medicine, etc. By George M. Gould, A. M., M. D., Author of The Students' Medical Dictionary, 12,000 Medical Words Pronounced and Defined, The Meaning and the Method of Life; Editor of *The Medical News*; President, 1893-1894, American Academy of Medicine; one of the Ophthalmologists of the Phi'adelphia Hospital. Based upon recent scientific literature. Double-columned quarto, pp. xvi.—1633. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1894.

Transactions of the Fifteenth Annual Meeting of the American Laryngological Association, held in the City of New York, May 22, 23 and 24, 1893. Octavo, pp. vi.—165. New York: D. Appleton & Company. 1894.

Part I., Essentials of Refraction and Diseases of the Eye. By Edward Jackson, A. M., M. D., Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine, etc., etc. Part II., Essentials of Diseases of the Nose and Throat. By E. Baldwin Gleason, M. D., Surgeon in charge of the Nose, Throat and Ear Department of the Northern Dispensary; Assistant in the Ear Department of the Philadelphia Polyclinic and College for Graduates in Medicine, etc., etc. Two volumes in one, crown 8vo, 290 pages, profusely illustrated. Price, cloth, \$1; interleaved for notes, \$1.25. Philadelphia: W. B. Saunders, 925 Walnut street. 1894.

Clinical Gynecology: Being a Hand-Book of Diseases Peculiar to Women. By Thomas More Madden, M. D., F. R. C. S., Ed., Obstetric

Physician and Gynecologist, Mater Misericordiæ Hospital, Dublin; Consulting Physician, Hospital for Sick Children, etc., etc. Octavo, pp. xvi.—562, with 259 illustrations. Philadelphia: J. B. Lippincott Company. 1893.

Personal.

DR. HENRY C. BUSWELL, of Buffalo, who has spent the past year in Europe, will delay his return to the United States until Autumn. At present he is serving as resident physician in one of the large Vienna hospitals, that affords him a rare opportunity for the prosecution of the special work for which he is preparing himself. We shall welcome Dr. Buswell's return with pleasure.

Society Meetings.

THE Association of Erie Railway Surgeons, at its meeting to be held at the International hotel, Niagara Falls, July 18, 1894, offers the following program: The Peritoneum from a Surgical Standpoint, by Prof. J. B. Murphy, M. D., Chicago, Ill.; discussion opened by Prof. Roswell Park, M. D., Buffalo, N. Y. Medical Expert Testimony, by Prof. Wm. B. Outten, M. D., chief surgeon M. P. R. R., ex-president National Association Railroad Surgeons, St. Louis, Mo.; discussion opened by Prof. J. B. Murdock, M. D., Pittsburg, Pa. Delayed Union and Pseudo Arthrosis, by Wm. H. Buechner, M. D., Youngstown, O.; discussion opened by C. M. Daniels, M. D., ex-president of Association Erie R. R. Surgeons. Subject to be announced, by R. Sayer Harnden, M. D., ex-president Association of Erie Railway Surgeons. Association Work of the Railway Surgeon—Its Object, Scope, Benefits and Limits, by S. Birdsall, M. D., Susquehanna, Pa. Tetanus, by Emery H. Leyman, M. D., Huntington, Ind. Reminiscences of a Railroad Collision, by A. G. Ellinwood, M. D., Attica, N. Y. Conservatism in Railroad Surgery, by F. W. Thomas, M. D., Marion, O. Is Alcohol a Stimulant, a Food or a Sustainer of Vitality? by W. V. R. Blighton, M. D., Tonawanda, N. Y. The Essentials of Asepsis, by J. S. Mudge, M. D., Olean, N. Y. Officers for 1894—President, C. B. Kibler, M. D., Corry, Pa.; vice-president, E. Griswold, M. D.,

Sharon, Pa.; secretary and treasurer, W. W. Appley, M. D., Cohecton, N. Y. Committee—C. M. Daniels, Buffalo, N. Y.; J. L. Eddy, M. D., Olean, N. Y.; C. B. Kibler, M. D., Corry, Pa.

Literary Notes.

MERRITT H. CASH PRIZE FUND.—For the information of all concerned, I desire to state that the Medical Society of the State of New York offers a prize of \$100, payable from the Merritt H. Cash Prize fund, for the best original essay on any medical or surgical subject.

The conditions are: That the competitor shall reside in the State of New York and shall be a member of a county medical society; that the essay shall be either printed or type-written; that each essay shall be designated by a motto on the title page, and accompanied by a sealed paper bearing the same motto and enclosing the name of its author, in order that the name of the successful author alone may be ascertained; and that all essays shall be sent to the chairman of the committee on prize essays prior to January 1st next.

The committee on prize essays are: Dr. Franklin Townsend, Jr., 2 Park Place, Albany; Dr. A. Walter Suiter, Herkimer; Dr. Charles Stover, Amsterdam.

Secretaries of county medical societies are requested to communicate this to the members of their societies.

F. C. CURTIS, *Secretary.*

THE *Archives of Pediatrics* will be edited by Dillon Brown, M. D., adjunct professor of pediatrics at the New York Polyclinic, commencing with the July issue, 1894. Exchanges should be addressed, Editor *Archives of Pediatrics*, 40 East 57th street, New York.

MESSRS. F. B. VANDEGRIFT & Co., of 50 South Fourth street, Philadelphia, and 27 William street, New York, are making a digest of the tariff bill that the present congress is considering, which they propose to publish within seventy-two hours after the President shall have signed it. This will be a novelty in the way of tariff publications, and gives the list of articles classified under their proper headings for ready reference, together with the rate

of duty, paragraph of the law and decisions of the courts ; also the allowance of wastage, showing duty to be returned on manufactured articles exported with benefit of drawback, the value of all foreign coins, a condensed express tariff, and other useful matters in connection with the customs service.

THE *Kansas Medical Journal* has appeared as a weekly during the past six months. It seemed a dangerous experiment to change from a monthly to a weekly, especially when we consider the difficulties that surround medical journalism at the present time. But our Kansas contemporary apparently has scored a conspicuous success and deserves congratulations thereupon.

THE *Medical Mirror*, of St. Louis, has appeared in a handsome new dress. Such an evidence of prosperity, as is indicated by the June issue of the *Mirror*, is pleasant to behold, and we congratulate the editor, who can look into his mirror with pride.

THE *Railway Surgeon* made its first appearance under the date of June 5, 1894. It is the organ of the National Association of Railway Surgeons, taking the place of the *Railway Age*.

IN ANNOUNCING the completion of *An American Text-Book of Practice*, the publisher, Mr. William B. Saunders, asserts that in this work over 500 pages are from the pen of Dr. William Pepper. This fact, from a purely mechanical standpoint in these days of enormous literary production, would not appear in itself to be matter for special comment, but when there is taken into account the editor's busy life, it is a notable instance of the wonderful vitality and executive ability of an exceptionally gifted man.

DR. WILLIAM M. McLAURY, of New York, furnishes the description of an oldtime medical work that will interest antiquarians and medical men generally. It has been presented to the New York Academy of Medicine and may be found in the library there. The following is a brief description of the book :

The *History of the Absorbent System*, containing the chylography or description of the human lacteal vessels, with the different methods of discovering, injecting and repairing them, and the instruments used for these purposes.

Illustrated by "figures," by John Sheldon, surgeon, F. R. S., professor of anatomy, physiology, etc., etc., and surgery. London. 1784.

This old volume has the name of D. Hosack written on the title page. It is dedicated to Sir Joseph Bank, Bart., president of the Royal Society, etc., etc.

Then comes a long list as subscribers. Among them are: Robert Adair, Esq., surgeon to Chelsea Hospital and inspector general to the army; Sir George Baker, Bart., F. R. S., physician to Her Majesty; William Broomfield, Esq., surgeon to Her Majesty's household; Richard Budd, M. D., physician to St. Bartholomew's Hospital; John Beich, surgeon extraordinary to His Royal Highness, the Prince of Wales; Denzil Bragge, surgeon, Axminster, Devon.; Mr. John Crawford, surgeon, Barbadoes; William Denman, M. D., teacher of midwifery; J. S. Haufman, M. D., professor of anatomy, etc., etc.; Mr. John Harris, army surgeon; Mr. George Hughes, navy surgeon; Mr. John Jaffrey, navy surgeon; Mr. John Neale, Nottingham; Antonio Sehapa, M. D., James Simms, M. D.; Mr. Josiah Teed, surgeon; Henry Watson, Esq., F. R. S., Mr. William Wheatley; Thomas Webb, surgeon.

This quaint, old book has written on the fly leaf, "To Mr. Harwood, with the author's compliments."

THE *Rocky Mountain Globe* is a handsomely illustrated paper, giving photographic reproductions and etchings of the picturesque scenery with which the Rockies abound. It is published at Denver, Colorado, and its subscription price is \$1 a year. The issue of April 1, 1894, is a handsome specimen of press and newspaper work.

TERATOLOGIA is the title of a magazine to contain quarterly contributions to antenatal pathology with reviews of the current literature of the subject. It is edited by J. W. Ballantyne, M. D., and published by Williams & Norgate, London and Edinburgh. Dr. Ballantyne, 24 Melville street, Edinburgh, will be glad to receive any books or other publications bearing on teratology, for review in this periodical.

THE *Bristol Medico-Chirurgical Journal* has lately come to our exchange table. It is a quarterly, published under the auspices of the Bristol Medico-Chirurgical Society, and edited by R. Shingleton Smith, M. D., and published by J. W. Arrowsmith, Bristol.

It is a well-printed magazine, containing seventy-eight pages, and in the number for March is published an interesting article on Appendicitis, by Dr. James Swain, and another on Intussusception, by Mr. Arthur W. Prichard.

THE *Maryland Medical Journal* has just put on a new dress and appears in new form. It has, indeed, undergone a complete rehabilitation, and is now one of the handsomest medical weeklies that comes to our exchange table.

NOW READY. — A Biography of Eminent American Physicians and Surgeons, edited by R. French Stone, M. D., author of *Elements of Modern Medicine*, surgeon general National Guard, State of Indiana, consulting physician to the Indianapolis City Hospital and Dispensary, ex-president of the Marion County Medical Society, member of the Indiana State Medical Society and American Medical Association, formerly professor of materia medica, therapeutics and clinical medicine in the Central College of Physicians and Surgeons, etc. Illustrated with hundreds of fine photo-engraved portraits and autographs. Published by Carlon & Hollenbeck, of Indianapolis, in one large octavo volume, containing 751 double-columned printed pages, and to be sold by subscription only. Price, in cloth, \$8 ; leather, \$9, and half morocco, \$10, sent C. O. D., express charges prepaid. Orders will be received by Dr. Stone, editor and business manager, 16 West Ohio street, Indianapolis, and by authorized state agents.

FIRST, GET A MAN.—When I asked our wise doctor at home what sort of a physician I should choose in the West (meaning to what school he should belong, since some schools are so much better represented than others in the West), he answered briefly, as if the question made him “tired :” “First, get a man,” writes that most charming writer, Mary Hallock Foote, in reply to the question, “What Constitutes a Good Husband ?” in the July *Ladies’ Home Journal*.

So I think we mothers might say to the girls, if it were at all supposable that any girl would ever ask the question, what are the best masculine qualities conducive to a wife’s happiness : “First, get a man.” Manliness in the highest sense of the word is surely the natural, and, therefore, must be the lasting bond in marriage.

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